

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
MAY 16, 2002

[In these minutes: UPlan Data Policy for Research, Dental Coverage Update, Maximum Lifetime Coverage on Medical Plans, Future Meeting Dates and Agenda Items]

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate or Twin Cities Assembly; none of the comments, conclusions or actions reported in these minutes represent the views of, nor are they binding on, the Senate or Assembly, the Administration or the Board of Regents.]

PRESENT: Fred Morrison, Chair, Linda Aaker, Pam Wilson, Jody Ebert, Michelle Lamere, Phyllis Walker, Nancy Wilson, Don Cavalier, Joseph Jameson, Carla Volkman-Lien, Wendy Williamson, Gailon Roen, Richard McGehee, Peh Ng, Larry Thompson, Theodor Litman, Dann Chapman, Keith Dunder, Barry Melcher

REGRETS: Gavin Watt, Amos Deinard, Marjorie Cowmeadow

ABSENT: David Johnson, Carol Carrier, Frank Cerra, George Green, Susan Brorson,, Rachel Estroff

OTHER(S): Linda Blake, Kathy Pouliot

GUEST(S): Professor Stephen Parente, Healthcare Management, Carlson School of Management

I). Professor Morrison called the meeting to order.

II). Keith Dunder, Academic Health Center Counsel, and Professor Stephen Parente, Healthcare Management, Carlson School of Management, provided members with information concerning the use of UPlan data for research purposes.

Mr. Dunder gave members an overview draft of the UPlan Data Policy for Research handout. The objective of this policy is to ensure UPlan data is properly used, to protect privacy of the data, and where possible to pursue appropriate research and study. Under this policy, a UPlan Research Advisory Committee, with a certain degree of expertise, will be appointed by the Office of Human Resources to review research proposals and establish guidelines to determine whether or not research access should be granted for UPlan data. Then, all research conducted on human subjects must go before the Institutional Review Board (IRB). The IRB is a federally mandated committee that must review research involving human subjects as well as data on human subjects.

Through a data cooperative consisting of employers who are members of the Buyers Health Care Action Group (BHCAG), the University has contracted with Ingenix to manage its new UPlan database. Ingenix maintains data warehouses for organizations

nation-wide. The data collected by the 4 plan administrators is being sent to Ingenix, where patient identifiers are removed. Once the warehouse is completed, the de-identified data will be available to the University to support internal operations of the UPlan. It will also be made available for research purposes. Considerable care is being taken so that the privacy of all UPlan participants is protected.

Data used for research purposes would be accessible only if consistent with strict federal regulations that include privacy protection. The IRB, under new HIPPA rules, has the authority to issue a waiver of individual consent so that researchers have access to this data. It would be impossible to do research if individual authorizations had to be obtained.

Professor Parente stressed the importance of using medical claims data for research. According to Professor Parente, healthcare is one of the most engrossing industries in this country and around the world. Within the healthcare landscape there are many collectors of healthcare data:

- Providers – physicians, hospitals, nurses and allied health professionals use the data to improve clinical quality, to maximize their reimbursement and to improve clinical quality.
- Manufacturers – pharmaceutical, biotechnology and medical device manufacturers use the data for research purposes and cost effectiveness evaluations.
- Insurers and health plans – public and private insurers use the data to manage providers, insure risk and stay solvent.
- Government researchers & consultants – use the data to build IT infrastructure for biomedical research, health policy evaluation and public health surveillance and response.

No personal information is of use when conducting research. Instead, collectors of healthcare data are looking for broad, gross trends that will be used to form research policy.

The University of Minnesota is proposing to conduct a plan choice research study specifically targeted at Defined Contribution Plans (DCP), such as Definity. The study would want the answers to the following questions:

1. Does a DCP lead to an adverse selection problem? For example, would someone that is healthier choose the Definity option and bank the money each year?
2. Could a DCP generate a moral hazard problem, where employees use more than they normally would if they have banked all their personal care accounts to use as a first dollar health benefit?

The data collected from the claims systems can allow researchers to answer these questions and to find out if DCPs are dangerous to employers.

This study would provide many employers and insurers, contemplating offering a DCP, answers to these questions. In turn, these answers will inform the national health policy as to whether DCPs are a real force for change or just a fad.

Privacy is maintained by:

- An institutional review board.
- Penalties for abuse or misuse made clear from the onset.
- Federal and state regulatory compliance.
- Data Use Principles that are currently under development.
- Technical data security assurance through the use of firewalls, de-identification of patient information standards and secure log-in and password protection.
- Right to pre-publication review by the University meaning the initial results of the study are presented to the University for inspection. If all parties agree that what has been presented to the University is fair, then a manuscript draft is prepared.

Real world privacy insurance includes:

- Matching by names is inefficient and rarely works well even when the data is available and that is very rare.
- Patient identification is usually an employee ID or SSN. If a SSN, no one usually has the look-up table to make it valuable.
- The risk of being caught wrongly using data would be catastrophic to a researcher or consultant's career. Trust and the perception of trust are the only 'professional currency' a researcher and consultant have.
- To the researcher, individual data is not very interesting or useful.

Privacy issues were of most concern to Committee members. The Committee agreed upon the following:

- The draft of the UPlan Data Policy for Research is written in passive language and is too vague.
- Members concurred that more information was needed in order to understand how the process will work and how decisions will be made concerning access to UPlan data for research purposes. The University may want to consider writing a policy that sets forth specific guidelines in order for researchers to access the University's data. Although the IRB provides a high level of privacy protection, the University may want to provide even more.

The responsibility before the Benefits Advisory Committee (BAC) is to charter the UPlan Research Advisory Committee that will be appointed by the Office of Human Resources. Additionally, the duties, reporting and accountability for this Committee will be explicitly defined.

III). Dental Coverage Update – Dental coverage expenditures were miscalculated which means there is not as much money in the dental pool as initially thought. Professor Morrison outlined two propositions:

1. All savings from life insurance will be put towards improving dental coverage.
2. The annual maximum of \$1,500 initially proposed, may need to be adjusted down.

IV). Future meeting dates:

- June 6, 2002 – Dann Chapman, Office of Human Resources, will provide members with the annual report presentation that will be given to the Board of Regents at its June 13 & 14 meeting.
- June 20, 2002 – annual end of year meeting and continued discussion on the use of UPlan data for research.

V). Medical Lifetime Maximums – currently 3 of the University's medical plans have no lifetime maximums and one has a \$2 million maximum. Dann Chapman denounced the rumor that the Board of Regents at its June 13 & 14 meeting will reduce the 2003 lifetime maximums for all plans to \$1 million. Dann Chapman reemphasized that there will be NO changes in the plan maximums for 2003. The Committee will have a thorough discussion of this issue at some future meeting, with proper background material prepared and presented. No changes will be made or suggested without previous consultation with the Benefits Advisory Committee.

VI). Meeting Schedule for 2002 – 2003: Professor Morrison charged Renee Dempsey, Senate staff, with sending out a questionnaire asking members if there is a better time to meet or if the current 1st and 3rd Thursdays of the month schedule should be retained.

VII). Major agenda items for 2002 – 2003:

- Wellness
- Plan oversight and review – evaluate the 4 medical plans. Professor Morrison proposed inviting plan administrators from each of the 4 plans to discuss any issues that may have arisen.
- Policy questions that need to be addressed: Lifetime maximums, implications and cost of offering not only single and family coverage, but dual coverage as well.
- Address disability and long term care coverage.

VIII). With no further business, Professor Morrison adjourned the meeting.

Renee Dempsey
University Senate