

<b>MINUTES</b>		
<b>Date: 6/16/20</b>	Zoom Meeting	5:30 – 7:00 PM
<b>ATTENDEES</b>		
Nancy Fan	Traci Bolander	Kathy Willey
Donna Gunkel	Stephen Kushner	Megan Williams
David Bercaw	Doug Tynan	Witt Godden (TAPP Network)
<b>Absent</b>	Robert Monteleone	Joseph Rubacky
Jason Hann Deschaine	Tim Rodden	Sara Slovin
<b>Executive Staff/ Team</b>	Claudia Kane Witt Godden	Julane Armbrister
<b>Topic</b>	<b>Discussion</b>	
<b>CALL TO ORDER</b>	April minutes – Approval deferred until next meeting.	
<b>PERSPECTIVES FROM THE FIELD</b> <i>(New updates or areas of focus to bring to the DCHI Board and/or the PRAC)</i>	<p><b>New Updates:</b></p> <ul style="list-style-type: none"> <li>• Governor Carney has established a Pandemic Resurgence Advisory Committee (PRAC). The PRAC consist of three sub-committees: 1) Health 2) Equity and 3) Business. Nancy Fan was appointed to chair the Health Subcommittee. Nancy would like to focus on, and advocate for, outpatient care (meeting patient needs, meeting independent provider office needs, and workforce capacity) and how this might be done better in the wake of the pandemic. The PRAC is charged with a quick turn- around. The report will be issued in two phases. The first report is due at the end of the July and the final report, including recommendations, is due by the end of September.</li> <li>• Committee members concurred with Kathy Wiley’s observations that testing has posed one of the biggest challenges for independent practices and other small businesses. As businesses are opening (especially small businesses), they are mandating covid antibody testing. Patients who are seeking test in Dr. Wiley’s practice are interested only in the test results, not the clinical evaluation that she requires so that test can be interpreted. They do not understand the need for the evaluation. Others are experiencing similar problems, and physician offices are inundated with COVID testing questions. Additionally, members offered that patients/ others are also looking for sites that provide COVID antibody testing. When patients get testing performed at testing sites, PCPs are not informed and if they are informed it is often hard to get the results as they are not always in DHIN and if they are, there is often a delay.</li> <li>• Members concurred that information regarding testing needs by other small business (e.g. home day care, hairdressers, small boutique owners) has not been clear. There is also a lack of understanding of the different types of COVID tests and how to interpret them, as well as a lack of knowledge about their overall utility.</li> </ul>	

	<ul style="list-style-type: none"> <li>• For primary care, there is a broad understanding of the acute need for and associated issues around getting people back to work but concerns also center on what to do if people continue to get sick.</li> <li>• Traci Bolander noted, with agreement from other members, that there is a lack of available information from anticipated key sources, such as, the New Castle County Chamber of Commerce and the Small Business Association, sources where one might expect to find trusted information/ guidance about reopening safely and about testing. She also noted that there are no concrete recommendations that state that employees should be tested, such as from the OSHA, CMS, or DPH. Other members concurred.</li> </ul> <p><b>Key takeaways from the updates on perspectives and the discussion:</b></p> <ul style="list-style-type: none"> <li>• The public needs reassurance that they can go back to work safely—that they are safe from infection, plus they want to know if they can obtain proof that they have tested negative and they are able to return to work.</li> <li>• The science around testing is hard to explain and there is limited data on the reliability of testing, the meaning of the results, and the need for testing, especially testing for antibodies. More reliable, basic, and cohesive information is necessary to better educate the general public, especially about issues pertaining to testing and returning to work safely.</li> <li>• The concept of reopening is evolving, but DE’s messaging about the same has not changed. Clear and essential up-to-date messaging should evolve with the science. A single source of reliable knowledge (i.e. CDC) is necessary to address the unknowns.</li> <li>• There is a lack of responsiveness on the part of small businesses because of lack of clear guidance around reopening, such as the guidance about posting a “seal of approval sticker” in businesses. The application process for the sticker is convoluted; the process deters uptake and responsiveness on the part of small businesses, including private practices. Also, there is lack of clarification about what the “seal” means.</li> <li>• The public is exhibiting extremes in behavior, which is reflecting what they consider to be important., e.g. wearing mask, social distancing, and washing hands. A plan to get to 100% compliance on important interventions is necessary.</li> <li>• It might be beneficial to leverage statewide organizations (i.e. Medical Society of Delaware, Academy of Medicine, Delaware Public Health Association) to advocate for consistent, clear, and cohesive messaging to inform the public, businesses, etc. Such messaging should convey what we know, what we do not know, and how people can proceed going forward.</li> <li>• DCHI is positioned, in its role, to propose a formal recommendation to DPH regarding the need for clear, consistent messaging that is based on the science and aligned with one authoritative government source, as</li> </ul>
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	<p>well as to engage other organizations in support of such a recommendation.</p> <p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• Draft a recommendation/statement to be presented to the DCHI Board for their approval and endorsement as a DCHI statement on behalf of the clinical committee that reflects the need for clear, cohesive messaging to address the key points outlined above.</li> </ul>		
<b>CROSS COLLABORATION</b>	<p>The DCHI payment workgroup proposed that the respective groups establish an ad-hoc work group, comprised of selected members of the clinical and payment groups to address issues around Attribution. The ad-hoc group on Attribution will be the inaugural cross collaborative initiative between the two committees. Clinical committee members endorsed the proposal and selection of Attribution as a priority issue.</p> <ul style="list-style-type: none"> <li>- The clinical co-chairs asked for 2-3 volunteers to serve on the ad-hoc group. Volunteers should inform Claudia and the co-chairs by July 6 of their willingness to participate.</li> <li>- The ad hoc work group is time-limited, with a specific charge.</li> </ul>		
<b>PRIMARY CARE FORUM</b>	<p>Committee members provided input on the primary care forum work plan</p> <ul style="list-style-type: none"> <li>- The proposed timeframe for the forum is late September, early October.</li> <li>- The agreed format is a hybrid of an on-site and virtual forum. A proposed venue is pending further exploration.</li> <li>- Doug Tynan will contact, Susan McDaniel at the PCC for speaker recommendations.</li> </ul>		
<b>UPDATES</b>	<ul style="list-style-type: none"> <li>• PCRC- The Office of Value Based Healthcare Delivery and Friedman Consultants are charged with developing recommendations for the PCRC, as well as for the primary care investment targets. Primary care transformation models and alternative payment models are the priority discussion points for the PCRC.</li> <li>• Additionally, the DCHI payment workgroup is finalizing a report on the status of VBP in DE. Discussion ensued among the committee regarding the utility of this report to inform the PCRC efforts. Nancy and Traci will follow up with Matt Swanson and the payment work group, respectively, to determine if the report might be shared with the PCRC. Also, Claudia will explore if ACO presentations (slide decks) to the payment work group might be shared with the PCRC.</li> <li>• Witt provided an overview of the new DCHI website, specifically the clinical committee webpage. Relevant clinical articles/research can be sent directly to <a href="mailto:submissions@dehealthinnovation.org">submissions@dehealthinnovation.org</a>.</li> </ul>		
<b>PUBLIC COMMENT</b>	No public.		
<b>ACTION ITEMS</b>			
OWNER	ACTION ITEM	DUE DATE	STATUS
Claudia/Committee Members	Develop and approve formal recommendation on COVID messaging for adoption and socialization by the DCHI board, on behalf of the Clinical Committee.	July 6, 2020	
Committee Members	Volunteers (3) for the Clinical/ payment ad hoc work group should contact Claudia or Nancy.	July 6, 2020	



Steve Kushner	Explore availability of the Christiana Ammon Center for the primary care forum for the timeframe chosen	June 30, 2020	Complete
Doug Tynan	Contact Susan McDaniel at PCC regarding a speaker for the forum.	June 30, 2020	Complete
Traci Bolander/Nancy Fan	Determine if the VBP report can be shared with PCRC, if it is useful to inform their work.	July 8, 2020	Complete
Claudia	Determine if the ACO slides can be shared with Nancy Fan and the PCRC.	July 26, 2020	Complete