



December 30, 2019

Wayne A. Smith
President & CEO

Dr. Kara Odom Walker
Secretary
Delaware Department of Health & Social Services
1901 N. DuPont Highway, Main Building
New Castle, Delaware 19720
(Submitted via email to DHSS_TownHall@delaware.gov)

*Alfred I. duPont Hospital
for Children*
Jay Greenspan, MD,
Interim Chief Executive
Nemours Delaware
Valley Operations

RE: Feedback on DHSS Strategic Plan

Dear Secretary Walker,

Bayhealth
Terry Murphy,
President & CEO

On behalf of Delaware's hospitals and health care delivery systems, thank you for the opportunity to comment on the Delaware Department of Health & Social Services (DHSS) strategic planning initiative. We appreciate that DHSS has long been a committed partner in our goal to make every Delawareans as healthy as they can be. We look forward to continuing to work together on several important initiatives, and request that the following be considered as strategies toward achieving the goals described in the plan's foundation:

Beebe Healthcare
Rick Schaffner
Interim CEO

Policy Memos

*Christiana Care Health
System*
Janice E. Nevin, M.D.
MPH
President & CEO

In recent years, there have been several occasions where our organizations have collaborated on issues where DHSS staff make reference to internal "policy memos." I understand these policy memos govern many of the decisions and practices of the Department. Yet, it is difficult for an organization to properly work toward advancing the health of Delawareans alongside the Department without having visibility into what parameters guide decision making, prioritization and action within DHSS. For this reason, **DHA requests that DHSS policy memos be available to further ensure ongoing partnerships are as productive and effective as possible.**

*Nanticoke Health
Services*
Steven A. Rose, RN,
MN
President & CEO

Saint Francis Healthcare
Daniel Sinnott
President & CEO

*Delaware Healthcare
Association*
Wayne A. Smith
President & CEO

I suggest that all of the divisions' policy memos collectively be linked on the Department's landing page chronologically, including any memos that have been rescinded. Adding cross-links on the first page of all of the divisions with descriptive titles would aid in public access.

Our member hospitals have discussed this as an issue to address in the spirit of transparency and for the reasons stated above.

Patient Abandonment/Guardianship

DHA requests that DHSS prioritize solutions to the patient abandonment/guardianship issue where patients are left in the hospital, long after their period of acuity has passed, with no means to transition home or to a more appropriate care setting.

Each of Delaware's hospitals experience situations where patients are unnecessarily stuck in the hospital for extended periods of time. This can occur when a patient is unable to make decisions regarding their transition from the hospital to a more appropriate care setting, lack a decision maker to make the transition, or in some cases have a relative who refuses to exercise decision-making on their behalf.

According to a Delaware Healthcare Association survey, over a two-year period, Delaware hospitals experienced:

- 115 Extended Stay patients were in hospital a total of 11,398 days;
- 110.7 days was the average length of stay beyond acuity;
- 581 days was the longest length of stay by a single patient;
- 3 hospitals saw longest length of stay exceed one year.

This situation is terribly unfair to the patient, who due to challenges in both the guardianship program and with acquisition of the necessary legal authority to make decisions regarding appropriate non-acute care placement, endures an extended stay in a hospital room for long periods of time. Risk of infection as well as an inability to enjoy the fruits of life in a setting appropriate to the particular patient's non-acute care needs make this an issue very much needing a remedy.

There is a secondary and real impact on other patients who cannot be admitted in a timely manner due to unavailability of rooms. This leads to hallway stacking near the emergency department, an uncomfortable limbo for patients and families and very much less than ideal in terms of appropriate care delivery.

This year, the Delaware General Assembly created a Task Force to study possible solutions to allow for a guardian to be immediately available to assist in the transition from an acute care setting to a more appropriate care setting. Possible solutions may include expedited (same-day) Medicaid eligibility, Adult Protective Services (APS) intervention, and more frequent Chancery Court hearings.

At the same time, a workgroup of the Delaware Healthcare Association's Behavioral Health Council (on which the Delaware Division of Substance Abuse and Mental Health and the Division of Medicaid and Medical Assistance participate) is working to identify barriers, available resources and possible solutions to achieving successful and efficient placement in care for patients with dual medical and behavioral health/substance use disorder. This population tends to include individuals with co-occurring medical and mental health/SUD diagnoses, or older adults with cognitive disorder diagnoses, resulting in disposition barriers.

DHA requests that DHSS prioritize this issue and work over the next year to help implement the recommendations developed by these two bodies that will not only improve patient care and health outcomes, but also help to reduce costs.

Creating the Health Care Workforce We Need

The ability to see a clinician on a regular basis to prevent problems before they arise can help keep individuals healthier longer. A strong primary care system allows for more healthy individuals while also ensuring EDs are used for true emergencies. Similarly, hospital stays are less frequent through better avoidance and management of chronic conditions. Unfortunately, there is a primary care shortage across the nation, and we are feeling the strain here in Delaware. **DHA urges DHSS to support initiatives that promote a robust health care workforce, particularly by supporting a new state medical loan repayment program for primary care providers, as proposed in House Bill 257, with state funding of \$1 million in the budget proposal to be released next month.**

Delaware hospitals have made significant investments in strategies to increase quality and health outcomes in their communities in a value-based payment environment. This is why Delaware hospitals currently invest tremendous resources – and in fact lose millions of dollars annually – to recruit, maintain and support primary care service providers that in many cases would not exist in certain geographic areas absent health system support. Many Delaware hospitals are also investing in securing future primary care providers by creating and expanding Delaware-based residency programs in primary care specialties (programs such as internal medicine, family medicine and pediatrics). Medical practitioners tend to practice near where they received their medical education or serve their residency. Investing in residency programs that bring more medical providers to learn and stay in Delaware is critical to increasing the supply of primary care providers in our state.

A more immediate and ongoing need is incentivizing newly available primary care providers and those who will soon be licensed to both commit to primary care and do so in under-served areas of Delaware. The Delaware Healthcare Association, working in collaboration with the Delaware Healthcare Commission, our state's Federally Qualified Health Centers, the Medical Society of Delaware, Highmark and the Delaware Academy of Medicine, and others, has proposed a state medical loan repayment initiative to offer up to \$200,000 to pay off the outstanding medical education loans for a primary care specialist who locates in our state for a minimum of four years.

We are pleased that Rep. David Bentz, Sen. Nicole Poore, and Rep. Bryan Shupe have teamed up to [sponsor House Bill 257](#) to enact this medical loan repayment program. They are joined as sponsors by Reps. Valerie Longhurst, Ruth Briggs-King, Bill Carson, Kevin Hensley, Michael Smith and Sen. Colin Bonini.

A loan repayment initiative can address the financial concerns of medical practitioners entering the market and make the practice of primary care in Delaware more attractive.

It will also serve to increase the financial incentive for these future practitioners to choose primary care as a career and do so in Delaware.

We appreciate your support for this initiative, which will bring a better future for access to primary care in our state.

In summary, thank you undertaking a strategic analysis of the Delaware Department of Health and Social Services and for seeking feedback on strategies to implement your agency's goals. We look forward to continuing to work together on these and other important initiatives to make all Delawareans as healthy as they can be.

Sincerely,



Wayne A. Smith
President & CEO

