

**DELAWARE HEALTH CARE COMMISSION
OCTOBER 6, 2005
DELAWARE TECHNICAL & COMMUNITY COLLEGE
CONFERENCE CENTER, ROOM 400B
DOVER**

Action Item

MINUTES

Commission Members Present: John C. Carney, Jr., Chair; Matt Denn, Insurance Commissioner; Carol Ann DeSantis, Secretary, Delaware Department of Services for Children, Youth and Their Families; Jacquelyne W. Gorum, DSW; Joseph A. Lieberman, III, MD, MPH; Vincent Meconi, Secretary of Health and Social Services; Dennis Rochford; and Robert Miller.

Members Absent: Richard Cordrey, Secretary of Finance, and Lois Studte, RN.

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 9:07 a.m.

APPROVAL OF SEPTEMBER 1, 2005 MINUTES

Dr. Jacquelyne Gorum made a motion to accept the minutes of the September 1, 2005. Dennis Rochford seconded the motion. There was a voice vote. The motion carried.

RETREAT REPORT VIEW AND APPROVAL

Paula Roy presented an overview of the Delaware Health Care Commission Annual Retreat and program recommendations to be approved by commissioners.

Uninsured Action Plan:

CHAP

Original Program Goals

- Increase health homes for the uninsured
- Enrollment in other programs if eligible
- Improved health status
- Decrease of unnecessary emergency department use

July 2006 Program Goals

- Regular source of primary care and easy access to other health services
- Enrollment in existing coverage
- Coordinated use of existing programs and resources
- Most vulnerable populations equipped with better health system navigation skills, better understanding of importance of prevention
- Improved health status by increased use of health

Action:

The September 1, 2005 meeting minutes were accepted.

Paula Roy presented an overview of the Delaware Health Care Commission Annual Retreat and program recommendations.

promotion and disease management

Purpose as described by Dr. Gill:

Provide medical homes for low income uninsured for the purpose of improving quality and reducing hospital emergency department visits and hospitalizations

Successes

- Improved quality as measured by preventive care
- Reduced ED visits
- Increased uninsured people with health homes
- Increase in immunizations
- Adequate geographic distribution of providers and enrollees

Challenges

- Relative importance of health home for healthy people – Dr. Gill stated a high percentage of the uninsured who indicate they have a health home
- Improvement needed in outreach so all target sub-populations are reached
- Geographic pockets remain under-served
- Determining true new health homes – enrollment at Community Health Centers (CHCs); reporting differences among community health centers and other providers

ACTION

- 1. Continue CHAP with changes
 - Add health promotion/disease management component
 - Continue enrollment system, adding survey administration (this will help improve the quality of the evaluation), disease management/health promotion, and health home referrals making sure numbers are consistent among the providers
 - Community Health Centers retain care coordinators, primarily as “navigators” and system support
 - Issue new Request For Proposals (RFP) for outreach through new community outreach contracts
 - Re-engage inactive partners (Nanticoke and St. Francis)
 - Additional funds from Health Fund in view of increased number of uninsured and the addition of health promotion/disease management
- 2. Refine cost and budget information
 - Compare cost per person of CHAP versus a coverage program; the total cost of the program also calculating the value the in-kind services
- 3. Evaluation
 - Continue increased focus on high need population (those with chronic conditions), through the development of disease management support programs
 - Improve data collection, distinguishing between entire

Action:

A motion was made and seconded to approve recommendations for CHAP. The motion carried.

CHAP population and the high need sub-population

- 4. Identify ways to close geographic gaps
- 5. Execute contracts to accomplish recommendations 1 thru 4.

Robert Miller made a motion to approve recommendations for CHAP. Secretary Vincent Meconi seconded the motion. There was a voice vote. The motion carried.

State Planning Program

- Short term and long term strategies
- Short term – 2-pronged approach
 - *Preserve* coverage – by focusing on populations at risk of losing coverage and small business/small group health insurance, both through regulatory analysis and DHCC’s endorsement of pooling for small businesses and assistance for businesses purchasing health insurances
 - *Expand* coverage – SCHIP expansion to parents enrolled in the Delaware Healthy Children Program. Advantages include: 65 percent federal match rather than Medicaid match rate of 50 percent; expansion can be structured as a “capped, non-entitlement” benefit; administrative structure is in place; it creates seamless family coverage for families <200 percent federal poverty level; promotes preventive care; and reduces pressure of the CHAP network
- Long term – universal coverage – single payer financing analysis
- Report submitted to Office of Management and Budget (OMB) as required by Budget Epilogue

ACTION

- Coordinate activities to update cost and take-up estimates with DHSS
- Determine, in concert with DHSS – best method of obtaining federal waiver, and implementation issues, etc.
- Report findings to OMB and Controller General’s Office (CGO)
- Coordinate future reports to OMB with DHSS
- Staff will develop a work plan

Small Business Insurance

- Report on market analysis, regulatory environment and recommendations due to Small Business Insurance Committee

ACTION

- Receive report and recommendations from committee
- Report findings to OMB and CGO

Insurance Commissioner Matt Denn offered to preview this report prior to its being submitted to the Small Business Insurance Committee.

Purchasing Pool

- Commission supports proposal submitted through the Department of Insurance
 - Critical success factors been reported by consultant & will be addressed in report
- ACTION
- Coordinate with Insurance Department.
 - Forward comments to OMB and CGO
 - Continue analysis of pool features and design issues under contract with Economic and Social Research Institute

Single Payer Analysis

- Phase I study complete and reported to DHCC
 - Work underway for Phase II RFP
- ACTION
- Issue RFP
 - Receive report and recommendations from Committee by May, 2006

Delaware First Healthy Choices

- Commission support of disease burden analysis complete
 - Product to be launched fall 2005
- ACTION
- Monitor and identify key policy implications/lessons

Website

- Website www.healthinsurancechecklist.com continuing to receive hits
 - Recommendation to forge new links
- ACTION
- Continue support
 - Forge new links

Community Health Center Marketing

- Help community health centers attain outreach goals through market analysis
 - Helps achieve CHAP outreach goals
 - Culturally/linguistically appropriate strategies for health promotion
- ACTION
- Begin with discussions at Henrietta Johnson Medical Center
 - Explore ways to close gaps

Dennis Rochford made a motion to approve recommendations for the State Planning Program. Secretary Cari DeSantis seconded the motion. There was a voice vote. The motion carried.

Action:

A motion was made and seconded to approve recommendations for the State Planning Grant. The motion carried.

Information And Technology

Delaware Health Information Network (DHIN)

Strong Points:

Health Information Technology now national priority
Strong support from many key players, including Congressional delegation

Access to good patient information will improve delivery of care
Current contractor will deliver key planning documents (i.e. an environmental analysis of existing systems, a technical requirements definition, a cost benefit analysis, and a sustainability plan)

•Critical Success Factors

- Funding and sustainability
- Defining the utility
- Interoperability
- Value to user
- Timing – need to demonstrate quick success
- State Technology Investment Council process

•Issues

- Relationship with DHCC
- Communication with key constituencies, including General Assembly
- Leadership from all sectors, including State

•ACTION

- Continue support of DHIN; recognize state funds will be necessary
- Complete Technology Investment Council review process
- Foster communication at critical points
- Continue to receive updates on “hot topics” and progress:
 - ~ Funding ~ Governance ~ Operations
 - ~ Sustainability ~ Security ~ State role
 - ~ State/federal relationship

Robert Miller gave a progress report on the DHIN Clinical Information Sharing Utility. On October 4, 2005, Congressman Castle and Senator Carper held a press conference to announce the funding DHIN will receive from the Agency for Healthcare Research and Quality (AHRQ). Speaking on behalf of DHIN were Lt. Governor and DHCC Chair, John C. Carney, Jr. and DHIN Board Chair Robert Miller.

On September 30, 2005 a contract was executed with the Agency for Healthcare Research and Quality (AHRQ). The contract was secured for five years for \$4.7 million, \$700,000 for the first year and \$1 million per year for the following four years. The purpose of the funds is for operation, development and organization of the DHIN, not building or operating the utility itself.

The DHIN Board of Directors met. The Technical Committee is working to define the scope of the utility; what the utility is. This definition should be in place by early next year. DHIN will begin

Action:

A motion was made and seconded to approve recommendations for the Delaware Health Information Network. The motion carried.

to move more aggressively in the area of financing, engaging private employers and payers, and also getting physicians organized in a way they can begin providing input for the development of the utility.

DHIN is receiving great support from Congressman Castle and Senator Carper. They have high expectations about the need to deliver the utility soon.

Commissioner Matt Denn talked about the fact that many providers are getting a “push” from the federal government and insurance carriers to install internal electronic records. There are many vendors selling programs that are not necessarily compatible to one another. He questions how this would dovetail with the DHIN utility and what its capabilities will be.

Mr. Miller explained that DHIN will not mandate what physicians need to do. Moving forward and creating a DHIN-type structure does not require physicians to automate their office. They will have a choice whether they want to and who they want to do it with. If they prefer to stay in the “paper world” they can. However, it is true that as time goes by there will be more incentives for physicians to move away from paper.

The key message is that there will be interfaces built to anything electronic and standards will be used. In most cases, due to HIPPA, electronic medical record (EMR) systems are compliant to those standards. There is increasing pressure to demonstrate progress soon.

Robert Miller made a motion to approve recommendations for the Information and Technology. Secretary Cari DeSantis seconded the motion. There was a voice vote. The motion carried.

**Health Professional Workforce Development
Delaware Institute for Dental Education and Research
(DIDER)**

- DIDER Board - expand dental education opportunities; pursue agreement with a dental school to establish slots
 - Interest in expanding residency programs at Christiana Care Health System
 - Continue awareness of distribution of the supply of dentists
- ACTION**
- Support affiliation with dental school (Temple University expected)
 - Update “Dentists in Delaware” report
 - Fund six (6) slots per year for \$12,500 each
 - Fund a tuition supplement of \$12, 500 per year per student
- Sarah McCloskey updated the Commission on recent DIDER activities.

- ❖ Proceeding with an agreement with Temple University to provide slots in Dental School.
 - Approved a *Memorandum of Understanding* similar to DIMER's agreement with Jefferson and PCOM.
 - Will fund 6 slots per year for \$12,500 per student.
 - Will also request funds for a tuition supplement in the FY 2007 budget request (approximately \$12,500 per year per student).
 - Dental students will be required to complete externships in Delaware clinics, pending approval from the Board of Examiners.
- ❖ Looking into setting up an "Equipment Exchange Program" for dentists who have items they would like to donate to another facility. Will be posted on the DHCC website.

Action:

A motion was made and seconded to approve recommendations for DIDER. The motion carried.

Robert Miller made a motion to approve recommendations for the DIDER Program. Dr. Jacquelyne Gorum seconded the motion. There was a voice vote. The motion carried.

DIMER

ISSUES

- Matriculations at Jefferson Medical College (JMC) down this year
- Philadelphia College of Osteopathic Medicine (PCOM) matriculations on target
- Geographical, racial, ethnic diversity remain challenge
- New AHEC (Area Health Education Center) may help with above
- DIMER enhances chances of getting accepted, but high JMC tuition may be a deterrent to matriculating

Action:

A motion was made and seconded to approve recommendations for DIMER. The motion carried.

ACTION

- Invite AHEC Executive Director to meetings; continue dialogue
- Determine best means to assure collaboration with DIMER, DHCC and AHEC
- Find out why students withdrew from JMC
- Monitor trends in medical school enrollment
- Determine means to increase diversity of applicants
- Obtain more detailed info on applications, acceptances and matriculations from PCOM

Dennis Rochford made a motion to approve recommendations for the DIMER Program. Dr. Jacquelyne Gorum seconded the motion. There was a voice vote. The motion carried.

AHEC

- DHCC collaborating with AHEC
 - DHCC received funds to support nursing survey and update other 2002 report data
 - AHEC may need state funds in the future
- ACTION

- Execute contract
- Continue dialogue

Nursing Implementation Committee

- Formed after release of 2002 “Solving the Nursing Shortage” report
- Possible future roles:
 - Sounding board for future nursing activities
 - Oversee AHEC sponsored survey

ACTION

Keep committee for above purposes; meetings 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

State Loan Repayment Program

- Structural changes approved; outstanding issues – tax stipend & award thresholds
- DHCC website has erroneous information – critical to update to meet outreach goals
- Outstanding questions – who will consider applications for new specialties?

ACTION

- Update program materials
- Determine new award thresholds
- Update website
- Support efforts to secure mental health Health Professional Shortage Area (HPSA)
- Better marketing/outreach

Action:

Action was postponed on the AHEC, Nursing Implementation Committee and Health Professional Workforce Center until a later date when Committee Chair Lois Studte can be present.

Action:

A motion was made and seconded to approve recommendations for the State Loan Repayment Program. The motion carried

Robert Miller made a motion to approve recommendations for the State Loan Repayment Program. Dr. Jacquelyne Gorum seconded the motion. There was a voice vote. The motion carried.

Research & Policy Development

Total Cost of Health Care report

- Is cost shift analysis rigorous?

ACTION

- Continue report

Delawareans without Health Insurance report

- News Journal story unfortunate

ACTION

- Continue report

- Contact News Journal when new report issued

Health Fund Advisory Committee

- Commission represented

- Meetings scheduled for fall; DHCC staff to attend

ACTION

- Commissioners and staff attend meetings

- Request additional funds for CHAP due to increased number of uninsured and the addition of disease management component

Robert Miller made a motion to approve recommendations for the Research and Policy Development activities. Dr. Jacquelyne Gorum seconded the motion. There was a voice vote. The motion carried.

SPECIFIC ISSUES/ORGANIZATIONS/ TASK FORCES

Mental Health

- Committee data gathering recommendation being implemented

Goals:

- Obtain federal mental health HPSA designation
- Determine supply and demand for mental health providers

ACTION

Continue current activities

Re-convene committee when appropriate

Chronic Illness

- Task Force created by House Resolution # 10
- Report issued June, 2004, follow up necessary
- Representative Bethany Hall-Long contacted DHCC for support in completing activities

ACTION

- Compile list of current activities
- Discuss possibility of summit at appropriate time
- Discuss next steps with committee chair

Action:

A motion was made and seconded to approve recommendations for Research and Policy Development. The motion carried.

Action:

A motion was made and seconded to approve recommendations of action of Specific Task Forces. The motion carried.

Health Resources Board

- DHCC has statutory responsibilities
- Better coordination desired
- Write letter of resignation for Robert Miller
- DHCC vacancy on Board needs to be filled

ACTION

- DHCC & Health Planning staff discuss ways to coordinate
- Appoint new representative to board

Medical Liability Task Force

DHCC chair will serve, as previously

ACTION

- DHCC staff to review other state activity
- DHCC receives reports and updates

Physical Activity Task Force

DHCC Represented; DHCC staff support

ACTION

Receive reports and updates

Healthcare Associated Infection

Dr. Joseph A. Lieberman III to serve; Lois Studte back-up

ACTION

Receive reports and updates

Health Disparities

- Task Force to be appointed
- Task Force should consider CHAP

ACTION

Assign someone to serve on new task force

Healthy Mother and Infant Consortium

Assign/recruit someone to serve on new task force

Dr. Jacquelyne Gorum made a motion to approve recommendations for the Specific Issues/Organizations Task Force activities. Robert Miller seconded the motion. There was a voice vote. The motion carried.

OTHER BUSINESS

Sarah McCloskey presented an update on the State Loan Repayment Program. The Committee reviewed applications for loan repayment at its September 15, 2005 meeting and DIDER subsequently reviewed the material on October 4, 2005. Both bodies made the following recommendations for funding. At present there is a two-year commitment with the option for a three-year commitment. Payments are distributed over time and the longer the contract the more money received.

Sarah McCloskey updated Commissioners on the State Loan Repayment Program activities.

1. Delmarva Rural Ministries, Inc./ Kent Community Health Center

Delmarva Rural Ministries submitted an application for loan repayment to recruit two Dentists and one Dental Hygienist.

Recommendation

The Committee and DIDER recommended that \$50,000 be allocated to Delmarva Rural Ministries to recruit a dentist (\$25,000 federal funds plus \$25,000 state funds).

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

Dennis Rochford made a motion to approve the recommendation to allocate \$50,000 to Delmarva Rural Ministries to recruit a dentist. Dr. Joseph A. Lieberman III seconded the motion. There was a voice vote. Motion passed.

2. Westside Health Center

Westside Health Center has found a strong candidate for a dentist position, and would like to know if they could be allocated some loan repayment funds to help with recruitment. Previously, the Loan Repayment Committee recommended that \$50,000 be allocated for Westside to recruit a dentist. A dentist was not recruited, so the funds were reverted to the available balance. Westside qualifies for the federal match.

Recommendation

The Committee and DIDER recommended that \$35,000/year be allocated for 2 years, for a total of \$70,000, to Westside to recruit a dentist (\$17,500 federal plus \$17,500 state each year.)

The funds will be allocated for a period of three months. If a dentist is not recruited within that time, Westside has the option to reapply, or the funds will revert to the available balance. Flexibility with dental licensure will be taken into consideration as the State Dental Exam is held only in January and June.

Dennis Rochford made a motion to approve the recommendation to allocate \$70,000 to Westside to recruit a dentist. Dr. Jacquelyne Gorum seconded the motion. There was a voice vote. Motion passed.

3. David R. Deakyne, Jr., DMD

Dr. David Deakyne's current three year contract to practice dentistry in Smyrna will expire in October 2005. He has requested that his contract be extended one additional year. He currently has \$110,000 remaining in student loans. He reports that about 40 to 50 percent of his practice consists of Medicaid patients.

Action:

A motion was made and seconded to approve the recommendation to allocate Delmarva Rural Ministries \$50,000 to recruit a dentist. The motion passed

Action:

A motion was made and seconded to approve the recommendation to allocate Westside Health Center \$70,000 (\$35,000 over two years) to recruit a dentist. The motion passed

At the May 19 meeting, the Loan Repayment Committee recommended that Dr. Deakyne be awarded \$20,000 plus a 39 percent tax stipend to extend his three year contract to four years, contingent upon resolving a discrepancy in the number of Medicaid patients reported by Dr. Deakyne and the number of claims paid by Medicaid. To-date, this discrepancy has not been resolved.

Follow-up

Dr. Deakyne reports that he has 350 – 400 active Medicaid patients that he sees on a regular basis. His dentist report sheets indicated 833 Medicaid appointments completed in the one year period of May 2003 through April 2004.

Medicaid records indicate a total of 201 Medicaid children (over 365 paid claims) were seen by Dr. Deakyne during this time period. Medicaid shows a total of 133 children seen in calendar year 2004 and 99 children seen to date in calendar year 2005.

Medicaid is unable to count patients who are no longer on Medicaid, or low-income children up to 200 percent Federal Poverty Level who are treated by Dr. Deakyne. Large numbers of those groups of children would account for the discrepancy in the numbers. It does not appear to be possible to reconcile the numbers because the non-Medicaid children are not able to be tracked.

Dr. Deakyne had a total of 2,641 appointments during the time period of May 2003 through April 2004. Dentists must agree to maintain a dental practice patient population comprised of a minimum of at least 20% Medicaid patients and/or low income (<200 FPL) dentally uninsured patients who will be charged amount based on a qualifying sliding fee scale or will be provided services free of charge.

During a follow-up conversation with Sarah McCloskey, Dr. Deakyne reported that he has no way to count the total number of unduplicated patients seen by his practice. He stated that his software does not possess this capability and his office staff do not have the time or resources to do it by hand. He also reported that he does not offer a sliding fee scale.

Recommendation

DIDER recommended that a decision on Dr. Deakyne's request for extension be delayed for a period of 6 months. During this time, DHCC staff will further investigate the discrepancy between Medicaid claims reported and Dr. Deakyne's reports. Additionally, staff will coordinate a meeting between Loan Repayment Committee members and current dentist participants to review and revise the existing requirement that dentists maintain a patient population comprised of 20% Medicaid or low-income patients.

4. Steven Michael Alban, DDS

Dr. Steven Alban has outstanding education loans in the amount of \$44,661.58. He is willing to make a three year commitment to practice in Milford. He currently is not practicing. He plans to purchase a practice in Milford in October. He currently resides in Newark, but is building a house in Milford and plans to move within three months.

Recommendation

The Committee and DIDER recommended that Dr. Alban be awarded loan repayment in the amount of \$40,000 for a three year commitment to practice in Milford. It was further recommended that a contract not be completed until the practice has officially opened.

Dr. Jacquelyne Gorum made a motion to approve the recommendation to award loan repayment to Dr. Alban. Dennis Rochford seconded the motion. There was a voice vote. Motion passed.

5. Program Restructuring Recommendations:

Maximum Length of Contract Award

The Committee and DIDER agreed that the maximum length of an initial loan repayment contract award will be three years. Participants have the option to apply for additional years based on the availability of funding and area of need.

Tax Stipend

The Committee and DIDER recommended that tax stipends be eliminated from all contracts from this point forward. This decision was based on a recent amendment to the Federal Public Health Service Act, which makes loan repayment funds exempt from federal income and employment taxes. Since Delaware follows the federal tax regulations, these awards are also exempt from Delaware state income tax. Legal counsel will be consulted to determine how to handle contracts currently in place that include tax stipends. Award recipients will be advised to seek the counsel of a tax professional for information specific to their individual financial situation.

Updated Application & Website

A revised program manual and loan repayment applications (including the new award threshold distribution table) were distributed for review with the structural changes approved by DIMER, DIDER, the Delaware Health Care Commission, the State Budget Director and the Controller General. The Committee and DIDER accepted the revised manual and applications.

Action:

A motion was made and seconded to approve State Loan Repayment to Dr. Steven Alban for a three-year commitment. The motion passed

Economic Incentive to Establish Private Practice – Karen Rose, DDS

Dr. Karen Rose is currently employed by the Division of Public Health at the Delaware Psychiatric Center. She was planning to open a practice in Smyrna, while continuing to work at the Psychiatric Center. She requested \$100,000 to assist her in repaying the equipment loans she would encounter. She was invited to speak with the Loan Repayment Committee in person to help them better understand her intentions.

Dr. Rose explained that she only has one student loan with a balance of less than \$10,000, which is why she requested funds for equipment loans, rather than education loans.

To date, Dr. Rose does not have a location secured in Dover and she is not sure if she will hire a second dentist to join her practice. Currently, she is in negotiations with Delmarva Rural Ministries for a position as dental director, but she plans to have a private practice, regardless of where she is working. Delmarva may offer her a contract for a part time position, which would allow Dr. Rose to devote 40 hours per week to her private practice.

Discussion

The committee raised two important points:

1. The proposal is not concrete. Dr. Rose will contact the Health Care Commission when she has a response from Delmarva Rural Ministries, and has obtained a private practice location.
2. The committee needs to determine how such a contract would be structured.

Next Steps

Parameters need to be developed for awarding funds for economic incentives, such as loan assistance for capital expenditure to help establish a practice. The staff will develop a proposal on how to structure equipment loan repayment and distribute it to the committee for consideration prior to the next meeting.

PUBLIC COMMENT

Dr. Robert Frelick commented that the Veteran's Affairs Administration has developed electronic medical records for its patients. Also the National Cancer Institute has begun efforts to create a standardized records system. The push for standardizations is coming quickly.

Lolita Lopez thanked the Commission for approving Westside Health Center's application for loan repayment to hire a dentist. Since July Westside Health Center has had residents from the Wilmington Hospital's residency program rotating through its program. Hopefully Westside will be able to recruit from that pool of seven or eight residents who will be licensed in the State

of Delaware. The residents are treating patients at the site under the supervision of Westside's dentist, helping with access and giving Westside more dentist time.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held at 9:00 a.m. on **THURSDAY, NOVEMBER 3, 2005** at the Delaware Technical and Community College Conference Center, Terry Campus, Room 400B.

ADJOURN

The meeting adjourned at 10:38 a.m.

Next Meeting

The next meeting is 9:00 a.m. on Thursday, November 3, 2005 at the Delaware Teach Terry Campus Conference Center, Room 400B.

GUESTS ATTENDING

Dietra Bell, Mid-Atlantic Association of Community Health Centers
Anthony Brazen, III, MD, Division of Medicaid and Medical Assistance
Mike Casey, Department Of Finance
Judy Chaconas, Director of Health Planning, Division of Public Health
Melissa Flynn, Executive Director, Delaware AHEC
Robert W. Frelick, MD, Medical Society of Delaware
Pat Hawkins, Delaware Chamber Of Commerce Healthcare Committee
Mike Herman, Coventry Health Care
Lolita Lopez, Westside Health Center
Spiros Mantzavinos, American Heart Association
Miranda Marquez, Navigator – DOL/DET
Linda Nemes, Department of Insurance
Brian Olson, La Red Health Center
Betty Paulanka, University of Delaware
Judy Potts, EDS Health Care Services
Suzanne Raab-Long, Delaware Healthcare Association
Rosa Rivera, Henrietta Johnson Medical Center
Debra Singletary, Delmarva Rural Ministries
Mark Thompson, St. Francis Hospital
Kay Wasno, EDS Health Care Services
Rob White, Delaware Physicians Care, Inc.