## **Delaware Department of Health and Social Services**

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Out of every crisis is borne an opportunity for change. Think back to the natural disasters, human conflicts and tragedies, and economic crises that have befallen our country. Each time, when the after-action report is written, an elected body examines the response, or the business community embraces reforms, we benefit as a society from the lessons learned. The COVID-19 pandemic is no different.

During the past two-and-a-half years, we have seen healthcare providers in our state stretched beyond their limits, dealing not only with the impacts brought on by a new and deadly respiratory virus, but also forced to embrace new ways of managing the chronic and acute conditions of their patients, unrelated to COVID-19. We know that this massive disruption to our healthcare system – and to the health of Delawareans – has taken a tremendous toll on our healthcare workforce, with many providers deciding to retire or leave the profession entirely.

And yet, we also are experiencing the opportunity. During the worst of the pandemic, providers across our state embraced telehealth as a way to see their patients for routine medical exams, to diagnose injuries or illnesses, or to continue regular psychiatric sessions. Regulators changed the rules, allowing insurers to reimburse for these services. The federal and state government provided funding to help advance providers' transition to telehealth services. Patients no longer had to wait in reception areas or exam rooms when they didn't feel well, because now their provider would call them back – in the comfort of their own home – when they were ready to see them virtually. It all worked because the situation required it.

With the existing shortage of primary care providers exacerbated by the pandemic, patients, providers, employers and insurers all had to adapt to changes in primary care. Often, primary care was delivered by nurse practitioners and physician assistants practicing at the top of their license.

As practices and clinics evolve, we are likely to see this broadening of primary care and the use of telehealth increase. The state is investing in primary care practices, promoting person-centered care and advancing equity, and has embraced the new State Loan Repayment Program, all while continuing to support the Delaware Institute for Medical Education and Research (DIMER) to help grow the next generation of primary care providers. We will continue to work with the General Assembly, healthcare providers, insurers and consumers to embrace additional changes that improve the patient and provider experience, improve overall health and help lower costs.

I am grateful to all of the Delaware stakeholders that are leaning into the workforce issue to help determine the best paths forward. In this context, I especially want to thank the Academy of Medicine/the Delaware Public Health Association, the Health Workforce Subcommittee of the Delaware Healthcare Commission, the Delaware Health Sciences Alliance, and the Delaware Journal of Public Health for shining a light on the specific recommendations for Delaware's workforce outlined in this report.

I look forward to joining stakeholders across our state in examining the recommendations in more detail, exploring the potential benefits, determining the policy changes that are needed, and

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embracing those changes that will have the most positive impact for the future of the healthcare system in our state – and the future health of Delawareans.

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