

AscendAI: Facilitating Cerebral's Integration of Resilience Lab and the Center of Excellence Vision

Data and AI Infrastructure Demonstrating the Merger's Strategic Value

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Executive Summary

Cerebral has acquired Resilience Lab to combine operational scale serving a large commercial insurance membership base with clinical rigor from a proven, outcomes-focused methodology. CEO Brian Reinken clearly explained the strategic vision: "combining Cerebral's operational scale and breadth with Resilience Lab's clinical rigor to become a true center of excellence." This shift marks a move from competing on access and convenience to competing on clinical quality and measurable outcomes.

However, this vision depends on having the right data infrastructure in place. Like most post-merger integrations, although cultural alignment advances, data integration remains the main obstacle preventing the organization from scaling methodology, unifying board metrics, or demonstrating measurable ROI from acquisitions. Leadership should monitor the progress of integration and inform the board that the methodology is effectively scaling. The combined clinician network needs clear insights into where the Resilience Lab approach works well and where additional training is necessary. Executive teams must demonstrate the value of acquisitions through metrics that show improved outcomes. Most importantly, the center of excellence must provide evidence of clinical quality, not just claims.

This document details how AscendAI—the proposed branding and strategic framework for Cerebral's unified data and AI platform—addresses both the immediate integration challenges Cerebral faces and the long-term goal of becoming a center of excellence. AscendAI is more than just technical infrastructure; it positions data capabilities as a platform product that the executive team can showcase as a comprehensive initiative covering data management strategy, including but not limited to merger integration. Highlighting the platform product generates stakeholder enthusiasm and creates a central focus for aligning around a shared corporate vision for next-generation information capabilities. This approach transforms data from fragmented technical systems into a unified strategic asset.

The Director of Data and AI Strategy role requires fluency in two distinct languages: the product language that executive leadership uses to guide strategic decisions and the

architectural language that technical teams need to develop solid, scalable systems. This vision document mainly discusses in terms of products—business outcomes, stakeholder value, strategic positioning—since those are the concerns most relevant to C-suite decision-making. However, the architectural rigor supporting these product capabilities ensures that strategic vision is realized technically. Executive stakeholders will interact with the product persona focused on delivering business value, while technical teams will work with the architect persona focused on structural integrity and implementation excellence.

The approach uses a two-step strategy: tackling urgent integration needs while building infrastructure for long-term competitive advantages. Phase one lets executive leadership monitor integration progress with unified metrics. Phase two gives the combined clinician network insights to support adopting the methodology. Phase three presents outcome evidence showing the center of excellence's position with payers, employers, and patients.

The capabilities described are not just theoretical future options but urgent operational necessities. Cerebral must integrate two clinical models, expand proven methods across a larger network, train current clinicians on new approaches, and prove that quality improves rather than declines during this transition.

Every data capability addresses these immediate merger needs while building infrastructure that positions Cerebral to lead through clinical excellence rather than just operational efficiency.

Clinical Decision Integrity Through Data Governance: We recognize that Cerebral's dedication to becoming a center of excellence involves ensuring that every clinical decision—particularly those related to medication management—reflects both individual patient needs and evidence-based best practices. AscendAI's semantic layer creates transparent, auditable pathways connecting clinical decisions with supporting data, enabling providers to practice confidently while leadership maintains proper oversight. The platform's governance framework does not limit clinical judgment but enhances it with real-time context: treatment histories, outcome patterns, and guideline alignment are readily accessible and easily documented. This infrastructure transforms compliance from a burden into a natural outcome—every prescription decision automatically generates a documentation trail that demonstrates thoughtful, personalized care. Most importantly, AscendAI's measurement framework prioritizes patient outcomes and clinical appropriateness over volume metrics, reinforcing Cerebral's commitment to quality over quantity. The system provides the board, regulators, and clinical leaders with ongoing assurance that care delivery complies with both regulatory standards and clinical excellence, while safeguarding the therapeutic relationship between providers and patients.

Technological Reality and Innovation: The AI capabilities outlined in Phase 4 rely on proven, production-ready components—large language models, clinical AI services, and semantic data layers—all operating at scale today. However, AscendAI's innovation introduces a core architectural breakthrough not yet seen elsewhere: direct LLM access

to managed, curated healthcare data through a semantic layer using the Model Context Protocol (MCP), Anthropic's open standard for AI-data system communication. While companies like Epic, Nuance, and Abridge have deployed AI for specific clinical tasks, they do so through traditional API integrations or document processing.

AscendAI is leading the change by enabling AI agents to directly access trusted, governed data through dbt's recently introduced MCP server, creating a two-way conversation between AI and the organization's single source of truth. **This is not science fiction**; the needed components are available today. However, the orchestration—connecting AI with native semantic layer access to HIPAA-compliant, outcomes-verified data—marks one of the industry's first. We don't claim to invent AI or data governance; we claim to be among the first to connect them correctly.

Success will be measured by the North Star Metric of Time to Trusted Insight, which tracks how quickly stakeholders can go from a question about integration progress or clinical outcomes to making a confident decision based on reliable data. In this merger, this means executive leadership can answer board questions about integration progress in hours instead of weeks, clinical leadership can identify training needs before quality declines, and operations teams can optimize the combined network for both efficiency and clinical effectiveness.

Timeline Note: Implementation schedules are based on pre-employment analysis using standard healthcare data integration methods. The final schedule depends on internal discovery of current infrastructure, team capacity, and technical dependencies during the kickoff phase.

Vision Scope: This vision reflects informed assumptions based on initial conversations with HR leadership and publicly available information about the Cerebral-Resilience Lab merger. It serves as a strategic starting point for discovery and refinement during engagement, not as finalized requirements. References to board reporting, organizational structure, and governance processes represent typical post-merger patterns and will be validated against Cerebral's actual decision-making framework during the discovery phase.

Strategic Horizon: Beyond merger integration, the 21st Century Cures Act requires healthcare data interoperability and patient access rights. AscendAI's UDM foundation and FHIR architecture ensure compliance with these mandates while positioning Cerebral as a potential healthcare data hub connecting patients, providers, payers, and specialty care across the ecosystem. This long-term opportunity requires no additional investment during the 24-month merger integration plan but maintains strategic flexibility through architectural choices made today. Ray Serrano's Harvard dissertation research on patient-driven healthcare data access through market forces rather than regulation provides the strategic framework for this positioning—patient empowerment as the guiding principle for industry transformation.

The Strategic Imperative: Unlocking Merger Value via Data

The Resilience Lab acquisition creates immediate strategic imperatives that data capabilities must address. These are not abstract future opportunities but urgent operational challenges that leadership is managing right now and will continue managing throughout the integration period and beyond.

The Data Integration Challenge

Current reality: A common refrain during post-merger integrations captures the challenge: "The merger is going well from the people perspective, if it wasn't for the data." This pattern likely applies to Cerebral—while cultural alignment may progress, data systems remain siloed, preventing the organizations from achieving unified progress despite organizational readiness.

Resilience Lab and Cerebral operate separate systems that record information using different structures, definitions, and quality standards. Resilience Lab's outcomes measurement frameworks collect data on patient functional improvements and resilience development. Cerebral's operational systems monitor appointment numbers, provider productivity, and basic clinical metrics. These datasets cannot be directly compared because they use different terminologies, measurement periods, and data formats.

Leadership requires unified visibility to address key integration questions. How many former Resilience Lab patients are receiving ongoing care through Cerebral's systems? Are these patients experiencing continuity or disruption during the transition? Are outcome patterns for former Resilience Lab patients similar after integration, or are results altering as they interact with Cerebral's operational processes? What percentage of Cerebral's current clinician network has completed Resilience Lab methodology training? Among trained clinicians, how many are effectively implementing the new approaches based on clinical documentation and outcome measures?

These questions require data integration that links patient identities across systems, standardizes clinical outcome measures for consistent comparison, associates clinical outcomes with clinician training status to evaluate methodology adoption, and consolidates operational metrics at levels suitable for executive decision-making. Without this integration, the merger cannot prove success despite cultural alignment.

Proving the Position of the Center of Excellence

Brian Reinken's statement that Cerebral will become "a true center of excellence" uses positioning language that indicates strategic intent. This is how Cerebral aims to stand out in an increasingly competitive mental health market where access alone no longer provides a sustainable advantage. However, claiming to be a center of excellence without supporting data risks credibility. Payers assessing whether to include Cerebral

in their networks will require outcome evidence. Employers deciding whether to recommend Cerebral to their workforce will look for quality metrics. Patients choosing between mental health providers will seek information about treatment effectiveness.

The data challenge involves capturing outcome information in ways that illustrate clinical quality. This requires integrating Resilience Lab's outcomes measurement frameworks with Cerebral's operational data systems. It demands consistent definitions of what qualifies as positive outcomes so that improvements can be tracked reliably over time. It also involves comparing Cerebral's outcomes to industry benchmarks to demonstrate that the combined organization truly delivers better results. Without this data infrastructure, the center of excellence positioning remains an assertion rather than a proven fact.

Executive leadership must report to the board on whether the acquisition is delivering the expected value. The board approved this acquisition based on the strategic logic that combining scale with clinical rigor would create differentiation. They will expect evidence that this logic is being realized. This evidence should come from data showing improvements in clinical quality metrics, that patient outcomes demonstrate the effectiveness of the Resilience Lab methodology at scale, and that the market is responding positively to the center of excellence positioning through better payer relationships and patient growth.

Scaling Methodology While Preserving Fidelity

Resilience Lab's approach is described as "grounded in data, backed by training, and focused on building lasting resilience." This indicates they have established measurement frameworks, training protocols, and quality standards that define their clinical methodology. The challenge is transferring this methodology to Cerebral's existing clinician network without dilution or degradation.

Cerebral supports a large commercial insurance membership through a national network. Many clinicians in this network have training in different therapeutic methods and follow practice patterns that differ from those of Resilience Lab clinicians. Scaling the methodology requires these clinicians to learn new frameworks, implement new measurement practices, and possibly change their therapeutic approaches. This involves significant organizational change management, which must occur while maintaining continuity of patient care and ensuring clinician satisfaction.

Data capabilities support this scaling challenge in several ways. First, they establish baseline measurements of current clinical practices and outcomes before starting methodology integration. This baseline serves as the comparison point to evaluate whether the Resilience Lab approach truly improves results when applied at scale. Second, they track methodology adoption across the clinician network, identifying which clinicians are effectively implementing the new approaches and which may require additional training or support. Third, they highlight outcome patterns that show where the methodology excels and where adjustments might be needed for different patient groups or clinical settings.

Clinical leadership needs visibility into this scaling process. They must ensure that quality remains high during the transition period when clinicians are adopting new approaches. They need to identify training needs before these become patient care issues. They want to celebrate successes where clinicians effectively adopt the methodology and achieve better outcomes. They require the ability to intervene quickly when data indicates problems with the implementation of the methodology.

Demonstrating Acquisition Value to the Board

The board of directors approved the Resilience Lab acquisition based on strategic and financial forecasts. They expect regular updates on whether the integration is progressing successfully and if the anticipated value is being realized. These updates should be grounded in data rather than anecdotal impressions.

The board will ask specific questions that require data to answer. Is the Resilience Lab methodology genuinely improving clinical outcomes when scaled up? Are patient retention rates increasing because the outcomes-focused approach delivers better results? Are referral sources responding positively to the center of excellence positioning? Is the combined organization realizing the operational synergies projected in the acquisition's financial model? Are clinician satisfaction and retention rates stable during the integration, or does the cultural change pose a turnover risk?

Executive leadership needs the ability to create board-level dashboards that provide reliable metrics answering these questions. The metrics must be consistent over time to allow progress tracking. They should be credible enough for board members to trust without extensive validation or explanation. They must also highlight both victories that show acquisition value and issues that need board attention and support.

The board reporting cadence creates a sense of urgency. Boards generally meet quarterly, and each meeting expects an update on integration progress. This means executive leadership needs quarterly data that shows how integration is advancing. The data infrastructure must be operational quickly enough to support the first board meeting after implementation begins. This is not a multi-year timeline but a matter of months.

The AscendAI Platform: Ensuring Structural Integrity from the Ground Up

AscendAI is not just a data warehouse or analytics tool—it's a complete platform built on the principle of strong structural integrity. Like the support beams of a skyscraper, the Universal Data Model provides the essential foundation that enables all platform features, ensuring HIPAA compliance, data quality, and scalability are integrated from the start instead of added later.

The Universal Data Model: A Proven Foundation for Healthcare

The Universal Data Model addresses the main data challenge of mergers: enabling information from two different organizations to work together smoothly. Instead of creating untested methods, AscendAI uses industry-validated patterns developed by Len Silverston (Data Model Resource Book, Volumes 1-3) that have been proven effective across multiple healthcare organizations. This foundation has been improved through real-world implementation, reducing risk and speeding up delivery.

The UDM addresses three key business needs. First, it standardizes how both organizations describe patients, clinicians, appointments, and outcomes—creating a common language everyone understands. Second, it makes HIPAA compliance structural rather than just procedural: patient privacy protection is embedded in the data structure itself, not implemented only through policies and procedures. Third, it prepares Cerebral for future growth by including the connections needed for payer negotiations, value-based care contracts, and broader healthcare ecosystem integration.

The HIPAA compliance approach should be emphasized. Instead of relying on policies that people must remember to follow, the UDM isolates all patient identifying information in one secure area. Everything else references patients indirectly, making many common privacy violations structurally difficult to happen. Clinicians can access the clinical information they need without ever seeing patient names, addresses, or contact details unless their role specifically requires it.

Strategic Integration Points

The UDM foundation enables Phase 3 capabilities for demonstrating clinical value to payers. When Cerebral negotiates higher reimbursement rates based on superior clinical quality, the platform already supports linking clinical outcomes to payer contracts and demonstrating ROI through lower total care costs. Competitors who build basic data warehouses will struggle to add these advanced features later—their initial design choices limit their ability to do so. AscendAI incorporates strategic flexibility into the foundation.

Likewise, the foundation supports future growth into areas like financial analytics, operational optimization, and healthcare supply chain integration (including pharmaceutical inventory, medical supplies, and vendor management) without requiring a redesign. While AscendAI initially concentrates on merger integration and clinical outcomes, the platform can develop as Cerebral's needs evolve.

Platform Data Sources: Five Categories

AscendAI consolidates data from five different categories that collectively offer a complete view of the merged organization.

1. Resilience Lab Data

- Proprietary Electronic Health Record
- Resilience Institute (Training)

- Collaborative Care System
- Outcomes Measurement

2. Cerebral Platform Insights

- Telehealth Electronic Health Record
- Care Manager System
- Subscription Platform
- Billing & Operations

3. External Data Connections

- Other Mental Health Providers
- Community Care Resources
- Wearables (such as Fitbit and Apple Watch)
- Patient Generated Data

4. Specialty Care Details

- Cardiology and Endocrinology
- Lab Results and Imaging
- Hospital Records
- Pharmacy Data

5. Compliance and Security Components

- HIPAA-compliant transfer procedures
- Healthcare-specific connections
- Data extraction standards
- Multi-source integration

Implementation Priority: Categories 1-2 (Resilience Lab and Cerebral data) address immediate merger integration needs in Phases 1-2. Categories 3-4 (External and Specialty data) represent Phase 3 expansion capabilities enabled by the UDM foundation. Category 5 (Compliance elements) spans all phases.

Universal Data Model Integration and Data Transformation Layer

The Universal Data Model addresses the merger integration challenge by offering a single, unified view of patients, clinicians, and outcomes across both organizations. While Resilience Lab captures "patients" and Cerebral tracks "members," the UDM maps both to consistent structures, ensuring that clinical outcomes, provider relationships, and operational metrics share the same definitions regardless of source system.

Behind the scenes, automated data pipelines continuously sync information from both organizations' systems, ensuring leadership always sees current, accurate metrics

without manual data gathering. Healthcare-specific FHIR integration connects to EHR systems, multi-source connectors pull data from operational and billing platforms, and dbt automates the transformation workflows that keep everything synchronized.

The Platform Product Core includes the capabilities that provide value to stakeholders, structured into three architectural layers:

Business Logic and Semantics Layer:

- **dbt Semantic Layer:** Business metrics definitions that serve as a single source of truth for all metrics across the organization.
- **Domain Analytics:** Four specialized data marts (Clinical Outcomes, Clinician Development, Operational Integration, Financial), designed to meet specific stakeholder needs.
- **Governance Policies:** HIPAA enforcement at the query level ensuring consistent application of minimum necessary standards.

Analytics & AI Platform:

- **Looker:** Self-service analytics features enable stakeholders to build custom views with easy-to-use interfaces. The platform's semantic layer architecture deliberately stays independent of any specific visualization tool—a key design choice that is becoming more important each quarter. Critical cloud outages increased by 18% in 2024, with Google Cloud seeing a 57% rise in downtime hours, including six major outages lasting over 10 hours (Parametrix Cloud Outage Risk Report 2024).

The June 2025 incident highlighted this risk when Google Cloud Platform's global outage took down multiple major internet services without an estimated resolution time, while AWS continued to operate normally (CNBC, June 2025). For organizations that rely exclusively on visualization capabilities as their primary architectural commitment to a specific cloud provider, such incidents shift from infrastructure challenges to complete analytics blackouts—especially when leadership needs data visibility most.

This asymmetric risk profile—where dependence on a single vendor can pause enterprise decision-making—has prompted top healthcare organizations to reconsider whether relying on one analytics source justifies the strategic risk. This is especially important given that Fortune 500 companies lost an estimated \$5.4 billion from a single cloud-related incident affecting critical healthcare services (Bacancy Technology, June 2025). The real question is not whether current tools meet today's needs but whether being locked into a single platform aligns with fiduciary responsibility to ensure business continuity.

The semantic layer strategy plans for this evolution by embedding all business logic within the vendor-agnostic dbt framework instead of proprietary visualization languages. This design approach recognizes that in a post-

restructuring environment where cost reduction and operational resilience are crucial, the ability to quickly adapt analytics capabilities—whether for economic advantage, performance needs, or continuity planning—offers strategic flexibility that enables leadership to respond effectively to market shifts.

Industry best practices now emphasize adopting a multi-cloud strategy—using multiple cloud providers and spreading workloads across different regions—to reduce the risk of an outage affecting all services (LinkedIn, Pankaj Kumar Mandal, February 2023). For Cerebral, where relying on a single analytics tool currently determines the cloud platform choice, the semantic layer offers the architectural foundation to separate these decisions—enabling visualization platform evaluation based on shifting cost-benefit analyses rather than technical dependency.

- **Snowflake Cortex AI:** LLM inference and predictive models providing advanced analytical capabilities
- **dbt MCP Server:** AI agent integration enabling agentic architecture for autonomous intelligence

Compliance & Security Foundation Layer:

Importantly, HIPAA compliance is embedded throughout rather than being a separate issue. The Vanta-Compliant infrastructure offers ongoing compliance monitoring for HIPAA, SOC 2 Type II, ISO 27001, and state privacy laws. This foundational layer covers the entire platform architecture, ensuring every component stays within compliance boundaries.

This architectural approach shifts compliance from quarterly audit cycles to real-time visibility, from IT-controlled reporting to independent verification, and from reactive problem discovery to proactive drift detection. The compliance foundation makes it structurally difficult for any platform component to violate compliance standards, rather than relying solely on procedural controls.

Technical Stack Note: The technology stack is crafted for quick executive overviews, with detailed technical information available upon request during stakeholder presentations.

Phase 4: Analytical and Operational AI Agentics - Current Market Reality

While the 24-month roadmap highlights Phases 1-3 delivering immediate merger integration benefits, Phase 4 (Analytical and Operational AI Agentics) reflects the current market conditions. Leading healthcare organizations are already implementing agentic AI systems that coordinate workflows automatically, enable proactive patient engagement across care teams, and provide comprehensive health insights through multi-provider data integration.

The competitive landscape requires attention to agentic capabilities even as core integration advances. Creating a parallel R&D track during Phase 2-3 to assess agentic capabilities would help avoid competitive disadvantages. This strategy maintains the schedule for core integration while exploring advanced AI without risking delivery commitments.

Phase 4 Parallel Track Approach:

- **Timing:** Research begins in Month 7 (start of Phase 2), with development from Months 13 to 18 (early part of Phase 3)
- **Scope:** Detecting medication interactions, automating care coordination, optimizing appointment scheduling, and engaging patients directly through wearable device data.
- **Risk mitigation:** Parallel track ensures core Phases 1-3 deliverables stay on schedule regardless of Phase 4 results.
- **Market Positioning:** Shows Cerebral's dedication to leading innovation while maintaining a focus on execution discipline.

The AscendAI architecture incorporates Phase 4 integration points (dbt MCP Server, Snowflake Cortex AI agentic capabilities) to prevent technical debt if agentic capabilities are developed. This architectural awareness ensures that Phase 4 can be implemented as a natural evolution rather than requiring a platform redesign.

The Integration-Driven Roadmap: Dual-Approach Value Delivery

The roadmap addresses both immediate integration needs and long-term transformation goals. Each phase provides clear value by solving current problems while developing capabilities that support future competitive advantages. This dual approach ensures that urgent operational requirements are met while the strategic vision advances steadily.

Each phase has a specific main deliverable that determines success:

- **Phase 1 Primary Deliverable: TRUST** in Data Quality & Visibility
- **Phase 2 Main Deliverable: EMPOWERMENT** through self-service insights
- **Phase 3 Primary Deliverable: DIFFERENTIATION** through outcome evidence

Phase 1: Integration Visibility and Executive Reporting (Months 1-6)

Phase one focuses on the most urgent need: providing executive leadership with visibility into integration progress so they can make informed decisions and confidently report to the board. This phase builds data infrastructure that unifies metrics from both organizations and delivers reliable reports for strategic decisions.

The First Phase of Solving the Integration Challenge

Currently, Resilience Lab and Cerebral keep separate data systems that store information with different structures, definitions, and quality standards. Leadership needs a unified view to answer key integration questions but can't compare metrics directly because the systems use incompatible terminologies and data formats.

The questions that need answers include: How many former Resilience Lab patients continue care through Cerebral's systems? Do these patients experience continuity or disruption during the transition? Are outcome patterns for former Resilience Lab patients maintained after integration? What percentage of Cerebral's clinician network has completed Resilience Lab methodology training? Among trained clinicians, how many successfully implement the new approaches based on documentation and outcomes?

These questions involve data integration that links patient identities across systems, standardizes clinical outcome measures for consistent comparison, connects outcomes to clinician training status to evaluate methodology adoption, and consolidates operational metrics for executive decision-making. Phase one establishes this integration infrastructure and provides executive dashboards that make the progress of integration visible.

Concrete Example: The CEO Board Presentation

The CEO prepares for next quarter's board meeting that requires integration progress reporting. Without AscendAI, this process takes days of manual work to gather data from different systems, reconcile inconsistent definitions, and validate numbers before presentation. Different team members may calculate the same metric differently, leading to conflicting reports that weaken the board's confidence.

With phase one complete, the CEO opens the executive dashboard and reviews integration metrics calculated consistently from the semantic layer. Patient volume trends compare pre-merger and post-merger patterns to see if former Resilience Lab patients remain engaged. Retention rates show that integration is not causing patient attrition. Clinical outcome metrics indicate whether the quality is maintained or improved. Methodology adoption rates reveal what percentage of the clinician network completed training and whether trained clinicians are implementing the approach based on documentation quality.

The CEO can filter by region, diagnosis, or provider type to explore specific integration patterns. They can export a board-ready presentation with consistent numbers matching what the Chief Clinical Officer and CFO reference in their sections. The entire process takes minutes instead of days, and the board sees that leadership has systematic visibility into integration progress rather than anecdotal impressions.

What Gets Built and Success Metrics

The Universal Data Model standardizes data from both organizations, resolving discrepancies in patient demographics, clinical encounters, outcome measures, and operational activities. Data integration through healthcare-specific FHIR platforms connects to electronic health record systems, outcome measurement platforms, and operational databases from both organizations. Multi-Source Connectors enable integration of billing systems, scheduling platforms, and specialty care data sources. HIPAA compliance infrastructure ensures protection from day one, with encryption, access controls, and audit logging safeguarding patient information. Four specialized data marts support executive reporting: clinical outcomes comparing pre-merger and post-merger results, clinician development tracking training and methodology adoption, operational integration showing network-wide patterns, and financial metrics validating acquisition projections.

Success would be demonstrated through metrics such as consistent executive engagement with the platform, significant improvements in report generation speed, data quality scores meeting enterprise standards, validated metric reliability, and board-level adoption of platform insights for strategic decision-making. Specific targets would be set during the initial assessment to reflect Cerebral's unique organizational context and integration complexity.

30-Day Milestones (Beginning of Phase 1)

- Data source connectivity established between both organizations
- HIPAA compliance infrastructure validated and fully operational
- Reviewed Phase 1 dashboard prototypes with executive stakeholders.

Why Phase One Must Be Completed First

Building AI capabilities or democratizing data access without first establishing data reliability and trustworthiness increases the risk of failure. If executives do not trust basic integration metrics, clinicians certainly will not trust AI recommendations. Phase one creates the foundation and credibility that make everything else possible. More immediately, phase one addresses the most urgent need: giving leadership visibility into integration progress for quarterly board reporting, regardless of whether the data platform exists or not.

Phase 2: Methodology Insights and Clinician Empowerment (Months 7-12)

Phase two shifts focus from executive visibility to clinician empowerment. Integration cannot succeed through top-down monitoring alone. Clinicians across the combined network need data that helps them adopt the Resilience Lab methodology, see where their clinical work yields excellent outcomes, and identify opportunities for improvement. Phase two democratizes access to data while maintaining governance and privacy protection.

The Second Phase of the Integration Challenge Solves

Clinicians encounter several data access challenges during methodology integration. They need visibility into their own outcome patterns to assess whether the Resilience Lab approach works effectively with their patient panels. They want to compare their results to network-wide patterns to identify areas of strength and where they might benefit from additional methodology training. They require quick access to evidence showing which clinical interventions are most effective for different patient presentations. They need this information promptly, during or immediately after clinical sessions, rather than waiting days for analysts to generate reports.

Currently, clinicians may submit data requests to analytics teams and wait for custom reports. This delay causes insights to arrive too late for immediate clinical decisions. The time lag also discourages clinicians from seeking data-driven insights because the effort and wait aren't worth the benefits. This dynamic prevents data from influencing daily clinical practice, which means the Resilience Lab methodology's focus on measurement-driven care cannot be fully achieved.

Clinical supervisors need clear visibility into how their supervisees are adopting methodology. They want to identify which clinicians successfully implement outcome measurements, which may have difficulties with documentation quality, and where supervision sessions should concentrate to enhance methodology fidelity. They require this information at the individual clinician level to offer targeted feedback and support.

Concrete Example: The Care Coordinator Query

A care coordinator oversees a panel of eighty patients and aims to identify those who might benefit from extra outreach based on recent engagement patterns. In the past, this involved submitting a request to an analyst, waiting two to three days, and receiving a static report that was already outdated upon arrival. The coordinator cannot easily adjust the analysis or explore different engagement patterns without submitting new requests and waiting again.

With phase two complete, the coordinator selects Patient Engagement from the business metrics defined in the semantic layer. They filter to their assigned panel and set time parameters for the past two weeks. Immediately, they see a list of twelve patients whose engagement scores have declined, ranked by days since last contact. The engagement score combines appointment attendance, messaging activity, and homework completion using logic defined once in the semantic layer, matching how clinical leadership measures engagement organization-wide.

The coordinator can examine individual patient details to identify which specific engagement patterns caused the concern. They can export the list and start making outreach calls right away. The entire process takes minutes, requires no SQL knowledge, and complies with HIPAA access controls because the semantic layer ensures the coordinator only views their own patients. Most importantly, the coordinator uses the same engagement definition as the executive dashboards, preventing confusion about metric meanings or calculation differences between teams.

What Gets Built and Success Metrics

The semantic layer presents business concepts in clear language that align with how stakeholders think about their work, without requiring knowledge of database structures. Business metrics are set once, with transparent calculation methods accepted by all stakeholders as final. Self-service analytics features enable clinicians to create custom views, supervisors to analyze trends, and training teams to evaluate methodology adoption without needing advanced technical skills. Governance policies within the semantic layer ensure HIPAA compliance through role-based access controls, audit logs, and patient consent management.

Success would be demonstrated through increased self-service analytics adoption, reducing analyst workload, expanded user engagement across clinical and operational teams, positive usability feedback from non-technical users, and unified metric definitions to prevent conflicting reports. The key success indicator would be improved adoption rates of the Resilience Lab methodology as clinicians discover how data visibility enhances their clinical effectiveness. Target metrics would be calibrated to Cerebral's team structure and current analytics maturity level.

Cultural Integration via Data Empowerment

Phase two tackles cultural integration challenges by enhancing the effectiveness of both Resilience Lab clinicians and Cerebral's existing clinicians through data access. Resilience Lab clinicians see that their emphasis on measurement within their methodology remains intact and supported. Cerebral clinicians find that measurement frameworks highlight their effective clinical work without replacing their judgment. The data fosters common ground, enabling everyone to benefit from shared insights into which clinical approaches are most effective.

Phase 3: AI-Driven Clinical Excellence and Competitive Edge (Months 13-24)

Phase three introduces AI-powered capabilities that shift clinical operations from reactive to proactive and generate the outcome evidence that establishes the center of excellence positioning. These capabilities build on the data foundation set in phase one and the democratized access provided in phase two. Phase three fulfills the strategic vision of the merger: using data and AI to achieve measurably better clinical outcomes at scale.

The Strategic Opportunity Phase Three Captures

The Resilience Lab approach focuses on building lasting resilience instead of just alleviating symptoms. This emphasis on outcomes sets Cerebral's clinical strategy apart from competitors who may prioritize efficiency and volume over long-term patient progress. However, this differentiation only counts if it can be shown to decision-makers responsible for selecting mental health providers.

Phase three produces outcome evidence using AI systems that analyze clinical effectiveness patterns, identify which interventions work best for different patient groups, demonstrate that Cerebral's results surpass industry benchmarks, and uncover insights that support ongoing quality improvement. This evidence forms the foundation for market differentiation, justified premium pricing, and negotiations with payers. Additionally, phase three helps clinical operations shift from reactive to proactive, with AI systems identifying at-risk patients before they disengage and offering decision support that recommends evidence-based interventions.

Concrete Example: The Agentic Alert with Decision Trace

An agentic AI system constantly monitors engagement patterns across all active patients using data accessed through appropriate protocols from the semantic layer. The system finds that Patient A has missed two consecutive appointments, hasn't responded to messages in ten days, and shows a pattern learned by its findings repository, predicting an eighty-five percent chance of disengagement based on forty-three similar cases.

The agent creates an alert for the patient's care coordinator with a decision trace that explains the reasoning. The trace states that appointment data from the scheduling system shows two missed sessions without rescheduling, messaging activity from the engagement platform indicates declining responsiveness, and similar patient patterns in the findings repository show that intervention at this stage successfully re-engaged seventy percent of patients. The confidence level reflects the strength of evidence from comparable cases.

The care coordinator reviews this alert and sees transparent reasoning rather than a black box recommendation. They can validate whether the pattern matches their clinical judgment about this patient. They can see which interventions worked well for similar patients. They decide to call the patient immediately to check in and offer additional support. The patient expresses struggling with transportation to appointments and appreciates the proactive outreach. The coordinator helps resolve the transportation issue and the patient re-engages with treatment.

Two weeks later, the agent updates its findings repository, recording this successful intervention as supporting evidence for the pattern, thereby increasing its confidence that early engagement efforts help prevent disengagement. The system learns continuously from outcomes without needing data scientists to manually retrain models, making the AI more accurate and clinically useful over time.

What Gets Built and Success Metrics

Agentic AI systems leverage large language models to analyze clinical patterns, identify relationships, and generate hypotheses based on outcomes. These systems access data with appropriate permissions and context. A findings repository stores identified patterns along with confidence levels and evidence. Decision traces provide transparency into reasoning processes. A pivot mechanism allows agents to learn from

incorrect predictions. Context request architecture enables agents to request additional information when needed, rather than acting on incomplete data.

Specific use cases include monitoring patient engagement to identify at-risk patients before they disengage, tracking methodology adoption to assist supervisors in pinpointing training needs, analyzing treatment effectiveness to generate outcome evidence for market differentiation, and providing clinical decision support with real-time recommendations during care delivery.

Success would be demonstrated through improved predictive capabilities that identify patient risks before clinical signs appear, meaningful efficiency gains that free care coordinators for higher-value patient interactions, strong clinician adoption of AI-enhanced decision support, statistically significant outcome improvements in AI-supported treatment groups, and market recognition confirming the center of excellence status. Performance benchmarks would be aligned with industry standards and baseline measurements, with particular focus on ensuring AI deployment enhances rather than disrupts clinical workflows.

How This Demonstrates the Merger's Strategic Value

Phase three fulfills the promise implicit in the Resilience Lab acquisition: that combining operational scale with clinical rigor creates differentiation that translates into market success. The AI capabilities generate evidence demonstrating clinical excellence, enable proactive operations to maintain quality at scale, and produce outcome data necessary to show value to all stakeholders. When payers, employers, and patients see measurable proof that Cerebral delivers superior outcomes, the center of excellence positioning shifts from aspiration to a proven reality.

Measurement Framework: North Star Metric and Success Indicators

Success should be measured by metrics that verify whether the merger is meeting its strategic goals, not just by whether technical systems are operational. The measurement framework centers all metrics on the North Star Metric of Time to Trusted Insight, which reflects the core value: helping stakeholders quickly move from questions about integration progress or clinical effectiveness to confident decisions based on reliable data.

North Star Metric: Time to Trusted Insight

Definition: The amount of time that passes from when a stakeholder asks a question about integration progress, clinical outcomes, or operational performance until they can confidently make a decision based on reliable data from the platform.

Current State (Pre-AscendAI): Days to weeks for most executive questions; weeks to months for complex analytical questions; many questions are unanswerable due to data silos.

Target State (Post-Phase 1): Hours for executive integration questions. **Target State (Post-Phase 2):** Minutes for clinician and operations questions. **Target State (Post-Phase 3):** Real-time proactive insights provided before questions come up.

The North Star Metric acts as the guiding principle for all other metrics. Every platform feature, data integration, and AI model must eventually help decrease Time to Trusted Insight for a specific stakeholder group.

Four Measurement Clusters

All success metrics are grouped into four clusters that collectively offer complete visibility into platform value and integration health.

Cluster 1: Phase-Specific Adoption Metrics

Phase 1: Integration Visibility

- Executive active users (aimed at maintaining consistent weekly engagement among C-suite and VP level).
- Dashboard usage patterns (how often, duration, features utilized)
- Reduce report generation time from days to hours.

Phase 2: Methodology Insights

- Self-service query percentage (targeting the majority of queries to come from self-service rather than analyst requests)
- Clinician active users (wide engagement across clinical and operations teams)
- User satisfaction regarding ease of use (aiming for high positive satisfaction scores)

Phase 3: AI-Driven Excellence

- At-risk patient identification rate (measuring proactive detection before disengagement)
- Care coordinator efficiency improvements (less manual review time)
- AI workflow satisfaction (clinician acceptance and approval of AI-assisted workflows)

Cluster 2: Trust Indicators (All Phases)

- **Metric reliability:** Data quality scores assessing accuracy, completeness, and consistency (aiming for enterprise-grade quality standards)

- **User confidence surveys:** Do stakeholders trust platform data enough to base decisions on it? (quarterly assessment)
- **Executive decision-making:** Are executives using platform data in strategic decisions? (tracked through meeting notes and board materials)
- **Board presentation usage:** Is platform data being utilized in quarterly board presentations? (validation of strategic value)

Trust indicators are the foundation of platform value. Without trust, adoption metrics become meaningless because users may access the platform but not rely on its insights for actual decisions. Specific targets would be calibrated during the discovery phase based on current baselines and organizational maturity.

Cluster 3: Integration Health (All Phases)

- **Outcome convergence:** Are the clinical results for former Resilience Lab patients maintained or improved after integration? (comparative outcome analysis)
- **Cultural indicators:** Clinician satisfaction scores, retention rates, training engagement levels
- **Retention rates:** Are former Resilience Lab patients continuing care through Cerebral systems? (percentage calculation)
- **Training completion:** What percentage of Cerebral clinicians have completed Resilience Lab methodology training? (completion tracking)

Integration health metrics directly measure whether the merger is succeeding from clinical and cultural perspectives, regardless of technology platform performance.

Cluster 4: Phase 3 Impact Metrics

- **Patient engagement:** Measurable increases in engagement scores for populations where AI directs intervention
- **Clinical outcomes:** Improvements in standardized assessment scales show the effectiveness of the methodology
- **Payer recognition:** Enhanced reimbursement rates, preferred provider status, or network inclusion determined by quality metrics.
- **Market differentiation:** External validation that the center of excellence positioning is recognized by employers and patients.

Impact metrics show that the platform is not just functioning but is actually providing the strategic value that justified the merger and the platform investment.

Measurement Approach and Success Validation

Measurement Approach:

- Establish a measurement framework at platform kickoff.
- Set baseline measurements in Month 1 of Phase 1.

- Monitor metrics continuously throughout implementation.
- Report monthly to the executive team and quarterly to the board.

Success Validation:

- Each phase must demonstrate value before progressing to the next phase.
- Metrics must develop as stakeholder trust and platform capabilities grow
- Trust influences decisions: Platform succeeds when stakeholders adjust their behavior based on platform insights.

This measurement framework ensures that platform success is evaluated based on the business value delivered, not just the technical features implemented.

Stakeholder Management in a Merger

Merger integration creates stakeholder dynamics that differ from those in steady-state operations. People from two distinct organizations with unique cultures need to form unified teams. This involves understanding each stakeholder group's specific concerns and communication strategies, especially given that in Cerebral's lean post-restructuring executive structure, the three C-suite leaders each hold significant decision-making authority.

The Dynamics of a Three-Person Executive Team

Cerebral's leadership team includes three key leaders: Brian Reinken (Chief Executive Officer), Marc Goldberg (President), and Jacqueline Kniska, JD, CHC, LPEC (Chief Compliance, Ethics, and Privacy Officer). This simplified structure highlights a post-restructuring focus, where each executive role plays a vital part in the organization's success.

In a typical healthcare company, the executive team might consist of eight to twelve leaders overseeing strategy, operations, clinical, technology, finance, human resources, marketing, and compliance. Cerebral's three-person structure means these leaders manage broader portfolios and hold greater decision-making authority. Achieving alignment among all three stakeholders is not just helpful—it is crucial for any major strategic initiative.

Brian Reinken (Chief Executive Officer): The Strategic Narrative Builder

Brian's main focus is on demonstrating the value of the acquisition to the board through clear progress in integration and strategic positioning as a center of excellence. He requires data not only for managing operations but also for developing the strategic narrative that justifies the acquisition to investors, board members, and external stakeholders.

Value Proposition: Board-ready integration metrics showcasing methodology scalability and acquisition ROI. Evidence supporting a center of excellence position through unified outcome data.

AscendAI addresses Brian's needs by providing board-ready materials and metrics that clearly illustrate the integration story. When board members ask about merger progress, Brian can offer systematic visibility instead of relying on anecdotal impressions. The platform's phased approach presents a multi-quarter roadmap with specific milestones and deliverables. The "center of excellence" position is supported by solid evidence demonstrating clinical quality rather than remaining just aspirational language.

Brian will likely incorporate platform materials into board presentations, so it's crucial that diagrams and dashboards are designed for executive comprehension. The timing—Q4 2025 entering Q1 2026 planning cycles—positions AscendAI as Brian's flagship initiative for the new year, giving him organizational momentum and board support to demonstrate results.

Marc Goldberg (President): The Execution Validator

Marc's primary concern is technical execution: whether the platform can be built, if it will solve the data integration challenge, and whether implementation can succeed during an already complex merger period. He evaluates technical credibility, architectural integrity, and delivery capability rather than strategic positioning.

Value Proposition: Confidence in technical execution through a proven Universal Data Model architecture. Delivery validation demonstrates integration progress without disrupting operations.

AscendAI addresses Marc's concerns by utilizing the Universal Data Model's proven healthcare patterns, validated by industry authorities and adopted by many organizations. The PARTY/PERSON architecture isn't just theoretical — it embodies proven solutions to healthcare data challenges. The phased implementation plan demonstrates an understanding that attempting to build everything at once during merger integration would pose unacceptable risks.

Marc will review implementation timelines, team structure, and technical dependencies. To directly address his concerns about execution, a detailed instance model has been created that shows the entire process from incompatible source systems through UDM normalization to data mart aggregation and ultimately to board-ready insights. This working model, with DDL and sample data included, demonstrates that the architecture effectively solves the integration challenge instead of just theorizing about it. Marc can clearly see how Resilience Lab's team-based care model and Cerebral's practitioner-based approach unify within the UDM structure, confirming that the technical solution manages the real-world complexity of the merger.

Jacqueline Kniska (Chief Compliance, Ethics, and Privacy Officer): The Regulatory Guardian

Last, but certainly not least, Jacqueline's role as Chief Compliance, Ethics, and Privacy Officer, with credentials including JD (law degree), CHC (Certified in Healthcare Compliance), and LPEC (privacy/ethics certification), indicates that this is more than just a HIPAA checkbox role. Her credentials point to substantial compliance responsibilities, and she may report directly to the board on compliance issues. She assesses whether initiatives pose compliance risks or help eliminate them, and she has effective veto power over any initiative involving patient data.

Value Proposition: Provides independent, real-time compliance visibility through Vanta. Ensures HIPAA protection with PARTY/PERSON architecture, reducing reliance on IT reporting.

Jacqueline's concerns go beyond HIPAA to include SOC 2, ISO 27001, state privacy laws (CCPA/GDPR if applicable), ethical clinical practice standards, and patient consent management. She needs independent verification of compliance status instead of relying on IT teams to report it. She requires real-time visibility into policy violations rather than discovering issues during quarterly audits. She must be able to produce board-level compliance evidence quickly and confidently.

AscendAI addresses Jacqueline's concerns through multiple layers. The PARTY/PERSON architecture significantly reduces HIPAA violation risks by isolating PII in a single table where primary access controls can be centrally enforced. Vanta integration offers continuous compliance monitoring across major regulatory frameworks with independent verification she can access directly without IT mediation. The semantic layer enforces minimum necessary standards at the query level, greatly limiting users' ability to inadvertently access PHI beyond their authorization even if application code contains vulnerabilities.

The Vanta capability warrants emphasis because it changes Jacqueline's operational reality. Currently, she probably asks IT for compliance reports and trusts their accuracy. With Vanta integrated into Snowflake, she accesses a dashboard showing real-time encryption status, access patterns, policy violations, training completion, and vendor risk assessments across the entire compliance portfolio. She can generate board reports with one click instead of gathering evidence from multiple sources. She also receives alerts when systems drift out of compliance, rather than discovering problems months later during audits.

The Vanta integration follows best practices in continuous compliance monitoring adopted by forward-thinking compliance leaders. Given Jacqueline's extensive credentials and board-level responsibilities, she would likely value how this capability improves her existing oversight framework by offering greater independence and real-time visibility. The platform's architecture ensures that compliance verification runs parallel to IT operations, supporting the separation of duties that enhance governance.

Clinical Leadership: Maintaining the Values That Made Resilience Lab Great

Clinical leadership at Resilience Lab may worry that their evidence-based approach will be diluted as it expands within a larger organization focused on operational scale. They have built a professional identity and organizational reputation around delivering outcomes-focused care. Integration presents a risk that quality could be compromised for efficiency as the methodology scales to hundreds of clinicians across a national network.

Data capabilities address these concerns by making quality visible and measurable throughout integration. When clinical leaders can see that outcome measurement continues systematically, that methodology fidelity is monitored, and that quality metrics are maintained or improved, they gain confidence that Cerebral shares their commitment to clinical excellence. Data becomes evidence that the merger enhances rather than compromises what made Resilience Lab successful.

Conversations with clinical leadership should highlight how data supports scaling the methodology without reducing its quality. The ability to track thousands of clinical encounters and identify where the approach excels or where extra training is necessary helps maintain quality at a large scale. This differs from scaling through standardization, which might remove clinical judgment and relationship-based approaches that make the methodology effective.

Clinical leaders must be involved in defining quality metrics and outcome standards. When metrics are enforced by operational leadership without clinical input, they tend to focus on efficiency rather than clinical effectiveness. Collaborative metric development makes sure that what is measured truly reflects clinical quality as understood by clinicians.

Cerebral's Current Clinicians: Learning Without Feeling Judged

Cerebral's current clinician network might interpret the Resilience Lab acquisition as an implicit critique of their existing clinical practices. The notion that Resilience Lab exhibits superior clinical rigor could be seen as suggesting their care falls short. This perception may lead to resistance against adopting new approaches and impede successful integration.

Data can address this challenge by demonstrating that adopting Resilience Lab's measurement frameworks enhances the visibility of everyone's good clinical work, rather than replacing clinical judgment with protocols. When clinicians can see their own outcome patterns and identify where their approaches lead to excellent results, measurement becomes empowering instead of judgmental.

The framing should emphasize learning opportunities rather than highlighting performance gaps. Data showing outcome patterns across the network helps clinicians

learn from each other's successes. When a clinician notices that a specific therapeutic approach produces particularly strong results for certain patient types, they can incorporate that insight into their own practice. This peer learning approach feels more collaborative than merely correcting errors.

Methodology training should be seen as professional development that builds on existing skills rather than as remediation for prior issues. Experienced clinicians have deep expertise that the Resilience Lab methodology can strengthen. Data showing that adopting the methodology improves outcomes, even for already skilled clinicians, confirms that the training adds value.

Operations Leadership: Streamlining Workflows During Scale-Up of Quality

Operations leadership must unify two organizations with different scheduling systems, care coordination processes, billing workflows, and administrative structures. They need insight into how operational differences influence clinical outcomes to optimize both efficiency and quality.

Data linking operational patterns to clinical outcomes allows for better optimization. If longer appointment durations lead to improved results for specific patient groups, operations can modify scheduling templates to fit the necessary session lengths. If care coordination touchpoints between sessions increase treatment completion rates, resources can be directed to support this coordination. These insights help operations enhance quality and boost efficiency without needing to trade one for the other.

Conversations with operations leadership should highlight how data uncovers optimization opportunities that benefit both financial and clinical goals. The Resilience Lab methodology's focus on outcomes offers chances to show that improvements in clinical quality also enhance operational performance by increasing retention and reducing crisis utilization.

Operations require dashboards that show capacity utilization, scheduling efficiency, and workflow bottlenecks across the integrated network. These operational metrics should be connected to clinical quality indicators so the operations teams can see how their process decisions impact patient outcomes. This connection helps operations leadership make trade-offs that balance efficiency with quality commitments.

Finance Leadership: Validating the Acquisition Business Case

Finance leaders must monitor whether the acquisition is meeting expected financial returns through revenue synergies and cost savings. They need data linking clinical activity to financial results to verify assumptions in the acquisition financial model.

The acquisition business case probably included projections about revenue per clinician increasing through improved quality positioning, patient retention rising due to better

outcomes, and costs per patient decreasing through operational efficiencies. Finance needs actual results compared to these projections to evaluate if financial targets are being achieved.

Data connecting clinical metrics to financial outcomes enables this validation. Patient retention rates impact lifetime value calculations. Outcome improvements influence payer reimbursement rates and employer contract negotiations. Operational efficiency gains lead to reductions in cost per patient. Finance needs visibility into all these relationships to evaluate acquisition value from a financial perspective.

Conversations with finance leadership should focus on the accuracy of financial data integration and the timeliness of financial reporting. Finance teams have specific close processes and reporting deadlines that the data platform needs to support. Revenue recognition rules and cost allocation methods must be understood and implemented correctly.

Finance also plays a key role in linking clinical and operational metrics to financial outcomes. When clinical leadership seeks to invest in quality improvement projects, finance can assist in modeling the financial benefits by demonstrating how improvements in outcomes lead to better retention and increased revenue. This collaboration enhances the business case for investing in quality.

Building the Team That Provides Integration Value

Successful integration requires assembling a team with diverse expertise in data engineering, analytics, data science, and product management. However, the team must be appropriately sized and structured for a merger integration scenario, rather than following typical data organization models. The immediate goal is to quickly provide integration visibility and executive reporting, which demands a different skill set than developing AI capabilities that might be needed in the future.

Phase One Team: Focus on Integration

Phase one requires data engineers who can quickly integrate disparate systems from both organizations. These engineers must understand healthcare data standards like FHIR, work effectively with integration vendors, and build reliable pipelines under tight deadlines. The merger creates urgency that makes speed as important as quality.

Analytics engineers become essential for defining unified metrics that enable integration monitoring. They must collaborate closely with clinical leadership from both organizations to understand how Resilience Lab measures outcomes, how Cerebral tracks operational performance, and how to create definitions that respect both perspectives while establishing consistent standards. This requires diplomacy and stakeholder management skills alongside technical SQL expertise.

A product manager ensures that technical work addresses real integration needs rather than creating infrastructure for its own sake. They gather requirements from executive leadership about what integration visibility is necessary, prioritize features based on which integration questions are most urgent, and evaluate success by whether dashboards are actually used for integration decisions. Applying product thinking helps prevent the team from optimizing for technical elegance at the expense of business needs.

The initial team can be fairly small, maybe two to three data engineers, two analytics engineers, and one product manager. This lean setup enables quick decision-making and close collaboration during the intense integration phase. As phase one capabilities demonstrate value, the team can expand to support the needs of phases two and three.

Hiring Strategy During Integration

Hiring during merger integration demands special considerations. The organization is already navigating significant change through the acquisition. Adding many new team members at once could increase the change management challenge and distract from integration priorities.

The hiring approach should focus on a few senior practitioners who can quickly make an impact with minimal onboarding, rather than larger groups of junior staff who require extensive training. A senior analytics engineer with experience building semantic layers at other healthcare organizations can set patterns and standards that lay the groundwork for team growth. A senior data scientist skilled in deploying clinical AI applications can handle the regulatory and clinical considerations that distinguish healthcare from other industries.

Cultural fit becomes especially important during merger integration. New hires join an organization that is in transition between two cultures. They need to be comfortable with ambiguity, adaptable to changing priorities, and skilled at building relationships across organizational boundaries. Technical excellence matters, but cultural alignment and change management skills can be just as crucial during this period.

The hiring process should align new roles with the phased roadmap. Data engineers and analytics engineers are required in phase one. Data scientists can be added in phase two as the foundation is built for AI capabilities in phase three. This order ensures each new team member has work that provides immediate value instead of waiting for prerequisites to be fulfilled.

Build Versus Partner for Faster Integration

Strategic choices between developing capabilities internally and leveraging vendors greatly influence the integration timeline. The merger accelerates the need for partnerships that enable quick progress rather than building everything from the ground up.

Healthcare-specific FHIR integration platforms offer pre-built connections to EHR systems, outcome measurement platforms, and operational databases from both organizations. Developing these integrations internally would require months of vendor negotiations, technical development, and testing for each system. Commercial platforms significantly speed up the integration process while ensuring HIPAA compliance is maintained. This partnership is crucial for delivering phase one quickly enough to meet near-term board reporting needs.

Snowflake offers cloud data warehousing as a managed service, removing the need to build and maintain storage infrastructure. Cerebral may already use Snowflake, making it the logical choice for unified data storage across both organizations. If Cerebral is not currently a Snowflake customer, the managed service model still makes sense during integration because it eases operational burdens on the data team.

The semantic layer and AI architecture are areas where internal development creates differentiation. While tools like Looker and dbt supply infrastructure for implementing the semantic layer, the actual business logic must be developed internally based on a deep understanding of Cerebral's and Resilience Lab's clinical models. This cannot be outsourced because it requires encoding clinical judgment and quality standards that define the organization's approach to care.

The build versus partner decisions should prioritize speed to value during the integration phase. Once integration stabilizes and the center of excellence vision is operational, the organization can reconsider bringing some capabilities in-house that were initially partnered. During integration, achieving rapid progress is more important than maintaining long-term control.

Risk Mitigation and Strategic Contingency Planning

While the AscendAI vision addresses important merger integration needs, several implementation risks need proactive management. Recognizing these risks and their mitigation strategies enhances the strategic foundation.

Data Quality and Integration Challenges

The merger has caused organizational chaos as two systems with different data standards, quality practices, and governance models must be combined. Resilience Lab's outcomes measurement data might use different assessment scales than Cerebral tracks. Patient identifiers may not match cleanly across systems. Historical data may contain inconsistencies that were acceptable within each organization but become problematic when merged.

Mitigation Approach: The phased roadmap explicitly addresses this risk by setting data quality baselines during Phase 1 before developing self-service or AI capabilities. The Universal Data Model offers the structural framework for resolving semantic

differences between systems. Data integration starts with a limited scope—such as executive dashboards using aggregated metrics rather than patient-level analytics—allowing quality issues to be identified and fixed before expanding access. The 30-day milestone of establishing data connectivity provides early validation that integration is technically feasible before fully committing to Phase 1 implementation.

Clinician Resistance to Adoption

Cerebral's existing clinician network might resist adopting Resilience Lab's methodology if they see it as criticism of their current practices or as an extra administrative task without clear benefits. Resilience Lab clinicians could feel their approach is being watered down as it expands within a larger, operational-focused organization. Cultural resistance could weaken data collection quality, making the platform technically successful but clinically ineffective.

Mitigation Approach: Phase 2's empowerment focus directly tackles adoption risk by making data useful to clinicians in their daily work rather than framing it as monitoring or evaluation. When clinicians can see their own outcome patterns and identify where their approaches deliver excellent results, measurement becomes a tool for professional development instead of surveillance. The semantic layer ensures that clinicians access data through concepts aligning with their clinical thinking, rather than requiring technical expertise. Early involvement of clinical leadership from both organizations in defining metrics guarantees that what gets measured reflects clinical quality as practitioners understand it, not just operational efficiency.

Vendor Dependency and Timeline Delays

The platform architecture depends on vendor partnerships for FHIR integration, Snowflake data warehousing, dbt transformation, and Looker analytics. Delays in vendor implementation, technical incompatibilities, or performance problems could lead to schedule slippages that weaken board confidence. Over-reliance on any single vendor introduces strategic risk if pricing changes, capabilities stagnate, or the vendor relationship worsens.

Mitigation Approach: Technology choices focus on vendors with proven healthcare implementations and strong market positions to minimize implementation risk. The semantic layer architecture specifically avoids vendor lock-in by separating business logic from any specific analytics tool—such as, for example, Looker, which could be replaced without rebuilding metric definitions. The phased approach enables vendor performance to be validated in Phase 1 before expanding in Phases 2-3. Build versus partner decisions favor partnerships for commoditized capabilities (data storage, FHIR connectivity), while developing internal expertise in areas that provide differentiation (semantic layer business logic, clinical analytics). This balanced approach offers flexibility to change vendor relationships based on proven value.

Integration Fatigue and Competing Priorities

The merger presents many integration challenges beyond data infrastructure, including billing system consolidation, care coordination process alignment, brand integration, and real estate decisions. Leadership attention and organizational energy are limited resources. Implementing the data platform competes with these other priorities. If the platform demands too much stakeholder time or causes operational disruption, it may be deprioritized despite its strategic importance.

Mitigation Approach: The platform design explicitly minimizes disruption to ongoing operations. Data integration happens through automated connections instead of manual processes from clinical or operational staff. Phase 1 prioritizes executive visibility, serving leadership needs without requiring behavior change from front-line clinicians. Self-service features in Phase 2 are optional enhancements rather than mandatory workflow modifications—clinicians who see value in them will adopt them, generating organic momentum rather than forced compliance. The measurement framework's focus on "Time to Trusted Insight" ensures that success is measured by reducing stakeholder effort rather than adding new administrative burdens. Each phase must demonstrate it makes stakeholders' work easier before expanding, creating natural break points where the platform can pause if organizational capacity is limited.

These risks are manageable through the architectural and phasing decisions embedded in the AscendAI vision. Risk mitigation is not an afterthought but a core design principle reflected in the platform's structural integrity, phased value delivery, and measurement framework.

Implementation Roadmap and Next Steps

Immediate Actions

1. **Executive Alignment Meeting:** Schedule a meeting with CEO Brian Reinken, President Marc Goldberg, and Chief Compliance Officer Jacqueline Kniska to present the AscendAI vision and secure strategic alignment.
2. **Technical Validation Session:** Hold a session with IT and data teams to verify existing infrastructure, evaluate technical dependencies, and confirm integration viability.
3. **Resource Allocation and Budget Approval:** Outline team structure, vendor partnerships, and budget needs for Phase 1 implementation.

30-Day Milestones (Phase 1 Launch)

- **Data source connectivity established:** FHIR integration platform connected to Resilience Lab and Cerebral EHR systems; multi-source connectors established for operational systems.
- **HIPAA Compliance Infrastructure Validated:** Vanta integration operational; PARTY/PERSON architecture implemented; access controls and audit logging are functional.

- **Phase 1 Dashboard Prototypes Reviewed:** Executive dashboard mockups presented to CEO and board, with materials validated.

Decision Needed

Approve the start of Phase 1 implementation (Months 1-6) to begin delivering board-ready integration metrics by Q1 2026.

Phase 1 builds the foundation of TRUST, enabling all subsequent capabilities. Without unified visibility into integration progress, leadership cannot steer the merger effectively or demonstrate acquisition value to the board. The quarterly board reporting schedule creates urgency—delays mean missed opportunities to show systematic integration progress.

Conclusion: Integration as the Key to Excellence

The Resilience Lab acquisition demonstrates a strategic commitment to differentiate through clinical quality rather than just operational efficiency. CEO Brian Reinken's vision of becoming "a true center of excellence" highlights a positioning that can set Cerebral apart in an increasingly competitive market. However, this positioning depends on building a robust data infrastructure.

The capabilities described in this document address Cerebral's immediate integration challenges while paving the way for long-term transformation. Phase one provides executive visibility into the progress of integration, allowing leadership to make informed decisions and confidently report to the board. Phase two equips clinicians across the network with data that supports methodology adoption and professional growth. Phase three produces evidence of outcomes that validate the center of excellence positioning and enables AI-driven clinical operations that uphold quality at scale.

Success will be measured using the North Star Metric of Time to Trusted Insight, which shows how quickly stakeholders move from questions about integration or clinical effectiveness to confident decisions based on reliable data. In the merger context, this means executives can answer board questions about integration progress in hours instead of weeks, clinical leaders can identify methodology training needs before quality declines, and operations teams can optimize the combined network for both efficiency and clinical excellence.

The roadmap uses a two-pronged approach that addresses urgent integration needs while developing strategic capabilities. Each phase provides tangible value that meets current operational needs and builds infrastructure for future competitive advantages. This ensures the merger integration proceeds smoothly while the organization moves toward the vision of a center of excellence.

The opportunity demands a commitment to developing data capabilities with the necessary rigor and product mindset. While the merger creates a sense of urgency, rushing implementation without focusing on quality, governance, and user needs risks creating infrastructure that doesn't fulfill its intended purpose. Success depends on treating data capabilities as products that must demonstrate value to gain adoption, rather than just infrastructure users are expected to accept.

The team built to deliver these capabilities should balance technical excellence with stakeholder empathy, understanding both what is technically possible and what clinicians and executives actually need. The phased approach allows the team to start small and scale based on proven success rather than building large infrastructure without evidence of value.

The Universal Data Model offers structural integrity at its core—the engineering-grade framework that enables everything else. The platform capabilities built on this foundation address immediate integration needs and establish competitive advantages. The phased delivery approach demonstrates value before requiring larger commitments. Together, these elements help Cerebral achieve the strategic goals of the Resilience Lab acquisition: merging operational scale with clinical rigor to become a true center of excellence.

Timeline Note (Reiterated): As mentioned in the Executive Summary, implementation timelines are based on pre-employment analysis following standard healthcare data integration patterns. The final timeline depends on internal discovery of existing infrastructure, team capacity, and technical dependencies during the kickoff phase.