

**DELAWARE HEALTH CARE COMMISSION
SEPTEMBER 3, 2009
DELDOT ADMINISTRATION BUILDING
FARMINGTON-FELTON CONFERENCE ROOM
DOVER
MINUTES**

Action Item

Commission Members Present: John C. Carney, Jr., Chair; Lisa C. Barkley, MD; Theodore W. Becker, Jr.; Tom Cook, Acting Secretary of Finance; Rita Landgraf, Secretary, Delaware Health and Social Services; Dennis Rochford; and Fred Townsend.

Members Absent: A. Richard Heffron; Janice E. Nevin, MD; Vivian Rapposelli, Secretary, Services for Children, Youth and Their Families; and Karen Weldin Stewart, Insurance Commissioner.

Staff Attending: Paula Roy, Executive Director; Leah Jones, Director of Planning and Policy; Marlyn Marvel, Community Relations Officer; and Linda G. Johnson, Administrative Specialist.

CALL TO ORDER

The meeting was called to order at 9:00 AM by John C. Carney, Jr., Chairman.

MEETING MINUTES OF JUNE 4, 2009

Dennis Rochford made a motion to accept the June 4, 2009 meeting minutes. Ted Becker seconded the motion. There was a voice vote. Motion carried.

UNINSURED ACTION PLAN

Update: Community Health Care Access Program (CHAP)
Chap/Screening for Life

Ted Becker, Chair of the CHAP Oversight Workgroup, reported on the CHAP FY2010 Proposed Budget.

The Commission approved the FY2010 budget. CHAP moved forward with its proposed plan, continuing with the health homes that were already part of the system: Delmarva Rural Ministries, Henrietta Johnson, La Red, Medical Society of Delaware (VIP program) and Westside, which were level funded at \$553,230.00.

The community outreach/hospital services were Beebe Medical Center, Christiana Care Health Systems, Nanticoke Hospital, Claymont, Ecumenical Council and Covering Kids and Families. The combined funding totals \$303,209.00

Action

The June 4, 2009 meeting minutes were approved.

Ted Becker, Chair of the CHAP Oversight Workgroup, reported on the CHAP FY 2010 Proposed Budget.

The enrollment contract for the merge of CHAP and Screening for Life is still being negotiated. Three extensions of the contract have been signed thus far.

John Carney recalled that during the June Commission meeting there were lengthy discussions about the CHAP. Since that time, he has had conversations with Rita Landgraf and Dr. Janice Nevin about the program. Mr. Carney proposed adding additional CHAP Oversight Workgroup members and Dr. Nevin volunteered to serve, which will add another perspective to the group.

In early January or February 2010, Mr. Carney would like the Workgroup to present recommendations to the Commission for the FY 2011 budget in advance of contract negotiations.

Ms. Landgraf recommended including Dr. Karyl Rattay, Director of the Division of Public Health, as another Workgroup member and looking at integrating Screening for Life and the work being done in the public clinics as part of a comprehensive program.

More coordination is anticipated between the Delaware Ecumenical Council on Children and Families (DECCF) and Covering Kids and Families (CKF). DECCF and CKF submitted individual outreach proposals in response to the Request for Proposal. The CHAP Oversight Workgroup believes if both agencies were to blend their resources and formulate a plan for collaboration between them it would generate more outreach and produce sound administrative procedures. In turn, this partnership would also develop a tracking mechanism of participants in the CHAP program.

The joint proposal is attached to these minutes.

Action

Ted Becker made a motion to approve the joint proposal of Covering Kids and Families and the Delaware Ecumenical Council on Children and Families. Fred Townsend seconded the motion. After a voice vote, the motion carried.

Health Fund Advisory Committee Application

Paula Roy noted that it is time to submit applications to the Health Fund Advisory Committee for tobacco settlement money, which has been the source of CHAP funding since its inception.

DIMER has requested increased funding for Jefferson Medical College and Philadelphia College of Osteopathic Medicine (PCOM) for the past few years. During those years, the budget situation has been such that the Commission thought it was unwise to request increased funding in the budget submission.

The FY 2010 proposed CHAP budget is \$1.5 million dollars.

Doctors Janice Nevin and Karyl Rattay will be new members of the CHAP Oversight Workgroup.

Mr. Carney would like the Workgroup to present recommendations for the FY 11 budget in advance of contract negotiations.

As a way of securing additional funds for Jefferson and PCOM, the DIMER Chair has requested that the Commission staff submit an application to the Health Fund for \$100,000.00 on DIMER's behalf; \$80,000 for Jefferson and \$20,000 for PCOM.

The applications are due September 11, 2009. There has not been an opportunity to discuss this with the DIMER Board of Directors, nor will there be an opportunity because the Board meets the week after the application due date. It is anticipated that there will be far more requests of the Health Fund than there is available funding.

Discussion

The Commission had a discussion and the following points were raised.

- The additional \$100,000 is a gesture on DIMER's part to Jefferson and PCOM, due to the fact that the schools have not had an increase funding support (almost 20 years for Jefferson Medical College; about 9 years for PCOM).
- An application from DIMER could adversely affect the CHAP's Health Fund request of \$1.25 million.
- Perhaps DIMER should not consider applying this year, but have discussions to prepare to apply next year.
- The Commission agreed that would be a good approach.

INFORMATION AND TECHNOLOGY

Update: Delaware Health Information Network – Gina Perez and Ed Ratledge

On June 15, 2009 DHIN went live with the patient record search with a complete upgrade of the system without incident. Anything that was ever delivered to a provider through DHIN is available for an expanded search.

The upgrade also provides additional flexibility for a provider to select how the information is delivered (i.e. enhanced user friendly display options).

Users of DHIN increased from 620 in January 2009 to over 1,000 at the end of June. There are currently 1,160 users and over 400 more in the enrollment pipeline.

The original version of the DHIN software system was anticipated to be retired by the end of August 2009 but more likely it will be the end of the year because of demand for the use of DHIN and the process of training.

Action

The joint collaboration between Covering Kids and Families and the Delaware Ecumenical Council on Children and Families was approved.

Users of DHIN increased from 620 in January 2009 to over 1,000 at the end of June. There are currently 1,160 users and over 400 more in the enrollment pipeline.

The American Recovery and Reinvestment Act (ARRA) requirement for incentive payments from Medicare and Medicaid is based on *meaningful use*. *Meaningful use* is the term used to define how providers use electronic medical records systems and health information technology in their practice of medicine. In order for an incentive payment from Medicare or Medicaid to be made to any provider they have to demonstrate they are using the technology in a *meaningful way*. *Meaningful way* requires connectivity to information exchanges, among other things.

The federal government released a grant with a baseline of \$4 million dollars up to \$40 million for 4 years for health information exchanges. These functionalities will be implemented over a 24 month period beginning January 2010. Also, under the grant, DHIN will be required to submit reports on meaningful users to Medicaid so they can process incentive payments to those who qualify.

There will be only one grant awarded to each state and entities must be given state designated entity status by the Governor. The Governor has designated DHIN as Delaware's state designated entity.

DHIN has been having conversations with representatives from Pennsylvania, Maryland, West Virginia and soon, Virginia on possibilities of collaborating on Health information Exchanges (HIE) activities. These states are very concerned with how soon their health information systems can be up and running in order to be responsive to the grants and their state governments. It is possible that collaboration with DHIN can help them move HIE activities along more rapidly.

Discussion

FY10 DHIN Staffing Contract

The DHIN Board approved and recommends to DHCC the hiring of two new staff positions (project manager and communications manager). It was noted that the DHIN's current staffing manpower, as well as skill sets need to keep pace with the growing demand for services, connectivity and the DHIN system development. DHIN also needs to be ready to respond to providers and patients. Furthermore, assuming DHIN's ARRA grant application successful, there will be requirements to implement new functionalities, such as claims processing, on a faster timeline than originally planned. The right team must be in place to hit the ground running.

Meaningful use is the term used to define how providers use electronic medical records systems and health information technology in their practice of medicine.

DHCC Chair, John Carney expressed that some legislators have concerns about hiring new people in an environment where we need to be sensitive and mindful of the current state of economy.

No Commission action was taken.

The DHIN Board of Directors made recommendations for the formation of two new committees: a Governance Committee and a Finance Committee (attached to these minutes).

The Governance Committee will be responsible for considering governance options and to make recommendations to the DHIN Board of Directors regarding the most appropriate direction for governance and oversight of the health information network. The Committee will consider the political, operational, technical, and market climates to ensure that the governance model is able to meet the needs of all stakeholders and constituencies.

A Finance Committee of the DHIN Board of Directors will be formed to provide guidance and oversight for the work of the Finance Manager. The Finance Committee will consider several options for establishing a long-term revenue and operations structure. Some options may include: user fees, subscriptions, usage charges, and/or volume-based charges. These options and others will be explored by the Committee for recommendation to the Governance Committee and current DHIN leadership.

Mr. Ratledge said DHIN is committed to having the Governance and Finance Committees reporting back to the Commission the first week in January 2010.

Action

Ted Becker made a motion to approve DHIN establishing the two sub committees which are charged with reporting back to the Commission at its meeting in January 2010. Fred Townsend seconded the motion. After a voice vote the motion carried.

HEALTH PROFESSIONAL WORKFORCE DEVELOPMENT

Paula Roy reported that each year the appropriation to DIDER under the Commission has a line specifically dedicated to supporting general practice residency training at Christiana Care Health Services.

Historically, resident dental students have been required to serve a portion of their time at the Delaware Psychiatric Center (DPC). However, recently residents were forced to stop going to the Delaware Psychiatric Center because there was no staff dentist on site to supervise.

Action

Approval was given for DHIN to establish a Governance and a Finance Committee and report back to the Commission at its meeting in January 2010.

The residency training program at Christiana Care Health Services committed to an equivalent of serving patients at the Delaware Psychiatric Center by requiring that residents serve vulnerable populations.

The language of the FY 10 Budget Act was amended to say that the residents shall continue serving vulnerable populations at sites approved by the Delaware Health Care Commission. Services to the Delaware Psychiatric Center will resume once an attending dentist is available to supervise the Christiana Care Health Services residents.

Services to the community will be provided to the following sites:

- Delaware Technical and Community College (dental hygienists)
- Westside Family Healthcare
- Henrietta Johnson Medical Center
- Kent/Delmarva Rural Ministries in Dover
- Community Mental Retardation Program
- Wilmington Hospital Clinic/Surgery

Approval by the Commission is required to move forward with this plan.

Action

Dr. Lisa Barkley made a motion to approve Christiana Care's residency training sites. Ted Becker seconded the motion and after a voice vote the motion carried.

Update: American Recovery and Reinvestment Act (ARRA) State Loan Repayment Grant Application

Leah Jones informed the Commission of the opportunity to apply for ARRA stimulus funds for the Loan Repayment Program. Delaware applied for \$100,000 in August and is awaiting notification.

The grant closely mirrors Delaware's State Loan Repayment Program but adds new eligible specialties, including general psychiatry, pediatric dentists, providers of geriatric services and psychologists. The grant would supplement and support the current program.

Update: Oral Health Planning Grant Background

A \$200,000 grant was awarded to Delaware for one year of planning activities to expand access to dental health care services and improve oral health outcomes, with a particular focus on Sussex County. The Commission is collaborating with the Division of Public Health on this planning grant.

Action

The Commission approved Christiana Care's residency training sites.

An application has been submitted for an ARRA grant of \$100,000 in August for the State Loan Repayment Program and is awaiting notification.

In December, a Request for Proposals was released as a part of the Oral Health Workforce Planning Grant awarded to Delaware by the US Health Resources and Services Administration (HRSA).

Proposals were due to the Health Care Commission on January 22, 2009, for which one response was received, to conduct a feasibility study of three target initiatives:

- Creation of a *case management program* to develop a dental home for children in Medicaid and SCHIP to improve oral health status of underserved.
- Downstate Residency - *Enhancement of dental education opportunities* for dental hygienists and dental residents in southern Delaware to strengthen the dental workforce
- Establishment of a *multi-purpose dental clinic and training facility in Sussex County* to improve access to care and expand training opportunities.

The guiding principles are: patient-centered, focus on most vulnerable, build capacity and strengthen the workforce in Sussex County, keep aware of provider concerns and business realities.

A very short extension of the planning grant was applied for to wrap up last minute plans and recommendations prepared throughout the fall.

RESEARCH AND POLICY DEVELOPMENT

Update: Fiscal Year 2010 Budget – status of streamlining

Paula Roy said the Commission has a new budget home as a result of the new Budget Act - the Office of the Secretary, Delaware Health and Social Services. Previously, the budget home had been the Office of Management and Budget, which handled paying the bills and helping with business and administrative details.

All of the program budgets were kept at the Fiscal Year 2009 levels. There is \$250,000 in the Uninsured Action Plan, which has supplemented the CHAP program, and the DIMER and DIDER budgets and funding from the Master Settlement Agreement for CHAP and staff have remained intact.

Discussion: Strategic Planning and future role of the Delaware Health Care Commission - Rita Landgraf

The movement of the Health Care Commission under the Office of the Secretary within Delaware Health and Social Services (DHSS) has been seamless and transparent.

The Commission and Division of Public Health are collaborating on a one year \$200,000 planning grant awarded to Delaware to expand access to dental health care services and improve oral health outcomes, with a focus on Sussex County.

Ms. Roy and DHCC staff have been meeting weekly with the DHSS budget staff. Ms. Roy also meets bi-weekly with Ms. Landgraf and Mary Kate McLaughlin to talk about the streamlining of the operational side as well as looking at policy and moving forward. Mary Kate McLaughlin has been instrumental in representing the Governor's office.

They have discussed how to leverage the Health Care Commission, especially in light of the fact that health care reform is such a major national agenda and how to integrate the health programs within DHSS.

In the past the Health Care Commission has had a retreat and that has probably been very helpful to lay out policy direction and a path forward. The Commission should plan a retreat for this fall.

Fiscal Year 2011 is going to be challenging, as the state is already facing a \$200 million deficit. Every Department has been charged with looking at a 10 percent reduction of its budget and DHSS is focusing on a possible 20 percent reduction. Every Department is looking at its core services and how it interprets what core services are.

As part of the Retreat, Mr. Carney thinks the Commission needs to have an indication of the Governor's Administration's view of the future of the Commission.

A retreat will be planned for October or November.

PUBLIC COMMENT

Dr. Robert Frelich said one of the things the federal government has understood is that primary care doctors need to have more support of various types. He thinks that the DHIN is not serving many primary care physicians, as they would have to pay \$20,000 to \$50,000 to relate to DHIN.

Dr. Frelich said that federal policy is not to tell people what to do, but wait for them to ask for help. That is not the way to standardize things. It will be more economical if everyone works together.

Ms. Perez clarified that DHIN meets all of the federal standards for inter-operability. All of the data is standardized and normalized. It comes from disparate sources but all in one language format.

Ms. Perez sits on the National Health Information Technology Standards Committee. That group was defined under the stimulus bill and its job is to establish the standards that will be used going forward from a timeframe of 2011 to 2015.

As part of the DHCC Retreat, Mr. Carney thinks the Commission needs to have an indication of what the Governor's Administration's view is about the future of the Commission.

In terms of the cost, there are two factors. Currently, there is no cost for a provider's office to use DHIN. It is free. All the provider has to have is a computer and the internet. If a provider practice decides to purchase an electronic medical records system, it still does not cost anything to connect to DHIN. The Electronic Medical Records vendor might charge an interface fee for the provider's office but DHIN negotiates a discounted rate. It used to cost about \$6,000 to interface with one lab or one hospital. Now they get all the participants in DHIN for one interface fee that is around \$1,000, depending on the vendor.

About 50 percent of DHIN users are primary care providers. All four federally qualified health centers are connected through DHIN.

Joann Hasse, a member of the DHIN Board of Directors, said she was very vocal at the last session of the General Assembly, specifically the Joint Finance Committee, about the lack of wisdom in eliminating the Health Care Commission. She is happy to see it at least exist in its present status.

However, while the Health Care Commission and people who attend its meetings contribute a lot to Delaware, it was noted that the importance of DHIN and the positive impact on the delivery of health care information must be understood and communicated as well.

Senate Bill 80 was introduced to create the Delaware Health Consortium, charged with implementing and operating a Statewide health information network. This was clearly intended to duplicate/conflict with the work of DHIN and would replace its current structure. The Bill was put quickly on the agenda and after debate it was tabled. It was a very frustrating time because so much misinformation was being tossed around and at no time was DHIN or DHCC staff consulted or alerted of the Bill.

Delaware is recognized by people in the health information technology field as a *leader*. They must find it very difficult to understand how this leader is being challenged within its own state, which is significantly transforming the way we deliver and coordinate health information for the good.

Chairman Carney responded that a DHIN workgroup has now been established to bring back a recommendation on how the DHIN should be governed going forward. That recommendation needs to be made thoughtfully and expeditiously, as well as the ongoing financial sustainability model.

Currently, there is no cost for a provider's office to use DHIN. All that is needed to connect to DHIN is a computer and the internet.

With respect to some of the misinformation, there will be an opportunity to clarify the facts through the sunset review process. If the DHIN Board works through the sunset review process and moves forward with the Governance and Finance Committees as effectively as it has run the DHIN, there should not be any problems.

Paul Brager, of the Mid-Atlantic Health Information Exchange, said that funds are available for health information exchanges through the American Recovery and Reinvestment Act (ARRA). This is a critical time when DHIN should be moving forward. The surrounding states are looking toward Delaware for information on how to get started. The DHIN is an extremely valuable asset and to let it falter would be a tragedy.

Judy Chaconas reported that the Division of Public Health has applied for additional ARRA funding for workforce development. The federal focus is primarily around getting more national health service corps workers to practice in underserved areas. Delaware has about 26 vacancies in the federally qualified health centers.

If the Division of Public Health is awarded a grant, the money will be used to: advertise the State Loan Repayment Program and the J-1 Visa Waiver Program; make linkages between employers seeking to recruit health professionals and people graduating from health professional schools at all different levels; and a recruitment fair or conference(s). It is a three year grant.

Lolita Lopez, of Westside Family Healthcare, provided an update on the new community health center in Bear, funded by an ARRA grant. The site opened August 5, 2009 and since then:

- 345 patients have been served.
- 86% were uninsured; of those, 94 percent are on the low to middle end of the scale.
- 14% had some form of Medicaid
- The center is not yet qualified as a Medicare provider.
- 55% of the people were between the ages of 20 and 49
- 29% are under the age of 19
- 16% percent are between the ages of 50 and 70 (not consistent with other health center sites)
- The top zip codes they are serving are in the immediate area and greater area of Bear.

The ribbon cutting is September 24, 2009 and Ms. Lopez invited everyone to attend.

NEXT MEETING

The next meeting of the Delaware Health Care Commission will be held on Thursday, October 1, 2009, at 9:00 a.m. in the Farmington/Felton Conference Room on the first floor of the Department of Transportation (DelDOT) Administration Building, 800 S. Bay Road, Dover.

ADJOURN

The meeting adjourned at 10:40 a.m.

Next Meeting

The next meeting of the Delaware Health Care Commission will be held on Thursday, October 1, 2009, at 9:00 a.m. in the Farmington/Felton Conference Room on the first floor of the Department of Transportation (DelDOT) Administration Building, 800 S. Bay Road, Dover.

GUESTS

Anthony Brazen, D.O.	Division of Medicaid and Medical Assistance
Paul Brager	Mid-Atlantic Health Information Exchange
Judy Chaconas	DHSS/Division of Public Health
Barbara DeBastiani	Wheeler and Associates Management
Sean Finnigan	Senate Staff
Dr. Robert Frelich	Medical Society of Delaware
Joann Hasse	League of Women Voters
Barbara Jackson	Electronic Data Systems
Lolita Lopez	Westside Family Healthcare
Mary Kate McLaughlin	Office of the Governor
Linda Nemes	Department of Insurance
Sheila Nutter	Electronic Data Systems
Brian Olson	La Red Health Center
Gina Perez	Advances in Management/DHIN
Ed Ratledge	University of Delaware
Kimberly Reinagel	Office of Management and Budget
Wayne Smith	Delaware Healthcare Association
Jose Tieso	Electronic Data Systems

Delaware Ecumenical Council on Children and Families

Background:

The Delaware Ecumenical Council on Children and Families (DECCF) has been a community outreach vendor to the Delaware Health Care Commission's Community Healthcare Access Program (CHAP) since State Fiscal Year 2007. DECCF has also been a participating member of the Delaware Covering Kids & Families (CKF) Coalition since its inception in 2003. The organization looks forward to continuing collaboration with the CKF Coalition and its sponsoring organization, the Medical Society of Delaware, to enhance, expand, and monitor the results of outreach in support of the Community Healthcare Access Program (CHAP).

CHAP Workplan:

DECCF's approved State Fiscal Year 2010 workplan is to complete the following activities using DECCF senior leadership and an outreach staff person (the applicable salary and travel expenses of which are covered by the CHAP contract):

DECCF Activity 1: Major mailings educating clergy and other congregational leaders about the importance of coverage in general and CHAP in particular. These mailings reach over 550 clergy as well as 25 judicatorial leaders (e.g., bishops, etc.). These three mailings are scheduled to coincide with:

- The "Back-to-School" initiative of Covering the Uninsured (August-September),
- The National Day of Service associated with the Martin Luther King holiday (December-January), and
- The main observance of Covering the Uninsured Week/Month (April-May).

DECCF Activity 2: Professional presentations to church/ministerial association meetings, denominational gatherings, etc... These 10-12 annual presentations deliver training on why coverage is important, what resources for coverage are available in Delaware, and how to promote CHAP in local congregations. These presentations are scheduled for various times throughout the year.

- 10-12 presentations are made to church/ministerial association meetings, denominational gatherings, etc. during the course of the year. These presentations deliver training on why coverage is important, what resources for coverage are available in Delaware, and how to promote CHAP in local congregations.
- 8-10 of these informational presentations are completed as part of community health resource fairs throughout the year. These events are either initiated by DECCF and faith community partners or sponsored by faith- or community-based organizations and DECCF is invited to participate. They provide opportunities to reach potential enrollees with information and materials about the program and assistance in accessing coverage.
- 2-4 of these presentations are completed in collaboration with individual public agencies, voluntary organizations or local congregations. They are "drill down" opportunities that ensue from the broader community involvement discussed above, and allow DECCF project staff to provide focused presentations to smaller, targeted audiences. In some cases, these are opportunities for DECCF project staff to provide information/consultation directly to potentially eligible consumers. In others, the focused time is a "train the trainer" approach so that attendees can in turn provide information and consultation to their eligible constituencies.

DELAWARE

covering kids & families

Background:

The Delaware Covering Kids & Families (CKF) program has since 2003 targeted the uninsured with health coverage information and enrollment assistance. Because CKF is completing outreach/education on the broad importance of health coverage, it provides an infrastructure from which to complete outreach about CHAP- a volunteer safety net program for the uninsured who are not eligible for public coverage.

For State Fiscal Year 2010, the CKF received funds to complete CHAP outreach. Imploring partnerships with the faith community remains an important avenue for completing this work.

CHAP Workplan:

CKF will interact with the faith community in two ways:

CKF Activity 1: CKF will **promote faith outreach activity within the 7 high poverty CHAP geo-mapped areas**. To the extent that existing ministerial alliances within the target areas can be identified they will be contacted for strategic planning. Absent that opportunity, the CKF will solicit Coalition volunteers to assist in an informal inventory process of churches and faith organizations in each of the 7 areas and proceed accordingly with targeting outreach and offering materials, presentations, etc.

CKF Activity 2: CKF proposes to seek \$1:\$1 matching funds of \$5000 from a private faith-focused giving entity(s) in order to **establish and administer a statewide mini-grant program specifically for faith-based organizations/activities**. A mini-grant program will elicit local interest and create an efficient means of attracting faith organizations/churches who self-identify with interest in outreach. Small stipends (mini-grants) can be used for these organizations to offset expenses.

PROPOSED PLAN OF COLLABORATION

Completing faith-based outreach isn't necessarily administratively efficient. Churches and faith denominations are numerous and localized which often mitigates the opportunity to achieve economies of scale as it relates to the use of limited volunteers/human resources, or reaching large numbers of consumers. Effectiveness of messaging is often dependent on the effectiveness/interest of a particular church's leadership. Engaging church leadership requires established trust and credibility.

Coordinating the efforts of these two faith-targeted initiatives will provide each with needed resources:

- DECCF has established credibility with clergy leadership/faith community which can provide essential entrée for communication.
- DECCF has dedicated staff available to deploy to local sites/activities.
- CKF has an established administrative infrastructure for communication, special event coordination, materials/supplies distribution, and application/enrollment tracking.
- CKF will establish a mini-grant program for churches that are willing to complete outreach events.

Proposed Collaboration

DECCF and CKF will collaborate on an ambitious statewide program of outreach and empowerment for the faith communities and related faith- and community-based organizations. This program will include training for community leaders, technical assistance on application and enrollment, and facilitating micro/mini-grants to local congregations, clusters of congregations, etc. who will plan (collaboratively with DECCF and DCKF) special events that deliver coverage education and promote actual enrollment.

Because DECCF has a small statewide staff and CHAP supported staff resources, it is suggested that DECCF provide staff support for outreach opportunities created by CKF. (This is different from the management resource that exists in CKF, thereby utilizing the outreach capabilities of DECCF to assist with additional community education and outreach events beyond those normally undertaken by DECCF or any volunteers associated with CKF.) CKF currently provides a "menu" of materials and supply offerings to support outreach, and stops short of offering completion of an onsite application assistance activity due to lack of staff. This option will be added and encouraged given the availability of DECCF staff resources on an as needed basis.

1. **DECCF Activity 1: Mailings** will include the CKF menu of available resources, and encourage respondents to access available materials and supplies for their constituencies through the CKF program office. In this way, any responses that the mailing elicits will be tracked; and supplies (including applications) will be marked with specific instructions for citing applicant's information source at time of enrollment (another trackable).
2. **DECCF Activity 2: Professional presentations**, and any outreach activity generated by a professional presentation, similar to the above, will encourage attendees to use and/or access CKF coded/trackable materials.

3. **CKF Activity 1: Targeting the 7 geomapped areas;** CKF will work with DECCF to determine existence of established ministerial alliances in the respective service areas. If so, a coordinated approach will be planned with DECCF to engage clergy leadership in discussion. CKF Coalition members will be encouraged to identify and make initial contact with churches in the targeted service areas and as interest is indicated by a specific church, DECCF staff will be deployed to assist with church specific outreach activities.

4. **CKF Activity 2: Faith mini-grant program.** CKF will create administrative protocols and criteria for financially supporting or offsetting a local faith organization's outreach activity. DECCF planned mailings (discussed as DECCF Activity 1), will promote the availability of the resource and encourage the creation of individualized, local level, outreach activities. (The mini-grant program will require quantification of application/enrollment assistance activities.)

NEW JOINT ACTIVITY:

Because of the efficiencies gained by each program through the above coordination, an additional activity will be completed. DECCF and DCKF will collaborate on planning and conducting two key leadership development activities (one north and one south) that emphasize the importance of coverage, and the availability of Delaware resources (e.g., MEDICAID, SCHIP-Delaware Healthy Children Program, and CHAP). The dates for such activities will be determined by DECCF and DCKF by the end of the first quarter (9/30/09) and reported to the Delaware Health Care Commission.

These activities would facilitate the support of clergy leadership and other faith community workers, encourage their planning and development of local outreach/education activities, and promote the availability of the mini-grant program.

Reporting/Monitoring:

DECCF and CKF will further coordinate the best approach to individually completing CHAP quarterly reports.

DECCF and CKF will provide additional progress reports specific to this coordination to the DHCC as requested.

DECCF and CKF coordination will be monitored at quarterly CKF coalition meetings.

DECCF and CKF coordination will be shared applicably at CHAP meetings.



Recommended Committees of the DHIN Board of Directors

Governance Committee

The Governance Committee will be responsible for considering governance options and to make recommendations to the DHIN Board of Directors regarding the most appropriate direction for governance and oversight of the health information network. The Committee will consider the political, operational, technical, and market climates to ensure that the governance model is able to meet the needs of all stakeholders and constituencies. The governance model must ensure that DHIN is able to make rapid decisions, which consider the best interest of all stakeholders, act in a nimble manner and have proper fiduciary oversight and processes to manage a diverse and complex budget.

The Governance Committee will take into consideration the work of the Finance Committee to ensure that the governance body is established in a manner that supports the sustainability plan and will include the following members:

- DHIN leadership
- Providers and healthcare facilities
- Consumers
- Payers
- State government
- Business representatives

The Committee shall be comprised of 7-9 members. Staff support for the Governance Committee will be provided by the DHIN Executive Director.

June 23, 2009

Finance Committee

A Finance Committee of the DHIN Board of Directors will be formed to provide guidance and oversight for the work of the Finance Manager. The Finance Committee will consider several options for establishing a long-term revenue structure. Some options may include: user fees, subscriptions, usage charges, and/or volume-based charges. These options and others will be explored by the Committee for recommendation to the Governance Committee and current DHIN leadership.

The purpose of the Finance Committee is to:

- Establish appropriate policies and procedures for financial management
- Provide guidance and expertise to DHIN regarding:
- Defining the necessary business practices
- Maintaining financial sustainability and setting fee structures
- Identifying and soliciting continued ongoing funding
- Monitor DHIN fiscal solvency, budgeting and reporting
- Establish financial auditing and monitoring processes
- Provide quarterly financial reports to the Board of Directors
- Monitor and recommend expenditures to the Board of Directors
- Provide input into system functionality regarding financial management, billing and monitoring.
- Monitor risk, return-on-investment, and cost-benefit from development and operations

The Finance Committee will include the following members:

- DHIN Leadership
- Providers and healthcare facilities
- Payers
- State government
- Business representatives

The Committee shall be comprised of 7-9 members. Staff support for the Governance Committee will be provided by the DHIN Executive Director.

June 23, 2009



DHIN Sustainability Planning Process

Like most other health information networks across the country, DHIN faces the challenge of developing a sustainable long-term model. The core value propositions include:

- Patient centered health care
- Better quality of care and patient outcomes
- Improved efficiencies – better access to information at the time and place of care
- Overall cost reductions for the healthcare system
- Administrative savings for providers

With a needed focus on quality reporting, information exchanges can lead to fewer medical errors, fewer adverse drug events, and a better ability to manage a patient’s chronic conditions, better coordination of care across care locations and physicians, fewer admissions, and reduced length of stay. Equally important is the quality and continuity of care. As research is now beginning to report, all of this will improve efficiency in the healthcare system and reduce the “void of information” that currently exists when a patient moves between care settings.

There is no one sustainability model that can be adopted by a given health information exchange. Governance and financing is “local” in nature and relies heavily on the customs and norms of the community as well as the health care environment. Factors can include: competition, market forces, laws, technology adoption among providers, and consumer involvement. As a result, it was important to begin work on a long-term financing approach only after DHIN had operational experience for which to base its decisions.

The DHIN sustainability model will rest heavily on the outcomes of the DHIN Evaluation. Phase I of the evaluation is to be completed in September 2011 and will include the following criteria:

1. Evaluate the value and benefit of the exchange for each stakeholder group
2. Understand the needs for and savings stakeholders derive from the system

As such, it is important to note that the sustainability plan will be an evolving document that will need to be adjusted based on new information and environmental changes.