



Delaware Center for Health Innovation

patient/consumer advisory

MEETING INFORMATION

- Date: July 15, 2019
- Location: Zoom/Conference Call
- Next Meeting: Sept. 16 2019; 10:00 AM, NCALL, 363 Saulsbury Road, Dover, DE

Attendees: Julane Armbrister, Kirk Dabney, Noel Duckworth, Jill Fredel, Brian Olson, Tim Rodden, Rita Landgraf

SUMMARY OF DISCUSSION

DCHI Updates

Rita provided DCHI updates since PAC last came together in May. A major focus of DCHI is on organizational structure, which provides an opportunity for committees to refine their focus and institutionalize changes through charter updates.

- 19 seats on board; 3 designated, 10 directed, 6 at-large
- Treasurer – Tom Brown is preparing to retire and will also get ready to leave DCHI. The Board is activating nominations committee to fill that seat
- Enhanced executive committee by adding Vice Chair (Rita Landgraf)
- Management Team includes: Director (Julane Armbrister- part-time) and an Operations Manager (hiring underway- Julane leading search but assisted by Executive Team). Need someone to work on external operations. Julane has been working on internal perspective and aligning work across committees, etc.
- Admin role- Dolores Waddell is leaving DCHI (today is her last day); Project Management- currently use TAPP Network for oversight
- Communications- TAPP Network continues to support communications platform
- Community engagement – UD’s Partnership for Healthy Communities (PHC), which Rita directs, is leveraging their work as DCHI is currently thinly resourced. PHC works intimately with DCHI.

Board has discussed strategic priority areas and the type of role DCHI should play in each given the work being done across the landscape in each space. Proposed DCHI roles include the following:

- Leadership: Patient and Consumer, BHI, Employer Engagement
- Influencer: Payment reform, Healthy Communities DE, Clinical, Workforce Committee
- Communicator: Policy, Innovation

The management and leadership team will come back to recommend appropriate structure of committees and work groups now that these priorities have been agreed upon. For example, DCHI will need to remove Healthy Neighborhoods from the by-laws as a standing committee. That work is being

led by Healthy Communities DE now of which DCHI plays as part as an influencer (ex. Matt Swanson is on Leadership Committee, Rita leads PHC as one of the managerial partners, etc.). Rita noted that the proposed organizational chart lists “workgroups” for policy and innovation efforts, but the Board decided that policy and innovation should be embedded across all of our committees. This impacts committee charters.

DCHI also discussed their informal practice of posting committee meeting schedules, minutes, etc. for public review. This remains at the committee’s discretion. PAC members agreed that this is good practice for our committee, as we welcome engagement from the public and do not have the same level of sensitivity that other committees may have.

The Board approved DCHI’s Clinical Committee charter revisions, which focus more intentionally on fostering support for primary care and PC practices.

Charter Update

PAC discussed the following proposed language to PAC’s charter:

- Add, “Advancing policies and innovation that are beneficial to patients and consumers” under purpose section
- Add, “5. Identify areas of policy and innovation that highlight the role of the patient/consumer in advancing health and make recommendations to the DCHI Board” to the Core Areas of Focus

All were in favor. Julane will present our proposed charter updates to DCHI Board at their August meeting.

In terms of implementation, moving forward the PAC committee will add policy and innovation as a standing agenda item. For example, when we first started we looked at tools and patient portals as innovative models and can start to bring others forward for consideration.

Committee members inquired if we are limiting our policy and innovation focus on a statewide level, or if DCHI may engage in advocacy, policy changes, or public comment for a national level? Haven’t had those discussions on board level, although DCHI’s creation came from federal level catalyzed by SIM/CMMI, but can take this back to Board.

Consumer Survey Update

Rita thanked Tim Rhodden who took a leadership role in shepherding this project and engaged Carol Moore, a retired NP who recently taught Health Improvement Science and is battling her own health challenges as a patient, to provide the committee with guidance and direction. She reviewed and has provided enhanced recommendations that Rita is incorporating.

The committee decide that submitting the survey for IRB review was not warranted. Tim ran the survey past the CCHS corporate director of IRB who agreed it wasn’t necessary, especially if we keep any type of identifiers out of the form. The CCHS IRB Director also provided additional notes, some of which just confirmed Carol’s perspective. The plan is to distribute to our targeted audiences this fall, which will

include patient and consumer groups affiliated with Delaware healthcare systems and FQHCs (Westside Health, La Red, Henrietta Johnson).

Other survey feedback:

- Ask if the respondent has a PCP. Original question we had was broader (where do you receive most of your healthcare?). Add a follow-up to ask if they have a PCP so we can see if they have one.
- Suggest using the survey as an opportunity to connect them to DCHI. Can put a link to DCHI site if survey respondents want to sign up for updates BUT we must be sure to have it separate so respondents aren't identified

Revised draft survey will be sent out to the committee before launch. A.I. DuPont/Nemours Advisory Council would also like a copy to see if it is pediatric-friendly.

Other Business

1532 Insurance Waiver- We have seen a decline in people buying policies through healthcare marketplace that has resulted in a major price increase. If you are one of the 20% of the consumers not eligible for financial assistance, you bear the full blow of coverage with high premiums. Through this insurance waiver, the state will use a fund (mix of federal funding and assessments collected from health insurance carriers) and apply reinsurance to biggest claims (\$100K+). This will help insurers pay a portion of claims and suppress overall costs to the marketplace. Highmark has also proposed a decrease in rates and premiums. Delaware is hoping to reduce rates 20% for 2020 health insurance calendar year. This could result in a tremendous benefit to our consumers.

Please check out the latest Delaware Journal of Public Health, which focuses on LGBTQ health equity. Tim Rhodden was one of the editors. Noel will send out the link.

Due to summer schedules, the committee decided not to meet in August but to correspond over email with survey input/review. The next meeting will be Monday, Sept. 16th. Noel will work to secure NCALL in Dover as a meeting room.

Public Comment

Jill Fredel, DHSS Communications Director, offered the following legislative updates:

- Governor Carney signed SB 25 into law, which raises the age of buying tobacco products from 18 to 21. Law takes effect July 16, 2019
- This week, Gov. Carney is scheduled to sign HB 79, which requires that healthy beverages are the "default" drink when kids meals are served in Delaware restaurants

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