



## **The Delaware Health Care Commission (DHCC) Meeting**

July 9, 2020

9:00 a.m. to 11:00 a.m.

### **Meeting Attendance and Minutes**

**Commission Members Present:** Dr. Nancy Fan (Chair), Theodore W. Becker (Mayor of Lewes), Robert Dunleavy (DSCYF), Secretary Rick Geisenberger (DOF), Richard Heffron, Melissa Jones, Dr. Jan Lee (DHIN), Nick Moriello (Highmark), Trinidad Navarro (DOI), and Secretary Dr. Kara Odom Walker (DHSS)

**Meeting Facilitator:** Dr. Nancy Fan (Chair)

**Health Care Commission Staff:** Elisabeth Massa (Executive Director), Marques Johnson (Administrative Specialist III), and Ayanna Harrison (Public Health Administrator I)

### **CALL TO ORDER**

Dr. Fan called the meeting to order at approximately 9:02 a.m. via WebEx video and phone conference. The meeting started with an attendance roll call to check if the commissioners were all on the line. All commissioners were present. Dr. Fan asked public attendees to virtually sign-in by sending their name and contact information to the DHCC Resource Account ([dhcc@delaware.gov](mailto:dhcc@delaware.gov)).

### **Approval of June 4, 2020 Meeting Minutes**

Dr. Fan asked the commissioners to review the June 4, 2020 meeting minutes. Ted Becker motioned to approve the minutes, and Nick Moriello second the motion. All commissioners present approved the minutes.

### **BOARD BUSINESS**

#### Farewell for Cabinet Secretary Dr. Kara Odom Walker

Dr. Fan informed attendees that the July meeting would be Cabinet Secretary Kara Odom Walker's last Health Care Commission (DHCC) meeting. The Secretary accepted a position with

Nemours Children's Health System as Senior Vice President and Chief Population Health Officer effective September 1, 2020. Dr. Walker expressed her gratitude for the opportunity to serve under Governor Carney as the Cabinet Secretary for the Department of Health and Social Services (DHSS) and the opportunity to work on issues she is passionate about such as serving vulnerable populations, health equity and justice, and social determinants of health. She briefly spoke about her time serving as a commissioner and added that she felt honored to have been a part of such important work. She expressed confidence in her replacement, incoming Secretary Molly Magarik, sharing that she will be confirmed on July 31. Several commissioners expressed their appreciation for her years of exemplary service and offered well wishes for her future endeavors. Dr. Fan offered Dr. Walker some congratulatory sentiments, stating she had deeply appreciated her leadership and DHSS has grown stronger as a result. Dr. Fan concluded by wishing her success with her future position and sharing that the Commission is excited to work with the incoming Secretary Molly Magarik.

### Workforce Planning

The meeting was transitioned to the next agenda item, workforce developing and planning for health care within the state. Dr. Fan reminded the members that during the last DHCC Strategic Retreat, workforce planning was identified as a priority area. Currently the DHCC workforce initiatives are DIMER, DIDER, Health Resources Board, and State Loan Repayment Program. Dr. Fan suggested the Commission consider leveraging these programs to enhance planning for the state. The American Academy of Family Physicians and American Medical Association both project percentages of practices that will not remain open as a result of COVID. Delaware is a small state without a large pipeline. Dr. Fan shared her concern for the toll this could take on our current provider workforce. Dr. Fan shared that the passing of HB348, extending telehealth coverage to July 2021 is extremely helpful, but temporary. Dr. Fan asked the Commissioners if they would support the development of a workplan that connects to:

- Past efforts like the recommendations that were developed from the 2018 Primary Care Providers Survey
- Current changes in the Division of Professional Regulations (improved licensure process, making it more efficient and user friendly)
- DHCC initiatives like DIMER and DIDER (involve Board members)
- Other state services that need to be enhanced or sustained (dental health, behavioral health, care coordination (pediatric and adults), and community health workers)

Dr. Fan referenced commissioner Bob Dunleavy's presentation that addressed gaps in reaching the pediatric population, especially the vulnerable and at-risk patients. Employing community health workers was one of the recommendations highlighted in the presentation. Dr. Fan asked how the DHCC can address these issues. She suggested they identify new initiatives like crafting a loan repayment program for community health workers or other types of providers. Dr. Fan added that the DHCC staff can initiate the recommendations developed by the commissioners. She concluded her comments by stating that their efforts to address social determinants of health should include the development of team care perspective that provide points of services.

Secretary Rick Geisenberger provided his insight on the topic, stating that COVID and the height of unemployment rates have increased the urgency to research workforce development. These issues have brought this need to the forefront. There are federal funds available (CARES Act) that could be used for hiring and training healthcare workers, however, there are limits involved. This type of training takes time and the funding must be expended by the end of December. Unless flexibilities are implemented, using funding for these long-term training plans will not be feasible. Secretary Geisenberger encouraged the Commission to not delay plans to develop other short-term possibilities because the process to apply for funding may become more difficult as time passes. Lastly, he suggested the Commission research ways to use the funds to address the immediate needs during the pandemic.

Dr. Fan asked the commissioners to consider and provide feedback on the following: 1) Is the Commission interested in formulating an overarching cohesive workforce planning policy? and 2) Should the Commission devote time into identifying a research plan? She reminded the commissioners that this topic was discussed during the retreat.

Rich Heffron suggested the Commission consider dividing their efforts into two categories (long-term and short-term). The short-term efforts could be completed in 30 to 60 days and address the immediate, for example Del Tech developed training to address immediate needs. Long-term efforts could include programs that encourage children to consider medical professions.

Dr. Fan mentioned the need for a larger behavioral health presence within the State. Social isolation has been difficult, especially for our vulnerable populations like our seniors. She also stated that anxiety has increased during the pandemic. She concluded her comments by asking if any of the commissioners felt strongly against going in the direction of developing a workforce plan. Dr. Fan suggested that they move forward to establish a timeline, identify specific targeted focus areas, and identify funding and resources that would. She also mentioned that the Commission may need to consider conducting some policy research, looking into known outcome benefits or negative consequences from present or past programs.

Dr. Jan Lee agreed with the direction that Dr. Fan suggested for the DHCC to prioritize the development of a workforce plan. She suggested the Commission collaborate with the hospitals and obtain information on the needs studies they have conducted.

Rich Heffron agreed and offered an example that Del Tech developed training to address specific needs in the area. He stated that developing a training for community health care workers is very important. Leslie Ledogar (DOI) shared that both her and Insurance Commissioner Trinidad Navarro were in support of the plan. She added that it would help inform some of the work the Department of Insurance is doing on alternative payment models.

Dr. Fan felt the discussion provided the Commission with a framework to build upon. Before concluding, she asked for suggestions for organizations or partners DHCC could collaborate with that are currently implementing workforce planning or research. She reiterated the goal of the activity is to establish an overarching framework and policy to help drive the needs assessment in the state. At this time, Dr. Fan opened up the meeting for public comment.

#### Public Comment:

Dr. Devona Williams representing the Mid-Atlantic Association of Community Health Centers (MACHC) offered a collaboration suggestion. The MACHC Centers oversees health centers in Maryland and Delaware. She suggested the DHCC consider working with Delaware's community health centers (Westside Family Healthcare, Henrietta Johnson Medical Center, and La Red Health Center) as partners for the workforce initiatives of the DHCC. She also mentioned that HRSA recently began a new focus on workforce and the centers are focusing efforts in that direction. These centers are on the ground and working with vulnerable populations. She suggested these centers be included in the strategic planning. She offered to facilitate the connections with the CEOs if needed.

Dr. Lee reiterated the possibility of leveraging the work being done by various organizations to avoid recreating and duplicating efforts.

Dr. Williams also suggested the DHCC consider including Delaware State University (DSU) in their strategic planning when considering training resources. She shared that DSU has developed a new certificate program to train people on trauma-based care, particularly with respect to cultural differences. Once again, she offered to facilitate meetings with the appropriate individuals.

#### DIMER Residency

Dr. Nancy Fan transitioned the meeting to discuss the DIMER Residency Program. She explained that she would be referencing the Excel spreadsheet provided in the materials that was collated by Eschalla Clarke, DHCC staff. The spreadsheet includes information provided by the schools (PCOM and Sidney Kimmel Medical College) about where the participants were going for residency. She found that the data was beneficial and will allow DHCC to discuss the outcome benefits provided by the program. Dr. Fan added that it was necessary for DHCC to translate how this information can assist us with workforce planning efforts. She went on to share the baseline assumptions of the program; DIMER is for Delaware residents; students are more likely to accept post residency employment in the state of their residency; there are needs in Delaware that we could leverage from the program. Delaware faces several limitations: no medical school and limited number of residency opportunities. She pointed out that while there are many students that do not necessarily complete their medical residency in Delaware, many are doing so within a

100-mile radius which is beneficial. This can leave the possibility open for them to still come back to Delaware to practice medicine in the needed fields. She also highlighted that a good number are entering Primary Care (pediatrics, internal and family practice). In the past ten years over 50% of the students go into fellowships to enter specialties, leaving smaller numbers to enter into primary care. She asked if the Commission should provide guidance to the DIMER program on ways to enhance their alumni network. She also suggested looking into ways to continue to help the program enhance its outreach.

Secretary Geisenberger asked if DIMER has the capacity to implement additional outreach efforts. Dr. Fan stated that DHCC staff provides support for the program along with some additional support from the Delaware Health Sciences Alliance (DHSA). The DHSA contract was specifically set-up to help with the development of their alumni network. DHSA has been doing some great work to increase interest in the medical field by conducting events with school age students.

Dr. Fan asked if this should be included in the Commission's workforce planning strategies. The commissioners agreed the activities would be beneficial. Before concluding, Dr. Fan stated that the DIDER program would also be included. There were no further comments and the topic transitioned to the Fiscal Year 2021 update.

## **POLICY DEVELOPMENT**

### Fiscal Year 2021 Budget

Secretary Rick Geisenberger provided the commissioners with a brief overview of the State of Delaware's Budget for the fiscal year 2021. He began by pointing out that Delaware entered the season with a record low unemployment rate, strong job growth, record cash balance, and a disciplined and responsible budget in January and then COVID arrived. The pandemic has impacted the budget tremendously. The revenue forecast is down to 530 million. He reports that Delaware has identified 100 million in savings opportunities, with a large amount coming from Medicaid. Even with this identified savings, Delaware still faces a 400-million-dollar gap.

Secretary Geisenberger highlighted the fact that even with the budget disruption, Delaware has not had to lay off or furlough state or school employees. The State continues to maintain fiscal controls. He shared that half of the stabilization fund was used to mitigate further downturns in revenue.

Secretary Geisenberger shared that Delaware relies on business corporation franchises tax instead of sales tax. For this reason, Delaware's state budget was not as severely impacted as other states. Delaware's state budgets were impacted by the 20-30% decrease in sales tax that was a result of the national shut-down.

Next, Secretary Geisenberger reviewed the 2021 financial package and reported that the General Fund (GF) operating budget growth is 2.1%. Delaware’s reserve ratio is 8.1% which is low, but stronger than other states. This ratio also gives the state some flexibility.

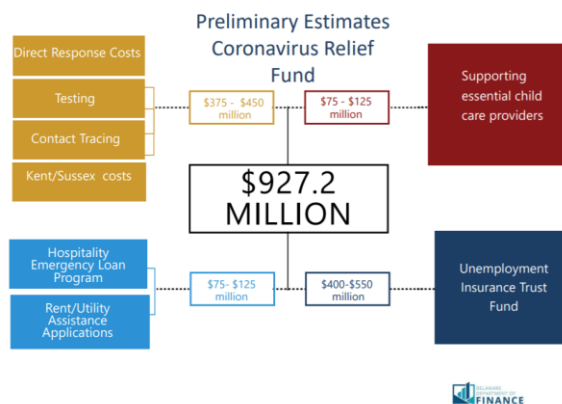
**FY 2021 Financial Package**

<b>General Fund Operating Budget</b>	<b>\$4,547.0 m</b>
<i>GF Operating Budget Growth 2.1%</i>	
<b>Grants-In-Aid</b>	<b>\$54.4 m</b>
<b>Bond and Capital Improvements Act</b>	<b>\$708.0 m</b>
State Capital Projects	\$344.4
(Sources -- Bonds \$227.5, Cash \$35.4, Other \$81.5)	
Transportation	\$363.6 m
<b>One-Time Supplemental</b>	<b>\$0.0 m</b>



He was pleased to report that 1.5 million will continue to support Christiana schools in Wilmington. This funding will be used to modernize these schools. They were also able to fund all state referendums. The Delaware budget experienced a 0.4% growth. He was also pleased to report that no premium increase for state employee health care.

Secretary Geisenberger provided an overview of the CARES ACT funding. These funds are to be used for expenses related to the Coronavirus (COVID-19) response. The funds cannot be used to replace state revenues lost as a result of pandemic. He reviewed the various areas the funds will be applied (childcare, small business support, mortgage payments, rental assistance, direct response efforts, test kits, and contact tracing). He shared that Delaware has 927.2 million dollars in the CARES ACT funding stream. He added that there may be some availability to also use DEMA (FEMA) funds to cover up to 75% of the costs related to direct response activities. Secretary Geisenberger concluded his comments and opened the meeting for questions.



Dr. Fan thanked the Secretary for the high-level overview. She recognizes the challenges involved and she found it heartening to see the dedication and time taken to continue funding some of the priority areas of the Commission. Secretary Geisenberger mentioned that the budget did not

allow for many new projects or programs. The state-sponsored student loan repayment program was not funded.

Dr. Lee expressed her appreciation for the presentation. She found the breakout of the relief funds interesting and helpful. Secretary Geisenberger reiterated the importance of allocating the funds appropriately. If the funds are not spent properly, Delaware will have to repay funds as interest bearing loans. The State has taken several precautions to ensure the funds are allocated properly. They receive regular briefings and each proposal is reviewed by a legal team.

Public Comment:

Secretary Geisenberger was asked by Leslie Ledogar (DOI) if some of the COVID funding could be used to support cost related to telehealth services. He said it is possible if the criteria for using the funds is met. Dr. Lee was asking if there is a way for businesses to apply. Secretary Geisenberger said he feels many programs will most likely come out in coming weeks. Steven Costantino (DHSS) commended him and his team for the budget report. Mr. Costantino offered some more insight based on a DHSS prospective. Secretary Geisenberger agreed to follow up with Mr. Constantino in the near future.

Secretary Geisenberger's full presentation is available on the DHCC's website at:

<https://dhss.delaware.gov/dhss/dhcc/files/fy2021dhccbudgetjuly.pdf>

## **UPDATES**

### Primary Care Reform Collaborative (PCRC)

Dr. Fan provided a brief Primary Care Reform Collaborative update. She stated that the Office of Value-Based Health Care Delivery (OVBHCD) was up and running with the support of their contractor, Freedman HealthCare. She also shared that a Technical Subcommittee had been established. The Subcommittee will serve as a liaison between the PCRC and the OVBHCD. They will devote their time to analyzing data and compiling information in order to provide PCRC with recommendations for affordability standards. Dr. Fan reported that the PCRC has discussed the impact of the pandemic. Several stakeholders (providers, payers, hospital systems) have shared their experiences. There is a general concern for the sustainability of primary care under the current delivery system. There is a general concern for the sustainability of primary care under the current delivery system. The PCRC plans to utilize the current climate to identify strategies to address issues and accelerate programs in regard to alternative payment and value-based models. They are also focused on aligning care transformation with payment models. Payers have agreed to provide information on the participation levels of practices in Delaware involved in alternative payment models. Anecdotally the payers report an increase in participation. The PCRC is also focused on strategies to increase the investment in primary care. They recognize the resources

are limited so they are researching innovative methods to achieve this increase. Dr. Fan asserted the PCRC's dedication to optimizing health outcomes. She also reported that the OVBHCD has worked closely with DHCC and the Benchmarking process to align data collection methodologies. Together, they have developed a definition on primary care spend. Payers will be using the same specifications to submit their data to both entities. The next meeting is scheduled for July 20, 2020.

Nick Moriello mentioned Walgreen's announcement to place primary care physicians in over 700 retail locations across the country. He asked if this was a topic that might be discussed within the PCRC. Dr. Fan agreed, stating that it is important to capture the covered lives and services of these clinics. She agreed to bring this topic forward at the next meeting.

#### Health Resource Board (HRB) Sunset Review

Dr. Fan provided an update about the Health Resources Board (HRB) Sunset review process. The Sunset Committee (JLOSC) released an interim report on July 1. She reports that there were minimum changes from the March report. The final recommendation report will not be released until the General Assembly resumes in 2021. The interim report can be found on the JLOSC website.

#### Pandemic Resurgence Advisory Committee (PRAC)

Dr. Fan commented on her appointment serving on one of the three subcommittees under the Pandemic Resurgence Advisory Committee. The three subcommittees are: Health, Business, and Equity. She reported that the PRAC has held two meetings and the subcommittees have held several meetings in between. The Health Subcommittee has focused efforts to identify costs related to a resurgence response (test kits, contact tracing, PPE, etc.). The group has also been tasked with identifying resources needed to address a resurgence response. Dr. Fan reports that the first interim internal reports will be released July 31 and posted for public comment. Final recommendations will be released on September 1. She encouraged the commissioners to view the meeting minutes, materials, and other information on the PCRC website, <https://governor.delaware.gov/prac/>.

Before concluding her comments, Dr. Fan announced that the DHCC 2019 Annual Report has been submitted to the General Assembly and Governor's office and is now available on the DHCC website, <https://dhss.delaware.gov/dhss/dhcc/files/dhccannualrpt2019.pdf>

Dr. Lee commented on her experience with the public's lack of compliance with precautionary measures mandated by the State (face masks and social distancing). She felt it was important for Delaware businesses to understand how non-compliance with the pandemic guidelines could



impact their customer satisfaction and lead to another full state shutdown. Dr. Fan agreed and stated that messaging and communicating the need for compliance has been challenging.

Secretary Geisenberger agreed with the challenging circumstances and stated that initial efforts focused on educating businesses on how to properly follow guidelines and that more enforcement measures will be coming. He shared that the enforcement efforts employed within the Delaware Casinos have increased compliance. He continued by mentioning the importance of submitting complaints when issues are noted. Complaints can be received on the <https://coronavirus.delaware.gov/> website.

Ted Becker commented compliance has increased in Lewes, partly due to the enforcement measures they have implemented. Even with these changes, compliance is challenging and continues to be an issue.

Public Comment:

Jill Fredel, DHSS Communication Director shared that during one of the recent COVID updates Dr. Rattay reported receiving over 700 complaints and the Division of Public Health has conducted over 200 onsite inspections. Initial contact involves education, however enforcement measures (fines and closures) will be forthcoming. Lastly, Ms. Fredel provided the contact information ([HSPcontact@delaware.gov](mailto:HSPcontact@delaware.gov)) that can be used to submit anonymous non-compliance complaints.

Joann Haase offered a suggestion to the request made earlier by Dr. Fan to identify partners for collaboration. Ms. Haase shared a list of community based, non-health related organizations that have knowledge of vulnerable populations that are dealing with social determinants. Her list included: Children and Families First, Lutheran community services, Jewish Community Services and Roman Catholic Community Services. She also spoke about possible roadblock for drawing DIMER Students back to Delaware by working to help with students find jobs for their spouses or significant others. She recommended the Commission work closely with the Chamber of Commerce to develop a strategy. She also mentioned connecting with students doing rotations at local hospitals as a possible resource for future primary care providers in Delaware. Lastly, Ms. Haase shared that she and her husband had a very satisfactory experience with tele-health.

Anthony Onugu (United Medical ACU) expressed his gratitude for Dr. Walker's work and support of his organization and he offered best wishes to her as she moves forward in her next position.

## **ADJOURN**

Dr. Fan encouraged attendees to check the [State of Delaware Public Calendar](#) for the DHCC meeting location and updates. The August meeting is cancelled, and September meeting is scheduled for September 3 and likely will be virtual.

Hearing no other business or public comment, Dr. Fan adjourned the meeting at approximately 11:09 a.m.

**Next Meeting**

The next DHCC meeting will be held on September 3, 2020 from 9 a.m. – 11 a.m.

**Public Meeting Attendees 07/9/2020**

Randy Munson	United Medicaid LLC-
Brian Olson	La Red Health Care
Mary Fenimore	Medical Society of Delaware
Bill Howard	BDC – Health
Christiana Bryan	Delaware Healthcare Association
Anthony Onugu	UMACO
Pamela Gardner	DHSA
Nina Figuerua	Department of Human Resources
James Grant	DHSS
Steve Costantino	DHSS
Devona Williams	MACHC /Goeins-Williams Associates
Nicholas Conte	DPH
Kathy Collison	DPH
Lincoln Willis	Medical Society of Delaware
Jill Fredel	DHSS
Joanne Haase	League of Women Voters
Leslie Ledogar	DOI
Michelle Stant	DHSS
Vinayak Sinha	Freedman HealthCare
C. Ballard	
Yvette Santiago	
Lori Ann Rhodes	
Elizabeth Lewis	Hamilton and Goodman Partners, LLC