



CHANGEMAKERS: CEO TRIPP HARRISON

How Goodwill Northern New England Redesigned Its Health Plan—and Culture—Around Its Employees

 imagine360



When Tripp Harrison talks about health benefits, he rarely stays on topic for long. The conversation moves quickly to wages. Employee retention. A flat tire that can keep an employee from getting to work. A utility bill that can push a family closer to crisis. Access to physicians in rural communities. And, importantly, the people Goodwill Northern New England (GNNE) serves.

For Harrison, President and CEO of GNNE, those issues are connected by a fundamental question: How does an organization genuinely take care of its people while protecting its ability to fulfill its mission?

Several years ago, that question became urgent. GNNE was facing more than a \$1 million increase in healthcare costs at the same time that wages, rents, utilities and other operating expenses were climbing. The organization employs more than 1,400 people with roughly a quarter of those employees enrolled in its health plan.

GNNE recognized that absorbing another seven-figure increase would have consequences well beyond the benefits budget. In response, Harrison and his team chose a different course: reference-based pricing (RBP). The decision took GNNE outside the traditional health plan model its employees knew and were comfortable with. It also required Harrison and his leadership team to accept the uncertainty that comes with a consequential change.

Nearly five years later, GNNE has not increased employee healthcare premiums. Harrison says the organization has used the financial capacity created by its healthcare strategy to support compensation, expand benefits and invest in an employee support program which it calls Life Navigation. GNNE's employees in rural communities have gained broader access to care. And Harrison, who once watched members of his executive team react warily to the idea of RBP, now spends his own time talking to other leaders about the experience.

GOODWILL NORTHERN NEW ENGLAND AT-A-GLANCE

Community services:

Provides workforce development, disability services and brain injury programs designed to help people overcome barriers and build greater stability

1,400

employees across Maine, New Hampshire and Vermont

Over 10,000 people

served annually through its programs and services

31 locations across the three-state region

Retail:

Operates Goodwill thrift stores that generate revenue to support the organization's mission and extend the useful life of donated goods

65 Million

pounds of goods diverted from landfills annually

The bottom line: 31 locations. 1,400+ employees. More benefit programs and about \$1.49 million in year-one savings. This has given GNNE more flexibility to reinvest in employees, mission work and has helped the company hold premiums flat for nearly five years and counting.

A health benefits conversation with Tripp Harrison

Reflections on the decision

Q: What drove the decision to change how GNNE approached health benefits?

A: As a regional nonprofit, we operate on very thin margins, and every dollar has to perform double duty: First, to serve the mission of the organization and at the same time, to take care of the employees delivering on that mission.

We had a little over a quarter of our workforce on our plan, and we were staring down a cost increase north of \$1 million. Layer that on top of the wage pressures we were experiencing in northern New England, as well as rising rents, rising utilities and all the other expenses, and it simply was not sustainable.

I am fortunate to have a very innovative HR leader who served as a key catalyst to make change happen. She pushed our broker to think outside the box and really dig deep on what our options might be. That is how we found Imagine360 and RBP.

Q: That is not a small leap for an organization of your size. What made you willing to explore an alternative health plan?

A: At first, the decision raised some hairs on the back of our executive team's necks. It was different. It was not something traditional. But the more we started talking about what it could allow us to do for our employees, while also creating more margin for mission work and impact, the more attention it got as an option for us.

We were also fortunate to have a broker who was supportive and open to innovation. I think we may have been among Imagine360's first customers in northern New England, so there was not a lot of experience with this model in our region. Our broker was willing to take that journey with us and help us through it. That partnership and our relationship with Imagine360 helped get us to yes.

Leading through change

Q: A change this significant is bound to come with some challenges. What did that first year look like?

A: We are a very traditional organization, and we have an older employee population in this part of the country. Change is tricky, especially when it comes to healthcare.

There was a lot of upfront employee education and communication. Imagine360 was a strong partner throughout the process. We also had access to a member advocate who could help employees navigate questions with their providers and make sure they understood how to use the plan.

Sometimes a doctor's office looks at a card, does not recognize the logo, and at first assumes it cannot accept the plan. That takes advocacy and education for both the provider and the employee.

Most people did not have those problems. For the handful who did, we worked through the questions. There are going to be some bumps and bruises whenever you make a major change. The commitment from Imagine360, our broker, our HR team and our marketing communications team helped usher our people through it.

Q: You mentioned holding town hall meetings yourself to ease the transition to the new plan. Why take that on personally as CEO?

A: We want to be on the front line with our employees. I am not afraid to ask the tough questions. Shortly after we rolled this out, and again the following year, I would ask employees directly: 'What do you think?'

Honestly, I got some tough responses. But those conversations created awareness. Once people understood how the plan worked and saw the savings they could experience personally, that is when it started hitting them. I would hear, 'Holy smokes, this is awesome. This medication...this procedure...this treatment is costing me a lot less.'

That was huge. Fast-forward to today and most of those early challenges have largely been resolved. We might hear about one or two hiccups, but overall, we are having a great experience. I am willing to spend my time talking about it because I want other leaders to understand the value this can create for their employees and the company culture.

Q: Was the initial resistance from employees as significant as leadership feared going in?

A: We had the same anxiety a lot of leaders have. The concerns cascaded from the executive team and my board chair all the way through to our employees when we announced the change. Come to find out, that fear was not warranted at all. As leaders, we can focus on the one squeaky wheel that gets the most attention. In fact, we received a lot more positive feedback than concerns.

When there were issues, we recognized they mostly stemmed from a lack of employee awareness. So we pivoted and started educating our management teams because they are working directly with frontline employees who may be more comfortable talking with their manager than calling HR or our benefits team. Managers could ask, 'Did you call this number? Did you check this? Did you take these steps?'

Those issues turned out to be minor compared with the number of people telling us they were saving money, putting most of our early concerns to rest.

LESSONS FROM GNNE'S ROLLOUT: TRIPP HARRISON ON LEADING CHANGE

Start earlier than you think you need to

Give the organization enough time for education and change management. Harrison's biggest hindsight lesson was simple: "Start sooner."

Understand where employees are likely to have concerns

Anticipate questions about providers, access and how the plan works. Address those issues directly as part of the rollout and communicate often.

Make education continuous

The communication began before implementation and continued from onboarding through the point when an employee needs to use the plan and will continue through their usage of the plan.

Equip frontline managers

GNNE expanded education to managers so they could answer basic questions, reinforce the steps employees needed to take and direct them to the right resources.

Include leadership in the conversation

Harrison personally used employee town halls to ask what was working and where employees were having difficulties. Those conversations helped identify where additional education was needed.

Use the support available from partners

Harrison recommends drawing on the broker, Imagine360, and employers that have already made the transition for best practices and lessons learned.

The impact of an alternative plan

Q: What value has RBP delivered in concrete terms?

A: We have not increased our employees' premiums for just about five years. That has been incredible. The savings have also allowed us to invest in compensation. Wages here have been hugely affected since COVID-19, particularly as more people moved into the region and drove up the cost of living and housing. We have been able to keep pace to some degree through our compensation.

We have also been able to offer better benefits. One of the things we invested in is called Life Navigation. Someone could be one flat tire away from being late to work and losing a job. They could be a day or a week away from having their utilities shut off or losing their housing.

Our Life Navigators work directly with employees across our three-state territory. They are a phone call away and can meet with someone in person or by phone. They help employees navigate internal resources and funding we may have available or connect them with nonprofit partners in the communities we serve.

For me, it comes back to culture. How are we going to show up for our employees beyond the paycheck?

Q: Beyond the financial savings of the plan, how has this change affected access to care itself?

A: We operate in a lot of rural areas, and we have a huge shortage of primary care physicians and specialists in our region. Traditional networks can be very limited in that environment.

I've experienced those access challenges myself. I moved to New England from the South, and it took me six to eight months to get in to see a primary care physician. Think about an employee dealing with that, or a parent trying to get a child into a pediatrician.

This plan opened access dramatically. We had employees who had to drive two hours to get to a primary care physician. Now they may be able to get care 15 minutes down the road. This matters well beyond the savings in somebody's pocket. It changes what access to healthcare looks like for people living and working in rural communities.

Q: How has the health plan positively impacted employee retention and recruitment?

A: I mentioned that we have more than 1,400 employees, and they have other employment options in the region. As a nonprofit, GNNE may not necessarily be at the top of the job market from a wage perspective, but we can offer some incredible benefits that are much more affordable than what candidates might find with another employer.

This helps with retention and recruitment. It also allows us to serve more people because we have more mission dollars available. The services we provide to thousands of people every year are free to the person receiving them, but of course there is a cost. If we had continued absorbing those healthcare increases, it would have limited our ability to reach more people, remove more barriers, and deliver on our mission.

WHAT IS REFERENCE-BASED PRICING (RBP)?

RBP is a way of pricing healthcare differently. Instead of accepting the prices set by traditional insurance networks, an RBP health plan uses a clear reference point, like a percentage above Medicare, to decide what the plan will pay for certain medical services.

The goal is to bring more transparency, consistency and control to healthcare costs. For employers, RBP can create an opportunity to manage spending more actively. For members, it can support access to care while helping protect them from the rising costs built into the traditional model.

Doing things differently

Q: Knowing what you know now, would you make the decision to move to an RBP health plan again?

A: Hands down. Definitely. What would I do differently? Start sooner.

In all seriousness, the communication and change management aspect may be hard to get right. For GNNE, we have a diverse workforce across multiple regions, and there were nuances in how employees across locations reacted in certain situations that we had not anticipated. Issues arose where we looked back and said, 'Wow, we didn't think about that.'

There are a few steps in the change management process that I would handle differently knowing what I know now. Overall, though, we were very happy with the rollout. We knew there would be some bumpiness in the beginning, and we prepared for it as best we could.

Q: What is your advice to a leader who is standing where you stood a few years ago?

A: Do not wait. Explore alternative health plans. We found that moving to RBP is a real game changer for both our employees and our organization. Give yourself the runway to do the work properly, especially the change management. Some organizations may not have big teams to handle all of that internally. Lean into Imagine360, your broker and the people who have already gone through it. Get best practices. Get referrals.

The bigger picture

Q: You've talked about the connection between healthcare benefits and culture. Why is that connection so important to you?

A: Investments and changes like this all tie back to culture. What are we doing to genuinely and authentically put our people first and care about them? An innovative approach to healthcare is one part of that. Compensation is another. Life Navigation is another.

Our employees need to know how we are going to support them beyond the paycheck. That commitment has to continue throughout someone's employment experience with us. We are primarily in the retail space through our thrift-store business, and like any retailer, we experience turnover. That means education and awareness cannot happen once. It starts during onboarding and continues throughout the employee's journey, all the way to the point when someone actually needs healthcare and uses the plan.

Q: If you had to leave other executives with one insight from this experience, what would it be?

A: Make the personal commitment to understand your employees and what their anxieties are going to be. Changing a health plan is a significant decision because it directly affects their healthcare and their families. At the same time, there is real opportunity because you are expanding the possibilities of where and how people can receive care.

Help employees understand what the change means for them beyond the savings in their pocket. Do that work up front and keep doing it. Communicate, communicate, communicate.

Genuinely caring about your people is part of your culture. Communication is at the heart of showing them that you do.

Changemaker takeaway

Harrison's experience offers a broader lesson for executives confronting another year of healthcare cost increases. The decision to change a health plan has implications across workforce strategy, compensation, access to care, retention and the resources an organization has available to invest in its employees and mission.

For GNNE, taking on the uncertainty of an alternative health plan model gave the organization greater flexibility in how it allocated its limited financial resources. Renewal conversations have changed, too. Harrison says the organization and its broker can now spend more time discussing what GNNE may be able to do next, including additional benefits strategies, as opposed to simply confronting another significant increase.

That may be the clearest measure of the change Harrison set in motion. A healthcare expense that once threatened to consume more of GNNE's limited resources has become an area where leadership can think about possibilities.

And Harrison's advice to executives still considering whether to challenge the familiar path? Start exploring alternatives sooner.

About Imagine360

Imagine360 is a leading healthcare solutions provider that helps self-funded employers take control of their healthcare costs while delivering better experiences for members. With more than 18 years of expertise in reference-based pricing (RBP) and health plan administration, Imagine360 develops fully integrated solutions that combine deep industry knowledge, data-driven strategies and concierge-level support for employers.

The company partners with employers, brokers and consultants to design and manage customized health plans that lower costs, increase transparency and improve outcomes — without compromising quality or access.

Backed by dedicated advocacy, legal protection and proven results, Imagine360 is reimagining what smarter healthcare can look like for organizations and their employees.

Learn more at Imagine360.com or [subscribe](#) for more content like this.

