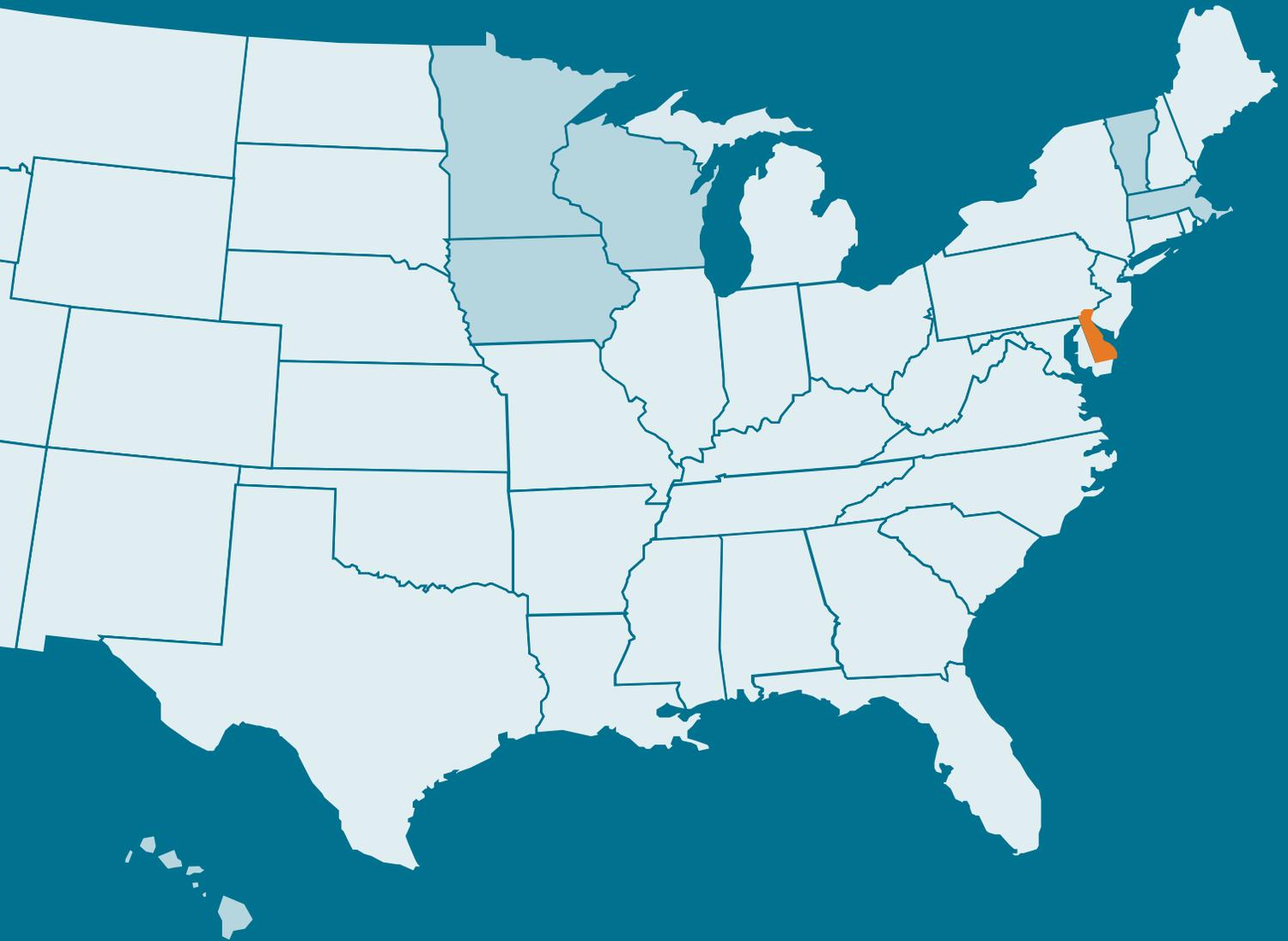


# AIMING HIGHER FOR HEALTH SYSTEM PERFORMANCE

A Profile of Seven States That Perform Well on  
the Commonwealth Fund's 2009 State Scorecard: **Delaware**



OCTOBER 2009



## **THE COMMONWEALTH FUND**

The Commonwealth Fund, among the first private foundations started by a woman philanthropist—Anna M. Harkness—was established in 1918 with the broad charge to enhance the common good.

The mission of The Commonwealth Fund is to promote a high performing health care system that achieves better access, improved quality, and greater efficiency, particularly for society's most vulnerable,

including low-income people, the uninsured, minority Americans, young children, and elderly adults.

The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. An international program in health policy is designed to stimulate innovative policies and practices in the United States and other industrialized countries.



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## DELAWARE: “THE DELAWARE WAY”

Delaware is an example of a state that improved on the most indicators of health system performance tracked by The Commonwealth Fund’s *State Scorecard*, particularly prevention and treatment measures (Table 13). Delaware outperforms most states on access-to-care measures but, unlike most states recently, has accomplished these gains by bolstering its safety net rather than expanding health insurance coverage. The state’s private health insurance market is strong, and Delaware Medicaid has income eligibility levels that are in line with other states (200 percent of the federal poverty level for children and 100 percent for childless adults).<sup>61</sup> However, the state’s public and private health insurance programs leave about 12 percent of Delaware’s citizens without coverage, ranking Delaware in the middle among states in access to health *insurance*. Yet Delaware outperforms nearly every other state in access to and quality of health *care*, as measured by adults reporting no cost-related barriers to care and receiving routine checkups, older adults receiving recommended screening and preventive care, children receiving mental health care when needed, and adults with a usual source of care.

“Universal health insurance coverage is our ultimate priority,” says Paula Roy, executive director of the Delaware Health Care Commission. “We have several coverage expansions ready to go, and have done a lot of work to prepare the way for universal coverage, but the economic downturn has forced us to focus on sustaining what we have, and what we have is a very strong safety net,” she says. The Commission-run Community Healthcare Access Program (CHAP) is specifically designed to link low-income, uninsured Delaware residents with low-cost or free care. Government officials, health care providers, health systems, and community organizations all

join forces through CHAP to make sure residents “get covered and stay covered.” This very high level of collaboration is common in Delaware, say local policymakers, so common in fact it has a name: “The Delaware Way.” On a number of key health system performance measures, the Delaware Way appears to be working, and creating a firm foundation for future reforms.

### Access and Quality

*Delaware ranks in the top quartile of states on adult coverage but performs in the middle among states in terms of health insurance coverage for children. It scores very high on most other access-to-care and related quality-of-care measures. For example, the state ranks second on the percent of at-risk adults who visited a doctor in the past two years for a routine checkup. And it is first in the nation for adults with a usual source of care and for residents over age 50 receiving recommended screening and preventive care.*

*Delaware is also one of the most-improved states in terms of access to preventive care and quality of treatment, jumping ahead of 16 states with dramatic improvements across most quality-related State Scorecard measures. Overall, it is one of only three states (plus the District of Columbia) that experienced relative improvement of 5 percent or more on at least half of the state’s scorecard indicators with trends.*

### *The Delaware Health Care Commission*

In 1990, the Delaware General Assembly created a Health Care Commission to develop a pathway to basic, affordable health care for all Delaware residents. The 11-member public–private Commission allows creative thinking outside the usual confines of conducting day-to-day business. The Commission performs ongoing research and tracks the number and characteristics of the uninsured population in

Delaware annually. It is responsible for exploring strategies to preserve and expand health insurance coverage, linking uninsured citizens with reliable health homes and affordable coverage, developing a statewide clinical health information exchange, assuring an adequate supply of health care professionals, and addressing specific health care conditions that are so prevalent they warrant special attention. The Commission provides a one-stop policy shop for the state's health care leaders to collaborate, and provides an organizational platform to manage other programs, such as the state's Community Healthcare Access Program and the Delaware Health Information Network, Delaware's regional health information organization.

#### *Community Healthcare Access Program*

The Delaware Health Care Commission's Community Healthcare Access Program (CHAP) helps find low-cost health care services for uninsured people with incomes below 200 percent of poverty. A network of community care coordinators links people who lack insurance to a medical home or, if eligible, with public coverage programs like Medicaid.

Medical services for CHAP enrollees are provided through community hospitals, community health centers, and a network of more than 500 private physicians who participate in a voluntary initiative program (VIP), a program operated by the Medical Society of Delaware. In 2007, a new component was added to the CHAP program to improve health status by implementing a health promotion and disease management component, focused on high-risk and high-need patients. Over the past year, program improvements have focused on smoking cessation, services for diabetics, and flu shots for asthmatics.

Since the program was created in 2001, CHAP has served over 21,000 uninsured patients and enrolled nearly 3,800 in other state and federal medical assistance programs such as Medicaid and the Veteran's Administration, which are significant numbers for such a small state. CHAP was initially funded through a grant from the federal Health Resources and Services Administration. Today, the program is funded by revenue from the state's tobacco settlement. In addition, AstraZeneca, a Delaware-based pharmaceutical company, provides financial support to augment CHAP by providing

**Table 13. State Scorecard on Health System Performance: Delaware**

	Overall and Dimension Rankings		Number of 2009 Indicators in:		Number of Indicators That Improved by 5% or More
	Revised 2007 Scorecard	2009 Scorecard	Top Quartile of States	Top 5 States	
<b>OVERALL</b>	19	14	13	8	17
<b>Access</b>	19	10	3	1	0
<b>Prevention &amp; Treatment</b>	20	4	9	7	10
<b>Avoidable Hospital Use &amp; Costs of Care</b>	35	38	0	0	2
<b>Equity</b>	9	4	*	*	*
<b>Healthy Lives</b>	32	34	1	0	5

Note: Data were available to rank Delaware on 37 of 38 *State Scorecard* indicators in 2009. Trend data were available for 34 indicators.

\* The equity dimension was ranked based on gaps between the most vulnerable group and the U.S. national average for selected indicators; thus, it is not included in indicator counts.

Source: The Commonwealth Fund, Oct. 2009.

“health navigators” at various community sites. The health navigators work as case managers to help the uninsured access health care facilities and services.

#### *Delaware Health Information Network*

The Commission also oversees the Delaware Health Information Network (DHIN). DHIN is recognized as a leader in the development of a statewide clinical information exchange network. In 2007, it was the first health information exchange (HIE) to successfully connect with the federal government (Federal CONNECT) and another HIE in the Nationwide Health Information Network (NHIN) trial implementations (CareSpark). The intent of DHIN is to enhance patient safety and quality of care by providing a patient-centric historical record from multiple health care providers at the time and place of care, including hospitalizations, clinical reports, and test results. As of October 2008, DHIN is currently receiving more than 80 percent of lab tests and hospital admissions and makes them available through secure results delivery and patient-record search to nearly 1,500 authorized providers throughout the state. DHIN is currently implementing electronic order entry from an electronic health record, transcribed reports, and radiology images. DHIN is supported financially with state funds, private payments, and federal contracts with the Agency for Healthcare Research and Quality (AHRQ) and the NHIN.

#### *Health Professional Workforce Development*

The Commission also administers programs created by the General Assembly to ensure an adequate supply of health professionals. This is particularly important given the state’s reliance on physicians to volunteer to see patients enrolled in CHAP. The Delaware Institute of Medical Education and Research (DIMER) and dental counterpart (DIDER) provide

financial support to Jefferson Medical College, Philadelphia College of Osteopathic Medicine, and Temple University in exchange for reserved admission slots for Delaware students. Scholarships and tuition supplements are also available to the students. The Commission also administers a Student Loan Repayment Program to recruit health care professionals to federally designated health professional shortage areas throughout the state.

#### **Conclusion**

Delaware has created an orderly process to engage health system challenges and seek solutions. The Health Care Commission brings together multiple health system stakeholders regularly to consider how the state can improve health system performance. Recently, the focus has been to help uninsured residents navigate the state’s health care safety net, linking them to low-cost care or, when possible, health insurance coverage. According to the *State Scorecard*, Delaware is doing well on access-to-care measures, even as it performs in the middle among states in terms of access to health insurance. State officials acknowledge that the current situation is second-best, and express optimism that expanding coverage will again become financially possible for the state as the economy begins to recover.

## NOTES

<sup>61</sup> In 1996, Delaware received federal approval of a Medicaid Section 1115 demonstration waiver to cover childless adults up to 100 percent of poverty. The waiver authorized the state to implement a mandatory Medicaid managed care program statewide and apply the federal savings that resulted from managed care to cover the cost of the coverage expansion for childless adults.

## SOURCES

### Delaware

HMA interview with Paula Roy, executive director of the Delaware Health Care Commission (Aug. 2009).