



The Delaware Health Care Commission Meeting

June 7, 2018 - 9 a.m. to 11 a.m.

Meeting Attendance

Commission Members Present: Secretary Kara Odom Walker (DHSS); Theodore W. Becker (Mayor of Lewes); Trinidad Navarro (DOI); Dennis Rochford (Maritime Exchange for DE River & Bay); Dr. Jan Lee (DHIN) and Rick Geisenberger (DOF); Bob Dunleavy (DSCYTF)

Commission Members Absent: Dr. Nancy Fan (Chair); Dr. Edmondo Robinson (Christiana Care Health System); Richard Heffron (DE State Chamber of Commerce)

Meeting Facilitator: Secretary Odom Walker (temporary chair)

Health Care Commission Staff: Ann Kempinski, Executive Director
Keanna Faison, Director of Policy & Planning
La Ronda Moore, Executive Program Assistant
Kiara Cole, Community Relations Officer

CALL TO ORDER

Secretary Kara Odom Walker called the meeting to order at approximately 9:10 a.m.

Meeting Minutes Approval – May 3, 2018

Secretary Kara Odom Walker requested that the commissioners to briefly review the May 3rd meeting minutes and asked for a motion for the meeting minutes to be approved. The May minutes were approved.

POLICY DEVELOPMENT ITEMS

I. Primary Care Legislation Bill – Secretary Kara Odom Walker (DHSS)

Secretary Walker requested feedback regarding the Primary Care Legislation bill – SB 227 from the Commissioners. Visit the DHCC presentations webpage to review the meeting materials from this meeting: http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html

Discussion

Commissioner Jan Lee weighed in on the expectations of the Primary Care Reform Collaborative and how recommendations should be presented. She also expressed her support for the Delaware Health Information Network (DHIN) to play a role in the Primary Care Legislation bill (DHIN is referenced on page 2, line 44 of proposed bill). Commissioner Navarro noted the importance of increasing the amount of primary care physicians in Delaware and expressed support for the Primary Care bill. Commissioner Kathleen Matt made a comment that using nurse practitioners is part of a solution for the primary care

physician shortage in Delaware. Commissioner Kara Odom Walker described the Primary Care bill to serve on the Primary Care Reform Collaborative who will assist with the development of recommendations the Health Care Commission to strengthen the primary care system in Delaware (reference on page 1 beginning on line 20).

Commissioner Lee questioned whether the members of the Collaborative are limited to those positions written into the bill. Will there be other members representing other areas of concern? Commissioner Walker questioned if the commissioners could provide additional representation on the Collaborative to be included formally or informally that are not included within the bill. Commissioner Lee followed up that the Health Care Commission could be utilized as the 'working group' and would include any stakeholders and/or membership the commissioners feel would add value to the recommendations to the Collaborative. Through the Chair of the Health Care Commission, Dr. Nancy Fan, recommendations and concerns would be translated up to the Collaborative for policy formation. Commissioner Navarro provided another alternative for information to be provided to the Collaborative – the DHCC will provide direct feedback to Senator Townsend. Commissioner Becker echoed comments that Commissioner Matt made and also added that there is a huge shortage of behavioral health primary care physicians in Delaware. DHIN should also be regularly available for use because there are opportunities with data from DHIN that could help provide better outcomes for patients.

Commissioner Rochford asked if DIMER and DIDER are fully funded by the general assembly. Commissioner Walker responded that she is unsure as to how the general assembly will vote on how funds will be distributed between DIMER and DIDER for FY19. Commissioner Lee said that "everyone has a personal story." Through the SIM grant, in the beginning, there were many public listening sessions – we should provide more opportunities from "real Delawareans" to share their story so that the Primary Care bill makes a difference.

Public Comment

John Dodd (Sussex County) made comments regarding data and representation of primary care physician shortage in Sussex County.

Joanne Hasse (League of Women Voters) made a comment pertaining to lack of representation of primary care physicians in Delaware and concerns with low number of representation named to the Primary Care Reform Collaborative.

Wayne Smith (Delaware Healthcare Association) addressed the Health Care Claims Database and the broadening of data that will be available from DHIN in the future.

Richard Henderson, MD (Delaware Medical Society) addressed the shortage of primary care physicians in Kent and Sussex counties and the effect it has on the current state of health in Delaware.

UPDATES on ACTIVITIES AND INITIATIVES

I. Delaware Institute of Medical Education and Research (DIMER) Update – Ann Kempfski, Executive Director (DHCC)

Ann Kempfski provided an overview and history of the Delaware Institute of Medical Education & Research (DIMER) and Delaware Institute of Dental Education & Research (DIDER) programs. Visit http://dhss.delaware.gov/dhcc/dhcc_presentations2018.html to review Ann Kempfski's PowerPoint presentation.

Highlights from the presentation:

- DIMER/DIDER was established in 1969 and 1981, respectively, as an alternative to state-supported medical schools
- DIMER/DIDER funds pay to reserve "slots" for DE residents
- Tuition assistance is funded for DIMER, but **not** for DIDER
- There is a state match for federal loan repayment for both programs
- DIMER partners with Sidney Kimmel Medical College at Thomas Jefferson University (SKMC) and Philadelphia College of Osteopathic Medicine (PCOM). Both medical schools regularly accept more Delaware applicants than the contracted number of slots

Discussion

Commissioner Rick Geisenberger questioned if the list of four states on [slide 7](#) are in rank order. Ann Kempfski responded, yes. Commissioner Jan Lee questioned if the Health Care Commission staff has looked at stratifying the states based on geographic location and what we are doing to get physicians to practice where there are shortages in Delaware (see [slide 7](#)). Ann Kempfski responded that although the schools are located in Philadelphia, they push residents to practice in underserved areas. In addition, PCOM is partnering with practices for continuing medical education (CME) within Kent and Sussex counties. Commissioner Kara Odom Walker commented that there is a survey in the field that is a collaborative effort between DHSS and University of Delaware to retrieve data from all practicing physicians in Delaware to enable geographical mapping. Commissioner Kathleen Matt suggests that we take a look at how much money other states are investing in their medical education; how much money do they spend?

II. SIM Update – Healthy Neighborhoods – Keanna Faison, Director of Policy & Planning (DHCC)

Keanna Faison thanked all partners and stakeholders who have been actively participating to make Healthy Neighborhoods a success. She then provided a brief overview of the State Innovation Model (SIM) grant and its drivers of health care transformation. Keanna invited the representatives from each of the local councils to present.

Dover/Smyrna

Sarah Bercaw, co-chair of the Dover/Smyrna local council, presented on activities and initiatives that the Kent/Smyrna local council supports. Visit <http://dhss.delaware.gov/dhcc/files/junesimupdthnovrvwfin.pdf> to review the Dover/Smyrna local council the PowerPoint presentation.

Highlights from the presentation:

- Within the Dover/Smyrna there is one local council and two task forces; behavioral health and healthy lifestyles
- The local task force oversees Healthy Neighborhoods initiatives based on the SIM priority areas
- The Behavioral Health and Healthy Lifestyles task forces are comprised of 30 individuals across the two task forces:
 - 14 community-based organizations
 - 6 government entities
 - Kent county community members
- Two initiatives have been successfully approved and will be funded by the Center for Medicare & Medicaid Innovation (CMMI). The initiatives include:
 - Open Streets – Healthy Lifestyles & Chronic Disease task force
 - NCALL is serving as the implementation partner
 - Engagement of the homeless community using community health workers – Behavioral Health task force
 - Dover Interfaith Mission for Housing, Inc. is serving as the implementation partner
 - The Healthy Neighborhoods funds will support a community health worker for this project through the CMMI funds
 - Other initiatives that were presented for approval at the Healthy Neighborhoods Statewide Consortium meeting on May 24, 2018:
 - Partnership with People’s Place which supports families experiencing domestic violence
 - Partnership with Connections Community Support Programs to support a network for first responders and treatment providers for individuals experiencing behavioral health crisis – especially individuals with opioid addiction
- Healthy Lifestyles and Chronic Diseases task forces are looking to adopt the Open Streets model for the Smyrna area

Wilmington/Claymont

Gina Crist and Rysheema Dixon, co-chairs of the Wilmington/Claymont local council, co-presented activities and initiatives that the Wilmington/Claymont local council supports. Visit <http://dhss.delaware.gov/dhcc/files/junesimupdthnovrvwfin.pdf> to review the Wilmington/Claymont local council the PowerPoint presentation.

Highlights from the presentation:

- Representation on the Wilmington/Claymont local council is a blend of health care and social services and community members
- There are two task forces within the Wilmington/Claymont local council – Maternal Child Health and Behavioral Health
- Community-based proposed initiatives:
 - Peer Internship Program
 - Mental Health Association and Behavioral Health task force are serving as the implementation partners
 - Community Health Worker Project

- Delaware Coalition Against Domestic Violence are serving as the implementation partners
- Play Streets Wilmington
 - Claymont Community Center are serving as the implementation partners

Sussex

Cheryl Doucette of the Sussex County Health Coalition presented activities and initiatives that the Sussex local council supports. Visit <http://dhss.delaware.gov/dhcc/files/junesimupdthnovrvwfin.pdf> to review the Sussex local council PowerPoint presentation.

Highlights from the presentation:

- The Sussex local council operates by an organizational chart ([see slide 15](#)) and six committees that conduct grassroots community service
- Out of the six committees, three task forces have been developed
 - Transitional Care Coordination
 - Seaford Drug Resistance among School Aged Youth
 - Behavioral Health in Schools
- Act as the backbone to partners
- Community-based proposed initiatives:
 - Seaford Drug Resistance among School Aged Youth
 - University of Delaware will serve as the implementation partner
 - Sussex School-based Mental Health Collaborative
 - Sussex County Health Coalition will serve as the implementation partner
 - Nanticoke Health Navigator Initiative
 - Nanticoke Health Services will serve as the implementation partner

Discussion

Secretary Kara Odom Walker thanked each representative from each of the local councils for presenting and to everyone that has helped take the Healthy Neighborhoods initiative this far. She is looking forward to continuing the sustainability conversation in the future.

III. Telehealth Coalition – Carolyn Morris, Director, Telehealth Planning & Development (DHSS); Gemma Lowry, Operations Coordinator (Christiana Care)

Carolyn Morris and Gemma Lowry co-presented activities relating to the Telehealth Coalition. Visit <http://dhss.delaware.gov/dhcc/files/delrdtelehlth053118.pdf> to review the Telehealth Coalition PowerPoint presentation.

Highlights from the presentation:

- ‘Telehealth’ and ‘Telemedicine’ are commonly used interchangeably but they are different
 - Telehealth is defined as transmitting information via technology between a patient and provider
 - Telemedicine is the direct services provided to a patient from a provider using video conferencing
- Telehealth provides a solution to health care shortages in rural areas of the First State
- The Delaware Telehealth Coalition was formed in 2011 in to obtain a need to respond to serve shortage areas in the state
- Currently, there are 138 members from government agencies, nonprofit organization, advocacy groups, healthcare providers, technology providers and community members

- Mission: to fully integrate telehealth into Delaware's healthcare system
- Benefits of membership include: networking opportunities, potential collaboration on projects, training and technical assistance opportunities
- The coalition meets twice a year and has established a 2017 - 2020 Telehealth Strategic Action Plan (<http://detelehealth.wixsite.com/detelehealth/de-telehealth-strategic-action-plan>)
- In 2015, House Bill 69 was passed and Medicaid expanded reimbursement
- Remote patient monitoring otherwise known as e-ICU
 - e-ICU is a tele-intensive care unit using technology
 - It is an additional layer of support for critically ill patients
 - Staffed by remote team of critical care experts across multiple units

Discussion

Commissioner Jan Lee questioned if Christiana Care has calculated the savings and other budgets of the e-ICU pilot program. Gemma Lowry responded that it has been very difficult to calculate the value. Gemma is working hard to get the data to convince upper management to integrate into the hospital system.

Public Comment

Lolita Lopez (Westside Family Health) thanked all who have been involved with the Healthy Neighborhoods effort from the beginning.

Adjourn

The meeting was adjourned at 10.52 a.m.

Meeting presentations are available on the DHCC website (<http://dhss.delaware.gov/dhcc/>) or by contacting Kiara Cole by email at kiara.cole@state.de.us.

The next HCC meeting will be held on Thursday, August 2, 2018 beginning at 9:00 a.m.