

MINUTES		
Date: 7/8/20	Time: 2:00 PM – 4:00 PM	Zoom Meeting
BOARD: ATTENDEES	Traci Bolander	Emmilyn Lawson
Matt Swanson. Chair	Kent Evans	Faith Rentz
Rita Landgraf, Vice Chair	Kathy Janvier	Gary Siegelman
Todd Graham, Treasurer	Steve Kushner	Cydney Teal
Cindy Bo	Nancy Fan	Kara Odom Walker
BOARD: ABSENT	Jan Lee	Lolita Lopez
ATTENDEES: Staff/Team	Claudia Kane	Julane Armbrister Witt Gordon
Topic	Discussion	
Board Business	<ul style="list-style-type: none"> • June 10, 2020 minutes: Approved as submitted. • The board offered special recognition and remarks of appreciation to Dr. Kara Odom Walker for her contributions to DE and to DCHI. Kara’s last DCHI board meeting is this month; She is leaving DHSS and will start a new position with Nemours in the fall. • DCHI Communications –Witt reiterated the request for Board input and support of the enhanced communications strategy. <ul style="list-style-type: none"> - Witt reviewed the purpose and design of the monthly DCHI blogs, and the relevancy of the content to DCHI’s strategic priority areas. Board members were asked to participate in broad promotion of the blogs by sharing the content with a wider audience through their social networks. Witt demonstrated how board members can share the blog posts on social media platforms such as LinkedIn and Facebook. Additionally, he asked that board members continue to forward relevant articles of interest that could be used to develop blogs or other communication products to the email address below: submissions@dehealthinnovation.org 	
Survey Results	<p>The Board’s Covid-19 response survey revealed three priority areas of focus for the Board as DCHI continues to support and highlight stakeholders response to the COVID pandemic: 1)sustaining payment reforms gained during the crisis; 2) supporting efforts to address social determinants of health, and 3) facilitating or supporting collaborative initiatives aimed at resolving provider data management issues and access to data. Board members offered insight about how different health systems were able to respond to the crisis, including developing new capabilities for delivering emergency services.</p> <p>Telemedicine surfaced as a specific topic of interest that cut across discussion of the three priority areas identified from the survey. Members reported broad interest in continuing to scale the use of telemedicine in its various forms and in sustaining the innovations related to its use, including in payment, care delivery, and public health management. Additionally, Traci and Nancy provided information about new statewide legislation related to</p>	



	<p>telehealth, which would continue current coverage for it as long as the executive order remains in effect. Additionally, Traci noted that there is a state level coalition on telehealth. DCHI might explore how to intersect with and support the efforts of the coalition. Traci will connect with her colleague Carolyn Morris to learn more about the coalition, and how DCHI may be able to support their efforts or collaborate in other ways through DCHI’s committees , such as exploring and reporting on the trends in telehealth use, its effectiveness, and reimbursement models for telemedicine. Kent reinforced the importance of focusing on telemedicine in respect to its utility in the business community. He offered that that employer groups have increased adoption of some type of telemedicine for their employees.</p> <p>Next Steps: Gather information and a better understanding of the scope of work and interest of the coalition on telehealth, and explore areas for support or collaboration; discuss the Board’s three priority areas of focus related to the COVID pandemic at the committee levels to identify where each committee can promote and assist stakeholder driven initiatives in response to the COVID situation.</p>
<p>Clinical Committee Report</p>	<p><u>Clinical Committee Position Statement:</u> Nancy discussed the clinical committees’ proposal to the Board—the committee has recommended that the Board the position statement as drafted by the committee: The recommendation reads: “ adopt and put forth a position statement in support of clear communication from an authoritative source(s) that offers practical and consistent messaging to healthcare practices, and other sectors to guide the safe, uniform reopening of these entities across Delaware. Encourage other health care providers and community agencies/companies to support the position statement.” Nancy discussed the rationale behind the request and the overall goal. Pertinent discussion points included:</p> <ul style="list-style-type: none">- Clinical providers are experiencing a lot of challenges and confusion regarding getting patients back to work; they are especially challenged in efforts to respond to requests for testing from patients and the business community.- There is a lack of consistent, coordinated guidance related to safety in returning to work and the need for testing or antibody testing. Also, there is not an easily accessible centralized source of information for providers. The information is evolving and there is an atmosphere of confusion about existing communications. Guidance from the CDC about antibody testing is not clear.- Independent providers have voiced a need for guidelines and resources that enable clinicians to clearly communicate consistent preventive and containment messages to patients. The information for clinicians and patients alike should be standardized and consistent.- Innovations are happening to assist the provider community: At Bayhealth they have a centralized call center for the intake of questions and referrals for testing. Since March, the call center has fielded over 25,000 calls This resource has proven beneficial for patients and the providers that referred patients to this source.



	<ul style="list-style-type: none"> - The business community also needs consistent communications; they are relying on three main sources of information regarding the pandemic, the government, clinicians, and the legal community. <p>Upon discussion and clarification of the goals for supporting and advancing a DCHI statement as proposed by the clinical committee, the board approved the adoption of the draft statement as presented and the goals, as well as a strategic approach for issuing the statement. The goal is to highlight providers’ views about what is needed among clinicians “in the field” to ensure their capacity to reopen and to meet the needs of their patient’s and the broader community as everyone is grappling with reopening and returning to work safely.</p> <p>Members observed that both the PAC and the Employer Workgroup could serve as good resources for developing content or executing communications to aid in messaging to the public and to clinicians about COVID related safety issues and in the outreach to DPH.</p> <p>Next steps: Initiate outreach to DPH first to propose a collaborative approach to address the concerns highlighted by clinical committee members; seek to partner with DPH through supporting their existing efforts to achieve broad and consistent communications across multiple sectors, including clinicians and the business community. The initial outreach should include a discussion of the context for the concerns raised and solicitation of information from DPH to understand the scope of what is already underway to enhance the communications and messaging that is occurring and access to that information. Additionally, DCHI could offer to facilitate messaging through the use of its network and communications channels.</p> <p>Explore other options for disseminating the position statement, such as through legislators.</p> <p><u>PCRC Annual Report (2019 – early 2020):</u> The report is available on the HCC website. Highlights include:</p> <ul style="list-style-type: none"> - Recommendations on how to define primary care spend - The Office of Value Based Healthcare Delivery and Freedman Health Management Consultants will work with PCRC to set a primary care target and affordability standards for payors. - Future discussions will focus on funding enhanced investments in primary care.
<p>Committee/ Workgroup Update</p>	<p>Patient Advisory and Consumer Committee (PAC)</p> <p>PAC meetings were suspended March through May. Meetings resumed in June. Meeting participation has been affected by COVID-19, which necessitated a shift in priorities for members.</p> <ul style="list-style-type: none"> - PAC will confirm the commitment/availability of members going forward. - PAC is reviewing the PAC survey results from pre-COVID time period; they will consider if and how to incorporate additional/new survey information to assess the impact of COVID on patients and consumers, especially how it has impacted vulnerable populations, disproportionately, due to health disparities and inequities.



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	<p>Payment Workgroup:</p> <ul style="list-style-type: none">- The workgroup agreed to partner with the Clinical Committee to form an ad-hoc workgroup on attribution. Both the clinical committee and payment workgroup are in the process of soliciting member for the ad-hoc group.- Confirmed priority areas of focus for the Payment Workgroup going forward given the COVID crisis.- The Payment Workgroup will continue to invite the ACOs to share information with the group. The eBrightHealth ACO will present at the next meeting.
OWNER	ACTION ITEMS
Traci Bolander	Facilitate DCHI introduction to Carolyn Morris, State Telehealth Coalition
Matt Swanson, Nancy Fan	Support or initiate outreach to DPH on behalf of DCHI to discuss communications and messaging in respect to the approved Board position statement on behalf of clinicians and the Clinical Committee.

Next Meeting: August 12, 2020