

## Memorandum

To: Sam Connally, Vice President for Human Resources  
Fr: Faculty Senate Executive Committee; prepared by Enid Trucios-Haynes, Chair  
Re: Proposed Health Risk Assessment Data Integration  
Dt: October 1, 2014

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The Executive Committee of the Faculty Senate welcomed the opportunity to meet with you and discuss the proposed data integration. We expressed a number of concerns at the meeting last week on September 24, 2014. I summarize these concerns below.

The proposal is to merge health risk assessment [HRA] data, which is self-disclosed on a voluntary basis to qualify for a reduction in insurance premiums, with health claims data on an aggregate or de-identified basis. Currently, only the coaches with the independent contractor for the Get Healthy Now program receive this HRA data. The HRA data is used only to encourage healthier lifestyle choices during monthly coaching sessions. In contrast, the health claims data has been used to offer targeted populations the opportunity to participate specific disease management intervention programs. These participants receive additional benefits such as free medication and additional coaching. Merging the data sets allows the University to use the HRA data to consider the effectiveness of the disease management programs. The integrated data will be used to determine whether these targeted populations, as a whole, are complying with all aspects of the program requirements, specifically the lifestyle choice requirements. As a result, the integrated data and program evaluations would be used to alter the disease management programs. It is acknowledged that the program evaluations could lead to additional requirements for employee participation and continued receipt of the insurance premium reduction.

First, we recognize the goal of conducting program evaluations of the voluntary disease intervention programs is an important goal. We support the goal of promoting the health of our employees, especially those with chronic ailments.

There are many unresolved questions surrounding the proposal which are troubling. The concerns raised at the Executive Committee revolve around two major issues: (1) the lack of specificity about how the HRA data and program evaluations will be used; and (2) the privacy risks of increased data sharing.

It was suggested that the program evaluations, based on the HRA data, will be used to revise the existing disease management intervention programs, and the requirements of those participating in the programs. The first concern is the validity of the existing HRA data for program evaluation. Many employees skip questions on the HRA form for a variety of reasons, so the data is incomplete. There may be research and other credible sources to evaluate disease intervention programs, other than mining the HRA data. There

may be unintended consequences on gathering accurate data. In the future, employees may refuse to provide accurate data on the HRA forms.

Second, the program evaluation is likely to have the negative effect of increasing compliance requirements for those employees who need the help the most, and who will risk losing their insurance premium reduction for lack of compliance. This may disproportionately impact those employees who may have greatest financial need for the insurance premium reduction. For many employees, the “voluntariness” of the HRA participation is questionable given low salaries and the potential financial impact of the loss of the premium reduction.

The privacy issues include the potential access to identified merged data. Given the low numbers of those with chronic diseases, there is greater likelihood of privacy issues arising when the data is integrated. Privacy issues always are accentuated when data is integrated and more people have access to the merged data.

For these reasons, the Faculty Senate Executive Committee opposes combining the Healthcare Survey data with the Aon Claims data.