

**Triennial 2006
Report to the Executive Council
May 14, 2006**

Feedback

- 65 evaluation forms returned
- General

	Average rating (scale 1-5)
Overall quality of the meeting	4.78
How well were educational objectives met	4.85
Was the educational content scientifically sound	4.80
Meeting facilities and layout	4.58
Hotel overall	4.60

- Speaker ratings ranged from 4.1- 4.8 (scale of 1-5)
- Topic and Objective ratings ranged from 4.0- 4.7
- Format (mix of lectures and workshops) very well-received
- Length of course (4 2/3 days) generally felt to be about right
- Urban vs. resort location: 56% favored urban, 27% resort, 18% no preference
- Most felt cost of course and hotel were acceptable. Some felt hotel was too high. No one felt cost of course was unacceptable. (Some noted course cost high, but worth it)

Attendance (not including faculty)

- Total paid: 96 plus 9 spouses and one-day attendees
- 55 AAIM members, 41 nonAAIM members, 9 spouses and one-day attendees
- 29 international attendees (not USA or Canada) from at least 12 countries
- 13 (approx) non-physicians
- 21 (approx) representatives from reinsurance companies

Expenses

- Total income (Registration fees plus donations): \$146,205
- Total expenses: \$162,209
- Net subsidy from AAIM: (\$16,004)

Challenges for the Future

Discussions began in Miami about the challenges faced in sponsoring the 2006 Triennial, and a concern that these challenges would become more daunting in the future. Concerns raised included the following:

- difficulty in recruiting course director and planning committee members
- difficulty in recruiting faculty
- perceived decrease in attendance
- perceived shift in type of attendees (fewer experienced medical directors, more international, more non-physicians)
- fewer medical directors participating in Board of Insurance Medicine certification (hoping for some numbers from Ellyn)
- impact of Triennial on AAIM's annual meeting

Discussion continued in the wrap-up teleconference with the Triennial 2006 Planning Committee on 4/6/06, and an additional teleconference was held on 4/28/06, with participation by:

Valerie Kaufman, AAIM Education VP and Triennial 2006 Planning
Committee chair

Mike Fulks, Triennial 2006 Planning Committee
 Linda Goodwin, Triennial 2006 Planning Committee
 Mike Clark, Triennial 2006 Planning Committee, AAIM Vice President
 Laura Vecchione, AAIM CME Committee chair
 Bruce Empringham, Board of Insurance Medicine chair
 Ellyn Holzman, AAIM Secretariat

Jacki Goldstein, AAIM President-Elect and Hatty Tsai, CME Committee were invited to participate, but were unable to do so due to scheduling conflicts.

A synopsis of these conversations and the issues discussed follows.

The stated CME objective for the Triennial is:

“The objective is to present an intensive review and discussion of the common topics of medical and underwriting importance with an emphasis on mortality risk considerations. This course is particularly helpful for those medical directors preparing for the Board of Insurance Medicine examinations.”

Is this objective still appropriate, and does the Triennial still meet a need of the membership? Probably yes to both.

- The feedback from this Triennial is consistent with that from prior Triennials: attendees feel it is an excellent, highly valuable learning experience
- This perception tends to persist. Attendees of past Triennials, even those who have completed the board certification process, often wish to attend additional Triennials
- Most people who go through BIM certification attend a Triennial
- The Triennial is unique – there is no other course like it

Is Triennial attendance decreasing and is the mix shifting? The 2006 Planning Committee projected a drop in attendance, and there was a significant decrease. It is not clear whether the decrease can be explained completely due to the changing industry environment in the industry, or if other factors came into play (meeting too expensive, didn't like venue or program, etc). Any further decrease in attendance in the future would have a very significant financial impact. In addition, the mix of attendees may be shifting toward more international and nonAAIM members.

	2000	2003	2006
Total paid attendance	126	124	96
AAIM members			55
NonAAIM members			41
Physicians		95	≅83
Nonphysicians		29	≅13
International			29

What is the most important challenge to continuing on with the Triennial as is?

After much discussion, the conclusion was that the single most pressing issue is the difficulty in recruiting planners and faculty. Possible reasons why this has become increasingly difficult:

- Trend toward “leaner” medical staffs, with less work time available for industry involvement.
- Fewer companies supportive of this type of commitment
- Pool of potential planners/speakers is smaller as AAIM membership has decreased.
- More medical directors working as consultants without company financial and administrative support. Many consultants cannot afford to spend the time preparing Triennial presentations, or the time away from work to participate on the faculty.

- Retirement of some long-standing faculty, with loss of company financial and administrative support. (Same issues as consultants).

What are some of the other challenges?

- Financial. A small subsidy was required for Triennial 2006 – an amount very close to the fee charged by UnConventional Planning for their support of the meeting. It would be virtually impossible in our current environment to stage the meeting without utilizing a professional meeting planner. Registration fees were increased this year, and while no attendee felt the registration fee was too high, we cannot know if the increased fee contributed to the drop in attendance. Any further decrease in attendance would significantly aggravate this delicate financial situation. Registration fees for the last 3 Triennials were:

	2000	2003	2006
AAIM Members, Early	1200	1200	1300
AAIM Members, Late	1200	1275	1400
Non AAIM, Early	1200	1350	1450
Non AAIM, Late	1200	1425	1550

It is important to note that dues for AAIM members has increased during this time period. An additional financial consideration is the growing number of medical directors working as independent consultants (as well as a smaller number of retirees) who lose significant income by spending time preparing and serving as on-site faculty. The honorarium offered to Triennial faculty is only intended to assist with travel expenses.

- Educational needs of AAIM members. With the changes in our industry, have the educational needs of our members changed? Or if the needs are the same, do we need to develop new ways of meeting those needs? The CME Committee, as well as the Triennial discussion group recommends conducting a survey of our members. We hope to include the survey with the mailing of the Annual Meeting brochure in late May or early June.

Recommendation

The group’s opinion was that there is still a need for the Triennial – there is no other place to get that kind of industry focused, broad-based overview, and most BIM candidates still attend a Triennial. We discussed several alternative ways of presenting the Triennial content:

- Breaking it up into pieces and adding a day or 2 before or after each annual meeting. Cover all topics in a 3 year cycle.
- Breaking it up into pieces and having more frequent, but shorter and less expensive overview/board review meetings.
- Breaking it up and incorporating a “Triennial track” into our annual meeting, to run parallel to the regular annual meeting sessions

However, the group felt that none of these alternatives adequately addressed the most important constraint: recruitment of planners and faculty. Also, many felt strongly that breaking up the Triennial would significantly erode its unique value. So, the group’s recommendation is to consider the following:

- Every third year, instead of having the traditional annual meeting, have a Triennial-type meeting instead. Business and committee meetings could be held during this time. Instead of finding planners and faculty for 2 meetings in the Triennial year, we would only need to fill slots for one meeting. This would also save on fees for our professional meeting planners.

This recommendation requires much further analysis, and the results of the member survey (if done) will need to be considered. This should be a high-priority project as a decision should be made by our fall meeting so that the planning process for the next “Triennial” can begin.