Strategy Sub-Committee Meeting
MEETING MINUTES

Location: Legislative Office Building
Date: May 19, 2014
Time: 11:00 a.m.

Members Present
Dr. Robert Scalettar; Vicki Veltri; Cee Cee Woods; Anne Melissa Dowling; Robert Tessier

Members Absent
Ted Kennedy, Jr..

Other Participants
Kevin Counihan. Tamim Ahmed, Chad Brooker

I. Call to Order and Introductions

Dr. Scalettar opened the meeting at 11:00 p.m.

II. Public Comment – No public comment

III. Review and Approval of Minutes

Dr. Scalettar requested a motion to approve the March 13, 2014 minutes. It was requested that Dr. Scalettar be referenced in the minutes as "Dr.". Motion was made by Robert Tessier and seconded by Vicki Veltri. ***Motion passed unanimously***.

IV. Status of Choosing Wisely

The Committee discussed the status of Choosing Wisely. Robert Scalettar provided information on a recent Choosing Wisely conference entitled "Consumer Reports Health Partner Conference" held on May 2, 2014.

Dr. Scalettar believes that there are things that AHCT can do that might be mission compatible that would involve minimal staff time and cost. Kevin Counihan thanked Dr. Scalettar for bringing the program to AHCT. The newly insured need to be educated on their coverage and how to use it whether in Connecticut or nationally. Carriers have reported that they are getting three to four times the number of calls to their call centers which is a good sign suggesting that AHCT has had an impact. Mr. Counihan feels that Choosing Wisely should be coordinated through one owner throughout the state. Vicki Veltri indicated that due to its broadness, SIMS may be a good fit and AHCT could be a partner. Chad Brooker indicated that some items are above the AHCT mission. Partners are in need to reach a broader audience and determine the channels to get the message out. Mr. Tessier feels that the one thing that can be done is to determine what

materials can be used and how to distribute them. The storefronts were suggested. Mr. Counihan indicated that a monthly newsletter to enrollees is being developed which can include a link to the Choosing Wisely website and the materials. Dr. Scalettar feels that would be a real value would be a strategic partnership with Consumer Reports and execute the partnership agreement with Choosing Wisely; using the storefronts as a distribution channel; build a microsite; www.consumerhealthchoices.org as another useful site with information; blast emails to enrollees. Conversations can be started with carriers to focus on the needs of their members and can be another delivery channel for information. Mr. Counihan supports the suggestions. He further asked if at some point it would be helpful to have a single owner of Choosing Wisely outside of the initiatives of AHCT. Ms. Veltri indicated that that it would be more of a coordinator. Dr. Scalettar indicated that a strategic relationship can be developed with Consumer Union in the interim. Mr. Brooker indicated that AHCT should not be a leader but should be a partner.

V. APCD Update

Tamim Ahmed, Executive Director, provided an overview of the procurement process relative to the RFP released to solicit proposals from Data Analytics vendors. Complicated contract negotiations are currently underway. It is expected that contract negotiations should be complete by the end of August. Grant Ritter asked what the timeframe is for the contract. Mr. Ahmed replied five years. Further, a transition plan is being developed. Mr. Ahmed provided dynamics around the complexity of a contract such of this type. There are complex functions and complicated precise statements of work are required. Mr. Ritter asked if the carriers will be required to sign a contract. Mr. Ahmed indicated that there are minimum expectations of the data to be submitted. Data submission is a requirement in Connecticut for carriers with a minimum of 3,000 lives covered. Mr. Ahmed provided a summary of the role of the APCD Advisory Group who are engaged by Access Health Analytics in various projects, subcommittees and initiatives.

VI. Performance Measures

Dr. Scalettar began discussion on performance measures and believes there is something to learn from their think tank application. Dr. Scalettar referred to AHCT's measures of success and feels that the Strategy Committee should address this. Mr. Counihan added that performance metrics should be around three key strategic metrics. Mr. Counihan provided highlights of a recent Washington Summit. There has been movement on parties requiring states and vendors who are not successful in setting up exchanges to pay back money to Feds. The SHOP requirements have been delayed for one year which will have strategic implications for AHCT. Hartford Healthcare recently stated that perhaps four or five quality measure payors could agree upon to bring collaboration and commonality. Mr. Ritter added that there are 100-200 quality measures and narrowing to five will be difficult. It is hoped that it would be composite measures. Mr. Counihan reviewed three strategic initiatives and asked if there should be metrics around those three items. Dr. Scalettar wants to know if there is a larger conversation using health equity issue as an example. Mr. Counihan added that it may be helpful to find out where the enrollees are and if there has been an impact on their community. Mr. Tessier asked about the strategic decision to defer reporting functionality and the status of this build out. Mr. Counihan replied that the system is relatively good and stable but still does not meet staffs' expectations. A lot of information is manually collected. Dr. Scalettar feels that the measures should determine where AHCT stands and assist where AHCT is going in the future. Anne Melissa Dowling added that access to providers is a key issue. Mr. Counihan added that information surrounding member issues is being collected and is a highly complex initiative. System stability and fixing system gaps are priority issues. Staff is working hard to get ready for the November 15 enrollment. There will be an Avatar which will go through the most common challenges during the application process. Current issues can be aggregated for the Board and Committee. Dr. Scalettar wondered if there should be an item at a

future board meeting pulling all of these items together. Further, there may be some items from other states that can be used by Connecticut.

Chad Brooker added that quality reporting centers are done by the carriers themselves. Exchanges are only required to display the results of the studies the carriers had completed. Connecticut has more enhanced requirements than the federal government.

Follow up following discussion includes: (1) a look at the current three strategic initiatives and what are their metrics for tracking; (2) can Mr. Brooker attend a future meeting to help educate on the QRS reporting requirements which the plans have to step up; and (3) a revisit of AHCT principles and their measures which is, however, a board issue.

VII. Adjournment

The meeting adjourned at 12:45 p.m. Motion made by Robert Tessier and Grant Ritter. ***Motion passed unanimously.***

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