

**Delaware Health Care Commission
Thursday, March 2, 2017 9:00 AM
Delaware Tech Terry Campus Corporate Training Center
Rooms 400A & B
100 Campus Drive, Dover**

Meeting Minutes

Commission Members Present: Nancy H. Fan, MD, Chair; Theodore W. Becker, Jr; Susan A. Ccyk, M.Ed., Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; Janice L. Lee, MD; Trinidad Navarro, Commissioner, Department of Insurance; Edmondo J. Robinson, MD, MBA; Kara Odom Walker, MD, MPH, MSHS, Secretary, Delaware Health and Social Services

Commission Members Absent: Richard Heffron; Kathleen Matt, PhD; Dennis Rochford; Valerie Watson, Deputy Principal Assistant, Department of Finance

Staff Attending: Laura Howard, Executive Director; Shebra Hall, Community Relations Officer

CALL TO ORDER

Chair Nancy Fan, MD called the meeting to order at 9:05 AM.

MEETING MINUTES APPROVAL – FEBRUARY 2, 2017

Dr. Fan requested a vote on the February meeting minutes. Dr. Edmondo Robinson motioned to approve the minutes and Ted Becker seconded. All were in favor of approving the minutes. Motion carried.

Dr. Fan introduced a new Health Care Commission Board member, Dr. Kara Odom Walker, DHSS Cabinet Secretary. Secretary Walker offered a brief introduction, sharing that she is from Delaware, graduated from the University of Delaware with a degree in chemical engineering, and obtained a medical degree from Jefferson Medical College. Sec. Walker stated that she is happy to be on board as the new DHSS Cabinet Secretary and that she “likes problems, policy, and data.” Commissioner members welcomed Sec. Walker and she thanked them for the opportunity.

DELAWARE’S RESPONSE TO THE OPIOID EPIDEMIC

Karyl T. Rattay, MD, MS, Director of the Division of Public Health (DPH), Delaware Health and Social Services (DHSS) gave an informative presentation on how Delaware is addressing the opioid epidemic. Dr. Rattay offered significant data and information on drugs in Delaware. Some highlights include:

- In 2009, the number of accidental drug poisoning deaths surpassed motor vehicle deaths and has continued to do so through 2014.
- Delaware is ranked #1 for prescribing high-dose opioid pain relievers at 8.8 prescriptions per 100 persons, and #2 for prescribing long-acting/extended-release opioid pain relievers at 217 prescriptions per 100 persons.
- The state’s tightening of access to prescription drugs, raised their on-the-street cost, increasing the use of and overdose deaths from heroin. Almost 80% of heroin addicts report they started using opioids.
- Increased use of synthetic opioids led to 120 fentanyl-related overdose deaths in 2016, for a total of 308 drug overdose deaths in Delaware last year.

- The “Help is Here” campaign targets both the general public and medical providers on the dangers of the misuse of addictive substances, including opioid prescription drugs, through state-wide advertisements, online at www.helpisherede.com, and educational materials.

Dr. Rattay outlined some of the state-led interventions taking place, including provider education; drug disposal and drug take-back events; and the Prescription Drug Monitoring Program (PMP). The PMP collects dispensed controlled substance prescription data from pharmacies and gives prescribers information about the opioid using history of a patient. Dr. Rattay suggested that the DHCC could help with addressing insurance reimbursement for non-opioid pain management approaches and Substance Use Disorder (SUD) treatment.

David Mangler, MS, RN, Director of the Division of Professional Regulation (DPR) provided prescription opioid guidelines for providers, administered by DPR. These guidelines include new requirements for prescribing opioids, including recommendations for alternative pain management tools, and a substance use disorder evaluation tool. DPR held a public comment period for the new regulations and received a lot of feedback. Much of the public comment was related to the guidelines on how much of a drug can be prescribed. Mr. Mangler emphasized that the guidelines are basic standards for providers that are prescribing the prescriptions, allowing for safer prescribing for consumers. The guidelines also now require the PMP to be checked under certain situations, including for both chronic and acute condition prescription treatment. The Delaware Prescribing Rules were published on January 1, 2017, but will become effective April 1, 2017.

Discussion

Susan Ccyk, thanked DHSS, DPH, and DSAMH for their leadership in directing this state-wide effort, and on including DSCYF in addressing this issue. Ms. Ccyk shared that DSAMH and DSCYF have applied for a federal grant opportunity to SAMHSA to address opioid addiction prevention and treatment. Also, DSAMH is hosting a focus group in Seaford, centered on how the opioid epidemic is affecting that community. Ms. Ccyk agreed with Dr. Rattay and suggested that the DHCC could help with addressing provider payment for other than opioid pain management.

Dr. Robinson stated that Delaware has had an addiction problem for a very long time and suggested that today it is affecting a demographic that we are not used to. Dr. Robinson noted the role of mental health support and people that are self-medicating; provider payment for alternative non-opioid treatment; and the consideration of pain as “a 5th vital sign,” and how providers are evaluated on a patient’s response to pain management. He opened the discussion to managing the idea of pain and the patient’s role in pain management. Dr. Fan suggested that as patients became more aware of their health care needs, there was a challenge for providers to address patient pain relief, not recognizing the future addiction implications. Mr. Mangler mentioned that in a former role, his team tried a two-pronged approach to address patient pain management. First, there was a system-wide campaign to manage patient’s expectations of pain relief and the patient’s ability in managing pain, that the patients may not be completely pain-free. Second, the staff was educated to display empathy and concern for the patients, with the intent on keeping patients comfortable, but understanding they may not be getting rid of the pain. This process yielded positive results in addressing pain management with patients.

Dr. Jan Lee stated that the DHCC establishes the Qualified Health Plan (QHP) standards for the Marketplace. This would be an opportunity for the DHCC to set the level of reimbursement for non-opioid or non-pharmacological treatment for pain management.

Trinidad Navarro stated that school nurses are key in identifying mental health needs and early intervention for students; however, when students are provided with mental health services at school, some insurance companies were not paying for treatment because it was not provided in a mental health office. Mr. Navarro stated that this practice is in violation of Delaware insurance code, and when this occurs, DOI must be notified. He suggested that addressing mental health early on can help prevent substance abuse later. Moreover, DOI is working on a bill with the Department of Justice (DOJ) to address payment for substance abuse treatment, both in-patient and out-patient, and also coordinating efforts with atTack Addiction and Delaware United. Mr. Navarro recognizes that Delaware has limited access to substance abuse treatment centers, but addressing treatment is even more challenging when patients go out of state for treatment, change their address to the treatment state, and cancel the Delaware insurance. Ultimately, the DOI needs to be made aware of issues so that they can help to address them accordingly. Dr. Fan stated that everyone would agree that payment reimbursement is a barrier to people seeking substance treatment.

Mr. Becker stated that working with government municipalities is an opportunity to promote public education and awareness on this issue. The City of Lewes has a great response around drug take-back days, with the city's effort to promote awareness through resident email blasts, and corporation from the city police department. Dr. Fan stated that DPR has also done a good job of offering provider awareness and education that will significantly impact provider's prescription habits.

Public Comment

Wayne Smith, of the Delaware Healthcare Association (DHA), thanked DPH for all of the work they are doing to address addiction and stated it is his pleasure to serve on the Prescription Drug Action Committee (PDAC). Mr. Smith noted that other countries use over-the-counter (OTC) medications much more readily, which do not require insurance payment. Mr. Smith shared that in December, the Centers for Medicare and Medicaid (CMS) announced it will remove and revise questions assessing pain management from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, which is a factor that drives payment reimbursement reductions. Mr. Smith asked if the State could develop better standards of care that would define and mandate when providers can prescribe medications. Dr. Rattay stated that about 5 years ago, Delaware Emergency Room (ER) doctors developed their own standards of care that advised them to prescribe no more than 72-hours' worth of pain medication to ER patients. Mr. Mangler added that the focus of the PDAC Provider Education Subcommittee is to help health care providers reset their expectations and view their role in how they address pain management with patients.

John Dodd, of Brooks & Dodd Consulting, serves as a volunteer in a Sussex County prison re-entry program. He stated that many of the prisoners are in prison because of drug-related reasons and have fear in leaving prison and being exposed to drugs. Dr. Rattay stated that DSAMH and the Department of Corrections (DOC) are working to make connections so that this population has access to available resources. The Treatment Access Center (TASC) is the primary liaison between DSAMH and the criminal justice system that will assess, refer to treatment and provide case management services to offenders as they move through both the criminal justice and treatment systems. Dr. Rattay affirmed that this population is at high risk for overdose related deaths after reentry. Secretary Walker added that DHSS is working to provide additional medical and public health services to partners in DOC, particularly because this is about a continuum of care; to people who need help when they arrive in prison and when they transition out of prison, and need additional supports and access to mental health resources. DHSS is working to improve access to telehealth, and access to trained counselors that can offer treatment options, and providers that have all the tools they need to provide services. Sec. Walker affirmed that there is a lot to think about and a lot of work still to do be done.

Joann Hasse, of League of Women Voters, inquired about a breakdown on the data for the number of prescriptions recorded on the PMP for acute, versus chronic conditions. Ms. Hasse further inquired about the process for investigating drug prescriber outliers. Mr. Mangler explained that there is a prescriber report card that will yield information, as well as prescriber feedback and education that will provide targeted and specific information to the prescriber, and identify the risk potential. Next steps would include monitoring the impact of provider education, and then possible referral to DPR to determine the need of a formal investigation. The whole process could take anywhere from 6 to 12 months, which is a cause of concern for Mr. Mangler.

Deborah Hamilton, of Hamilton Goodman Partners, LLC, represents United Healthcare, and wanted to share that insurers are also talking about the opioid epidemic in relation to the Medicaid population. The insurers want to know how they can better use the information they receive to intersect earlier in this process; if they can provide better case management; and how they can do a better job at helping to address this issue? Ms. Hamilton stated that the insurers are not disinterested in exploring alternative non-opioid pain management options.

Noël Duckworth, of Delaware Center for Health Innovation (DCHI), thanked DHSS and DPH for their leadership in addressing the addiction epidemic. She stated that she is excited about the work being done with addiction and the connection to mental health. Ms. Duckworth offered personal stories to highlight the need to reduce the stigma surrounding addiction. Ms. Duckworth emphasized the importance of educating not only the providers on the dangers of prescription medication, but also the public.

Mary Beth Cichocki, a registered nurse and addiction treatment and recovery advocate, shared professional and personal insight on addiction. Ms. Cichocki stated that resources are extremely limited for individuals trying to stay drug-free; and it is more cost-effective to treat women while they are seeking addiction treatment before they get pregnant. Ms. Cichocki also shared that her son was being over prescribed on several medications, and reporting the prescribers to the Delaware Board of Medical Licensure and Discipline was ineffectual. Dr. Fan thanked Ms. Cichocki for advocating for those who cannot advocate for themselves and pointed out that there are many people, including community leaders and stakeholders who are engaged, and want to see improvements.

For more information on the Opioid Epidemic in Delaware, DPR guidelines, fact sheets, and a copy of the complete presentation, visit the Delaware Health Care Commission website:

http://dhss.delaware.gov/dhcc/dhcc_presentations.html

MARKETPLACE UPDATE

Laura Howard provided updates on Marketplace activities.

In a recent presidential address, some features of a plan to repeal and replace the ACA were outlined:

- Coverage will continue to be available to those with pre-existing conditions
- Giving flexibility to states for Medicaid
- Utilizing tax credits and HSAs
- Reducing prescription drug costs
- Increasing competition by allowing issuers to cross state lines

Open Enrollment for Plan Year 2017:

- From November 1, 2016 to January 31, 2017, 9.2 million consumers enrolled in health insurance on the Marketplace, a 4.2% decrease in the number of national enrollees in 2016.

- From November 1, 2016 to January 31, 2017, 27,584 Delawareans enrolled in the Marketplace, a 2.4% decrease in the number of Delaware enrollees in 2016.
- Enrollment in Medicaid and SHOP is open year-round.
- Consumers without coverage will pay a tax penalty.

CMS Proposed Rule changes for Plan Year 2018 highlights:

- Open Enrollment would end earlier, on December 15, 2017.
- Plan metal level adjustments will affect actuarial value for silver plans.
- Consumers must pay past due premiums before enrolling with the same issuer.
- Revised timelines for QHP certification and rate review.
- Public comment period will close March 7, 2017 at 5pm. Comments can be received by mail or online at <http://www.regulations.gov>

Plan Management Update:

- Medical issuers Aetna Health, Inc.; Aetna Life Ins. Co.; and Highmark BCBSDE, and dental issuers Delta Dental and Dominion Dental have or intend to submit letters of intent to participate in Plan Year 2018.
- Issuers have until June 9, 2017 to make final decision to apply for plan certification for Plan Year 2018.
- DOI is preparing for the 5th round of the QHP Review process, proposing that CMS will release the list of certified QHPs for Plan Year 2018 in October 2017.

Discussion

Dr. Fan suggested that the decline in this year's enrollment could be due to a variety of factors, including the increase in employers offering affordable coverage, and the uncertainty of the future of the ACA and the political climate during the elections. Maggie Norris Bent, of Westside Family Healthcare, a Federally Qualified Health Center (FQHC) that assisted consumers with signing up for health insurance coverage during this past open enrollment period, shared some anecdotal information on enrollment at Westside. She stated that Westside will continue to offer enrollment assistance and to educate consumers.

A copy of the full Marketplace update can be found on the Delaware Health Care Commission website: http://dhss.delaware.gov/dhcc/dhcc_presentations.html

STATE INNOVATION MODEL (SIM) UPDATE

Dr. Fan provided updates on the CMMI State Innovation Model (SIM) grant.

Program area and Delaware Center for Health Innovation (DCHI) updates:

- The first in-person training session for the workforce training curriculum was held on February 16.
- One of DCHI's strategic priorities is accelerating the adoption of payment reform, through the work of the Payment Model Monitoring Committee.
- The Healthy Neighborhoods Committee held a soft launch for the Wilmington/Claymont lead council.
- The DCHI Board approved the consensus paper from the Workforce and Education Committee.

Behavioral Health Integration (BHI) program updates:

- Portions of SIM funding are targeted towards BHI support, and include funding to implement electronic medical records (EMR) for providers, and for BHI model testing.
- BHI program goals and metrics were outlined, including the active recruitment for a BHI Program Manager.

- A BHI Business Case Tool is being used to identify potential profit/loss and revenue/cost, and helps practices know what to expect in doing this BHI work.

Practice Transformation updates:

- There are 347 providers currently enrolled in Practice Transformation (PT) services.
- DHCC has revised their vendor reporting tools to better identify specific areas of the enrolled practices, and their progress towards PT milestones.
- Key takeaways from data analysis indicates:
 - Practices are making progress towards implementing a process of following-up after hospital discharge, and implementing a process of contacting patients who did not receive appropriate preventative care.
 - Practices may need assistance with implementing multi-disciplinary teams for high-risk patients, and documenting plans for patients with behavioral health care needs.
 - PT challenges include staffing resources, BHI and IT capabilities.

DCHI Upcoming Meetings:

A list of the upcoming DCHI meetings can be found online at DEHealthInnovation.org. Please note, there is no Patient and Consumer meeting today. Going forward, Patient and Consumer meetings will be held quarterly.

Discussion

Dr. Edmondo Robinson asked for examples of the referenced BHI models, and about reimbursement for BHI activities, particularly around payment for health care professionals and the utilization of telemedicine. Dr. Fan shared two different BHI models that are implemented by Christiana Health Care and Nemours/Al Dupont Hospital, and by Mid-Atlantic Behavioral Health. Lolita Lopez, of Westside Family Healthcare, added that Westside uses a hybrid model, in which they have behavioral health care providers that are both embedded in their practices and some that are contracted. Ms. Lopez said that the integration work with EMRs will help to advance the model. Julane Armbrister, of DCHI, shared the three specific models that DCHI is focusing on: Referral; Co-Location; and, Contracted. To address Dr. Robinson's question about reimbursement, Dr. Fan stated that although providers want to offer the best care that they can for their patients, they still understand that practices are businesses, and need to consider cost effectiveness. She stated that reimbursement continues to be an obstacle that the DCHI Payment Committee will continue to address.

A copy of the full SIM update can be found on the Health Care Commission website: http://dhss.delaware.gov/dhcc/dhcc_presentations.html

OTHER BUSINESS

DIMER AND DIDER

Dr. Fan invited Wayne Smith to provide an update on advocacy efforts on behalf of DIMER and DIDER. Mr. Smith shared that the DHA has formed an advocacy group to support DIMER, DIDER, and DIVME. He stated that Governor Jack Markell did include almost the full funding amounts for these programs in his outgoing recommended budget for the State general fund. Governor John Carney will be releasing his budget proposal in March. Mr. Smith said that legislators appear to understand more and are more educated about

the DIMER, DIDER, and DIVME programs. Mr. Smith invited the public to take every opportunity to talk with the legislature and the Governor, and to attend a Community Conversation, hosted throughout the State by the Governor and State Representatives. Dr. Fan added that the DIMER Board has formed a subcommittee that will be presenting recommendations on sustainability at the May quarterly DIMER meeting, and the Commission will provide updates accordingly.

ATTACK ADDICTION 5K

Jill Fredel, DHSS Communications Director, invited everyone to join the expected 2,000 participants in the Fourth Annual atTACK Addiction E-Racing the Stigma 5K on Saturday March 4, and to celebrate this community effort to help reduce the stigma around addiction. The event will be held at St. Peter's Church in Old New Castle. Registration begins at 8am, and the race starts at 9am.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is Thursday, April 6, 2017 at 9:00am at Del Tech.

ADJOURN

Hearing no other business, Dr. Fan adjourned the meeting at 11:05 am.

GUESTS

Corinne Armann	Rebecca Batson Kidner, PA
Julane Armbrister	Delaware Center for Health Innovation
Helen Arthur	Delaware Health Care Commission
Carol Bancroft-Morley	Delaware Technical Community College
Shannon Boyer	Mid-Atlantic Association of Community Health Centers
Jennifer Brestel	Division of Public Health
Jan Brunory	Department of Insurance
Judy Chaconas	Division of Public Health
Jeanne Chiquin	American Cancer Society
Mary Beth Cichocki	Mother's Heart Break
John Dodd	Brooks & Dodd Consulting
Noël Duckworth	Delaware Center for Health Innovation
Mike Gavula	Rockford Center/DBH
Jim Grant	Public Consulting Group
Sheila Grant	AARP
Deborah Hamilton	Hamilton Goodman Partners, LLC
Joann Hasse	League of Women Voters
Paulette Hussey	Delaware Center for Health Innovation
Ephraim Kaba	Henrietta Johnson Medical Center
Emily Knearl	Division of Public Health
Judy Lapinski	Mid-Atlantic Association of Community Health Centers
Lolita Lopez	Westside Family Healthcare
David Mangler	Division of Professional Regulation
Chris Manning	Nemours
Nick Moriello	Health Insurance Associates
R.W. Munson, Jr.	United Medical, LLC
Maggie Norris Bent	Westside Family Healthcare
Kevin O'Hara	Highmark Blue Cross Blue Shield
Brian Olson	La Red Health Center
Mollie Polland	Nemours
Frank Pyle	Department of Insurance
Paula Roy	DCSN
Christine Schultz	Parkowski, Guerke & Swayze, PA
Sandra Sewell	AARP
Wayne Smith	Delaware Healthcare Association
Robin Taylor	Department of Insurance
Mark Thompson	Medical Society of Delaware
Jose Tieso	HPE - Medicaid
Emily Vera	Mental Health Association