Faculty

Panelists
- Alexander Dashe, Director, Clinical Integration Operations, Allina Integrated Medical Network
- Bernadette Broccolo, Partner, McDermott Will & Emery LLP

Moderator
- Daniel Gottlieb, Partner, McDermott Will & Emery LLP
Agenda

- Introduction and Overview
- Key Data Integration Strategy Ingredients
- Key Compliance and Contracting Considerations: Managing and Allocating Risks and Responsibilities
- Questions and Answers from Program Participants
- Closing Remarks and Administrative Matters
Today’s Context: Data Integration Strategy to Support Clinically Integrated Network (CIN) Care Initiatives

- A CIN develops and administers a process for the identification, adoption, implementation and enforcement of evidence-based health care delivery/clinical guidelines, disease management programs and other medical management and utilization management programs, and quality and cost improvement programs, activities and initiatives (CIN Care Initiatives).
- CIN participants agree to actively and meaningfully participate in the development and operation of the CIN Care Initiatives.
- CIN collects, integrates and analyzes data for clinical and administrative purposes from various sources.
- CIN provides data to physicians regarding their performance.
- Physician’s compliance with CIN Care Initiatives is monitored, and performance is subject to corrective action.
Today’s Focus: CIN Data Integration Strategy Ingredients

- Develop and implement a performance measurement system
- Engage and obtain input from all key stakeholders
- Link IT source systems with clinical and payment data through an enterprise data warehouse and analytics platform that supports quality and cost goals (e.g., population health improvement)
- Connect performance metrics to payment through payer agreements that link payment to improvement in quality, cost, patient experience and population health and delink payment from volume
Vision:
The AIM Network aligns employed and independent primary care and specialty physicians and Allina to deliver market-leading quality and efficiency in patient care

AIM Network Goals:

- Achieve clinical integration that enables AIMN participants to integrate with each other to improve care quality/coordination and population health, and reduce cost (ACA Triple Aim Goals)

- Build an infrastructure that supports:
  - Effective care coordination and quality measurement and improvement
  - Delivery of consistent, evidence-based, best practice health care to the patients and communities we serve

- Support development and implementation of payer contracting arrangements that help to achieve the clinical integration of otherwise disparate providers that is essential to achieve the ACA Triple Aim goals

Current Membership:

>2,900 Physicians (1,300 Allina; 1,600 Independent)

>60 Physician Groups

26 Hospitals
  - 12 Allina
  - 14 Independent Regional Health Systems
AIMN Clinical Integration Strategy and Plan

2011  2012  2013  2014  2015+

**Build**
- Establish Provider Network
- Select 'Test' Measures
- Begin IT integration

**Integrate**
- IT Integration
- Specialty Measure design
- Integrate Care Model
- Develop TCOC strategies
- Develop ACO Benefit Design

**Collaborating**

**Perform**
- ACO Benefit Design Go-live
- Integrate IS through HIE
- Protocol alignment
- Measure performance and connect to payment
- Network development
- Expand care continuum to other providers
- Enhance TCOC
- strategy

**Value Proposition & Differentiators Based on Clinical Integration and Associated Performance Measures**
- Network of Excellence
- Guided Care
- Personalized Experience
- Population Health Improvement

**Innovating**

**Connecting**

The Triple Aim

WEBINAR SERIES | Digital Health: The New Dynamics
Performance/Outcome Measurement Journey
Engaged Key Stakeholders to Connect Process and Outcome with What’s Important to Them

Common themes for all….

- Simplify & Integrate
- Save Money & Time
- Emphasize Wellness
- Better Information
- Broad Network
- Better Access to Care

…Led to AIM Network Differentiators

Personalized Experience  Guided Care  Network of Excellence  Population Health Improvement

McDermott Will & Emery  Allina Health

WEBINAR SERIES | Digital Health: The New Dynamics
Integration of Clinically Integrated Network (CIN) Strategies with Clinical Service Lines (CSL)

**CSL**
- Define best practice
- Deliver consistently exceptional & coordinated care across the continuum
- Lead initiatives to improve performance for specialties
- Measure performance and compliance

**CIN**
- Develop performance measures and improvement initiatives across full spectrum of specialties and care continuum
- Measure performance
- Align with payment model
- Contract with health plans

**Define performance measures relevant to population health and patient experience**
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<td>Tobacco use Documentation and Plan</td>
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<td>Hypertension Optimal Care</td>
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<td>Overall Provider Rating (CG-CAHPS)</td>
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<td>Blood Transfusion Utilization</td>
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<td>OBGYN - Primary C-Section Rate</td>
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<td>Mental Health – IP Depression LOS</td>
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<td>Neurology/ED - Stroke Door to Needle</td>
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<td>Blood Pressure Recorded</td>
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<td>Generics Drug Use Rate</td>
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<td>Potentially Preventable Complications</td>
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<td>Potentially Preventable Readmissions</td>
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<td>Diabetes Optimal Care</td>
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<td>Cardiology - Optimal Vascular Care</td>
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<td>Critical Care - VTE Prophylaxis</td>
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<td>OBGYN - Laparoscopic Hysterectomy Same Day Discharge</td>
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<td>18.</td>
<td>Anesthesia - Antibiotic before surgery</td>
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<td>Peds - Antibiotic Use for URI</td>
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<td>Radiology - Critical test results</td>
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<td>Pathology - Frozen Sections Turnaround</td>
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<td>Radiology - Mammography Callback Rate</td>
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<td>GI - Adenoma Detection Rate</td>
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<td>25.</td>
<td>Allergy - Asthma Control Test rate</td>
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<td>26.</td>
<td>Neurology – Female Epilepsy Counseling</td>
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<td>27.</td>
<td>Ophthalmology - Diabetes eye care</td>
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<td>28.</td>
<td>Orthopedics – Oxford Knee Score</td>
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<td>29.</td>
<td>Oncology – Breast Pathway Adherence</td>
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<td>Oncology – GI Pathway Adherence</td>
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<td>31.</td>
<td>Oncology – Lung Pathway Adherence</td>
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<td>32.</td>
<td>Neurosurgery - Oswestry Dis Index</td>
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<td>Pathology - Stat Turnaround time</td>
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<td>34.</td>
<td>Pathology - Prospective 2nd review</td>
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<td>High Tech Imaging</td>
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<td>Infect Disease - Viral Load</td>
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<td>ENT - Tonsillectomy Bleed Rate</td>
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<td>Nephrology – eGFR Frequency</td>
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<td>Nephrology – ESA therapy management</td>
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<td>Pain – Opiate Prescribing Risk</td>
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<td>Anesthesia - Pain Management</td>
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<td>42.</td>
<td>Anesthesia - Nausea Rate</td>
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<td>43.</td>
<td>Urology – Prostate Cancer Active Surveillance</td>
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<td>44.</td>
<td>Pulmonology - Adherence to Positive Airway Pressure Therapy</td>
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<td>45.</td>
<td>Allergy – Pulmonary Function Test</td>
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Data Integration & Measurement

- Clinically IT Integrated Network
  - Fully integrated, real time access to the medical record and patient data from across the network
  - Multi-dimensional population health dashboard and analytics tool
  - Integrated system for care coordination/management within and across the network
  - Integrated patient level portal for accessing medical record
INFORM Dashboard - Screen Shot (Example Only)

INFORM = Integrating our Network For Outcomes, Results, and Measures
**INFORM Provider Scorecard Screen Shot**

**INFORM Dashboard**

Selected Filters
- Practice Group Name
- Metric
- Metric Type
- 12 Month Rolling Reporting Period

**Measures by Type**
- Quality
- Patient Experience
- Readmissions (PPR)
- Complications (PPC)
- Cost

**Provider and Practice**
- Provider Category
- Practice Group Name
- Provider Name
- Provider Primary Specialty

**Provider Clinic Location**
- Clinic Location Name
- Clinic Division

**Quality Measures Scorecard - Colon & Rectal Surgery Associates**

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<th>Measure Name</th>
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**Webinar Series** | Digital Health: The New Dynamics
INFORM Patient Registry Screen Shot
Advanced Analytic Capabilities - Case Finding

Predictive modeling tool to identify patients who may need coordination of services by the interdisciplinary team. Data in this dashboard is uploaded periodically. Do not make treatment decisions without first consulting Excellian.

This case finding tool is intended for clinicians to identify patients who may need coordination of services by the interdisciplinary team. Data in this dashboard is uploaded periodically. Do not make treatment decisions without first consulting Excellian.

Predictive modeling tool to identify patients who may need coordination of services and a multidisciplinary support team. Data is available to hospital based care team providers and utilized daily by Allina & AIMN providers to improve care outcomes and experience. Unique tool for Allina Health.
Health Catalyst EDW Development & Analytics

- 10-year relationship with Health Catalyst to support and enable Allina Health’s creation of a national model for data-driven health delivery through data warehouse and personnel management, analytics and performance improvement technology, and content
- Health Catalyst provides data warehouse platform and analytics applications to more than 1,900 client hospitals and clinics, including Allina Health
- Allina Health sought a relationship that would help optimize and accelerate how it provides data capabilities and advanced population health analytics
- Allina Health and AIMN will benefit from Health Catalyst’s ability to invest in Allina’s current efforts and expand access to their full technology, content and deployment expertise
HIE/EHR - Screen Shot
(Example Only)
AIM Network Contracting Approach

- Seeking Payer contracts that will achieve integration of AIM Network participants around the ACA’s **triple aim goals** by rewarding them for improvements in clinical care, cost effectiveness, patient experience and population health

- Contracts are a means to an end and not an end in themselves

- Prioritize opportunities that offer an **assigned membership** model vs retrospective attribution

- AIMN contracts initially will be **separate from negotiated FFS** contracts between individual clinics/provider systems and payers (includes total cost of care dimensions)
Payor Contract Examples

- **Payer 1: Narrow Network - Three-year Collaboration**
  - Co-development of narrow network ACO benefit design
  - Aligned contract model that balances risk-sharing, pay for performance, and clinical integration

- **Payer 2: Upside-only Shared Savings Opportunity**

- **Payer 3: P4P Opportunity with Self-Insured Employee Health Benefit Plan**
Let’s Review: Key Data Integration Strategy Ingredients

- Develop and implement a performance measurement system
- Engage and obtain input from all key stakeholders
- Link IT source systems (with clinical and payment data) through an enterprise data warehouse and analytics platform that supports quality and cost goals (e.g., population health improvement)
- Connect performance metrics to payment through payer contracting and delink payment from volume
Key Compliance and Contracting Considerations: Managing and Allocating Risks and Responsibilities
Network Participant Data Integration Obligations

- Submit clinical data to the CIN:
  - within specified number of days of the date of service
  - in a format that is consistent with industry accepted standards and the CIN’s policies and procedures

- Maintain an IT infrastructure and connectivity that is compatible with that of CIN, including an EHR and high speed, secure internet connection

- Cooperate diligently and in all respects with the CIN’s other IT efforts to support CIN’s information aggregation, analysis and reporting needs (including participation in health information exchange (HIE) under separate participation agreement, policies and procedures)

- Manage compliance with:
  - Its own patient consent/authorization and Notices of Privacy Practices
  - Its agreements with third parties that could affect sharing of data with CIN
Network Participant Data Integration Obligations

- What data do Participants submit?
  - Clinical information from EHR?
    - All clinical information on Network’s attributed patients?
    - Some or all clinical information on other Participant patients?
    - Only the “Minimum Necessary” data to support CIN performance measurement capabilities?
  - Financial Information from EHR or Payers:
    - Provider charges/reimbursement?
    - Patient co-pays?
  - CIN data submission vs. HIE data exchange

- Key considerations:
  - Antitrust restrictions on access by competitors to one another’s competitively sensitive information unless full financial or clinical integration is achieved or age of data and other FTC safe harbor protection criteria are met
  - HIPAA and state law consent/authorization requirements
  - Participants’ sensitivity to full transparency of performance reports
  - Patient sensitivity
Data Integrity

- Participant Representations and Warranties
  - Data Accuracy and Completeness
  - Compliance
  - Proper data sharing between and among Participant and its affiliates
    - Data Liaison
    - Due Diligence: CIN conducts an analysis of each participant’s corporate structure to assure appropriate data access

- CIN Representations and Warranties
  - Data Accuracy and Completeness
    - Challenges of standardizing, normalizing and correcting data from disparate sources
  - Compliance
    - CIN Performance Intelligence Program is not a substitute for exercise of professional diligence and judgment

- Limitations of Liability
- Insurance and Indemnification
Data Ownership

- **Participants are Sole Owner of:**
  - Data extract as originally sent to CIN
  - Sole owner of reports generated from its own queries, subject to compliance restrictions on ability to share them.

- **CIN is Sole Owner of:**
  - Aggregated data in the EDW
  - Supporting technology infrastructure (hardware, software, architecture, tools)
  - Derivative Works created using the EDW
    - Based on license from Participant to allow CIN’s use of the Data Extract
Data Access and Use Rights: Network Participants

- **Access Solely:**
  - To their own PHI for use to submit queries and produce reports.
  - To view performance reports/dashboards on collective/aggregate Network performance to compare their own performance against aggregate benchmarks and performance, and
  - Only to statistically de-identified data of other Participants.

- **Same Key Considerations as those for Participant’s data contribution:**
  - Antitrust restrictions on access by competitors to one another’s competitively sensitive information unless full financial or clinical integration is achieved or age of data and other FTC safe harbor protection criteria are met
  - HIPAA and state Law consent/authorization requirements
  - Participants’ sensitivity to full transparency of performance reports
  - Patient sensitivity to sharing of data with payers, employers etc.
Data Access and Use Rights: CIN

- **Primary Use** as Business Associate/Data Aggregator to Support the “Health Care Operations” (HCO) of Network Participants
  - Normalize, standardize and error correct data from disparate sources (participants, patient portals, payers, etc.)
  - Aggregate Participants’ Data to Create EDW
  - Use EDW to run queries and produce performance reports (dashboards, etc.)

- **Secondary Use:**
  - Create Limited Data Sets for use under a legally compliant Data Use Agreement
  - Create statistically de-identified data for any purpose
  - CIN use or purposes other than for CIN purposes
  - Third party access?
Business Associate Agreements (BAAs)

- BAA between CIN and each Participant
- BAAs with “Downstream BAAs”/CIN Subcontractors
  - Needed even if CIN and Subcontractor are corporate affiliates
- No BAAs directly between and among each Participant because of:
  - CIN Data Aggregator Role
  - Organized Health Care Arrangement among Participants
- Agreements without Due Diligence are not enough!!
Business Associate Agreements (BAAs)

- Privacy and Security Policies (AT601 Attestation Credential)
  - Proper Data Storage
  - Security Safeguards
  - Data transmission Policies—Using the Secure Data Exchange

- Internal Controls
  - Proper Data Storage – Designated Drives
  - Only CIN personnel who “Need to Know”
  - CIN personnel may not attempt to re-identify the de-identified data
  - Removing Access

- External Controls
  - Participant will not attempt to re-identify the de-identified data
  - Firewalls between the CIN’s provider and payor affiliates
Business Associate Agreements (BAAs)

- Minimum Necessary Requirement
- Breach Notification
  - CIN does not report pings or unsuccessful log-ins to Participants
  - Notice period to report a breach
    - Synchronize with Participants HIPAA and State Reporting Obligations
- Use of Subcontractors
  - Offshore Data Storage and Access – CMS and Medicaid restrictions
- Disaster Recovery Plan
- Indemnification/Insurance Coverage/Limitation of Liability
- No agency relationship between BA and Participant
- Battle of the Policies: Which ones control?
- Exit Strategy
  - Return of Data
    - Invoking the infeasibility standard is essential to preserve the EDW
  - Transition Services
Security – Everyone’s Responsibility

- Comprehensive Security Risk Assessment
- Workforce Security-Related Pre-Screening/Monitoring
- Technological Security
  - Access Controls
    - Define data privileges needed to perform each role
      - E.g., executives, business users, subject matter experts, enterprise architects, data analyzers, developers and data stewards
    - Assign unique User ID and privileges to each User by User ID based on assigned role and associated data privileges
  - Submission of Data Only Through Secure VPN Encryption
    - Data in Motion
    - Data at Rest
- Physical Security
- Disaster Recovery Plan
- Insurance Coverage
CIN/Payer Data Sharing: Legal Considerations

- HIPAA Privacy and Security
  - Health Plans (including Employer-Sponsored Self-Insured plans) are Covered Entities subject to HIPAA’s use and disclosure requirements
  - CIN is not a BA/Data Aggregator of Payer
  - CIN and Payer data sharing for Payment and HCO
    - Organized Health Care Arrangement strategy (OHCA) offers more flexibility for data sharing by CIN and Payer than a CIN and Payer in an Affiliated Covered Entity strategy (ACE), even though CIN and Payer in an ACE are affiliated through common corporate control
      - ACE multi-covered function rule prohibits data sharing between provider-payer functions except for common patients/plan participants
  - Compliance with restrictions imposed by self-pay patients on sharing PHI with payers
- Antitrust safe harbor protection against violation of price fixing by competing providers requires aging of data before aggregating/sharing price-related data.
CIN/Payer Data Sharing: Other Considerations

- Typical time lag in claims submission, eligibility verification, and claims adjudication makes payer data less current than EHR clinical data.
- Payers are reluctant to share with a CIN patient data of their customers who are not CIN participants but participate in other networks.
- Provider participants in CIN fear that sharing group/individual performance data with payer will adversely affect their own, separate payer contracts.
Think Ahead: Secondary “Research” Use

- Anticipate possible future secondary use of CIN EDW for “Research”
  - Possible combination of CIN EDW with other internal and external EDWs for Research
  - Access by Participants and Third Parties for Research

- “Research” ≠ “Health Care Operations” for compliance purposes

- Secondary use for Research raises different compliance considerations than HCO use
  - Common Rule Consent Requirement - generally permits researchers to seek informed consent to future research activities provided such future research is described in sufficient detail
  - Recent Harmonization of HIPAA and Common Rule regarding Secondary Research Uses - general description of the purposes of potential future research uses
  - FDA consent requirements – no permitted waivers/exceptions
Patient Permission and Awareness: Consents, Authorizations, Notice of Privacy Practices

- HIPPA
  - No consent/authorization needed for use/disclosure of fully identified PHI:
    - By one CE for its own Treatment/Payment/HCO
    - Between and among CIN Participants for HCO of any Participants which are part of an OHCA
    - Between Provider and Plans in an OHCA (but not an ACE)
    - Between and among CIN Participants outside of an OHCA for HCO of any Participants for CIN-type purposes for common patients
  - No consent/authorization needed for use/disclosure of Limited Data Set for HCO or Research under a Data Use Agreement between Participants or between Participants and a Data Aggregator
  - Need an Authorization or Authorization Waiver or Exception for use/disclosure of fully identifiable PHI for Research
Patient Permission and Awareness: Consents, Authorizations, Notice of Privacy Practices

- **State Law**
  - Like Minnesota, state law might require patient consent for **ALL** uses/disclosures even ones related to treatment, payment, health care operations
  - Other states may require consent for any uses/disclosures of sensitive information (mental/behavioral health, HIV/AIDS, genetic testing, substance abuse, etc.)
    - Even disclosure to BA in some states requires consent
  - Remember: more restrictive state law trumps HIPAA
    - But a compliant consent may be less specific than a HIPAA authorization
Patient Permission and Awareness: Consents, Authorizations, Notice of Privacy Practices

- Other Considerations
  - Address all data use/disclosure involving CIN, other participants and payers
  - Certain patient awareness considerations can be addressed in the HIPAA Notice of Privacy Practices
  - Consent and Notice of Privacy Practices should be coordinated
  - Consent for CIN and HIE should be coordinated or integrated
  - Consent for CIN and general clinical/surgical consent should be coordinated
  - Consider implications of refusal/withdrawal of consent on:
    - Right to receive clinical care in network/outside of network
    - Need for EDW firewalls
    - Need to delete data from EDW
  - Address collateral considerations such as benefit patients may/may not derive from CIN data sharing and analytics (clinical care/financial)
ERISA Fiduciary Duties of Self-Insured Health Plans

- Implications for CIN contracting with the Self-Insured Plan Sponsored by an Affiliated Employer
  - Duty to act solely in the interests of participants and beneficiaries for the exclusive purpose of providing benefits and defraying reasonable administrative costs
    - Cannot place sponsoring employer’s interests above those of plan participants
      - Charging higher than necessary premiums fees to increase performance improvement payments to CIN
    - Plan assets cannot inure to benefit of employer
  - Avoidance of Prohibited Transactions, such as:
    - Use of any assets of the Plan for the benefit of the sponsoring employer
      - Exception for payment of reasonable fees for services
Conclusions and Observations

- This is not easy!
- Expect false starts and setbacks
- Constant struggle to achieve the right balance between key competing considerations:
  - Data Privacy/Security vs. Meaningful Data Integration
- Key elements:
  - Involving independent specialists in population health
  - Involving patients in care redesign
  - Connecting process/outcome measures to what patients need and want
  - Building in flexibility to adapt to changing business and legal considerations
- Addressing legal and compliance risk management and risk allocation at the front end is key to future stability and viability of the Data Integration Strategy
Big Data Part II: Data-Driven Changes to Care Delivery and Payment Models

February 10, 2015