



The Delaware Health Care Commission (DHCC) Meeting

January 3, 2019 – 9:00 a.m. to 11:00 a.m.

Meeting Attendance and Minutes

Commission Members Present: Dr. Nancy Fan (Chair), Dr. Kara Odom Walker (DHSS); Theodore W. Becker (Mayor of Lewes); Trinidad Navarro (DOI), Robert Dunleavy, LCSW (DSCYTF), Secretary Rick Geisenberger (DOF), David Roose (DOF), Dennis Rochford (Maritime Exchange for DE River & Bay); Dr. Edmondo Robinson (CCHS), Dr. Jan Lee (DHIN), and Dr. Kathleen Matt (UD)

Commission Members Absent: Richard Heffron

Meeting Facilitator: Dr. Nancy Fan (Chair)

Health Care Commission Staff: Elisabeth Scheneman, Executive Director; Kiara Cole, Community Relations Officer

CALL TO ORDER

Dr. Fan called the meeting to order at approximately 9:00 a.m.

Meeting Minutes Approval – December 6, 2018

The meeting convened at approximately 9:00 a.m. at the Delaware Health and Social Services campus located at 1901 North DuPont Highway, New Castle, Delaware in the Chapel. Dr. Nancy Fan, Chair, welcomed everyone and reviewed the agenda for the meeting. Furthermore, Dr. Fan requested that the commissioners briefly review the draft minutes from the meeting held on December 6, 2018. Dr. Fan motioned for the meeting minutes to be approved as long as the requested changes within the Medicaid Buy-in Study Group section were revised per Secretary Kara Odom Walker's request prior to posting to the Public Meeting Calendar (view the approved and revised meeting minutes here:

<https://publicmeetings.delaware.gov/Meeting/56460>). Dr. Jan Lee commented that she will abstain from voting due to being absent during the meeting and the minutes not being detailed enough to vote; Commissioner Ted Becker motioned to approve the minutes and Commissioner Dennis Rochford second the motion for approval. All commissioners present, except for Dr. Jan Lee (abstained), were in favor of approving the December 6, 2018 meeting minutes. The motion was carried.

BOARD BUSINESS

SIM Quarterly Report

There was minimal discussion on this report due to the report containing typos by the author and third-party, Concept Systems, Inc. (The report was later revised by Concept Systems and an updated version was emailed to the commissioners on January 9, 2019).

Draft DE Health Care Commission Mission Statement – Dr. Nancy Fan

At the November 16, 2018, DHCC Strategic Retreat, the commissioners expressed an interest developing a DHCC mission statement. Dr. Fan shared a draft DHCC mission statement with the commissioners for review, comment, and discussion:

“The intent of the statute and mission for the DHCC is to ensure access to high-quality affordable care for all Delawareans and foster collaboration between the public and private sectors regarding health care.”

Dr. Kathleen Matt suggested that we include *improve* and *outcomes for all Delawareans* within the mission statement.

Dr. Jan Lee suggested that we remove *ensure* – the DHCC does not have the power to do that. However, she went on to say that the DHCC does analysis, pilots with the goal of improving and to include policy recommendations. This body does not have the authority to define policy, but DHCC has the power to make recommendations to the General Assembly.

Commissioner Trinidad Navarro agreed with Dr. Jan Lee. It is not the DHCC’s duty to ensure access. Commissioner Navarro suggested that the following words be placed before *ensure*; *implement programs, initiatives and plans to ensure*.

Dr. Kathleen Matt suggested to replace *ensure* with *promote*.

POLICY DEVELOPMENT

Primary Care (PC) Collaborative – Dr. Nancy Fan

Dr. Fan provided an update on the PC Collaborative, and a draft report was shared with the commissioners. In accordance with Senate Bill 227, the Collaborative will continue for three years and will develop recommendations that will strengthen the primary care system in Delaware. The final meeting of the fall 2018 session was held on January 2, 2019. Dr. Jan Lee provided an update on DHIN’s pricing model that begun in fiscal year 2019. A well-accepted assumption is that everyone wants to use DHIN, however, there were questions regarding increased administrative burden for providers that were addressed during the meeting. During

the second half of the meeting, the draft report was discussed. Dr. Fan shared that the final report will include an appendix of all meeting minutes, presentations, and an appendix of formal public comment from organizations. Additionally, the final report will include key takeaways, feedback from stakeholders and a timeline for next steps. The final report will be released to the commissioners and public on January 8, 2019.

To view the final Primary Care Collaborative report, please visit:
https://dhss.delaware.gov/dhcc/files/collabrpt_jan2019.pdf

Medicaid Buy-In Study Group – Secretary Kara Odom Walker

The Medicaid Buy-In Study Group concluded its recommendations. Secretary Walker discussed the recommendations at the final meeting on January 2, 2019. The summary included a recommendation to proceed with evaluating a 1332 waiver that will provide additional affordability options for individuals with higher income levels. Through that reinsurance program there will be a reduction between 10-20% (state or federal investment). The recommendations will be due to the General Assembly later in January 2019.

To view the final Medicaid Buy-In Study Group report, visit here:
<https://legis.delaware.gov/TaskForceDetail?taskForceId=402>

Benchmark – Secretary Richard Geisenberger and David Roose (Department of Finance)

On November 20, 2018, Governor Carney signed Executive Order #25 establishing health care spending and quality benchmarks. The Executive Order will form a subcommittee of the Delaware Economic and Financial Advisory Council (DEFAC) to focus on reducing the cost of health care for Delaware families, taxpayers, and businesses. The subcommittee will advise DEFAC and other relevant state agencies on spending, and will work closely with the DHCC on improving the quality of health care in Delaware.

Furthermore, Executive Order #25 was as a result from work of the Health Care Delivery and Cost Advisory Group established by Governor Carney under Executive Order 19. The group was directed to advise on:

1. A health care spending benchmark, a nonbinding target for the growth of total health care costs in the State.
2. The development of quality measures to establish accountability for the goal of improved health care.

Executive Order #25 also establishes a Health Care Spending Benchmark Subcommittee of the DEFAC. The subcommittee will be composed of:

1. A chair and vice-chair who are DEFAC members with health care expertise (a)
2. Three additional members of DEFAC (a)
3. Two members representing health economist (b)
4. Two members representing quality improvement experts from Delaware health care systems or hospitals (b)

- (a) Appointed by DEFAC Chair
- (b) Appointed by Governor

Equal to the budget Benchmark Index for CY 2019 established under Executive Order 21 (based on near term measures of growth in DE personal income, DE population, and inflation in state and local government expenditures). Now 3.8%.

2020	2021	2022	2023
3.50%	3.25%	3.00%	3.00%

Based on the growth of potential gross state product (PGSP) per capita, the long-term sustainable growth rate of the State’s economy. PGSP is calculated based on average annual long-term expected growth rates (*) as follows:

- National labor force productivity + Delaware’s civilian labor force + National inflation
- Minus: Delaware’s expected population growth
- Plus: A transitional market adjustment of: 0.5% (2020) 0.25% (2021) 0.0% (2022 and beyond)

(*) Forecast Years 6 through 10 (CY2024 to CY 2028)

The Subcommittee sets the benchmark. Each year through 2023, the Subcommittee must review all components of the fixed PGSP methodology, monitor for any material changes, and determine if the fixed PGSP benchmark is appropriate – If not, must determine any appropriate modifications and recommend any changes to DEFAC. For performance years starting in 2024 (so no later than March 2023), the Subcommittee must evaluate the overall Spending Benchmark methodology and recommend, for DEFAC’s approval, any appropriate changes.

Moreover, the subcommittee is to provide opportunities for public and interested stakeholder input and consider their recommendations and advise the Governor and DEFAC on current and projected trends in health care and the health care industry, particularly as they affect expenditures and revenues of the State, its citizens, and its major industries.

Public Comment

One member of the public gave comments regarding the meeting, summarized below:

1. Will there be an attempt to separate what the *state* spends on healthcare versus *total* healthcare dollars?

Secretary Rick Geisenberger responded that the state’s actual costs are taken in account in the state budget and the expenditure forecast completes for the current year at every DEFAC meeting. Shortly after signing Executive Order #25, the Governor signed Executive Order #26, which reauthorized DEFAC. At each DEFAC will approve expenditure forecast for the following

year.

2. A comment was made regarding joint transplants people are staying less time in the hospital.

Dr. Edmondo Robinson conveyed that the length of stay has decreased significantly (probably less than 36 hours). The trend is there because clinical medicine is improving. Another trend currently is outpatient procedures.

UPDATES

Delaware Institute of Medical Education & Research (DIMER) – Dr. Nancy Fan

Dr. Fan provided an update and summary regarding recent activity of the DIMER program: the announcement of DIMER/Delaware Health Sciences Alliance partnership at the October 4th DHCC meeting, a DIMER discussion at November 16th DHCC Strategic Retreat, the December 5th DIMER Board meeting, and a December 18th meeting with the DIMER Chair, Sherman Townsend.

At the DHCC meeting held on October 4, 2018, Sherman Townsend, DIMER Chair, proposed a potential partnership with the Delaware Health Sciences Alliance (DHSA). The partnership would allow DIMER to expand their marketing efforts to advance medical education and research in Delaware.

On December 5, 2019, the DIMER Board met. The meeting included a presentation from Dr. Omar Khan, President and CEO of Delaware Health Sciences Alliance (DHSA). Topics within the presentation:

1. Support from DHSA to DIMER regarding an event calendar. The timeline includes activities beginning in January through August 2019. With increased activity in the spring of 2019.
2. Expansion of promotion and outreach to grade-school students, particularly students of high school age.
3. Highlighted students to complete residency and/or practice in Delaware since there is a shortage of primary care physicians in the state.
4. Marketing efforts to show the importance of what it *means* to be a DIMER student.

At the December 5th DIMER board meeting, it was also mentioned that Bayhealth will be introducing a new graduate medical education residency program. The program will include five (5) specialties including family and internal medicine. For anyone involved in academic medicine, this is a heavy lift. A formal timeline was not provided, however, Bayhealth is anticipating the program to begin in the summer of 2021. Mr. Townsend is continually working with the major health systems such as, Beebe, Bayhealth and Christiana to learn what their workforce need are and how DIMER can fit into their strategy.

On December 18, 2018, Dr. Nancy Fan and Elisabeth Scheneman met with Sherman Townsend to discuss the DIMER and DHSA partnership. The Commission requested a statement of work (SOW) in October 2018 – which is forthcoming from Dr. Omar Khan and Sherman Townsend. The SOW will be brought before the Commission for their feedback and review. DIMER is also looking to increase recruitment efforts so that the DIMER program can support more students. Currently, Sidney Kimmel Medical College has 20 seats and PCOM has five (5) seats. Sherman Townsend would like to increase the amount of seats available through DIMER at PCOM so that more students can be supported by DIMER. Overall, this is an indication of the success of DIMER, but more work will need to be completed in order to further support the program monetarily. Another discussion point during the meeting was the Student Loan Repayment Program (SLRP) and how DIMER and the DHCC could formulate a state student loan repayment program or how the current SLRP can be more attractive. With that being said, there are quite a bit of federal restrictions making the program less of an incentive for providers to apply for tuition reimbursement

Lastly, during the DHCC Strategic Retreat in November 2018, the member compositions of the boards that sit under the commission was discussed. Dr. Fan informed the Commission that the DIMER board composition is complete. However, there are outstanding term limits and three (3) new non-voting board members (representatives from SKMC, PCOM and DHSA) that will aide in the strategic planning of DIMER.

Discussion

Dr. Jan Lee commented regarding the DIMER meetings that took place in December in context with the Primary Care Collaborative meeting that occurred on January 2, 2019. The goals that DIMER/DHSA are seeking to accomplish could be an avenue for demonstrating investment in Primary Care. A loan repayment that is specifically targeted to increasing primary care providers in Delaware where the need is greatest. Dr. Fan agreed and mentioned that primary care will be one of the specific needs that the Commission, DIMER and DHSA will rally for when an opportunity arises to request for more funding from the General Assembly.

Dr. Lee also added that this topic [primary care] was an agenda item that discussed at the Strategic Retreat. The Commission's role is rally everyone to collaborate so that increased resources are more likely to happen in the future.

Dr. Edmondo Robinson expressed his interest in leveraging the Student Loan Repayment Program (SLRP). Furthermore, he mentions that there should be assessment completed on a regular basis to determine "*what are the needs in Delaware*" and adjust the program based on those required needs at the time of each assessment. Dr. Robinson provided an example of primary care being a need, but being able to assess the needs of primary care in specific counties.

Dr. Fan asked the commissioners if they were interested in exploring a state SLRP (all commissioners agreed).

Dr. Fan requested that Commissioner Kathleen Matt, PhD (and DIMER board member), provide additional input to what Dr. Fan failed to cover. Commissioner Matt, PhD, followed up with what Dr. Lee mentioned (see correspondence above). Commissioner Matt, PhD, asks that we look at everything holistically to allow for more opportunities.

Another piece is the allocated spots at SKMC and PCOM. Although DIMER provides spots, each student is still paying full tuition to go to those institutions. Also, dental is also an area of concern for many Delawareans in the aging population and DIDER should be included in these discussions to ensure that both programs are headed in the right direction.

Public Comment

One member of the public gave comments regarding the meeting, summarized below:

1. Regarding trauma-informed care; physicians and health systems should consider providing healthcare to the entire family so that everyone receives care.

Marketplace – Jill Fredel (Director of Communications, Department of Health and Social Services)

On December 14, a federal judge in Texas ruled the Affordable Care Act (ACA) unconstitutional. The ACA will remain in place until the appeals process is complete, which will not happen until 2020. In the meantime, individuals with marketplace plans, those covered through the Medicaid expansion, young people covered through parents’ plans, and people with pre-existing conditions are protected. The U.S. Department of Health and Human Services will continue administering and enforcing all aspects of ACA as it had before the court issued its decision according to a HHS statement.

National Update

Those who did not have health insurance during 2018 will pay a tax penalty. The penalty is calculated two different ways – as percentage of household income, or per person. Consumers will pay whichever is higher.

- 2.5% of household income
- \$695 per adult, plus \$347.50 per child
- Maximum: \$2,085

An individual mandate was repealed in tax cut legislation, beginning in 2019.

Marketplace Enrollment Update

*Enrollment as of December 15, 2018

	Total Number of Enrollees	Decrease from previous year
Delaware	22,657	7.5%
U.S. (HealthCare.gov)	8,454,882	3.3%

Delaware Update

There are 12,279 Delawareans enrolled during the final week of enrollment (that is 54% of total enrollment). We should expect to receive complete demographic information from the Centers for Medicare & Medicaid Services (CMS) on Delaware's enrollment by early April.

Special enrollment is available year-round to anyone with a life-changing event – a birth or adoption, marriage, divorce or loss of coverage.

Discussion

Dr. Nancy Fan thanked Jill Fredel for her presentation and asked whether we [DOI] is happy with the enrollee numbers and is interested in seeing the demographics as far as who enrolled in what plan. Jill Fredel expressed that she was pleased with the numbers and that there were tremendous obstacles that many enrollees were up against. The people who enrolled are individuals and families that need health insurance, especially if they are eligible for tax credits. Furthermore, there is important work that is happening with the Medicaid Buy-In study group that analyzes how individuals and families can become eligible for tax credits making it more of an incentive to enroll in healthcare via Marketplace.

Commissioner Trinidad Navarro revealed that DOI is disappointed the enrollee numbers were not better. However, there were variables that played a part in what the numbers were for 2018-2019 enrollment (i.e. the uncertainty of the ACA). The one positive that DOI was happy about was that a great deal of enrollees purchased up (e.g. if they purchased a better plan than what they had before). From a market conduct perspective, DOI had a company who was marketing associated health plans; unfortunately, there was not a plan to sell due to the state restrictions in Delaware. There will be a consequences for false advertising from said company. Overall, DOI was happy with the results from the Marketplace enrollment period.

Medicaid and Commercial Scorecards – Dr. Nancy Fan

Historically, the common scorecard came to fruition during the DE-SIM grant work that would help practices with practice transformation efforts. The purpose of the scorecard is to collectively gauge the performance of practices and health outcomes in Delaware (this discussion was supplemented by two handouts (a Medicaid Scorecard and Commercial Scorecard) that were provided to the public and commissioners).

Dr. Nancy Fan posed a question to the commissioners – how would [they] the commissioners like for the scorecard information to be used?

Dr. Jan Lee mentioned that the scorecards need to be simplified so that the public individuals outside of the healthcare industry can understand it.

Secretary Kara Odom Walker added that is the key challenge with this – if you want to provide information that is useful for the public; you have to simplify it in some ways (red, green, or yellow). On the other hand, you have an issue of presented a percentage, average or confidence interval when you discuss some of the measures that is a small numbers issue like

Medicaid (i.e. looking at emergency visits, hospital readmissions, etc). To understand a particular measure you would need a full sliding graph and not present a bulleted yellow circle – the bulleted yellow circle means something to each of us that indicates a particular issue. It would take a significant amount of time and a group of quality experts to make the scorecards more digestible for a consumer. The original intent of the scorecards was for them to be a tool for providers to have one source that is used across payers. Dr. Jan Lee responded that there is not much information on the scorecards that are actionable for the members of the public for any of these measures. *Where do I need to go to receive the best quality of care?* These very complex issues need full transparency. On a number of these measures Delaware is at or above the national average, yet we have low health outcomes overall. The scorecards do not tell the whole story. Dr. Nancy Fan responded to Dr. Jan Lee and communicated that within the DCHI Clinical Committee they were hoping to use it for population/public health. We have to remember where the source of the data – claims based data. When it does not translate to outcome, are people just checking off boxes? Are we measuring the wrong stuff? Moving forward the DHCC owns this and decide on how to move forward with it.

Dr. Edmondo Robinson communicated that the Commission should work together to determine what outcomes they would like to focus on at any given time (i.e. pediatrics, mother and baby, etc.) and pull the measures that correspond with that focused outcome and move forward from there. He advised that a ‘big picture’ approach should not be taken when assessing the scorecards.

Dr. Jan Lee added that the scorecards should include variations so that they are telling a good story. She went on to mention that there are practices that are outperforming and be showcased so that other practices can aspire to want the same.

Public Comment

One member of the public gave comments regarding the topic of Common Scorecards, summarized below:

1. Variations between weight checking – is weight an individual issue between a person and their doctor or is there much larger problem? (no answer required by Commissioners)

Final Public Comment

Three members of the public gave comments regarding the meeting, summarized below:

1. An invitation extended to all interested parties for the DCHI Board and Stakeholder Open Forum being held on Wednesday, February 13, 2019 from 1:00 p.m. to 5:00 p.m. at The Outlook at Duncan Center, Dover.
2. Adverse Childhood Experiences (ACE)

ADJOURN

Hearing no other business, Dr. Nancy Fan adjourned the meeting at approximately 10:53 a.m.

The next HCC meeting will be held on Thursday, February 7, 2018 at Del Tech Terry Campus, Del-One Conference Center, from 9:00 a.m. to 11:00 a.m.

Public Meeting Attendees

Mary Fenimore	Medical Society of Delaware (MSD)
Robin Taylor	Department of Insurance (DOI)
R.W. Munson	UM
Joann Hasse	League of Women Voters
Pam Price	Highmark Blue Cross Blue Shield
Cynthia Gane	AmeriHealth Caritas
Cheryl Heik	Webster Consulting
Christine Schiltz	Parkowski, Guerke & Swayze (PGS)
Carolyn Morris	Department of Health and Social Services (DHSS)
Jeanne Chiquioi	American Cancer Society (ACS)
Bill Howard	BDC-Health IT
Janet Bailey	DXC Tech
Christina Bryan	Delaware Healthcare Association (DHA)
Maggie Norris-Bent	Westside Family Healthcare
Frank Pyle	Department of Insurance (DOI)
Fleur McKendell	Department of Insurance (DOI)
Jan Brunery	Department of Insurance (DOI)
Erin Goldner	Hope Street Delaware (HSD)
Erin Knight	University of Delaware (UD)
Lincoln Willis	The Willis Group, LLC
Joe Leary	LabCorp
Emily Vera	Mental Health Association (MHA)
Jon Kirch	AHA/ASA
Julane Armbrister	Delaware Center for Health Innovation (DCHI)