

MINUTES		
Date: 8/12/20	Time: 2:00 PM – 4:00 PM	Zoom Meeting
BOARD: ATTENDEES	Kent Evans	Faith Rentz
Matt Swanson, Chair	Jan Lee	Gary Siegelman
Rita Landgraf, Vice Chair	Lolita Lopez	Cydney Teal
Cindy Bo	Molly Magarik	
BOARD: ABSENT	Traci Bolander	Nancy Fan
	Todd Graham	Stephen Kushner
	Emmilyn Lawson	Kathy Janvier
ATTENDEES: Staff/Team	Claudia Kane	Julane Armbrister Witt Gordon
Topic	Discussion	
Board Business	<ul style="list-style-type: none"> • Matt welcomed Molly Magarik, newly appointed DHHS Secretary, to the Board. • July 8, 2020 minutes: Approved as submitted. • Deborah Gottschalk’s nomination to join the Board was approved unanimously, and she was welcomed to the board. She fills an At Large seat on the board. • Will Davis presented the quarterly financial update. Of note: The organization is on budget. Also, the discussions with stakeholders regarding financial contributions for FY 2021 were impacted by the COVID crisis, but meetings will be scheduled over the next three months to solicit and secure pledges for 2021. 	
Advancing Telehealth	<p>In follow-up to previous discussions about priority issues emanating from the COVID-19 crisis, near and long-term, the Board identified the use of telehealth as having immediate and potentially long-term utility and implications for health care.</p> <p>As an initial step in exploring the scope of this issue, DCHI board and team members met with Carolyn Morris, Director of the DE Telehealth Coalition (TC). The TC’s priority focus is policy development and regulations related to telehealth. Meeting participants agreed about the need and opportunity to enhance stakeholders’ involvement to advance the use of telehealth. DCHI is positioned to play a role in this effort. Board members concurred and provided input whereby DCHI might play a role in elevating the conversation, and stakeholder engagement, as well as to address identified barriers related to telehealth: Suggestions include:</p> <ul style="list-style-type: none"> • Expanding and supporting use of telehealth among primary care providers: Further work is necessary to better understand why smaller independent primary care practices are not readily adopting the use of telehealth. Is it the lack of capacity, interest, or resources? DHSS suggested that one possible reason for the lack of uptake among independent primary care providers is the additional associated administrative burdens and the lack of sustainable resources to meet new administrative demands. • Ensuring equity in access to telehealth services: The expanded use of telehealth has highlighted the lack of access to critical broadband services for vulnerable populations and in underserved areas. Additionally, barriers present for patients where English is not the primary language, interpretation services are lacking for telehealth visits. 	



	<p>Related issues to ensure equity includes addressing patient needs and concerns about preferences for telehealth.</p> <ul style="list-style-type: none"> • Addressing capacity/business issues for the adoption of telehealth: In addition to the need to address resources to support or meet added administrative burden, associated with the use of telehealth, providers also need support and guidance in transforming how they do business or provide care with expanded technology use, i.e. how to manage and evolve workflow; how to sustain gains in implementation of telehealth services; how to determine the right ratio of in-person to virtual visits; how to determine optimal use cases for telehealth, as well as the protocols that should guide its use; how to select and optimize the right platforms for telehealth; or how to help patients manage their own care through home monitoring systems, etc. <p><u>Current stakeholder initiatives underway to scale the use of telehealth:</u></p> <ul style="list-style-type: none"> • Delaware’s CIO, Secretary James Collin, is working to expand broadband access across the state. Board members were asked to share specific examples of where and how patients are experiencing significant access challenges; the information would be helpful in identifying areas where expanded access is needed. • ChristianaCare is using different technology platforms to connect with patients by phone or video (Cerner EMR platform or Amazon Chime product) and are working to balance the use for telehealth with in-patient visits; Bayhealth is seeking to improve how they can help patients manage their own care through home monitoring systems; and Nemours and Westside have expanded the use of telehealth to ensure access to care and are addressing or highlighting issues to ensure equity in access to telehealth services. • The business community is working with 3rd party administrators to expand the use of telehealth and to develop the necessary infrastructure to support it: They are partnering with the physician community to advance policies to ensure sustainability of expanded use of telehealth. <p>Next Steps: – DCHI’s Executive Team and Staff/Consultants will draft an approach/framework for partnering with the Telehealth Coalition to address one of more of the identified needs, or to support current initiatives, and to define the anticipated outcome or product. Additional input will be collected from DCHI committees and Board members. DCHI’s past work with practice transformation could serve as a model in developing the framework, a workplan, and goals for DCHI’s involvement.</p>
<p>DCHI Health Innovation Portal</p>	<p>Witt demonstrated how DCHI’s new health innovation portal operates and its utility. The portal is intended to drive conversation and collaboration on critical health care issues. Board members can share information via the portal: submissions@dehealthinnovation.org Board members suggested that DCHI develop a formal process for “content” review and approval of information to be posted on the portal.</p>
<p>Employer Engagement</p>	<p>Kent Evans reviewed the updated Employer Workgroup Charter. The Workgroup anticipates rolling out the Learning Collaborative sessions in fall 2020. They will focus on helping employers to understand salient health care and payment reform issues and how current and planned initiatives can benefit employers. The learning sessions will also promote collaboration with partners, such as the Medical Society of Delaware and the Primary Care Reform Collaborative to advance shared agendas, including the importance</p>

	of investing in primary care. Additionally, they will work to define strategies for employers to become engaged and active partners in advancing health care transformation. Kent requested feedback on the charter and topic areas for the educational sessions.
Committee/ Work Group/Initiatives Report	<p>Payment Workgroup:</p> <ul style="list-style-type: none"> - The initial meeting of the attribution ad hoc workgroup is confirmed for next month. - The Board concurred with a suggestion that the PWG develop a summary that highlights the salient findings from all the ACO/CIN presentations to the Workgroup. <p>Clinical Committee:</p> <ul style="list-style-type: none"> - The Primary Care Forum will be a virtual event. It is scheduled for October 22 from 5:30-7:30 p.m. Two national speakers, Dr. Art Jones from HMA and Dr. Jack Westfield from the Robert Graham Center, will participate in the forum. The second half of the event will feature a DE based payor panel that will react to the content shared by Drs. Jones and Westfall. <p>Policy:</p> <ul style="list-style-type: none"> - Deborah reviewed health-related legislation pending in the general assembly and other policy related activities underway. She noted that a new childhood lead poisoning advisory committee started meeting last year: They are likely to complete their work this fall. Also, the DHHS Division of Developmental Disabilities is holding high-profile organizational discussions, and the African American Task Force is taking a closer look at health disparities issues. - The Board will formalize strategies for communicating policy updates going forward.
Other Business	<ul style="list-style-type: none"> - The Board agreed to submit formal comments to the Resurgence Advisory Committee in response to the preliminary report. Members agreed to submit the Clinical Position Statement regarding strengthening communications around COVID-19. Additional comments should address 1) the need to ensure broader access to better technology and internet platforms to expand access to telehealth services, and 2) expanded alignment of employers and providers in addressing health care issues/reforms. Board members should submit additional recommendations for comment to Claudia by mid-September or earlier. - This is National Community Health Center Week – celebrate your local health center!
OWNER	ACTION ITEMS
Executive Team	Develop an approach for the telehealth work. Provide a draft framework for the next Board meeting. Board members interested in contributing to this work can email Claudia.
Board Members	Provide additional input to include in the formal comments to the Resurgence Advisory Committee. Send to Claudia: claudia@dehealthinnovation.org Molly will follow up with Claudia regarding the comment period deadline.
Board Members	Provide input for additional educational topics for the employer work group learning collaborative. This will be shared with Kent and the planning team.
Tapp Network	Develop a set of guiding principles/standards for the content reviewal process for the healthcare innovation portal for review and approval by the Board.
Claudia/Team	Develop a fact sheet that summarizes the findings from all the ACO/CIN presentations to the PWG.

Next Meeting: September 9, 2020