

DEPARTMENT OF HEALTH AND SOCIAL SERVICES (DHSS)



DELAWARE HEALTH CARE COMMISSION COMMISSIONERS STRATEGIC RETREAT **MOVING TOWARD THOUGHT LEADERSHIP**

OCTOBER 29, 2021

FACILITATOR:

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AGENDA

Welcome and Introduction

Clarifying Commissioners' Roles and Expectations

DHCC Review and Refresh

DHCC Updates

- New DHCC Programs
- DIDER and DIMER Advancement

Critical Issues, DHCC Role, and Actions

- Issue 1: Workforce
- Issue 2: American Rescue Plan Act of 2021 Funding
- Issue 3: Diversity/Equity/Inclusion in Health Care Policy

Strategic Direction 2022 and Discussion

Wrap Up and Future Actions

Public Comment

Adjourn





WELCOME AND INTRODUCTIONS

PURPOSE AND OBJECTIVES

PURPOSE:

To reach agreement on future focus and priorities of the DHCC for the next year and create an action plan.

OBJECTIVES:

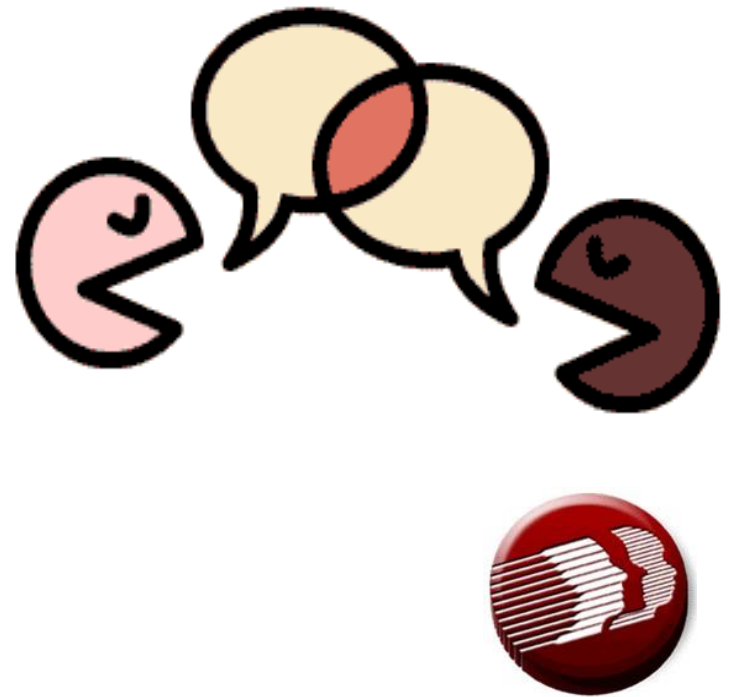
1. Discuss critical issues and reach agreement on DHCC role and action plan.
2. Discuss and reach agreement on ways to advance DHCC programs and initiatives.
3. Discuss and reach agreement on strategic direction and focus for the coming year.





GROUND RULES

- No right or wrong
- Everyone participates by video, mute when not speaking
- Brainstorming – let ideas flow
- Respect others' opinions
- Bucket list for tangents
- Expect unfinished business





CLARIFYING COMMISSIONERS' ROLES AND RESPONSIBILITIES

ICEBREAKER: COMMISSIONERS' EXPECTATIONS AND ROLES



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What are your expectations regarding your role as a Commissioner with the DHCC?



EXPECTED AND DESIRED ROLE OF COMMISSIONERS



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- **Thought leadership**
- Strategic, forward thinking
- Transformational
- Provide guidance to staff
- Share expertise and perspectives from professional backgrounds
- Take on key issues that add value to Delaware's health care system





DHCC REVIEW AND REFRESH

2021 FOCUS, PRIORITIES, AND PRINCIPLES

2021 Focus and Priorities

- Workforce development
- Sustainable data collection and analysis

Principles (how we should operate)

- Affordable care overall.
- Patient centered
- Services integration with emphasis on mental health, continuum of care
- Social determinants of health



MISSION STATEMENT

The DHCC strives to foster initiatives, design plans, and implement programs that promote access to high-quality affordable care, improve outcomes for all Delawareans, and foster collaboration among the public and private sectors regarding health care.

ROLES, RESPONSIBILITIES AND/OR GOALS:

- Collaborate with other state agencies, instrumentalities, and private sector
- Convene stakeholders
- Initiate pilots
- Analyze the impact of previous and current initiatives
- Recommend policy changes to support improved access to high-quality, affordable care



REFRESH:

DUTIES AND AUTHORITY OF THE COMMISSION

- Develop pilot health access projects, consult with public and private entities, assign implementation to the appropriate state agency, and monitor and oversee program progress to ensure that each pilot program is evaluated by an outside, independent evaluator (§ 9903)
- Administration of the Delaware Institute of Medical Education and Research (DIMER) (§ 9903(c)) and the Delaware Institute for Dental Education and Research (DIDER) (§ 9903(d)) which serve as advisory boards to the Commission



REFRESH:

DUTIES AND AUTHORITY OF THE COMMISSION

- Collaborate with the Primary Care Reform Collaborative to develop annual recommendations that will strengthen the primary care system in Delaware (§ 9903(f) and § 9904A)
- Establish and administer the Delaware Health Insurance Individual Market stabilization Reinsurance Program and Fund (§ 9903(g))
- Administration of a Health Care Provider Loan Repayment Program (§ 9903(j))
- Administration of the Health Care Spending and Quality Benchmarks program (Executive Order 25)





DHCC UPDATES

NEW PROGRAMS AND INITIATIVES

Health Care Provider Loan Repayment Program (HCPLRP)

- Enacted via HB 48 w/ HA 1 signed by Governor Carney on August 10, 2021
- DHCC may award education loan repayment grants to new primary care providers of up to \$50,000 per year for a maximum of 4 years
- Priority consideration may be given to DIMER-participating students and participants in Delaware based residency programs



NEW PROGRAMS AND INITIATIVES

Primary Care

- Enacted via SS I for SB 120 signed by Governor Carney on October 1, 2021
- Directs the DHCC to monitor compliance with value-based care delivery models and develop, and monitor compliance with, alternative payment methods that promote value-based care
- DHCC shall develop, and monitor compliance with, alternative payment models that promote value-based care
- Convene Primary Care Reform Collaborative to assist with the development of recommendations to strengthen the primary care system in Delaware



NEW PROGRAMS AND INITIATIVES

CostAware

- Leveraging data in the Delaware Health Care Claims Database (HCCD), the DHCC and DHSS will develop and implement various health care cost and quality analyses to inform and support a variety of policy initiatives
- *CostAware* will provide average cost and utilization information for specific medical procedures (office visits, lab tests) and common episodes of care (vaginal and cesarean births, knee and hip replacements and more).
- Website, CostAware.org, estimated to launch in fall of 2021



DIDER AND DIMER ADVANCEMENT

DIDER

- Update
 - *Manpower Survey with DPH*
 - *Changes in membership*
 - *Virtual discussion regarding diversity and inclusiveness*
- Review of DIDER board internal survey response
 - *Where we are now?*
 - *What strategies might advance DIDER goals and align with HCC strategic direction?*



OVERVIEW OF ACTIVITIES

- Manpower Survey with DPH / Dr.Tibor Toth
 - Being finalized
 - *Question designed to lead to actionable data/ information*
 - *Both student and provider sections*
 - *Seek support of DSDS to get buy-in*
- Changes in committee membership
 - *In process of replacing 3 members*
- Virtual discussion regarding diversity / inclusiveness
 - *Mentoring project might be a productive way forward*



REVIEW OF DIDER INTERNAL SURVEY

DIDER surveyed its active members with regards to:

- 1) How they viewed the priority of the “duties” set forth in Title 16 of the Delaware Code,
- 2) How well they were supported in fulfilling the 7 “purposes” set forth in Title 16, and
- 3) Open ended responses with respect to what DIDER is doing well and what obstacles prevent it from better fulfilling its duties and purposes.



SUMMARY – PRIORITY OF DUTIES

- Composite score 1.63 / 7, indicating the Committee strongly agrees with the “duties” of Title 16 legislation
- Highest priority score was duty #2 (expansion of opportunities for DE residents to obtain dental education and training at all levels).
- The second highest priority score was duty #3 (strengthening factors favoring the decision of qualified dental personnel to practice in DE ...).
- The item scored as the lowest a priority, #4 (addressing the dental needs of the community at large, in particular, those lacking ready access to care), was skewed by a “5” answered by one respondent.
- Based on responses to open-ended question, this score suggests concern that efforts in this “duty” are beyond the capacity of the committee and its resources (loan repayment, additional residency program, etc.)



SUMMARY – “SUPPORT”

- Composite score 3.86 / 5 indicates an over-all concern about the support provided to DIDER in its efforts to address the purposes outlined in the Code. At least one respondent scoring a “5” for each purpose; Only 3 scores of “1” (highest) responses out of the total of 42 scores recorded.
- Of interest is that the “worst” score (4.25) was in response to #7, “support of graduate and post-graduate training programs, including those programs targeted to meet the state’s healthcare needs”. This purpose is closely aligned with duties the board felt were high priority.
- Commonly expressed concerns regarding a lack of support were:
 - 1) *Lack of a student loan replacement program*
 - 2) *Poor of understanding about the value of dental residency programs*
 - 3) *Diminishing funds for seats at Temple dental school*



SUCCESSSES AND SHORTCOMINGS

- Unanimous - Relationship with Temple is the strongest area of success.
- While respondents also cited the CCHS general practice program as important, the legislature no longer directly supports the program as they had in the past.
 - CCHS not only provides advanced training , it provides care and acts as a strong recruitment tool for dentists to practice in Delaware.
- DIDER has been least successful in obtaining sufficient funding for its efforts, such as loan repayment and seats at Temple.
 - Need to identify a champion in the legislature



MISCELLANEOUS RESPONSES AND THOUGHTS

- Revisit with the U of D development of a joint program with Temple to allow qualified students to enroll in dental school after 3 years.
- Consider affiliation with other dental schools as well.
- Consider development of a general practice program “downstate”.
 - *Considered in the past.*
 - *Expenses related to facility, accreditation and administrative support identified as issues.*
- Consider mentoring program with students
 - *Consistent / Not a “one-off” event*
- Re-visit the role of the licensure exam.



REQUIRES TIME, MONEY & ADMINISTRATIVE SUPPORT BEYOND CURRENT LEVELS

DIDER AND DIMER ADVANCEMENT

DIMER

- Review DIMER Ad-Hoc Subcommittee Workforce recommendations
- *What are the best ways to advance DIDER goals and strategies to align with our strategic direction?*



UPDATE FROM DIMER AD-HOC SUBCOMMITTEE WORKFORCE



Subcommittee Members:

Neil Jasani, MD
Janice L. Lee, MD
Chai Gadde, MBA
Omar Khan, MD

SUBCOMMITTEE FINDINGS: ENTERING MEDICAL SCHOOL

Based on our data pertaining to medical school, residency, and practice we make the following observations:

1. Entry to medical school

-The DIMER program has traditionally been successful in securing admission for 30+ students at partner institutions (20 @ SKMC, 10@ PCOM). In the last 3 years, we have grown this pool of accepted students to 47, largely through recruitment, education and outreach in partnership with the DHSA.

-The state's county breakdown of population is 60% New Castle, 18% Kent, 22% Sussex. The DIMER entering class of 2020 is 80% New Castle, 13% Kent, 7% Sussex. Thus, the combined Kent/Sussex entering % of 20% (i.e. 13% + 7%) should be enhanced to more closely meet the 40% population of those counties. We may not achieve exact % representation, owing to county differences in school access, college access, and different age demographics of those counties. However, the closer we get, the more we help bring those graduates back to their home counties to practice.

-The gender breakdown of the DIMER pool is well-balanced.

-The DO / MD pool is well-balanced, and we note that PCOM consistently accepts more Delawareans than required by contract. In the last 2 years, SKMC has also extended more offers of acceptance to DIMER students than required. We commend this important and mutually beneficial partnership with our DIMER partner medical schools.

SUBCOMMITTEE FINDINGS: CHOOSING A RESIDENCY PROGRAM

2. Residency choices

-DIMER is not mandated to retain a certain percentage of DIMER graduates (medical students) into Delaware residency; there is no current contract with the GME institutions of Delaware (Bayhealth, ChristianaCare, Nemours, Saint Francis). The main mechanisms driving “return to Delaware” for residency are the Delaware Branch Campus opportunity (the ability to do the latter 2 clinical years in Delaware, mostly at ChristianaCare& Nemours), and the outreach from high school through medical school, by DHSA.

-2020 data indicate that 5 (12.5%) of the graduating 40 DIMER students entered residency in Delaware. It is not known how many students ranked Delaware highly but were not accepted. The highest number (14, or 35%) entered residency in PA. In all, 22 (55%) DIMER students stayed for residency in PA, DE, NJ or MD. This indicates a strong regional preference among DIMER graduates.

-2020 data indicated that over 50% (21 of 40) of graduates entered residencies potentially preparing them for primary care (9 in Internal Medicine, 7 in Pediatrics, and 5 in Family Medicine). However, IM predominantly trains for subspecialties and hospital medicine; thus we estimate that in fact 10 total (25%) will enter primary care practice (1 IM, 5 Pediatrics, 5 FM).

SUBCOMMITTEE FINDINGS: EMPLOYMENT TRENDS

3. Post-residency practice

- 20% (i.e., 229 of 1206) of DIMER graduates have returned to Delaware to practice. We suggest that to be, in and of itself, a minimum useful number as a baseline.

-Of those returned, 75% have settled in New Castle County, 7% in Kent and 16% in Sussex (as noted above, state population: 60% New Castle, 18% Kent, 22% Sussex). Thus we should focus on attracting residency graduates to Kent & Sussex in particular while maintaining the strong NC numbers that are driving the overall return to Delaware.

-The specialty choices indicate 14% family medicine and 13% other primary care. If well-distributed, 27% of returning Delawareans going into primary care would likely serve the needs. However, we need to re-emphasize primary care while being attentive to emerging needs such as psychiatry; and again, to attend to appropriate county distribution.

We are sharing the enclosed presentation, by Dr. Lisa Maxwell and Dr. Omar Khan at the invitation of DHSS, at the 2021 Delaware Rural Health Symposium. This presentation highlights some key reasons articulated by ChristianaCare residents regarding reasons for/against staying in Delaware to practice medicine.

We thus make the following recommendations to the DHCC regarding Delaware's medical workforce. These represent the views of this committee and are not intended to represent any other institution or entity.

We focus the comments on the questions pertaining to the DHCC's focus: URM diversity, geographic diversity, and primary care. We then suggest areas of intervention at each level (pre-medical school, pre-residency, and pre-practice).

SUBCOMMITTEE RECOMMENDATIONS: APPLICANTS & STUDENTS

	What should we do? ("interventions")	What should we measure and track? ("metrics")
A. For students in college and applying to medical school		
Increase URM representation in college students (ie the pre-med pool)	<p>Focus on <u>UD and DSU URM</u> students and on <u>high schools which feed UD & DSU</u> e.g. outreach via URM physicians/advisors</p> <p>Focus on <u>high-attrition courses</u> (e.g. Organic Chem) and increase prep for those at HS level [e.g.: provide HS tutoring in STEM for URM]</p> <p>Increase <u>DIMER awareness in HS</u> among college counselors [e.g. via DE Dept of Ed] and share financial resources available</p> <p>Create <u>repository of financial resources for URM</u></p> <p>Consider a <u>State-funded endowment for DIMER</u> admitted students in Med Scholars type programs</p>	<p>#URM Pre-Med students enrolled from DE/Year at DSU and UD</p> <p>URM attrition rate in key pre-med required courses</p> <p># outreach sessions in HS/county</p>
Increasing county-wide DE representation	<p>Increase DIMER awareness in HS among college counselors [e.g. via DE Dept of Ed] and share financial resources available</p> <p>Create repository of financial resources for underrepresented groups from Kent & Sussex</p> <p>Consider a <u>State-funded endowment for DIMER</u> admitted students in Med Scholars type programs</p>	Awareness survey amongst HS students and counselors regarding DIMER
Increasing an inclination towards primary care careers	Create mentorship opportunities in primary care careers early during pre-med and medical school years.	

SUBCOMMITTEE RECOMMENDATIONS: GRADUATE MEDICAL EDUCATION & RESIDENCY

For medical students applying for residency/GME	Consider a <u>State-funded endowment for DIMER medical students choosing DE primary care residencies, with higher amounts available when tied to future service in DE</u>	
Increasing URM representation in DE residencies	<p>Work closely with all <u>DE residencies to recruit URM students</u> back to state</p> <p>Leverage the endowment mentioned above to target URM recruitment</p>	URM students enrolled in DE residency programs
Increasing county-wide DE representation, i.e., increasing DIMER students in Kent/Sussex residencies	<p>Highlight the newer Kent & Sussex residencies and increase their visibility to SKMC & PCOM med students</p> <p>Leverage the endowment mentioned above to target county-specific recruitment</p>	
Increasing primary care career choice	<p>Highlight the newer Kent & Sussex residencies (which are all in primary care or general surgery) and increase their visibility to SKMC & PCOM med students</p> <p>Leverage the endowment mentioned above to target primary care recruitment</p>	Interview and recruitment data from SKMC and PCOM to DE residency programs

SUBCOMMITTEE RECOMMENDATIONS: RECRUITMENT STRATEGIES

For senior residents and others contemplating practice options	<p>Overall: evaluate for the key interests of younger physicians and desirable community characteristics [e.g: anchor businesses like Whole Foods/Starbucks; neighborhood development with walkability; exercise/yoga options; safety & security; school options; being attentive to DEI]</p> <p>Work with County-level economic development agencies of Kent & Sussex in particular</p>	Conduct regular surveys of senior residents and others contemplating practice options to determine key drivers of decision making
Increasing URM representation of those staying in DE	Consider a State-funded endowment for URM residents choosing practice in DE	
Increasing county-wide DE representation in career choice of graduates, whether from DE or elsewhere	Consider a State-funded endowment for residents choosing practice in Kent or Sussex counties in DE	
Increasing primary care career opportunities	Consider a State-funded endowment for residents choosing primary practice in DE	



CRITICAL ISSUES, DHCC ROLE, AND ACTIONS

CRITICAL ISSUES, DHCC ROLE, AND ACTIONS

Issue I: Workforce

- *What are the major issues relative to health care workforce?*
- *What is the role of the DHCC?*
- *What actions should we take? Who will take the lead (lead and co-lead) ?*



CRITICAL ISSUES, DHCC ROLE, AND ACTIONS

Issue 2: American Rescue Plan Act of 2021

- *What are critical issues stemming from this funding?*
- *What is the role of the DHCC?*
- *What actions should we take? Who will take the lead (lead and co-lead) ?*



CRITICAL ISSUES, DHCC ROLE, AND ACTIONS

Issue 3: Diversity, Equity and Inclusion (DEI) in Health Care Policy

- *What are the major issues relative to DEI?*
- *What is the role of the DHCC?*
- *What actions should we take? Who will take the lead (lead and co-lead) ?*



DEFINITIONS: DIVERSITY, EQUITY, AND INCLUSION

- **Diversity** - encompasses acceptance and respect and understanding that each individual is unique, recognizing individual differences. *From Queensborough Community College [Definition for Diversity \(cuny.edu\)](#)*
- **Social equity** - can be defined as a commitment to promote fair, just, and equitable recognition of basic needs of all residents and the total community, and a commitment to diligently advocate for the provision of those needs to all residents and the total community. *https://livingroomconversations.org/topics/social_equity*
- **Inclusion** puts the concept and practice of diversity into action by creating an environment of involvement, respect, and connection. *www.diversityjournal.com/1471-moving-from-diversity-to-inclusion*





STRATEGIC DIRECTION 2022 AND DISCUSSION

STRATEGIC DIRECTION 2022

- *What can we improve upon?*
- *What do we want to do differently?*
- *What should our focus be for 2022? Priorities?*





WRAP UP AND FUTURE ACTIONS

WRAP UP AND FUTURE ACTIONS



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- Summary
- Action steps, timetable, and responsibility
- Reflections





PUBLIC COMMENT

THANK YOU!

QUESTIONS AND ANSWERS

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