

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

Sunday, October 20, 2002

The Fall Executive Council meeting was called to order at 8:30 AM in the Marvin Gardens Room of the Disney BoardWalk Hotel in Orlando. A quorum was determined to be present. Participants: R. Braun, R. Frank, C. Jones, R. Watson, R. MacKenzie, R. MacBride, W. Nowlan, A. Hoven, M. Engman, S. Cannon, B. Purvis, K. Clark, C. Titcomb, D. Duddlestone, R. Richie, V. Kaufman, J. Goldstein, J. Cotlar, P. Bell, P. Snow

Agenda items:

I. Welcome – R. Braun

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

III. Committee Reports

A. Finance Committee Report – R. Watson & C. Jones

AAIM's current financial position is strong. As of 10-7-02, AAIM has \$739,000 in cash and investments. The Ottawa meeting netted \$58,448. The annual audit for 2001 performed by Schluter & Budenske PLC found that AAIM's financial statements presented fairly, in all material respects, our financial position as of December 31, 2001. Total equity as of that date was \$429,388.40.

Conservative investments overseen by R. Fidelino have yielded a year-to-date total return of \$28,800.03. It was recommended and approved that the authorization level for the Finance VP to transfer funds into new investments be increased from \$50,000 to \$100,000. This is a usual level of funds transfer these days. Ross MacKenzie as the new Finance VP will have authorization to do this. It is planned that an additional \$100,000 will be placed in CDs after the bills for this meeting are paid.

B. Board of Insurance Medicine Report – A. Hoven

There are 30 accepted candidates. An additional 4 Medical Directors have completed all requirements for Board Certification in Insurance Medicine.

K. Petersen and A. Hoven have updated the MIB Study Guide, copyrighted to AAIM.

A. Hoven & K. Clark have completed a claim study guide, copyrighted to AAIM, that has been placed on the website.

P. Snow is coming in as the new Chair, with B. Empringham as Vice Chair, and K. Petersen as Secretary/Treasurer.

C. Membership Committee Report – P. Snow

9 individuals have applied for new member status. The Council voted unanimously to accept them into the member status types as applied for. Active membership stands at

321, a decline of 6 from last year, consistent with our slowly declining membership base. The issue was raised in committee as to whether international members could be charged lower rates for AAIM membership, but it was determined that there were quite a few problems with attempting to do that.

It is desirable to recruit more members from DI & LTC, and toward that end to continue having breakout sessions pertaining to DI & LTC. R. MacKenzie stated that AAIM needs to have something significant to offer MDs who work in DI to attract them, especially given the existence of other organizations that cater directly to this segment. V. Kaufman stated that the CME membership survey found that a significant portion of our membership have an interest in DI & LTC. R. Frank pointed out that the projected maximum numbers for attendees to the next couple upcoming AAIM meetings have already been contractually set, so a substantial increase in recruited attendees could not be accommodated at these meetings without displacing current AAIM members.

P. Snow announced he will be turning over the Chair in the near future, now that he is assuming the position as BIM Chair.

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

The AAIM CME survey was completed in March 2002. The information obtained from it is being analyzed and passed on as appropriate.

The AAIM CME Mission Statement has been reviewed and is believed to be accurate as written. It has been determined to be appropriate to include “health” because AAIM’s scientific talks benefit people who do health insurance. The Executive Council voted to keep the Mission Statement as is. DI & LTC are included in the mission statement as well. DI is represented on the committee by R. MacBride. V. Kaufman will seek representation from someone who works in LTC.

The AAIM CME Policy on Commercial Support was submitted for approval. C. Jones recommended that it be posted on the website. ACCME is placing a strong emphasis on regulating commercial support. Discussion ensued about the parameters for disclosing commercial bias. The current practice is to ask a single question whether commercial bias was perceived in the program. R. Richie recommended that instead the question be asked for every speaker. He has seen it done that way at other meetings. Doing it that way identifies the speaker who has the perceived bias, which allows the circumstances of the situation to be evaluated. The policy was approved. R. Watson asked what happens if there was commercial bias perceived. J. Goldstein says nothing happens. Bias is OK, provided there is appropriate speaker disclosure in advance.

ACCME certification comes up for renewal next March. The information for the review is due to ACCME in November. AAIM is in good shape. A self-assessment

has shown exemplary compliance in most areas. ACCME requires exquisite detail in all CME-related procedures & processes.

The question was raised about whether administrative support is needed for the CME-related activities due to the heavy workload involved. C. Titcomb stated that industry changes and increased requirements have left us with a lot of hoops to run through and fewer resources to do it. He believes that administrative support makes sense if it can be done in a cost-effective way. M. Engman stated that there are many people who have experience doing this. R. Frank stated that he favored having more at-large members to help out instead. The idea would be to have a strategic group of members work on CME. He recommended making a recruiting bid to the AAIM members at the meeting from the podium. It was agreed this would be done.

It was generally agreed that there needed to be a CME role on the Scientific Program Committee. V. Kaufman and J. Goldstein indicated that they have been filling that role.

D. Duddleston stated that he is going to have his administrative assistant provide a framework for plugging CME requirements into the Scientific Program that can be used in an ongoing basis.

The AMA Physicians' Recognition Award is the most useful type of CME credit to offer because of its widespread recognition. AAIM needs to follow the rules for the PRA in addition to the ACCME guidelines.

R. Braun inquired about regional meetings. V. Kaufman reported that the Twin Cities Medical Directors (TCMD) is the only currently active regional group of AAIM.

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

D. Duddleston expressed his gratitude to K. Clark for his good work as webmaster.

The PPR Committee has been newly reconstituted. Informational brochures about AAIM were rewritten a year ago and posted on the website.

The committee has addressed the question of how we can foster improved relations with other groups. One initiative is to recruit & make available AAIM members to give presentations at other groups' meetings. A second initiative is to try to get more underwriters to come to our meetings. AAIM would invite them to the Annual meeting, then draft an agenda specifically for them onto our meeting. For example, an alternative breakout session, such as learning to read ECGs, for underwriters who don't wish to attend the main session could be provided. It would be a non-CME hour, so it would not involve CME issues. An AAIM member would serve as the teacher, so there would be no cost. The Scientific Program Director would make that call. R. Watson pointed out that underwriters are already being invited to the Annual Meeting via our use of the AHOU mailing list. He suggested polling the underwriters in attendance at this meeting to gauge their interest in having an underwriter-directed

alternative to AAIM's excellent morning platform presentations to help judge if there would be sufficient interest in such an alternative. D. Duddleston stated that he expected this would be a slowly developing process where very few underwriters would initially attend the alternative. The concern was again expressed that upper limits on attendees are already set for the next couple years. D. Duddleston stated that an upper limit on the number of underwriter attendees would have to be established so that AAIM members desiring to attend would not be displaced.

Regarding the website, everything has been favorable. K. Clark has created an electronic document repository for AAIM. He gave a step-by-step demonstration of how Executive Council members can access and navigate the site. D. Duddleston stated the plan is to place AAIM documents and working notes on the site. It needs to be decided exactly what documents we want to put on it. C. Jones queries whether there should be limits on the amount of information that is placed there to keep the site from becoming overloaded and difficult to use. M. Engman stated that some thought needs to go into deciding how to use it. There should be some expectations of Executive Council members as to what documents must be stored there. He believes that committees should decide. M. Engman also queries what is the right platform if the site grows large. K. Clark agreed that is an important consideration for the future, but the site as constructed has a large enough storage capacity to accommodate all AAIM's document storage needs.

F. Morbidity and Mortality Course report – C. Titcomb

Brian Ivanovic taught the course on Saturday. Two workshops are being presented at the Annual meeting. They will pertain to using the SEER database. Mortality methodology-related topics will continue to be presented at AAIM meetings on an ongoing basis.

The MMLC (Morbidity and Mortality Liaison Committee) has completed the Elevated Blood Pressure Study and has two additional studies on diabetes and obesity in progress. Because only 5 companies supply 75-80% of the data, there are limitations on the types of information that can be meaningfully extracted from it. The MMLC is encouraging AAIM members to get more support from their companies. One proposal is to see if this can be done for a fee. Unfortunately, mortality studies are not a high priority for member companies.

Regarding the Morbidity & Mortality Course, Swiss Re signed over to AAIM the copyright for the course workbook this year. AAIM needs to keep control of that material, and the course can only be taught by AAIM.

G. Journal of Insurance Medicine report – M. Engman

Publication of the Journal has been delayed this year for reasons that have been previously discussed. The current plan is to get out two issues before the end of 2002 and two issues in the first quarter of 2003. He will confirm that AllenPress is capable of doing this, then report to the membership that this will be done.

One possible option is to publish only two issues for the year 2002. Advantages are that this buys extra time to get manuscripts in to complete all four issues for year 2003 and the cost savings. Disadvantages include the possibility that this might adversely affect the Journal's standing with MedLine and the NLM. M. Engman stated that he has been reassured this would not be a problem if we put out four late issues for 2002, but he didn't discuss the whether there would be adverse consequences for putting out only two total for the year. The Executive Committee were in agreement that we need four issues if doing otherwise would jeopardize the Journal's standing with those bodies.

M. Engman inquired whether the Council would object to putting out only two if that would not jeopardize the Journal's standing. A. Hoven asked why not put out three? R. Frank recommended leaving the total number up to the editor's discretion, as long as we get back on schedule. M. Engman agrees that the membership needs to get all four issues in a timely fashion in 2003. There was unanimous Executive Council approval that it is acceptable to put out only two for 2002 if doing so would not jeopardize the Journal's standing with MedLine & NLM.

M. Engman pointed out that we are a small organization with limited resources that requires a substantial amount of volunteer time. The JIM itself requires a heavy time commitment. One thing that needs to be done is move toward an all-electronic process. The options for doing this include Scholar I and AllenPress's website-based process. The former is good, but expensive. An advantage of the latter is that we are already submitting documents to AllenPress, our publisher.

M. Engman has retained with Council approval an Editorial Assistant to help with the editing process. The figures for the Assistant were approved. Linda Goodwin has graciously accepted the invitation to become Deputy Editor. The Associate Editors and Assistant Editors have been named and their duties have been delineated. The Editorial Board is being put together. Further details are laid out in the JIM Committee Report.

A. Hoven commended Marty for his good work. R. Braun stated that John Elder once said that his editorship of the JIM took 50% of his time. R. MacKenzie stated it may be time to take a hard look at the Journal and the dissonance between what we want and what is practical. The Journal is at high risk. M. Engman agrees that we are a small organization and questions whether we will have the material in the longer term to fill the Journal. Many of the regular contributors to the Journal are nearing the end of their professional careers.

H. AMA Delegate report – R. Richie

R. Richie attended the AMA Annual meeting was impressed that 75% of the meeting business was purely altruistic. The number one issue is the malpractice crisis. It is very important for AAIM to have a voice in the AMA. This involves a significant time commitment, including compulsory attendance at two meetings a year of 5-6

days each. He covers the resolution committees addressing issues most likely to affect AAIM. Michael Clark has agreed to serve as AAIM's alternate delegate.

I. Nominations – R. MacKenzie

Nominations were presented to the Executive Council with no dissent. R. MacKenzie explained that he accepted the nomination for Finance Vice-President after the original nominee declined to accept.

J. Meeting updates

Triennial Course – R. Watson

The Course will take place March 2-6 at the Westin Innisbrook Resort, 30 minutes NW of Tampa International Airport. Planning has proceeded with no significant problems. Members of the Executive Council were encouraged to spread the word at their companies and encourage colleagues to attend.

2003 Annual Meeting – R. Frank

The meeting is set for Scottsdale, Arizona. Dave Duddleston will be Program Chair.

2004 Annual Meeting – C. Jones

The meeting is set for Oct. 3-6 at the Grand Hyatt in the renovated portion of downtown Denver.

IV. New Business:

Proposed Executive Secretary Position

R. Watson presented a detailed written proposal for the position of Executive Secretary. C. Jones stated that AAIM Secretary/Treasurer activities require up to one-third day of work daily, with even more in the months leading up to the Annual Meeting. The likelihood of finding an AAIM member to assume these duties under such circumstances next year and in the future is very low. C. Jones stated that Ellyn Holzman, AAIM's convention planner for our past two meetings, has expressed a strong interest in having her company assume the secretarial duties. Her company already performs these duties for another medical organization. She also expressed a willingness to assume the registration and other organizational tasks for the Triennial Course.

A. Hoven expressed the concern that AAIM should put the position out for bid. R. Watson indicated that a spouse of a member has offered to assume the position for the suggested yearly fee, so there is a baseline alternative option. He expressed the opinion that any potential candidates for this position who were not spouses of AAIM members other than Ellyn Holzman, who is already doing the AAIM meeting, would likely be more expensive because of travel costs. C. Jones recommended that Ellyn Holzman be used on a trial basis for the Triennial and then have R. Watson report back at the Spring Executive Council meeting. R. Watson stated that he preferred that somebody assume all Executive Secretary duties immediately. This could be done on a six-month or one year trial basis. These duties include doing the registration for the

Triennial Course. R. Richie made a motion that R. Watson be given permission to pursue the hiring of an Executive Secretary according to this plan. There was unanimous approval by the Executive Council.

AAIM Archivist – R. Frank

R. Frank discussed the desirability of retaining Richard Singer's daughter, who, is an archivist, to help archive historical AAIM materials. He reiterated that the archive needs a site, and that the American Society of Actuaries' facility in Chicago may be able to house it. The Executive Council agreed to have R. Frank pursue that arrangement with a reasonable upper ceiling of expense worked out in advance.

Dr. John Iacovino has expressed an interest in helping with the archiving process. It was recommended that he oversee and help Ms. Singer organize what we have and decide what we wish to preserve.

The Executive Council meeting was adjourned at 12:00 PM.

Respectfully submitted,

Robert Watson, MD