



## Strategy Subcommittee Meeting MEETING MINUTES

Location: Legislative Office Building  
Date: June 2, 2016  
Time: 10:00 a.m. - 12:00 p.m.

### **Members Present**

Dr. Robert Scalettar (Chair); Victoria Veltri, Office of Healthcare Advocate (OHA); Grant Ritter; Robert Tessier; Cecelia Woods; Paul Philpott; Commissioner Katharine Wade, Connecticut Insurance Department (CID)

### **Members Absent: None**

### **Other Participants**

AHCT Staff: James Wadleigh, CEO; Shan Jeffreys; James Michel; Ron Choquette; Peter Van Loon, Margo Lachowicz

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#### **I. Call to Order and Introductions**

Robert Scalettar, M.D. called the meeting to order at 10:00 a.m.

#### **II. Review and Approval of Minutes**

Dr. Scalettar requested a motion to approve the April 7, 2016 Regular Meeting Minutes. Motion was made by Robert Tessier and seconded by Victoria Veltri. ***Motion passed unanimously.***

#### **III. Meeting Frequency – Discussion**

Dr. Scalettar discussed Strategy Committee meeting frequency. James Wadleigh stated that he received feedback from some Board Members suggesting that Strategy Committee meetings should be held every other month. Robert Tessier concurred about the meeting frequency change, suggesting that if there is no significant business for July, to cancel that month's meeting as well. Dr. Scalettar stated that the next meeting of the Strategy Committee will take place in September. Meetings of the Strategy Committee will be held every other month following the September meeting due to the reconfiguration of the Advisory Committees.

#### **IV. Advisory Committees – Next Steps**

Dr. Scalettar indicated a need for reconfiguration of the Advisory Committees. The Advisory Committees realignment was discussed along the lines of expertise and input that they provide to the organization. A letter will be going out to the current members of the Advisory Committees. Dr. Scalettar inquired about the content of the letter. Margo Lachowicz stated that AHCT worked with the Lieutenant Governor's Office on the content of the letter and the Advisory Committees' member application form. Victoria Veltri suggested that one sentence to the letter be added providing clarification about the application process. Paul Philpott agreed with Ms. Veltri about providing more information in the letter itself that would produce more clarity. Mr. Tessier added that it was an excellent letter. Mr. Wadleigh indicated that one of the very first steps in the Advisory Committees' realignment process was to assign AHCT's Senior Leadership Team (SLT) members to them. The letter will be going out to all of the current committee members.

Dr. Scalettar asked about the application process and the possibility of soliciting public input in the realignment process. Mr. Wadleigh said that the application process would start from ground zero and would develop from there. AHCT is looking for committee members who are experts in the respective committees' areas of cognizance. The solicitation of membership in these committees will start after the chairs and the SLT members put a plan together. Mr. Wadleigh indicated that if the chairs would like to solicit Advisory Committees' membership to the public, it will be done. As soon as the AHCT review process is done, the list of Advisory Committees members will be provided to the Lieutenant Governor for a final review.

Dr. Scalettar referred back to the letter that AHCT is planning on sending to the current Advisory Committee members. Ron Choquette commented that there is a plan to send the letter to everyone who is a current committee member. This is the way for the AHCT to determine if they would like to continue serving on the Advisory Committees. Mr. Tessier stated that given the nature of the selection process, and since the committees' memberships have not been established yet, the co-chairs of these committees are still yet to be determined. Mr. Wadleigh confirmed. The new Advisory Committees are tied into the new AHCT strategy that was recently presented and now is the time to determine who would like to continue participating in them. The selection of the new Advisory Committees membership should be completed by the end of September. Mr. Philpott indicated that possibly the letter may contain a reference to the pertinent statute that governs AHCT and the organization's ability to realign Advisory Committees. Grant Ritter stated that there is a need to start working on the Committee selection process at the earliest convenience if the end of September timeframe is to be kept. Dr. Scalettar suggested that the end of September may be too aggressive to have the entire process completed.

Shan Jeffreys provided an update on the new Advisory Groups restated missions. He said that the need to solicit new members would require the committee to meet more often. He suggested for the committee to start meeting at the end of September or in early October. A lot of communication from the carriers is received at the end of a calendar year. Mr. Tessier asked about community representatives on the committees. He recommended that more than one community representative to serve on the Advisory Committees. Mr. Jeffreys responded that more than one community representative will serve on the Advisory Committees. In the past, some community representatives would stop participating in a given committee's work. Mr. Jeffreys added that there is a need to increase the membership size of the Advisory Committees.

Mr. Tessier stated that it would be detrimental having only one community representative since it would diminish significantly community involvement and input.

**Commissioner Katharine Wade arrived at 10:45 a.m.**

Mr. Choquette discussed the proposed Broker Advisory Committee. He indicated that there were very few changes since the last meeting of the Strategy Committee. Mr. Wadleigh stated that as the Exchange waits for the rates to be submitted, some carriers may decide to eliminate commission for brokers. Potential changes are coming. Mr. Ritter said that a consumer representative should be a part of this group. Mr. Choquette heard suggestions from the Committee members about other possible experts who can be included on the Broker Advisory Committee. Mr. Wadleigh added that conversations are taking place about which experts should be members of the Advisory Committees. He indicated that some of their expertise may be crossing over to other Advisory Committees. Mr. Wadleigh asked if AHCT should merge those committees if the expertise of its members overlaps. As the industry is changing, the organization will need some advisory role for a consumer who is licensed. Mr. Ritter pointed out that a consumer should be a part of this advisory group. Mr. Wadleigh agreed. He indicated that commissions for brokers may come down a bit. The Strategy Committee will need to be more involved in that area. Cecelia Woods supported adding a consumer, but asked why navigators are not part of the conversation. The role of a navigator seems to be like a translator. Mr. Wadleigh explained that nothing is confirmed and that the goal is to create a team to help engage communities better. If the group thinks it is the best way to go forward, then navigators should be a part of the group. Mr. Philpott stated that there were navigator members, but after a while, their participation severely diminished. If there is no compensation for brokers going forward, the responsibilities for enrolling people will fall on the call center and other AHCT staff. It will be less effective and AHCT resources will be overburdened. If the broker commissions are eliminated, then the Committee will need to come up with a different strategy because the one that is in place now will not be sufficient.

Mr. Philpott stated that possibly the name of this Advisory Committee should not have 'brokers' in it since brokers may not be a part of the system in the near future. He suggested calling it Distribution Partners Committee to give it more flexibility in the future. Other committee name proposals were mentioned. Dr. Scalettar indicated that at this point there is not an immediate need of changing the name of that Advisory Committee. James Michel added that as the organization moves forward to implement the changes of the strategic plan, the tactical changes are needed. The AHCT is moving quickly to implement those changes to get the better customer experience.

Mr. Tessier asked if the AHCT is eliminating completely the existing Advisory Committees. Mr. Wadleigh responded that these committees will be redefined to meet the expectations of a changing environment with the goal of making them more effective. Mr. Tessier suggested that when these new Advisory Committees are reestablished, a combined kickoff event should be held for all of them. Dr. Scalettar suggested that the sooner the letter and the applications go out, it will serve AHCT better. Mr. Wadleigh indicated that if everything is in place, the new membership of the Advisory Committees will be ready for the July Board of Directors meeting to be voted on. He also stated that if this cannot occur, it will be voted on in the September meeting.

**V. AHCT Strategy Update**

Peter Van Loon enumerated major items that he and the SLT members have been working on: access to quality insurance, customer experience improvement, reduction of disparities, quality and cost transparency as well as a healthier Connecticut. Mr. Van Loon stated that his team is currently in the implementation and execution stage. Underneath those goals there are 52 different initiatives and over 300 different tactics that are tied to those five goals. Reduction of disparities is a newer ground for the AHCT. Mr. Van Loon said that the organization needs to target the underserved. AHCT is making recommendations to what specifically should be done around transparency, a healthier Connecticut and reducing disparities.

Mr. Van Loon added that AHCT has to recognize why it is successful to date on partnership, collaboration and partnerships with the state agencies, community as well as the carriers. Mr. Wadleigh stated that an example of an excellent collaboration and partnership is AHCT's relationship with the Connecticut Department of Public Health. Mr. Wadleigh indicated that up to this point the organization's main role was enrollment, but now AHCT sees itself more than as an enrollment organization. Access Health CT is conscious to reduce redundancy. AHCT believes that there is a need of bringing AHCT's strategy to the communities as well. Mr. Wadleigh stated that an infrastructure is needed to support the strategy along with the need of being more transparent. Access Health CT will be redesigning its website. Mr. Wadleigh indicated that a dashboard all of the strategies will be incorporated in it.

Dr. Scalettar thanked Mr. Wadleigh and the SLT for their great work. Mr. Wadleigh stated that the organization wants to derive its success factor away from being just an enrollment coordinator.

**VI. AHCT Vision, Mission, Principles – Discussion**

Dr. Scalettar stated that the AHCT Vision, Mission and Principles document was adopted over four years ago. Ms. Veltri indicated that the Mission identifies the organization's main responsibility as only an enrollment facilitator adding that the first part of the Mission is valid, but the second part may not be fully compatible. Mr. Wadleigh agreed. Mr. Wadleigh indicated that he is receiving feedback externally. Mr. Philpott stated that he supports revisiting the document as a separate exercise. If the strategic plan does not support the Mission, Vision, and Principles, then it may appear as if the organization does not support its own actions. Mr. Wadleigh stated that gaps have been found in the strategic pillars and in the mission. A lot was learned and it generated questions. These questions in turn caused the SLT to revisit the organization's Mission, Vision and Principles statement. Mr. Tessier commented on the issue supporting the idea of revisiting this document.

Mr. Van Loon stated the organization should go forward to create a momentum as opposed to waiting. Mr. Philpott agreed. Dr. Scalettar also commented supporting it. He stated that some clarity would need to be introduced.

**VII. Adjournment**

Dr. Scalettar requested a motion to adjourn. Motion was made by Grant Ritter and seconded by Robert Tessier. ***Motion passed unanimously.*** Meeting adjourned at 11:42 p.m.