



**Delaware Health Care Commission (DHCC)
Strategic Retreat
“Resetting and Transforming Health Care in Delaware”
Friday, November 4, 2022
1:00 p.m. – 4:30 p.m.
Hilton Wilmington/Christiana**

MEETING SUMMARY

INTRODUCTION

The meeting was convened in person at the Hilton Wilmington/Christiana Friday, November 4th at 1:17 p.m. by Dr. Nancy Fan, DHCC Chair, who welcomed everyone. The meeting was available via WebEx for individuals who were unable to attend in person. She opened the group with a moment of silence in honor of the late Sherman Townsend, recent chair of the DIMER board for many years.

Dr. Fan introduced the meeting facilitator, Dr. Devona Williams (Goeins-Williams Associates, Inc.) who stated the theme of this year’s retreat is, *Resetting and Transforming Health Care in Delaware*, which emphasizes the role commissioners play in recommending policy changes that transform the health care system, so it is more accessible and health outcomes are improved. Dr. Williams reviewed the purpose, objectives and expected products of the meeting, agenda, and ground rules. Briefly the purpose of the strategic retreat meeting was: To reach agreement on future focus and priorities of the DHCC for the next year and create an action plan and achieve the following objectives:

1. Discuss critical issues and reach agreement on DHCC role and action plan.
2. Discuss and reach agreement on ways to advance DIDER and DIMER boards and improve accountability.
3. Discuss and reach agreement on strategic direction and focus for the coming year.

This summary is the compiled notes from discussion highlights and agreed upon action items charted by the facilitator. The action items listed after each discussion topic were next steps agreed to by commissioners.

The facilitator welcomed the group. The following were in attendance:

Commissioners

- Dr. Nancy Fan
- Theodore (Ted) Becker
- Dr. Richard Margolis, Department of Services for Children, Youth and Families (via WebEx)
- Cabinet Secretary Rick Geisenberger, Department of Finance
- Dr. Roger Harrison
- Richard (Rich) Heffron
- Melissa Jones
- Nick Moriello
- Cabinet Secretary Molly Magarik, Department of Health and Social Services (DHSS)
- Trinidad Navarro, Insurance Commissioner
- Dr. Jan Lee

Attendees

- Steven Costantino, Department of Health and Social Services (DHSS)
- Pamela Gardner, Delaware Health Sciences Alliance (DHSA)
- Dr. Omar Khan, Delaware Health Sciences Alliance (DHSA)
- Dr. Louis Rafetto, DIDER Chair

DHCC Staff

- Elisabeth Massa, Executive Director
- Stephanie Hartos, Public Health Administrator
- Latoya Wright, Manager of Statistics and Research

Facilitator

- Dr. Devona E. Williams, Goeins Williams Associates, Inc.

ICEBREAKER: STRATEGIC ROLE OF COMMISSIONERS

The facilitator asked commissioners and staff to respond to the questions: *What is your strategic role or value as a commissioner with the DHCC?* Responses were as follows:

- Commissioner Geisenberger - Finance, affordable health care, costs.
- Commissioner Becker - Service, concerned with growth downstate, workforce issues.
- Commissioner Navarro - Insurance, control and contain costs, primary care.
- Commissioner Jones - Dental care, workforce, business community, labor, public/private partnerships.
- Executive Director Massa - Overall support to the Commission, interface with DHSS.
- Commissioner Fan – 5th Strategic Retreat, meeting strategic goals, identify deficiencies, focus on policy, primary care, interim chair of DIMER.

- Secretary Magarik - Data on workforce, access, 1/3 of Delawareans are on Medicaid, workforce, legislature, policy, benefits, equity.
- Commissioner Lee - Health information, technology, do a better job of connecting health eco-system.
- Commissioner Heffron - Clarifying the role of the Commission, medical community, workforce, patient perspective, workforce costs.
- Commissioner Moriello - Technical expertise, insurance pricing, global view of industry, concerned with who receives care and pays for care, policy, workforce.
- Commissioner Harrison - Disease and illness care is not healthcare, do investments in health care create health conditions? High quality care, access, being listened to, inequities, being a voice on health disparities, impact on mental health, whole health.

Commissioners bring their unique perspectives, expertise and areas of focus which include workforce, access, equity, system improvement, focus on policy and other areas mentioned. As discussed in the 2021 Commissioners retreat, the role of commissioners is to be thought leaders and to focus on policy that leads to systemic transformation of the health care system to increase access and affordability and improve health outcomes.

DHCC REVIEW AND REFRESH

Dr. Williams reviewed the action items from 2021 Strategic Retreat: Workforce and ARPA Funding. The Commission established operating principles which are:

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

The facilitator reviewed the statutory duties and authorities of the Commission and the Mission Statement which was developed and agreed to by the Commission at the 2019 Strategic Retreat.

DHCC UPDATES

Health Care Provider Loan Repayment Program Marketing and Outreach (HCPLRP)

Stephanie Hartos provided the update:

- HB 48 with HA 1 established a Health Care Provider Loan Repayment Program (HCPLRP) for new primary care providers. The Delaware Health Care Commission (DHCC) is responsible for the administration of the program and may award education loan repayment grants to new primary care providers up to \$50,000 per year for a maximum of four years.
- Eligible clinicians must be a new primary care provider in an ambulatory or outpatient setting and completed graduate education within six-months of the application for HCPLRP grant being submitted.

- Awarded clinicians will be asked to commit to an initial contract term of two (2) years with the State of Delaware to receive loan repayment.
- Priority consideration will be given to Delaware Institute of Medical Education and Research (DIMER)-participating students and participants in Delaware based residency programs.
- A total of 16 applications were received: 7 were incomplete, 1 ineligible, 4 eligible, 3 eligible but declined, and 1 pending.
- Of the 4 practitioners eligible for funding, only 2 had employers who were able to meet the 50% match requirement (ChristianaCare is the employer for both applicants). Other details were provided on slides presented.

Elisabeth Massa reviewed the marketing and outreach efforts:

- The DHCC staff has undertaken a number of marketing and outreach efforts in 2022. Staff has attended meetings with the Delaware Health Sciences Alliance (DHSA) on workforce. The HCPLRP application has been updated to be more user friendly and a brochure has been developed for distribution. The staff participated in outreach events to market the program and have reached out to hospital systems to promote collaboration.
- For 2023, staff will continue marketing and outreach by becoming involved with residency programs in Delaware and surrounding states to better advertise the program. Outreach will be broadened to more medical schools in the eastern U.S. Collaborations with DHSA, Delaware Healthcare Association, the Medical Society, and other stakeholders will continue.

Discussion:

Commissioners expressed concern about the small number of applicants who are eligible to receive awards, the lack of matching funds from employers, and competing loan programs that do not require a match. There was discussion regarding a "holistic" approach with a focus on helping future students be able to attend school and practice, when they might not have been to otherwise, if not provided with loan repayment.

Actions:

1. Send brochures to other community partners.
2. Monitor applicants and consider legislative changes to address limitations to the program and analyze eligibility and specialties.
3. Use data from DIDER/DIMER to outreach to employers where graduates are going for employment.
4. Use loan repayment information as a long-term incentive for people to go into the medical profession.

Primary Care Reform Collaborative (PCRC)

Dr. Nancy Fan presented an update:

- Primary care investment and a percent of total spend:

Rate Filing Year	Plan Year	Minimum % Total Cost of Medical Care Spent on Primary Care
2022	2023	8.5%
2023	2024	10%
2024	2025	11.5%

- The PCRC has worked to develop a model that contains the initial framework that includes patient attribution, panel size considerations, payments to primary care physicians, varying payments based on members’ needs or practice infrastructure, and quality measures.
- The Payment and Attribution, Care Coordination, and Quality Measures and Benchmarks Workgroups will be meeting in early November to finalize their recommendations for Version 2.0 of the Primary Care Payment Model.
- Payment and Attribution Workgroup E & M Code Recommendations for Bundle:

New or Established Patient Office or Other Outpatient Visit:99201-99205 (New 10-60 Minutes)
99212-99215 (Established 10-40 Minutes)
Prolonged Patient Service or Office or Other Outpatient Service 30 to 60 Minutes: 99354-99355 E
Physician Telephone Evaluation 5 to 30 minutes: 99441
Physician Online Evaluation and Management service: 99444
Prolonged Patient Service Without Direct Patient Contact 30 to 60 Minutes: 99358-99359

Measure	Population
1. Colorectal Cancer Screening	Adult
2. Breast Cancer Screening	Adult
3. Hemoglobin A1c control (< or =9%)	Adult
4. Statin Therapy for Patients with Diabetes	Adult
5. Statin Therapy for Patients with Cardiovascular Disease	Adult

6. Controlling High Blood Pressure	Adult
7. BMI (Process Measure)	Adult and Pediatric
8. Depression Screening	Adult and Pediatric
9. Tobacco Screening and Cessation Intervention	Adult
10. Well Visits	Pediatric

Next Steps:

- The DHCC initiated a Request for Proposal (RFP) for primary care support.
- A vendor should be selected later this fall.
- In 2023, the PCRC will continue developing the model and focus more heavily on practice transformation and moving away from traditional fee-for-service.
- The model will serve as a shared resource between DHCC and the Office of Value-Based Health Care Delivery (OVBHCD). Sixty percent of all practices need to be in the value-based care model.
- The PCRC will continue meeting with other states to learn more about their value-based payment models and will continue collaborating closely with the OVBHCD and other stakeholders to ensure the requirements set forth by SB 120 are met.
- Identify who else would qualify as a "primary care provider" other essential members of a patient-centered team, such as social work, psychologists.

After discussion by commissioners two action items were suggested.

Actions:

1. Pivot toward outcomes that are patient centered
2. Funding for resources to help practices transition to value-based models.
3. Consider loan repayment programs for other medical professionals who support primary care practices.

DIDER Advancement

Dr. Lou Rafetto, Chair of DIDER, presented an update:

- An internal assessment concluded that DIDER has been most successful with the Temple program and ChristianaCare general practice residency not only provide training opportunities, but ChristianaCare also provides treatment to the community.
- DIDER is least successful with sufficient funding to provide greater opportunities for future practitioners. This is attributed to the lack of legislative support and a champion to advance funding support from the State.
- A Task Force has been established by Senator McBride to develop recommendations for advancement. Half of the members are from the dental community. A report is expected to be presented mid-February.
- A study conducted by Star Med, LLC, commissioned by the DHCC in 2019 found that

- the average acceptance rate for Delaware applicants was 42.6%, while the average acceptance rate for applicants not from Delaware was 10.5%. From 2000 to 2018, over 54% of those who completed dental school and a post-graduate year were licensed and practicing dentistry in Delaware. The report concluded that DIDER achieved its goal to obtain dental school admission for Delaware residents.
- The 2019 DHCC Workforce Study reported that over 54% of those who completed dental school and a post-graduate year are licensed and practicing dentistry in Delaware.
 - Challenges are the diminishing financial support for existing programs over the past decade, perceived lack of support from DHSA, and restrictions on the student loan repayment program. Federal loan repayment is limited to dentists who practice in FQHCs or the Prison system. The state program is only available to medical providers.
 - Several funding requests (for 2022-2024) have been made to improve outreach, to assist students with taking the Dental Admissions Testing exam, expand the residency program, and expanded tuition assistance. Data from DIDER was presented that indicated student debt load for dental school could be upwards of \$500K.
 - Some Underrepresented Minority (URM) students have had competitive GPAs, but not Dental Admission Test (DAT) scores. Requested funding from DHCC to support DAT preparation course for students. Awaiting response.
 - Application cycle for Temple University, 2021-2022, 20 applicants from Delaware. Ten students were accepted. Twelve different schools represented in the pool of applicants including 6 from the University of Delaware and one from Delaware State University.
 - This year's class of General Practice Residents is typical of the past several years ... diverse, from different dental schools and states of origin. The last two classes are diverse.
 - The number of dental licenses issued for 2021 was 28, and for 2022 was 36. Licenses issued for dental hygienists for 2021 was 41 and 32 for 2022.
 - A subcommittee is working to establish an updated standardized power point presentation on dentistry as a career as well as organize "points of contact" to identify opportunities (coordinated with DSDS). More funding is needed to support more elaborate outreach opportunities and marketing materials
 - A series of slides were presented from a dentist and dental student survey conducted by Tibor Tóth, Ph.D., Assistant Professor, Biden School of Public Policy, and Administration. The study population was all dentists in Delaware providing direct patient care in Delaware from the Division of Professional Regulation. A total of 491 dentists were contacted. The survey sheds light on issues and concerns related to licensure. With respect to student debt, survey responses showed that students estimated debt relating to dental school to range from \$300K to \$800K.

- Conclusion – DIDER is performing its duties well given current financial restraints. DIDER has an excellent partner in Temple University Kornberg School of Dentistry. The ChristianaCare residency provides important training and community service in addition to be a strong attractor of dentists to Delaware. DIDER can improve its service with increased financial (and other) support from the state and other agencies. The DHCC could consider expansion of mission to include support training for dentists to manage patients with disabilities and training for hygiene and dental assistants. Recruitment efforts at the college and high school levels should be further enhanced. Recruitment will be most effective if targeted to support areas of areas of need.

Discussion Question for Commissioners: *How can DHCC advance DIDER goals/strategies to align with strategic direction?*

Commissioners discussed extreme costs of dental school, barriers to licensing and the unevenness of dentists practicing in the state. The following actions were suggested.

Actions:

1. Clearly present the annual budget data for DIDER 2004 to 2022 for decision making, to determine how funding should be increased.
2. Review recommendations from the Task Force.
3. Fund strategies to encourage students to practice in Delaware and the work of the DIDER/DIMER boards.
4. Develop more coherent recruitment at the high school level and consider subcommittee regarding outreach – where, what, how much.
5. Increase funding to support targeted recruitment strategies.
6. Provide DAT preparation scholarship (\$1500) for Delaware State University.
7. Create a student loan repayment program for dental school.
8. DIDER and DHSA should work together. High school promotion of medical professions at the high school level is already in place.

DIMER Advancement

Dr. Fan, Interim Chair of DIMER, presented the update with the following information:

- DIMER and DHSA work on the arc of medical education, with the aim of attracting and retaining Delawareans into medicine:
 - Conducting outreach events for Delaware’s HS students especially in Kent and Sussex counties, to educate on DIMER and pre-med preparation.
 - Preparing pre-medical students at the college level to apply for medical school.
 - Aspiring to a fully representative applicant pool to DIMER medical schools, including under-represented minorities and under-represented

- geographies/counties.
- Ensuring all qualified Delaware DIMER applicants gain admission to Sidney Kimmel Medical Center (SKMC), and the Philadelphia College of Osteopathic Medicine (PCOM).
- Attracting DIMER med students into Delaware residencies.
- Recruiting from residencies into Delaware practices and promoting the Delaware HCPLRP loan repayment.
- Highlights for 2022 – PCOM and SKMC to again host the Winter Virtual Residency Student Engagement Panels. SKMC Event scheduled for Monday, December 5th and PCOM Event scheduled for December 12th. Panels include Family Medicine Residency Program Directors. DHSA will create invitations, manage registration as well as host and facilitate virtual events.
- Forty-nine students matriculated through DIMER, the largest number in the history of the program. The class was diverse demographically. Many new primary care residents are now placed with Delaware health systems.
- The Harrington Trust at ChristianaCare is sponsoring a virtual MCAT preparation course in collaboration with the Kaplan Partner Solutions. Applications are due May 3, 2023.
- A Pre-Med Advising Collaborative was initiated among Delaware undergraduate institutions (DSU, DTCC, UD).
- Hosted Delaware Primary Care Residency Program Directors Annual Dinner, September 2022 which included primary care doctors from Beebe, ChristianaCare, Nemours, St. Francis, and DIMER Board members.
- DIMER Marketing and Awareness Activities included: Harrington Trust MCAT Prep Summer Cohort, Pre-Med Collaborative, Residency Program Director Collaborative, GMEC Meetings, United Way, Department of Education Meetings, PCOM DIMER Speaker Series, and UD Pipeline Programs Office.

Discussion Question: *How can DHCC advance DIMER goals/strategies to align with strategic direction?*

Commissioners offered an action item that flowed from the DIMER presentation.

Action:

1. Continue to fund strategies for outreach to middle school students and high school students
2. Encourage DIMER/DIDER students to practice in Delaware
3. Support the work of the DIDER/DIMER boards.

CRITICAL ISSUES, DHCC ROLE AND ACTIONS

Issue 1: Diversity/Equity/Inclusion (DEI) in Health Care Policy Statement

Dr. Fan introduced the draft DEI statement that was developed as an action item from the 2021 strategic retreat. The revised statement enhances the current mission statement and roles and responsibilities of the DHCC. The draft mission statement appears below with the additional changes shown in bold as the recommended revisions:

Mission Statement

The DHCC strives to foster initiatives, design plans, and implement programs that promote **equitable** 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 **diverse**
- Initiate pilots
- Analyze the impact of previous and current initiatives, **especially on diverse and underserved populations**
- Recommend policy changes to support **improving equitable** access to high-quality, affordable care

Discussion:

Concerns were raised over the term diverse and whether other word choices were more suitable. After further discussion, it was agreed that *diverse* is the broadest term that can include all differences.

Discussion Questions:

What does having the statement mean for the DHCC? What are the implications for the role of the DHCC? Commissioners' responses are below:

- Partner with other agencies in the state (i.e., Bureau of Health Equity).
- Have communities look at the data and build out the data (Healthy Communities Delaware).
- Have a forum to bring the statement into a spotlight and have an open discussion to provide data and improve work in the area.
- Be aware of different perspectives.
- Ensure the necessary policies and practices are in place. Be mindful, accountable, and active with the mission statement.
- The Statement should be the guiding principle of how we operate.

What actions should we take? Who will take the lead (lead and co-lead)?

1. DHCC should host a forum to discuss diversity, equity, and inclusion with the public.
2. Assess programs for alignment with the statement. Inventory results and identify opportunities to improve.
3. Post the statement on the website.
4. Systematically look at different programs and communications, conduct a cultural audit.
5. Assess what is the impact of this statement on our initiatives/programs.

Issue 2: Workforce

Secretary Rick Geisenberger and Nick Moriello provided an update on the progress made by the Health Workforce Subcommittee. The database on workforce, developed using American Rescue Plan Act (ARPA) funds, is now live and resides with the Delaware Academy of Medicine. Now that the data is available, the DHCC needs to weigh in on policy recommendations, industry-wide discussion and thoughts and concerns. The data provides solid information about the licenses' workforce, but there are shortfalls. The co-chairs asked how the data should be used to forecast future needs.

Workforce Database Discussion:

The facilitator asked the Commissioners to respond to questions identified by the co-chairs with respect to the workforce data. Questions and responses are below:

What are the gaps in the data? Can we anticipate any shortfalls in the future?

- Licensure for CNAs.
- No registration or licenses for some fields.
- Related fields (i.e., actuaries, insurance data) are missing.
- Ask people if they are getting the care they need when they need it.
- Keep the census data in mind.

How do we use the data for forecasting?

- Other data sources – how do we integrate? What do we look at? The Population Consortium data?
- Can we use data for the projection of health needs and gap analysis?
- Look at other countries for best practices.

What policy recommendations should the Commission make regarding the data?

- Ask practitioners if they are actively practicing.
- Suggestions on implementing this question included tools which would not be cumbersome to practitioners such as: cross-referencing with DHIN claims data for

current clinical activity; attaching a limited # of survey questions to licensure renewal

Workforce Discussion Questions:

How do we connect with other workforce initiatives?

- The Workforce Subcommittee should partner with other entities that are undertaking similar work: the State Chamber of Commerce, and the Workforce Investment Board.
- Leverage the extensive base of science-based businesses in DE for increased investment to expand health care workforce, e.g. pharmaceutical and research companies
- Partner with other states that are also undertaking workforce initiatives. People are continuing to leave positions in healthcare.
- Partner with high schools and the Pathways program, considering areas of overlaps with other state agencies, such as Dept of Education, which could promote early STEM pathways

How do we organize to have industry wide discussions?

- The Subcommittee should continue to function as a public/private partnership

What are the policy implications for the DHCC? Where do we focus?

- The Subcommittee will need to focus. Shortages are in 11 areas. The top shortage areas are primary care, dental, behavioral health, nursing homes care, especially in Sussex County nursing

What actions should we take? What should be our focus? Who will take the lead (lead and co-lead)?

1. Rick will continue as Co-chair and Nick will be stepping down. There was some discussion regarding having another commissioner assume the co-chair position. Melissa Jones volunteered to assist the chairs as “tri-chair,” but not as an official co-chair. There was a recommendation that this be discussed at the subcommittee level to see if any other committee member will want to assume co-chair. Preferably someone from the private sector as Secretary Geisenberger will continue to be the “public” co-chair.
2. Partner with other entities that are undertaking similar work: the State Chamber of Commerce, the Workforce Investment Board, Pathways Program, and other states that are also undertaking workforce initiatives.

STRATEGIC DIRECTION 2023

The facilitator asked the commissioners closing questions pertaining to the strategic direction for 2023. The discussion questions and responses follow:

What can we improve upon?

- Collaboration and partnerships.

What do we want to do differently?

- Consider different options for next year's retreat? This included a different venue as the room appeared large for our needs, although it was pointed out by Dr. Fan that we need to accommodate public attendees. Additionally, this will be one of our two semi-annual in person meetings.
- DHCC may want to develop formal recommendations from the DHCC for new administration transition for 2024.
- Consider legislative policy opportunities

What should our focus be for 2023? Priorities?

- Equity, access.
- Workforce.

WRAP UP AND FUTURE ACTIONS

Dr. Fan thanked everyone for participating. Dr. Williams stated the notes from the meeting will be summarized along with the action steps.

The commissioners thanked Dr. Fan for her leadership. Several commissioners commented the session was productive with a lot of useful information and discussion.

Public Comment

Dr. Omar Khan provided public comment summarized below:

- Because of the volume of information discussed, the Commission could consider having public comments after each major discussion item at future retreats.
- There are real barriers to licensure to practice dentistry in the State of Delaware. This should be a future agenda item.
- Funding for students for the DIMER program has been stable and the number of students has increased.
- DHSA will partner with DIDER to share what is currently being done and continue to increase opportunities for students.
- DHSA will partner on Workforce Plan with the DHCC Health Workforce Subcommittee.
- Applaud the DHCC for developing a DEI statement.

The meeting was adjourned at 4:40 pm.