



## Strategy Sub-Committee Regular Meeting MEETING MINUTES

Location: Connecticut Historical Society, Dangremond Room, 1 Elizabeth St., Hartford, CT  
Date: February 4, 2016  
Time: 10:00 a.m.

### **Members Present**

Dr. Robert Scalettar; Paul Philpott; Grant Ritter; Robert Tessier; Vicki Veltri

### **Other Participants**

James Wadleigh

### **Members Absent**

Cecelia Woods; Katharine Wade

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

Dr. Robert Scalettar called the meeting to order at 10:02 a.m.

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

Dr. Scalettar requested a motion to approve the minutes from the November 12, 2015 Regular Meeting. Robert Tessier made the motion and Paul Philpott seconded. **Motion passed unanimously.**

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

Dr. Scalettar started the discussion as to redefining each Advisory Committees' focus. Mr. Wadleigh stated that the committees were built under a different auspicious and they need to change in order to move forward. Time has been spent discussing with the Senior Leadership Team (SLT) the advisory committee changes and new SLT have been assigned. The SLT advisory committee lead will contemplate whether members want to be on the committee and what their role is. The undertone of conversations is that there are some chairs and vice chairs that may be moving on and these are conversations the Advisory Committee Chair board members and SLT member need to discuss. More private health insurance experience and support is needed. A determination needs to be made as to how to get the right members and chairs in place. Ms. Veltri offered that in the SIM initiative, the consumer advisory board solicits members and there is a group that volunteers to see if the applicants match the needs of the committee. Mr. Wadleigh added that this needs to be tied to the overall strategy for the next three to five years.

Mr. Tessier stated that there needs to be a capacity internally for ongoing maintenance of the committees. As roles and membership are redefined, there needs to be a better way of

executing. Some Advisory Committee members feel that the Advisory Committees are contacted only when something is needed and Mr. Tessier feels that this is not a plan for the long term. There really needs to be an active and competent committee for the Health Plan Benefits and Qualifications and the Consumer Experience and Outreach Advisory Committees particularly in the outreach of the uninsured.

Paul Philpott stated that for the Broker, Agents and Navigators Advisory Committee (“Broker”), there is staff that is tasked with the responsibility of managing relationships of the broker population. That staff does a lot of work preparing for meetings and they see this as relationship building. Some members, however, are forgetting to show up. For Small Business Health Options Program Advisory Committee (“SHOP”), while related to the Broker Advisory Committee because they distribute small group, there are unique issues related to the SHOP Advisory Group that are not especially germane to the individual market. Mr. Ritter stated that the SHOP Advisory Committee members are not there to help and only help to make sure there are no changes. The committee lacks small business members because they are too busy. Ms. Veltri stated that committees get too huge and hard to manage but on the other hand the input is important for the future operations in achieving the mission.

Mr. Tessier believes that there has not been one central AHCT contact person that owns the consumer and whose ongoing job for the entire year would be to maintain that relationship similar to the brokers. Ms. Veltri agreed and added that there is a need from the consumer perspective. Mr. Wadleigh stated that no one currently owns the customer. Ms. Veltri feels there is the need for a consumer voice on an ongoing basis. Mr. Philpott added that the voice of the consumer is played on the customer service side. Mr. Wadleigh stated that there are different voices of the customer. Mr. Tessier stated that there needs to be coordination outside of the staff.

#### **IV. National Trends**

Discussion turned to the Covered California Memorandum distributed to the Committee. Dr. Scalettar stated that it is a very important piece of work to learn from and the question is whether it can be applied to Connecticut realizing California is a completely different market. Ms. Veltri stated that this document is attuned to what is going on in the healthcare world. Dr. Scalettar added that the document helps to understand the roles of board, committees and staff, etc. Further, the document has the input of many stakeholders before approval by the Covered California board. Dr. Scalettar asked if it is possible to put together a vision and how to do this in alignment with other efforts within the State of Connecticut.

Mr. Wadleigh stated that it is critical to put a road map together for Connecticut for the next three to five years. Everything needs to be tied in and there needs to be a change to the advisory committees to make sure there is expertise help to AHCT drive into the future. Ms. Veltri stated that there are some groups already existing advising on reform. Dr. Scalettar stated it is time to get started on articulating what the environment is and what the aspirations are. Further, there is a need to determine how to not have this work done in isolation. Mr. Wadleigh suggested getting some initiative participants on AHCT’s advisory committees. AHCT’s role should be to continue as a trusted advisor. Mr. Tessier feels that AHCT is highly visible because of its success. It can provide a high profile leadership role while at the same time be collaborative to be successful.

Dr. Scalettar asked how to redefine the advisory committees and what does this mean for some of the efforts currently underway. Mr. Wadleigh replied that the Covered California document serves as a model for Access Health CT.

Mr. Philpott asked if AHCT would create its own “white paper” similar to Covered California. Mr. Wadleigh replied yes and it needs to be circulated among the strategy committee members to weigh in and perhaps he and Dr. Scalettar can present to the board.

Dr. Scalettar summarized the next steps which is redefining the advisory committees. Mr. Wadleigh added that the SLT leads will be reaching out to the board chairs to see what the advisory committees’ visions are. A further takeaway is to formalize Connecticut’s version of the Covered California document and the plan is to present a three to five year vision at the April board meeting.

**V. Adjournment**

Dr. Scalettar requested a motion to adjourn. Motion was made by Grant Ritter and seconded by Paul Philpott. ***Motion passed unanimously.***

Meeting adjourned at 11:33 a.m.