

MINUTES		
Date: 6/10/20	Time: 2:00 PM – 4:00 PM	Zoom Meeting
BOARD: ATTENDEES	Cindy Bo	Emmilyn Lawson
Matt Swanson. Chair	Kent Evans	Faith Rentz
Rita Landgraf, Vice Chair	Kathy Janvier	Gary Siegelman
Lolita Lopez, Secretary	Steve Kushner	Cydney Teal
Todd Graham, Treasurer	Nancy Fan	Kara Odom Walker
BOARD: ABSENT	Jan Lee	Traci Bolander
ATTENDEES: Staff/Team	Claudia Kane	Julane Armbrister Witt Gordon
Topic	Discussion	
Board Business	<ul style="list-style-type: none"> • May 13, 2020 minutes: Approved as submitted. • Communications/Website: Status Update: <ul style="list-style-type: none"> ○ Updated Website launch- May 13, 2020. https://www.dehealthinnovation.org/ ○ Witt G. renewed the request for Board members to provide the contact information for their respective organizations’ communications/PR managers to him. He reiterated the utility and value of the new Health Care Innovation Portal. The new portal enables individual organizations to share innovations broadly and expediently. Stakeholders can forward announcement/events/articles directly to submissions@delawarehealthinnovation.org TAPP will filter, tag, and publish the information to a public-facing portal that is accessible to DCHI Board members and others. This repository of submissions will provide users with easier access to up-to-date information from the local and national levels. 	
Overview of Delaware’s Response to COVID 19	<p>DHSS Presentation</p> <ul style="list-style-type: none"> • Secretary Walker presented a high-level recap of DE’s response to COVID- 19. She underscored that COVID highlighted the need to address long-standing issues that have complicated health care and health outcomes, such as racial and ethnic vulnerabilities and challenges. Dr. Walker provided slides, which were included in the Board meeting deck, and which can be reviewed for the details of the presentation. • In summary, the Secretary reviewed the timeline of the state’s response and the corresponding trigger points that spurred specific interventions. She described the integral role of public health in addressing the crisis. Public health measures were integrated across multiple systems to drive and to support the many innovations and collaborations that were implemented by private and public agencies and organizations. She underscored the tremendous contributions of essential workforce members in combating the virus. • Dr. Walker commented on efforts to collect meaningful data- especially data on race and ethnicity of COVID victims-to inform on-going and future plans to mitigate the spread and impact of the virus and its impact. The state offers a public-facing COVID-data dashboard; My Healthy Community https://myhealthycommunity.dhss.delaware.gov/locations/state 	



	<p>This tool provides easily accessible, up-to-date data on COVID-19 in DE. Of note, DE, in collaboration with the healthcare systems, have ramped up testing across the state, including in long-term care facilities.</p> <ul style="list-style-type: none"> • The long-term plan for containment of the virus includes employing the “box-it-in strategy: testing, isolating, quarantining, and finding the virus to reduce the chance of infections with each new wave of the virus. The plan includes improving testing capabilities, PPE supplies, social distancing, economic recovery, and health facility readiness, all within the frame of focusing on high risk vulnerable populations and minority communities. She underscored the need to achieve alternative payment models that can provide more stability in the coming years and innovative approaches to help eliminate health inequities. Considering recent events, there has to be a focus on race and ethnicity across society and within our health care and public health systems. <p>Discussion and Follow-Up</p> <p>The presentation and pursuant discussion highlighted four areas where DCHI can have meaningful input: 1) restructuring of systems; 2) addressing inequities to improve the health status of vulnerable populations; 3) supporting initiatives to advance adoption of alternative payment models; and 4) supporting efforts to tackle social determinants of health. While DCHI relies on government and public health to lead the tactical response to COVID-19 and to institute programming, DCHI can expand the conversation to focus on the longer-term issues, engage broader audiences and groups of stakeholders, and drive the right discussions around long term system change.</p> <p>In follow-up, and using the information that DCHI has collected, a survey will be sent to the board to collect member’s input on the top three areas were significant systemic gaps or challenges were exposed by COVID, and also, whereby DCHI could add the most value in supporting efforts to build greater systemic capacity to close the identified gaps.</p>
<p>Healthy Communities Delaware (HCD)</p>	<p>The data that is being generated by public health has enabled HCD to identify vulnerable communities that are disproportionately impacted by structural racism, and the lack of equity, resources, and support systems. COVID continues to highlight the acuity and impact of these challenges.</p> <p>HCD is helping DPH though supporting and directing community efforts with testing and contract tracing. HCD’s intentional investment in communities is more critical as the pandemic evolves. Long-term, the goal is to continue to drive toward investing in communities to achieve sustainability and equity.</p>
<p>Employer Workgroup</p>	<p>Employer Forum</p> <p>Priorities within the employer landscape have changed with the COVID crisis. Conversations and priorities have shifted from “wellness” to a strong focus on employees, families, and community safety, especially as Delaware reopens. Because of the shift in employer priorities, it would be judicious to postpone plans for a DCHI Employer Workgroup Forum and focus on “meeting” the more immediate needs of employers.</p> <p>Kent will develop a survey for employers to determine how we could add the most relevant value as we plan for the fall. We will be mindful to include some of the longer-term priorities that were mentioned by the employers prior to the crisis.</p>

	<p>Brief Review: Self-Insured Plans and Commercial Fully Insured Kent reviewed how the payor landscape is defined, and the difference and impact of self-insured and commercially insured plans on health care spending. A key factor in how they impact cost and spending is that fully insured carriers in the fully insured marketplace must abide by state insurance department regulations. The government sets standards for what is covered and what contracts should look like. In contrast, self-insured employer contracts are governed by ERISA federal guidelines, which gives them more decision-making authority about what they want to cover for their employee base/family members.</p>
Committee/ Workgroup Update	<p>Clinical Committee: Nancy provided the update for the clinical committee and discussed the repurposing of the forum in the fall. A request was made for speaker suggestions (national and local), especially speakers who might bring a focus on primary care and health systems through the lens of this public health crisis.</p> <p>Payment Workgroup: Emmilyn provided a summary of the activity of this group, including discussions with DHIN and local ACOs aimed at resolving persistent data concerns and sharing progress in adopting APM, respectively. The group agreed to pursue cross collaborative work with the clinical committee. They proposed creating an ad-hoc workgroup group to focus on specific issues/topics for practical resolution.</p>
OWNER	ACTION ITEMS
Claudia/Witt	Develop and disseminate a survey for board members to determine the three priority issues highlighted by the COVID crisis whereby DCHI might advance long term discussions to help drive changes for mitigating future systemic challenges in times of public health crisis.
Kent/Employer Workgroup	Develop and disseminate a survey to targeted employer groups to develop a relevant and valuable approach and a priority agenda for the fall.
Board Members	Send speaker recommendations to Claudia regarding the primary care forum.

Next Meeting: July 8, 2020