



**SOCIETY OF  
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# 2019 Spring Health Meeting in Review

By Rick Pawelski

Sunday, June 23, was a bright, hot, sunny day in Phoenix. The following day was also bright, hot and sunny. Tuesday was a bright, hot, sunny day as well. The sort of trend analysis required to predict Wednesday’s forecast was commonplace as the health actuaries were in town for the Society of Actuaries (SOA) 2019 Health Meeting. Almost 1,000 of us descended on the JW Marriott outside of town to avail ourselves of two and a half days of continuing education opportunities, and to network with an expansive cross section of our profession. This year’s meeting continued the trend of increasing quality of sessions as shown by the ratings in Table 1.

Table 1  
Health Meeting Ratings by Attendees

Year	Location	Attendees	Rating
2014	San Francisco	1,007	4.00
2015	Atlanta	925	4.09
2016	Philadelphia	1,047	4.14
2017	Hollywood, Florida	945	4.28
2018	Austin, Texas	983	4.18
2019	Phoenix	995	4.35

Audio recordings of all meeting sessions can be downloaded by Health Section members at no cost on the [meeting’s website](#).

Visual presentations can be found under the corresponding [individual sessions](#).

## KEYNOTE ADDRESS

The opening general session kicked off the meeting proper at 8:30 a.m. Monday. SOA President Jim Glickman addressed the membership, reviewing current SOA initiatives to cultivate



diverse membership, expand opportunities for actuaries and leverage volunteer efforts.

Then it was time to hear our keynote speaker. Dr. Joel Selanikio is an award-winning physician, inventor, emergency responder, public speaker and consultant who channeled his wealth of experience and perspective to offer us an intellectual and verbal mashup of consumerism, market disruption, artificial intelligence and health care in order to peek behind the curtain at where things are headed. It all started with steel mills. (Steel mills? Huh? OK, let’s see where this goes.) Once upon a time, large steel mills dominated the industrialized world. Then mini-mills came along, small operations that only did a fraction of what the big mills could do, but they did those things cheaper than the big mills did, and they drained profit from the big mills, a major step in the eventual sharp reduction of the number of full-size mills in many places—a market disruptor. Dr. Selanikio’s connection of this scenario to the health care industry was the emergence, slower than in many other business sectors, of artificial intelligence to challenge the need for human input in medical decisions where there is a mass of existing digital data large and comprehensive enough to allow algorithms to be effectively devised. (Spoiler alert: My dad the radiologist and my sister the dermatologist are not going to like where this is headed.)

Some interesting factoids along the way: If you have a million digital pictures of Chihuahuas and a million more pictures of blueberry muffins, it would take humans a lot of man hours to decipher which is which (it’s surprisingly difficult, actually) but with all that digital data, an algorithm can be designed to do it better than humans can and much, much faster. So now there are emerging algorithms that analyze the low-hanging fruit of

the diagnosis tree. There's a program that identifies diabetic retinopathy; an app that listens to someone cough and identifies whether they've got pneumonia, asthma or a cold; the data from your Apple watch can be used to diagnose atrial fibrillation. Dr. Selanikio sees these inroads by machine learning as the beginning of a disruptive influence on the health care delivery system, as machines make greater inroads on what humans have been required to do thus far. Radiology and dermatology are two areas with the greatest preponderance of digital image data informing the physician, that's why people like neural networks expert Geoffrey Hinton see a diminishing future for those medical specialists. It was thought-provoking and a bit entertaining, and a small crowd of actuaries surrounded Dr. Selanikio for some informal Q&A while the rest of the attendees set off for the first of nine more time slots to come.

### LOTS OF CHOICES

With 95 sessions to choose from in some two dozen categories of health care specialty, there was a wealth of educational opportunity in the offing. Each actuary had the opportunity to tailor their experience depending on their greatest areas of interest. For me, the value-based reimbursement sessions were a draw, and I attended three of them that week. There was a just bit of overlap between the presentations that served to create greater emphasis on important topics such as various challenges to provider-carrier cooperation. I got to hear up-and-coming actuaries, experienced actuarial leaders, a physician, a data scientist and the CEO of an accountable care organization give their views on the fine points of incentive alignment and the quadruple aim—only a triple aim at my last Health Meeting—of better care, better patient experience, lower cost and now improved provider experience.

The SOA Health Section continues to promote the greater use of non-standard session formats to increase audience engagement, thereby improving retention of information presented and generating session content customized to participating attendees. The buzz group session titled Managed Care—Next Steps to Reduce Health Care Costs divided the room into groups that each discussed several probing questions about the future of managed care. Attendees brought a wide range of experience, ideas and insight to these conversations, and we were each challenged to consider the issues at hand, evaluate the ideas of those around us and offer ideas of our own. Meanwhile, other sessions leaders used live polling and bingo games to make their presentations pop.

Speaking as someone with a mix of medical and dental plan experience, examination of the connection between medical health and dental health is something I've considered from both ends of that spectrum, and this topic was covered in two other sessions I attended. Once again, I was intrigued by the mix of speakers as actuaries, academics and public health advocates discussed emerging research on this issue and reminded us that

while correlation does not imply causation, neither is causation precluded.

There were many opportunities to network with new and old acquaintances from the health actuarial profession. The networking reception Monday evening was a slightly more formalized and better-fed version of the daily web of relaxed, collegial conversations between past and present coworkers, clients, friends, and friends of friends. Tuesday morning's fun run/walk was a well-organized, 5-kilometer discovery that it really is a dry heat, so 80 degrees at 6:00 a.m. doesn't feel bad at all.

### A SOBERING TOPIC

The lunch session on Tuesday brought our second keynote speaker, and the topic of the day was the addiction epidemic. The scheduled speaker was Austin Eubanks, a Columbine survivor who became addicted to opioids following treatment of gunshot wounds, eventually accomplished long-term sobriety and became active in the treatment of addiction. Unfortunately, a few weeks before the meeting, Mr. Eubanks "lost the battle with the very disease he had worked so hard to help others face."<sup>1</sup> His family has created the Austin Eubanks Memorial Fund. Contributions will be used to develop a program for individuals and families who are victims of mass violence.

The meeting committee, struck by this reminder of how widespread and damaging the addiction crisis is, felt this issue should remain in the forefront, and worked to find another person to speak on this public health crisis. Dr. Lipi Roy, a nationally recognized influencer in the field of addiction, spoke of the need to recognize it as a disease rather than as a moral failing. Imposition of a stigma only impedes treatment, making the societal costs even higher. Only through treatment will improvement occur.

### LAST DAY

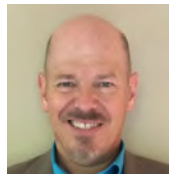
Wednesday morning's Health Section breakfast was an opportunity to hear Health Section Chairperson Karen Shelton's review of current section activities in the areas of education, research and marketplace relevance. She then introduced Scott Wood, a local expert in the employee benefits space, who described what market dynamics he'd been seeing in the Arizona market. He touched on drivers of health care costs, product strategy, membership engagement and other items.

One of the last sessions of the meeting on Wednesday was an opportunity for me to help Dave Dillon, Doug Norris and Joe Wurzburger present professionalism studies in the form of a mock trial. These three have presented this before and I was pleased to join them as the judge of the courtroom, complete with robe and gavel. We went through several challenges to the Actuarial Standards of Practice, the SOA Code of Professional Conduct and other published guidance, leading to open

discussions of the underlying principles of each. The tone was upbeat, the audience seemed engaged, and we moved along through cases involving premium deficiency reserves, use of credentials, qualification standards, proper assumptions and conflicts of interest. At the end of this session, I brought down the gavel to officially bring this mock trial—and the 2019 Health Meeting—to a close.

Many thanks are in order to all those who made this Health Meeting a success, beginning with the co-chairs of the Meeting Committee, Ashley Borcan and Deana Bell, who put in so much time and effort to assemble content. Joe Wurzburger, the SOA staff fellow, was a steady participant in every step of preparation. Heather Jameson of the SOA also was a go-to person for many of the committee’s needs, and Mike Nowak was invaluable in finding and facilitating keynote speakers. From there the list grows exponentially, to all the other SOA staffers and volunteers who helped bring a thousand people together in the desert for three days. A special thanks goes out to everyone who presented

a session, or even just submitted an idea, for this year’s meeting. That level of engagement and commitment benefits us all, and it is a complement to our profession that there are so many who are so willing and able to step forward. The 2020 Health Meeting will be in Chicago. Hope to see you there! ■



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#### ENDNOTE

- 1 Larson, Jace, and Oscar Contreras. Columbine Survivor Austin Eubanks Found Dead at his Home in Steamboat Springs, Coroner Confirms. *TheDenverChannel.com*. May 20, 2019. <https://www.thedenverchannel.com/news/local-news/columbine-survivor-austin-eubanks-found-dead-at-his-home-in-steamboat-springs-coroner-confirms>.

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