



**SOCIETY OF  
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## 2020 SOA Health Meeting Goes Virtual

By Deana Bell and Rick Pawelski

It was only a year ago that we, and many other health actuaries, got together in Phoenix for the premier Society of Actuaries (SOA) Spring Health Meeting. This year, the year of the COVID-19 pandemic, we're all staying home and staying safe. Our community's need for educational opportunities has not diminished, however; if anything, it is more important for actuaries to be exposed to new information, emerging standards of practice and diverse intellectual discourse. And so the 2020 SOA Health Meeting goes on, only this year it has become virtual.

The process for planning the meeting starts early, and the agenda is generally locked in by early February. This year, we were all very excited to showcase approximately 100 sessions in the world-class city of Chicago. However, as we were coming to grips with the fact that we were (and are) in the midst of a serious pandemic, we had to consider the future of the June meeting in Chicago. It was early March when the Health Meeting Program Committee of the Health Section Council, of which we are a part, started confronting the idea that getting 1,000 actuaries together in June might not only be a bad idea for reasons of public health, but might not even be logistically possible. By the end of the month, we were well into planning for an alternative approach where attendees would sign in to online sessions while remaining distanced from each other.

By June, many of us had become used to a new way of living and working. Instead of a trip to the airport, a flight across the country and a shuttle to the hotel, we woke up on June 8 and walked a short distance to our home office setups. By this time in the pandemic it felt normal—we could get settled at our computer, get a few tasks done, and when it was time we all logged in to the conference.



In some ways it was just like attending any other Health Meeting. The topics and speakers were selected from those in the original lineup of sessions for Chicago. We had received over 200 submissions for about half as many slots, so the Spring Health Meeting Program Committee was already adept at selecting sessions based on the quality of the proposals and also the mix of topics and formats. When we knew we had to be prepared for a virtual meeting, we went back to work and winnowed the list down to 13, plus a keynote speaker, actuarial trivia, the Health Section breakfast (at lunchtime) and virtual networking breakout rooms. The main event was spread out over two days; it was structured to keep attendees thoroughly engaged during that time with plenty of short breaks.

Because of the limitations of how many sessions we could feature, an attendee couldn't load up on one topic in a specific track. For example, at previous meetings someone could attend a series of sessions on pharmacy, or on disability, or on financial reporting. In our virtual meeting we could feature only one session for limited sets of topics. To address that, our committee created an opportunity to dive deeper into 10 specific topics via the [Health Meeting Webcast Series](#), scheduled from June 18 through September 22. Each webcast day is devoted to a major topic, with three webinar sessions per day. Topics include provider payment, supplemental health, innovation in health care, pharmacy, Medicare, Medicaid, predictive analytics and artificial intelligence (AI), the Patient Protection and Affordable Care Act (ACA), disability income and group life, and social determinants of health and public health. The webcast days allowed us to feature even more of the sessions from the original

Chicago meeting and to fill in the gap in continuing education offerings. Our hope is that variety is the spice of the 2020 Virtual Health Meeting and webcast days.

### WHAT WERE THE STANDOUT SESSIONS FOR US?

**Rick:** I watched on my computer screen as actuaries—and some M.D.s and Ph.D.s—presented dialogue and visual aids regarding the growth and development of telehealth, the expected end-stage renal disease (ESRD) influx for Medicare Advantage business, value-based care contracting models and other topics. Dr. Joel Selanikio, who I thought was such an engaging and informative keynote speaker last year, returned to start Monday off with a discussion of visualization of COVID-19 data. I found all these sessions engaging, and because I was sitting in front of my laptop I could take the occasional moment to cycle through the visual aids, look up something online or message with my fellow attendees, which enriched the experience. At the end of day two, I got some organized professionalism credits at the Actuarial Professionalism Judge and Jury session, which has appeared on the big stage of other meetings and was adapted to the small screen.

**Deana:** I moderated the keynote with Dr. Selanikio and, even with some technical glitches, I was so impressed with the powerful data visualizations and their pitfalls. I was also quite pleased with how engaged our audience was during the 45-minute Q&A session. I had prepared my own questions in case there weren't enough from the audience, but I didn't need them because we had so many great ones coming through the platform. I was also very impressed with the Public Health Ignite, Traditional Drug Development Process, Tell Me Something About Telehealth and ACA@10 sessions. Of course, I had the best time playing a judge in the actuarial court during the professionalism session. We had very interesting case studies and again massive audience interaction through our polling questions and Q&A.

We received many responses to the meeting and sessions evaluation, and the attendees were all generally impressed with the quality and content of the presentations. In Figure 1, we show the number of attendees and the average meeting rating for the past six years. We were so pleased with the results because this type of event was new for us and we had to turn it around in very little time.

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Figure 1  
Health Meeting Ratings, 2015-2017

Year	Location	Attendees	Rating (Scores 1 to 5)
2015	Atlanta, Ga.	925	4.09
2016	Philadelphia, Pa.	1,047	4.14
2017	Hollywood, Fla.	945	4.28
2018	Austin, Texas	983	4.18
2019	Phoenix, Ariz.	995	4.35
2020	Virtual	1,043	4.26

However, many of us did feel that we missed out on some things by not attending in person. There is an undeniable benefit to being in the same place with a thousand other health actuaries for a few days at a time. The hallway conversations one can have with old friends, new acquaintances, colleagues and clients can add great context to the topics you just heard about or the ones you were looking forward to. When you're at the meeting, workplace and industry issues tend to be discussed at lunch and at the bar, and you can count on expanding your professional network. We definitely missed that.

We also are aware that this may be the new normal. Attending this virtual meeting was simpler and less expensive than traveling. The younger generation of actuaries may be more used to doing everything virtually and may simply prefer this format. We heard from many that this was the first Health Meeting they attended because it was a much lower cost and more convenient. Only time will tell how this event and our other education offerings will evolve.

Finally, we are so grateful to our actuarial community for the amazing educational content—each presenter deserves to feel good that the time they invested into this event was valued. We also want to cheer and high-five our small Health Section Council Health Meeting committee for pulling this off. Thank you so much, Heather Jameson, Craig Kalman, Ryan Smith, Joe Wurzburger and many others on the Health Section Council and SOA staff. ■



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