

Article from **The Stepping Stone** July 2017

Issue 66

PERSONAL DEVELOPMENT

How My Daughter's Health Condition Influenced Me as an Actuary

By Larisa Treyster

y daughter Samara, whom we affectionately call Sami, was born in April 2016 with a bilateral cleft lip and palate. Having a child with a medical condition is difficult for any parent, but for me, as a health actuary, the experience was also fascinating, as I got a firsthand look at navigating the complicated world of health insurance. My 15-week maternity leave was largely spent taking care of Sami's cleft-related medical needs: feeding modifications, a weekly three-hour round-trip visit to her cleft team for orthodontic adjustments, and preparing for and helping her recover from her first plastic surgery. When I came back to work, I found that my perspective had changed. I learned several important lessons that helped humanize the industry for me.

IMPORTANCE OF COMMUNITY BUILT AROUND A HEALTH CONDITION

As actuaries working with member data, we are taught every day to protect member privacy, and anonymous data becomes the norm. Health providers often go to great lengths to protect our members' privacy as well, by asking to confirm your birthdate before you are led to the examination room, or only using your first name when the receptionist calls you up to fill out papers.

Fortunately for my family, this norm was turned on its head when Sami became a cleft patient. Our cleft team encouraged me to connect with other cleft moms via Cleft Mom Support, a Facebook group with more than 5,000 parents who share questions, support, stories, advice or just beautiful pictures of their cleft-affected children. I was able to talk to other parents about any miniscule question I had about the process with my specific hospital and surgeon.

Clefts are not very well understood by the general public, since many people only hear about them through donation pleas for children in impoverished countries, where a cleft is boiled down to "a simple cosmetic procedure that can save a child's life." In reality, a cleft often affects a child's ability to eat, hear and speak, not to mention the effect of having multiple surgeries at a young age, and the self-esteem issues that go along with having a facial difference. Technology enabled us to voluntarily break down the privacy barriers on our own terms, and to help each other cope with a common problem.

In addition to the virtual community, our hospital encouraged and facilitated several social events that became the highlight of Sami's first year. The MyFace charity arm of our hospital's craniofacial unit sponsored a holiday party at a children's museum, where we chatted with the doctors and nurses from Sami's medical team. We also got a future look beyond Sami's first year by connecting with families of older children who had a cleft. The emotional support and satisfaction of these events is so important for families coping with a medical condition, since they connect us over a common bond in a very positive way. Privacy is important when dealing with member data, but connection is even more important for our members, and I am so grateful that our medical team understood this.

BEHIND EACH HIGH-COST CLAIMANT IS A STORY

At work, we often discuss high-cost claimants in a very macro sense, mostly concerned about their cumulative effect on our bottom line or reserves. When my infant daughter became one of these high-cost claimants in her first year of life, I realized that each high-cost claim is also someone's daughter, uncle, sister or neighbor. Each hospital stay is a stressful and significant event not only for the patient, but also for every dependent on that policy.

HEALTH INSURANCE IS REALLY CONFUSING, EVEN FOR AN ACTUARY

I thought I was an expert on how health insurance really works. After all, I work inside the industry. During open enrollment, I diligently compared plans that my company offers versus my husband's, confident in my understanding of the various cost-sharing levers like copays, deductibles and coinsurance. I usually understood most of the explanations of benefits for routine visits. When Sami's medical bills started arriving, I felt like someone was laughing at me "Ha! And you thought you understood how medical claims work."

For example, we got an estimate of our costs prior to Sami's second surgery to repair her palate; this estimate included a calculation of our out-of-pocket share. I was pleased with how well the system seemed to be working; since I paid for the cost of surgery the same day, it was as quick as pharmacy claim adjudication. A few weeks after the surgery, we got another large bill from the hospital. After a few phone calls, I learned that the initial estimate only included the hospital stay and not the services of the physicians who treated Sami. To us, as the customers, it was all one dizzying hospital experience, so it was very confusing to get two separate bills. I often hear the restaurant analogy for how simple health insurance *should* be. In our case, it would be like paying for dinner in two parts: half the bill, covering the cost of sitting at the restaurant, paid upon eating dinner; and then the other half covering the services of the chefs, waiters and busboys, arriving in the mail a few weeks later. If the experience was this confusing for someone employed by the industry, I can't imagine how confusing it must be for our average member, especially during an often stressful time.

I AM SO GRATEFUL FOR HEALTH INSURANCE

The debate around health coverage is hotter than ever, both in Washington and in American households. Many millions of Americans still don't have affordable health coverage, and there is no easy solution. Sami's medical experience taught me the importance of having access to affordable coverage. Some of the claims for her surgeries had eye-popping dollar amounts, and I cannot fathom how difficult seeing these amounts must be for people without health insurance, especially since they don't get the benefit of the discount negotiated by the insurance company. The health insurance industry that employs many of us is in the middle of this heated debate. We have to remember that even as our industry is vilified, we are here to serve our members, so that they, too, can benefit from the security of affordable health care that I experienced during Sami's medical care.

CONCLUSION

The first year of Sami's life was very stressful, but if I had a magic wand, I would not change the experience. Sami endured a lot of pain and upheaval, but it made her stronger. Her medical issues are not 100 percent behind her, but I know she will be able to handle any other surgeries and therapies with the same resilience she demonstrated as a baby. The experience changed me as well; it opened my eyes and my heart to the human side of the members we serve every day. Even though most actuaries don't deal with claimants every day, gaining the empathy and perspective to look at the people behind the data gives me more depth and satisfaction in my work.

WHAT ACTUARIES CAN LEARN FROM THIS EXPERIENCE

Frame the Discussion Around People, Not Numbers

When talking to internal stakeholders, try to bring the members we serve into the discussion. For example, during benefit design and pricing season, we can look at claim costs two ways: the insurer's liability or the member's liability. Framing the



discussion around what a member might pay when talking to the sales or marketing department would send the message that we care about our members and not just the bottom line. We can achieve both sound financial results and create an attitude of care for the member.

Wield Influence as a Member

Actuaries who work in health insurance are often members of our own product. We interact with doctors, office staff and the insurer's customer service. Ask tough questions, and try to get understanding on your benefits. Use the frustration or lack of clarity you face to bring the perspective to the insurance company's leadership. Health insurance is a complicated and slow-moving market, but these small interactions by actuaries can help drive the attitude that the industry needs more clarity and cohesion.



Larisa Treyster, FSA, MAAA, is a health actuary at Horizon Healthcare Services Inc., New Jersey's oldest and largest health insurer. She can be reached at Larisa.Treyster@Horizonblue.com.