

**American Academy of Insurance Medicine – Executive Council
Meeting Minutes**

Sunday, October 12, 2003

The Executive Council meeting was called to order at 8:00 AM in the Salon 5 room of the Fairmont Scottsdale Princess Resort Hotel in Scottsdale, Arizona. A quorum was determined to be present. Participants: R. Frank, C. Jones, R. Watson, R. MacKenzie, W. Nowlan, R. Gill, J. Mocarski, B. Purvis, T. Murphy, S. Cannon, D. Duddlestone, R. Richie, C. Titcomb, J. Goldstein, P. Snow, T. Ashley, C. Davidson, K. Krause, V Kaufman, N. Smith, R. MacBride, Ellyn Holzman.

Agenda items:

I. Welcome – R. Frank

II. Minutes of the Spring Meeting – R. Watson
The minutes were approved without amendment.

III. Committee Reports

A. Secretary/Treasurer's Report – R. Watson & R. MacKenzie

AAIM's current financial position is strong. As of 9-30-03, AAIM has approximately \$832,600 in cash and investments. The Orlando meeting netted over \$60,000. The Triennial Course netted over \$30,000. Dues income for 2003 is \$117,200, which is similar to that of 2002. Tax Form 990 for 2002 was submitted. The audit for year 2002 was completed, and it concluded that the financial statements fairly presented, in all material respects, AAIM's financial position.

The AAIM bookkeeping function has been moved to Ellyn Holzman's accountant David Wirtanen, and his work to date has been thorough, timely, and competitively priced.

A "fiscal year" July-through-June comparison of the Profit & Loss experience for the last 2 years was presented. The net profit for 02-to-03 cycle was \$197,791 as compared to \$125,441 for the 01-to-02 cycle. The increase was largely accounted for by investment income, increased profitability of the AAIM Annual Meeting, the profit from the Triennial Course, and the decreased number of Journal issues published.

R. MacKenzie discussed the distribution of the AAIM investments and the AAIM investment philosophy.

T. Ashley asked what is the proper amount of monetary assets for AAIM to hold. C. Jones stated he was informed in the past that 3 years of operating expenses was a suitable number. This amount would be about \$500,000. R. Gill recounted his experience with a severe unexpected cash shortfall in an insurance medicine organization in the UK and stated his belief that AAIM as an organization can never have too much money. N. Smith recounted some details of recent past financial woes

of AAIM, including a \$100,000 loss of money on the 1998 Annual Meeting. R. Frank indicated that the present goal is to find ways to return the some of this accumulated value in the form of additional secretarial and administrative help for our volunteer members in areas such as the burdensome CME activities and the JIM.

B. Board of Insurance Medicine Report – P. Snow

3 members currently hold Accepted Candidate status with the BIM. The new written examination with questions from this year's Triennial Course were offered at this meeting. 7 candidates are currently scheduled to take the written exam and 3 the oral exam. Since the fall report, 1 Medical Director has completed all requirements for Board Certification. An additional 4 Medical Directors have completed all requirements for Board Certification in Insurance Medicine.

About half of all active AAIM members are presently Board Certified.

12 members serve on the BIM, but for several reasons, including the fact that the number of Board members attending industry meetings has declined, it has become increasingly difficult to find enough members to do the oral exams. C. Davidson stated that the opportunity for candidates to take the exam as promptly as possible is important because it can affect job status. Some corrective measures are being undertaken. R. Richie also suggested that the BIM consider expanding its number of Board members, which will be taken under consideration.

Knowledge deficiencies in certain areas have been identified and passed on to the CME Committee for their attention. ECG interpretation is a particular problem, with 1 in 5 candidates showing major weakness in this area. Some candidates have failed the exam twice due to ECG interpretation deficiencies. Usually, but not always, this is a consequence of the Medical Director's being employed in a situation that requires little or no ECG interpretation responsibility.

Potential remedial measures were discussed. R. Richie suggested having an afternoon session on ECG interpretation at every AAIM Annual Meeting. J. Goldstein stated that MDs need to see a large series of ECGs over an extended period of time to become proficient and that having mentor would provide additional help. The CME Committee will attempt to identify resources that can be used in addition to possible mentoring. One plan is to add an ECG interpretation section to the website. R. Watson suggested including a self-test and informing prospective candidates that the self-test needs to be passed before sitting for the Board exam. K. Krause stated that he intends to reinstitute the ECG section of the JIM.

C. Membership Committee Report – C. Davidson

8 individuals have applied for new or changed member status (6 active, 2 emeritus). The Council voted unanimously to accept them into the member status types as applied for. Current membership stands at 301 Active members, a decline of 20 from last October. In addition there are 18 Associate, 15 Affiliate, and 61 Emeritus members.

41 Active members that paid their dues in 2002 have not renewed in 2003, and an additional 35 have not paid in 2 years.

There was discussion about increasing international membership, which has dropped in recent years. One reason is the difficulties with JIM publication. Another is the difficulty in reaching international members who have lapsed. An additional reason per R. Gill is that the UK insurance industry has been decimated in recent years. He queried whether some of the Journal could be put on the website. B. Purvis suggested having copies of the Journal available at ICLAM. R. Gill stated that copies could be shipped to him at Swiss Re and he would see to that being done. He also suggested that some changes could be made in the Journal to make it more appealing and useful for international members, most notably including international units in all articles.

C. Davidson reported some uncertainty regarding how long non-dues-paying members should be carried on the rolls. R. Watson stated that discussion in the past with P. Snow had eventuated in the following plan which had been in effect for the prior 2 years: Nonpaying members failing to respond to either the initial solicitation or the Second Notice would be dropped from the membership roster in July of that same year but would be kept on the list for 1 additional solicitation cycle the following year. 2-year nonresponders would be dropped completely. The Council gave its assent to continuing this policy.

D. Education Committee report – J. Goldstein/V. Kaufman

In order to maintain our 4-year accreditation, AAIM must submit a progress report in February 2004 demonstrating correction of the deficiencies noted on the most recent review. The 2 areas of deficiencies are in the areas of disclosure of faculty commercial relationships and consistent use of an appropriate accreditation statement. The progress report will include documentation from each of the educational activities accredited by AAIM in the interim as well as narrative descriptions of the changes that were made to correct deficiencies.

Discussion ensued regarding the best way to handle faculty disclosures. D. Duddleston indicated that his Program Committee found having a single separate page containing all disclosures to be the best option. V. Kaufman stated that MDs employed by reinsurers must always disclose that relationship if their company is a donor to AAIM. Documentation is a tedious process and it is the responsibility of the program directors.

T. Ashley queried whether all courses must be in compliance in order for one to be accredited. V. Kaufman responded that individual activities of AAIM can occur without CME accreditation without jeopardizing other AAIM activities.

The question of nurse accreditation arose. V. Kaufman stated that AAIM educational activities did maintain nursing accreditation for several years. This is an onerous process that requires the active involvement of baccalaureate nurses and ultimately

proved to be too much work for the few nurses who had been doing it. AAIM does still provide a document to nurses affirming attendance at the AAIM activity.

It was stressed again how critically important from an accreditation standpoint it is that the CME Committee and/or Education VP be involved in any and all decisions regarding AAIM's CME programs. The CME Committee has a different at-large member designated as a liaison for each AAIM activity. This arrangement has met with some success and will continue again through the next year.

The new Triennial Committee has been formed and the search is on for a new site for the 2006 Triennial Course. Non-resort hotels in Washington DC and Las Vegas are being considered. Increased underwriter attendance is being sought to offset an expected drop in medical director attendance. V. Kaufman stated that underwriters at the 2003 meeting added a valuable perspective to the small group sessions.

Appointment of a Vice-Chairperson for the CME Committee continues to a very high priority. The expectation is that this person will eventually assume the role of Chair.

It is desirable to have the AAIM Executive Secretary assume some of the tasks of the CME Committee. J. Goldstein will put together a concrete list of things for Ellyn Holzman to do. She recommends that Ellyn also go through a CME training session. We need to make this position much more strategic.

E. Professional and Public Relations Committee Report – D. Duddlestone

OTR will give AAIM a free full-page ad in 1 issue per year.

The web site is being masterfully maintained by Keith Clark. Despite the lack of a formal succession plan, volunteers stand ready to step in and keep the web site running smoothly if needed.

The Constitution issue regarding “positions available” was not addressed at yesterday's committee meeting but will be addressed at the next P&PR meeting.

R. Watson stated that the web site has this year reached the position where it is paying for itself: the income from ads slightly exceeded the costs of maintaining the site.

E. Morbidity and Mortality Course report -- T. Ashley

Brian Ivanovic, Marianne Cumming, and Ken Krause taught the Basic M&M course with 20 participants this year. Brian Ivanovic and David Wesley taught the Advanced M&M course with 6 participants.

Cliff Titcomb is Chair of the Morbidity and Mortality Liaison Committee, which is publishing the Elevated Blood Pressure Study and has 2 new studies underway, a Build study and a Diabetes study. A plea should be taken back to participating

companies to provide policy and vital statistic information on reported codes. The sticking point is the lack of will to provide data processing time in company IT depts. C. Jones stated that every company needs someone to push this initiative and the Medical Director is the best person for this task. C. Titcomb emphasized the high value of these studies for both the industry and society at large. K. Krause offered to publish in JIM a commentary piece if Cliff or Tom Ashley puts one together.

F. Journal of Insurance Medicine report – K. Krause

The Editor role transition is pretty much complete. There are 3 issues of the Journal at Allen Press in various stages of completion. It was agreed that the best plan is to leave 2003 at 3 issues and then start 2004 fresh with Volume I. R. Frank expressed his appreciation to Ken for his hard work in getting the Journal back up to speed.

R. Gill queried whether it would be easier to put out 2 issues a year. K. Krause agreed but stated the current goal is 4 issues. This could, however, prove a serious challenge from the standpoint of content. Articles pertaining to AAIM meeting presentations are one partial solution and are being done starting with this meeting. There is a substantial expense of approximately \$1200 per presentation for taping, transcribing and editing it into a Journal article, and the goal would be 4-6 maximum per annum.

R. Gill queried whether company articles such as those in the General Re quarterly publication could be considered. K. Krause stated there was a conference call about that and it was agreed that such articles could be included provided they were devoid of promotional company content and completed the peer review process.

Older articles by Richard Singer and Michael Kita are also under consideration for republication. C. Jones stated that AAIM is in possession of archival materials dating back to 1889 and that retrospectives on this material would be worth doing. R. Frank suggested an appeal to the membership to write something for the Journal.

The goal is to stay true to the JIM mission statement and to publish for as broad an audience as possible.

The peer review process is important, but there is difficulty in its execution. It is really important that the process be constructive and lead to an improved article. A long-term goal is that it be a quality improvement process. The best method for tracking results has not yet been determined; it may involve a numerical system.

Kevin Somerville has taken the role of Associate Editor for International Affairs. His job is to promote the Journal abroad and increase participation in writing for it. Linda Goodwin has vacated the role of Deputy Editor and returned to her role as editor of the graphics section. The former role will remain open for now. Ross MacKenzie has agreed to be editor of the new ECG section.

The Editorial Board consists of several industry people and several academics. K. Krause would like to beef up the latter group, which is used mainly for peer review and as a resource for statistical and actuarial issues.

The plan is to continue to use Allen Press as the publisher. There are no specific issues with them to date. We don't have a contractual relationship with Allen Press at present, though N. Smith stated that Nigel Roberts had said we did. (K. Krause checked again with Allen Press -- they cannot find documentation of a formal contract with AAIM.)

Lara Burita is continuing as Editorial Assistant. She deals with publication issues on a day-to-day basis and is paid on a consultant basis.

Other minor costs include covering the fee for reproductions if an author's company refuses to cover it.

K. Krause would like Ellyn Holzman to take over the advertising-related tasks, such as managing receipt of ads and the fees.

3 main expense items for the year are \$1500 for Ken to join the CSE and attend a meeting, cover the cost of a site visit to Allen Press, and pay \$595 for a listing in the Allen Press Buyer's Guide. The former two were approved; R. Watson stated that the latter item has already been done for next year.

Regarding the issue of publishing the Journal electronically on the website, there are no plans at present to make the entire Journal electronically available. However, strong consideration is being given to publishing the JIM table of contents and possibly a couple of articles on the web site. R. Frank opined that the abstracts would be desirable. C. Titcomb stated that the hard copy is desired by many and it has a value as a marketing tool. R. Watson posited that in the not too distant future electronic publication will be the expected and preferred method of accessing journal information and recommended that JIM consider having a 3-year plan to get to that position. R. MacKenzie stated that he has a subscription service with a local library that allows him on-line access to the full articles of many medical journals. He recommends that the Journal consider making itself available through this type of service.

C. Jones stated that the Journal has about 60 nonmember subscribers who are virtually all international. He will be turning over that list to Ellyn to begin managing next week.

G. AMA Report – R. Richie

AAIM members need to support the AMA. All AAIM members should list insurance medicine as their specialty when renewing their AMA membership. The quality of many AMA reports, such as those on National Disaster Support, adolescent abuse,

and safety belts, is impressive and thorough, and it is recommended that links to these reports be established from the AAIM web site.

Rod has been given a few minutes at the business meeting to present on the AMA to the general membership.

H. Nominating Committee – R. MacKenzie

3 individuals have been selected for nomination to at-large Executive Council positions: Tim Meagher, Rob Lund, and Karen Blackstone. Bob Watson has been chosen for Vice President nomination, Mike Clark for Secretary/Treasurer, and Cliff Titcomb for Scientific Program Chair.

Appreciation was expressed to the 3 members rotating off the Executive Council.

I. Meeting updates

2003 Annual Meeting – R. Frank/D. Duddleston

Attendance is 140 and is down due to the Triennial Course. 7 underwriters have registered. Donations will help the meeting generate a small profit of about \$5,000. We are 30 room nights shy of contractual obligation. Everything else is looking good.

2004 Annual Meeting – C. Jones

The meeting is set for Oct. 4-7 at the Denver Grand Hyatt. Cliff Titcomb is Program Chair. The Medical College of Colorado will provide faculty.

2005 Annual Meeting – S. Cannon

The meeting is set for the Fairmont Hotel in Chicago Sept. 19-22. Ann Hoven will be Program Chair.

2006 Annual Meeting – R. Watson

The meeting likely be at the Westin La Cantera in the Texas Hill Country about 12 miles from the San Antonio airport. A final decision will be made after Elyn visits the site in January. Rod Richie will be Program Chair.

IV. Old Business:

A. Archival Efforts – R. Frank

Elizabeth Maule has provided a list of specific items that AAIM needs to have catalogued and archived on an ongoing basis.

Tom Ashley has visited the 2 proposed sites for housing the AAIM archive. The first is the Insurance Library Association of Boston. They have expressed a strong desire to have our materials. The second is Davis Library of St. John's University, located in Manhattan. This library was founded by the Insurance Society of New York. Tom provided the Council with details of both places and presented the relative benefits of each. He circulated some representative materials from each place. The 2 main criteria he believes worthy of consideration in making the final choice

accessibility/viability and exposure. In both instances, the Davis Library surpasses the Boston site. The Council agreed to the selection of that site.

B. AAIM Secretariat – Ellyn Holzman

Ms. Holzman provided her perspective on working with AAIM to date and some information on the kinds of additional services her organization has to offer in the areas of administrative work and facilitating the processes of AAIM.

N. Smith reminded the Council of the problems that were encountered in the past with an Executive Director and stressed the importance of making sure that controls are in place to prevent, for example, an AAIM President from unilaterally dramatically exceeding a meeting budget or other AAIM members from going directly to Ellyn with requests for billable work outside of the contract structure. A Financial Planning Policy was created in response to past transgressions and still remains in force. It specifies within strict bounds the amount of money the President may exceed a budget for a meeting without prior approval. It is currently in the process of being updated by the Finance VP, as is the AAIM Travel Policy.

R. Watson stated that the Executive Secretariat's duties have been, and must be, strictly specified in a contract. Beyond those defined duties, the Secretariat must report only to the Secretary/Treasurer and AAIM President. Any additional unspecified tasks that any other AAIM member wishes the Secretariat to perform must go through one of those 2 positions for approval.

C. Jones and R. Frank will work with Ellyn in putting together a new contract going forward.

V. New Business

There was no new business.

The Executive Council meeting was adjourned at noon.

Respectfully submitted,

Robert Watson, MD