

DELAWARE HEALTH CARE COMMISSION
NOVEMBER 3, 2005
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400B
DOVER

Action Item

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Jacquelyne W. Gorum, DSW; Joseph A. Lieberman, III, MD, MPH; Robert Miller; and Lois Studte, RN.

Members Absent: Richard Cordrey, Secretary of Finance; Matt Denn, Insurance Commissioner; Vincent Meconi, Secretary of Health and Social Services; and Dennis Rochford.

Staff Attending: Paula K. Roy, Executive Director; Sarah McCloskey, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Jo Ann Baker, Administrative Specialist.

CALL TO ORDER

John C. Carney, Jr., Chairman called the meeting to order at 9:18 a.m.

APPROVAL OF OCTOBER 6, 2005 MINUTES

Dr. Jacquelyne Gorum made a motion to accept the minutes of the October 6, 2005. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote. The motion carried.

RETREAT REPORT

Paula Roy presented an overview of the Delaware Health Care Commission Annual Retreat and program recommendations for the Nursing Implementation Committee, Area Health Education Center (AHEC), and the Workforce Center Task Force.

AHEC

AHEC's mission and activities are similar to those of the Commission and DIMER.

- DHCC and DIMER collaborating with AHEC to assure activities are coordinated
- DHCC signed Memorandum of Understanding with AHEC and will receive funds to support a nursing survey and update other information in the 2002 Solving the Nursing shortage report.
- AHEC may need state funds in the future

ACTION

- Execute contract

Action:

The October 6, 2005 meeting minutes were accepted.

Paula Roy presented an overview of the Delaware Health Care Commission Annual Retreat and program recommendations for the Nursing Implementation Committee, AHEC and Workforce Center Task Force.

- Continue dialogue

Nursing Implementation Committee

- Formed after release of 2002 “Solving the Nursing Shortage” report. Original purpose was to oversee implementation of the recommendations.
- Possible future roles:
 - Sounding board for future nursing activities
 - Oversee AHEC sponsored survey

ACTION

Keep committee for above purposes; meeting frequency to be determined

Health Workforce “Center”

- Purpose and function unclear
- Nursing shortage already established
- Commission should be “out front” on other health professions
- Commission should promote action oriented strategies
- Commission can serve data collection role

ACTION

- Nursing: continue to monitor and course correct
- Determine best means to collect data
- Identify action-oriented strategies
- Seek outside funding (grants) to support
- Consider nursing faculty issues
- Activities occur within DHCC, in collaboration with other institutions
- Activities tie with national statistics

Lois Studte gave an update on activities of both the Nursing Implementation and Health Workforce “Center” Task Force committees. On September 13, 2005, the Health Workforce “Center” Task Force met. The purpose of the Task Force was to look at the proposal of a Health Workforce Center. Thirty states now have workforce centers, primarily nursing. A White Paper has been drafted and presented to the Task Force committee members and the Nursing Implementation committee members. Editorial changes were made and the recommendation was that a concise two-page fact sheet with key issues be developed. This has been completed. This fact sheet and the White Paper will be presented at next month’s meeting.

At the Task Force meeting there was discussion whether there is a misunderstanding when references are made about a “Center.” A “Center” does not necessarily require a separate building. Ms. Studte’s vision is that of one person who would be a coordinator and obtain data. The Task Force members concluded that its purpose was fulfilled and agreed to dissolve the committee unless there are any other overriding issues.

No action was needed as a Memorandum of Understanding (MOU) has been signed with AHEC.

Continuation of the Nursing Implementation Committee was approved.

Any action for the Health Workforce “Center” is postponed until next month when its White Paper will be presented to the Commission.

Lois Studte updated the Commission on recent Nursing Implementation Committee and Delaware Workforce Center Task Force meetings.

On September 19, 2005 the Nursing Implementation Committee met. Committee members have made significant contributions since its original inception in 2001.

Discussed at the meeting were:

- the Minimum Data Set – the nursing survey currently taking place.
- AHEC and ways the committee can work in collaboration
- A meeting of the American Association of Colleges of Nursing where a vote supported a new requirement for a minimum of a doctorate degree for any advanced practice nurse (nurse practitioners, midwives, clinical specialists). This will have major impact on the nursing shortage.
- The White Paper and two-page fact sheet from the Delaware Workforce Center Task Force meeting.

From that discussion it was decided that the “Center” would need to expand beyond nursing because the supply of allied health professionals will have a significant impact on the future needs for healthcare delivery in Delaware. The data collected needs to be objective. The DHCC is seen as being an objective source of data reports.

Health Professional Workforce Development State Loan Repayment Program

Sarah McCloskey presented recommendations from the Loan Repayment Committee, DIDER and DIMER.

1. Dr. David Deakyne

Dr. Deakyne’s current three-year contract to practice dentistry in Smyrna expired on October 31, 2005. He requested that his contract be extended one additional year. He reports that about 40 to 50 percent of his practice consists of Medicaid patients, but there was a discrepancy between his data and that from the Medicaid office.

After extensive research and a meeting with David Mahalik from the Medicaid office, enough evidence was collected to verify that Dr. David Deakyne is in fact meeting the 20 percent requirement for State Loan Repayment. The DIDER Board has recommended his contract be extended for one year without further delay. The amount agreed upon was \$27,800.

Dr. Joseph A. Lieberman III made a motion to approve state loan repayment to Dr. David Deakyne. Secretary Cari DeSantis seconded the motion. There was a voice vote and the motion carried.

The State Loan Repayment Program committee will be meeting in January to meet with dentists who are currently participating in the program to review the requirements. As it stands, the requirement is that a provider must maintain a patient population

Action:

A motion was made and seconded to approve recommendations for the State Loan Repayment Program to extend for one year Dr. David Deakyne’s contract. The motion carried.

of 20 percent Medicaid. It is more difficult to track an unduplicated number of patients than it is to track a percentage of appointments that have been completed.

The Loan Repayment Committee reviewed applications for loan repayment at its September 15, 2005 and October 21, 2005 meetings, and DIMER subsequently reviewed the material on October 26, 2005. Both bodies made the following recommendations for funding. The current available balance of state loan repayment funds for physicians is \$90,677. The current balance of federal loan repayment funds is \$307,925.

2. **Delmarva Rural Ministries, Inc./ Kent Community Health Center**

Delmarva Rural Ministries submitted an application for loan repayment to recruit one Family Practice Physician, one Obstetrician Gynecologist, and one Clinical Social Worker.

Recommendation:

The Committee and DIMER recommended that \$50,000 be allocated to Delmarva Rural Ministries to help recruit a Family Practice Physician, OB/GYN, or Social Worker (\$25,000 federal funds plus \$25,000 state funds).

The funds will be allocated for a period of six months. If a clinician is not recruited within that time, Delmarva Rural Ministries has the option to reapply, or the funds will revert to the available balance.

Lois Studte made a motion to approve the recommendation to allocate Delmarva Rural Ministries \$50,000 to help recruit a Family Practice Physician, OB/GYN, or Social Worker. Dr. Joseph A. Lieberman III made a second. There was a voice vote and the motion passed.

3. **La Red Health Center, Inc.**

La Red Health Center submitted an application for loan repayment to recruit a Family Practice Physician.

Recommendation:

The Committee and DIMER recommended that \$50,000 be allocated to La Red Health Center to recruit a Family Practice Physician (\$25,000 federal funds plus \$25,000 state funds).

The funds will be allocated for a period of six months. If a physician is not recruited within that time, La Red has the option to reapply, or the funds will revert to the available balance.

Robert Miller made a motion to approve the recommendation to allocate La Red Health Center, Inc. \$50,000 to recruit a Family Practice Physician. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote and the motion carried.

Action:

Lois Studte made a motion to approve a recommendation to allocate Delmarva Rural Ministries funds to help recruit a Family Practice Physician, OB/GYN, or Social Worker. Dr. Joseph A. Lieberman III made a second. There was a voice vote and the motion passed.

Action:

Robert Miller made a motion to approve the recommendation to allocate La Red Health Center, Inc. \$50,000 to recruit a Family Practice Physician. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote and the motion carried.

4. **Rishi Sawhney, MD (Oncologist)**

A Medical Oncologist willing to make a four year commitment to practice at Bayhealth Medical Center in exchange for receiving loan repayment. He has loans in the amount of \$111,492.

Recommendation:

The Committee and DIMER recommended that Dr. Sawhney be awarded loan repayment of \$50,000 for a two year contract to practice at Bayhealth Medical Center. The contract will be awarded contingent upon the availability of funds and the completion of his residency in July 2006.

*Note: This applicant will actually fall under next year's funding (FY '07).

Dr. Joseph A. Lieberman III made a motion to approve the recommendation to allocate Dr. Sawhney \$50,000 for a two-year contract with clarification of residency or fellowship. Secretary Cari DeSantis seconded the motion. There was a voice vote and the motion carried.

5. **Bayhealth Medical Center (to recruit an oncologist)**

Bayhealth Medical Center (non-profit organization) has submitted an application for loan repayment to recruit a Medical Oncologist. They are trying to recruit Dr. Rishi Sawhney who is completing his residency in South Carolina.

Recommendation:

The Committee and DIMER recommended that Bayhealth Medical Center be approved as a practice site for Dr. Sawhney. He will be awarded loan repayment in the amount of \$50,000 for a two-year contract, contingent upon the availability of funds and the completion of his residency in July 2006.

Uninsured Action Plan

Paula Roy updated the Commission on CHAP contracts/Request For Proposal (RFP) Execution Plan and the State Planning Program.

- **Community Health Care Access Program (CHAP)**

A new Disease Management/Health Promotion component will be added to the program. New RFPs will need to be written based on the program restructure that was approved. At this time all contracts will be extended until December 31, 2005. This will allow sufficient time to make sure the new RFPs for the new enrollment broker and the community outreach people are structured in such a way that it incorporates all the activities needed.

Enrollment Broker

Extend contracts until December 31, 2005
Issue RFP October 31 to provide services. In addition to

Action:

Dr. Joseph A. Lieberman III made a motion to approve the recommendation to allocate Dr. Rishi Sawhney \$50,000 for a two-year contract with clarification of residency or fellowship. Secretary Cari DeSantis seconded the motion. There was a voice vote and the motion carried.

Paula Roy updated the Commission on CHAP contracts/Request For Proposal (RFP) Execution Plan and the State Planning Program

enrollment, the enrollment broker will do screening and eligibility determination and will increase marketing activities such as attending community health fairs. In addition the enrollment broker will work more closely with the volunteer physicians to make sure offices know how CHAP works and identify any problems within the program early on.

Responses due November 30

Anticipated contract commence – January 1, 2006

Current Community Health Center Care Coordinators

Extend contracts until December 31, 2005

Work with Dr. Gill to determine how/if contracts may change.

Current Hospital Care Coordinators

Extend contracts until December 31, 2005

Evaluation contract (Gill)

Execute as soon as possible

Community Outreach

Issue RFP October 31, 2005

Responses due November 30, 2005

Anticipated contract commencement January 1, 2006

Responders will describe how they will perform outreach in the community, find those eligible for CHAP, and helping them access services.

Community Health Center Care Coordinator contracts

Develop during November, 2005

Execute during December, 2005

Disease Management Component

Begin design work November, 2005

Determine next steps pending outcome of above

- **State Planning**

The Small Business Health Insurance Committee report has been delivered. A meeting has been scheduled for December 5, 2005 to review the contents of the report. A report will be given to Commissioners at the January 2006 meeting. An RFP is being finalized for Phase II of a Universal Coverage Project.

Ongoing discussion continues with the Department of Health and Social Services to determine next steps in designing an SCHIP expansion program.

Information And Technology

Delaware Health Information Network (DHIN)

Robert Miller gave a progress report on the DHIN Clinical Information Sharing Utility.

Technical and Operational Planning

DHIN anticipates receipt of a Advance Planning Document and Sustainability Plan from Health Care Information Consultants (HCIC) on October 31, 2005. These deliverables finalize the planning phase. DHIN, with HCICs support, will move toward the development of a technical RFP to design, develop and implement the system.

DHIN representatives visited HealthBridge, a community health information exchange in Cincinnati, Ohio. HealthBridge has been operational for more than five years and has a viable business model. DHINs initial approach is modeled after that of HealthBridge.

Funding

DHIN has provided its first deliverables to Agency for Healthcare Research Quality (AHRQ), including a project plan for meeting AHRQ requirements and a list of DHIN stakeholders. AHRQ representatives will be visiting the six states funded under the contract. They will meet with Delaware DHIN leadership in late November.

DHIN Committees

Executive Committee – The Executive Committee, chaired by Robert Miller, is meeting bi-monthly to discuss DHIN policy issues and technical recommendations.

Technical Committee – The Technical Committee, chaired by Edward Ratledge, University of Delaware, continues to meet monthly during day-long meetings to address functional and technical design requirements. Their activities now are limited until an RFP (Request for Proposal) is issued.

Consumer Advisory Committee – The next Consumer Advisory Committee (CAC) is scheduled for December 6, 2005. The CAC meets quarterly; however, the September meeting was rescheduled and later cancelled due to scheduling conflicts among committee members.

Finance Committee – the Finance Committee is currently forming and will be chaired by Joseph Letnaunchyn, President and CEO, Delaware Healthcare Association.

Provider Advisory Committee – the Provider Advisory Committee will soon be formed and will be co-chaired by Dr. Keith Doram, Christiana Care Health System, and Dr. Robert J. Varipapa, Center for Neurology, Neurosurgery & Pain

Robert Miller gave a progress report on the DHIN Clinical Information Sharing Utility.

Next 30 days activities:

- Finalize cost-benefit analysis, sustainability plan and operational requirements
- Develop request for proposal
- Finalize DHIN operating budget
- Meet with AHRQ program staff
- Attend AHRQ state and regional programs meeting in Utah

Deliverables have been received from HCIC and are now a work in process, modifying and expanding them to better service the needs of DHIN.

The AHRQ Project Plan is a project timeline of deliverables. It is easy to look at and understand. Chairman Carney would like to have a copy of it. There is a three-page outline indicating the start, completion and deadline dates for various activities that DHIN has and are contractual commitments. Early on it was easy to meet the deliverables. There are a couple items that will not be delivered until six to eight months late. DHIN will meet with AHRQ and share that information.

AHRQ members will be attending some of the DHIN technical, financial and other meetings. This will make the DHIN project a very interactive process with them.

ANNUAL REPORT & STRATEGIC PLAN

A very rough draft of the DHCC Annual Report and Strategic Plan was sent to Commissioners to give them an idea of the format of the report. The final report will be submitted in January 2006.

Lois Studte has concerns regarding the portion on Long Term Coverage strategy for Delaware and the development of a universal coverage system. When looking at the analysis of feasibility of the Single Payer under the Uninsured Action Plan, she states, “we don’t want to imply that we are absolutely supporting a single payer system.” She isn’t sure of the meaning when it says, “we are developing a universal insurance coverage.”

Paula Roy responded that intent was to convey the notion that planning activities are focused on short-term strategies and long-term strategies. Long term strategies are designed to look “outside’ the box – or outside the framework of today’s system. Staff will review the language and clarify.

Ms. Studte is also concerned that the language of DIDER implies that the proposal to buy dental school slots at Temple would mean that all Delawareans attending Temple under the program would complete a residency program in Delaware.

A rough draft of the Annual Report and Strategic Plan was sent to Commissioners. The final report will be submitted in January 2006.

Under DIMER it says, “we will find out why students withdrew from Jefferson.” Technically speaking this is incorrect as those students never really enrolled in the program.

OTHER BUSINESS

Sarah McCloskey presented an update on the Health Resources Board. She attended a meeting on October 27, 2005. Three projects were covered:

- A Delaware surgery center in Dover, located on West North St. (Eden Hill Farm site). Twenty five acres were purchased to build a 105,000 square foot medical office building which will include a surgery center with three operating rooms and one procedure room. Financing has been secured. A committee has been assigned to review the project.
- Exceptional Care for Children, located in Newark, is a 20 bed facility for children with terminal and chronic conditions. This is the only facility of this type on the east coast. There is only one other site and it is located in California. It will be licensed as a skilled nursing facility. It should open in January 2006 with their first phase.
- The EGNM Surgery Center in Lewes gave a brief update on its progress. A site redesign plan was required after Delaware Department of Transportation decided to build a road through the building. It is a 12,500 square foot building that contains two procedure rooms.

Judy Chaconas, Director of Health Planning and Resources Management stated that the Certificate of Public Review for ambulatory surgery centers is conditional upon 2.75 percent of patient services as being charity care. Enforcement of the provision is difficult. A charity care task force has been empanelled and had its first meeting. It is consulting with attorneys to determine how to best enforce the charity care requirement, since the statute does not carry penalties.

Robert Miller pointed out that the vast majority of patients are Medicare/Medicaid. In the case of penalties, some business would rather just write a check than meet the percentage of charity care but it is not clear to whom the check should be written. The surgery centers themselves are highly specialized unlike general surgery. If the charity care population does not require those specialized services it is difficult to meet the requirement.

Dr. Lieberman suggested the facilities be advised of CHAP. He requested that the Health Resources Board to give a presentation to the Commission.

Sarah McCloskey updated Commissioners on the Health Resources Board activities.

Robert Miller resigned as the Commission's representative to the Health Resources Board. Chairman Carney requested a volunteer to fill this vacancy.

PUBLIC COMMENT

Kay Holmes asked if there were any projections on how many new people may be brought into the CHAP program as a result of the new outreach and marketing efforts.

Betsy Wheeler responded that no formal projection has been done. However, now without aggressive marketing CHAP is getting, on average, 200 new patients a month. On average, one in five is a Medicaid enrollee. If marketing is increased it is reasonable to expect a 10 percent increase.

Ms. Holmes stated that many factors contribute to Medicaid enrollment numbers. For example there are now 211 Gulf Coast survivors now on Delaware Medicaid. Also many low wage workers, such as those from Walmart, are on Medicaid.

Dr. Robert Frelick requested copies of materials that Commissioners were reviewing during the meeting.

Joann Hasse, who is a member of the Health Resources Board, said that every time original presentations are made before the Board, she always asks if the applicants are members of VIP. She observed that many physicians do not know what VIP is.

Betsy Wheeler responded that she has been to Health Resources Board meetings and the health care community has sent information to applicants, CHAP has sent them patients, CHAP has advertised that the surgery center resource exists, and CHAP encourages care coordinators to refer to it. CHAP does not know if the patient goes and incurs charges that accrue to the 2.75 percent of the requirement. It needs to be monitored whether the patients are going, if they are accruing charges that contribute to the 2.75 percent requirement.

Ms. Wheeler stated that often times office staff are aware of CHAP and VIP II and the doctor does not. Dr. Lieberman said that many doctors prefer not to know how their patients pay for services, or whether they are charity care.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, DECEMBER 1, 2005** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 10:37 a.m.

Next Meeting

The next meeting is 9:00 a.m. on Thursday, December 1, 2005 at the Delaware Tech Terry Campus Conference Center, Room 400B.

GUESTS ATTENDING

Paula Bodner, Bayhealth Medical Center
Judy Chaconas, Director of Health Planning, Division of Public Health
Geanne Chiquoine, American Cancer Society
Melaney Scott Cosden, Dover High School
Robert W. Frelick, MD, Medical Society of Delaware
Jo Ann Hasse, League of Women Voters of Delaware
Pat Hawkins, Delaware Chamber Of Commerce Healthcare Committee
B. Michael Herman, Coventry Health Care
Kay Holmes, Division of Medicaid and Medical Assistance
Susan Jennings, guest attending with Jo Ann Hasse
Lolita Lopez, Westside Health Center
Spiros Mantzavinos, American Heart Association
Miranda Marquez, Navigator – DOL/DET
Linda Nemes, Department of Insurance
Brian Posey, AARP
Suzanne Raab-Long, Delaware Healthcare Association
Rosa Rivera, Henrietta Johnson Medical Center
Kim Siegel, National Alliance for the Mentally Ill – Delaware
Debra Singletary, Delmarva Rural Ministries
Mark Thompson, St. Francis Hospital
Kay Wasno, EDS Health Care Services
Betsy Wheeler, Wheeler and Associates Management Services
Rob White, Delaware Physicians Care, Inc.