The old adage, "The Best Predictor of the Future is the Past" seems to be of limited help when looking ahead to the future of Insurance Medicine—both for the industry and for the individual medical director. Change seems to be the name of the game. Observations and projections which I am bold enough to record here, however, are based primarily on extensions of current events and trends. I will speak both to the future of the organizations of insurance medicine and of the individual's practice of insurance medicine.

First of all, just as the role of the insurance medical director may vary greatly from one company to another at this time, I suspect we will see similar variations in the future. On one end, the spectrum will include physicians who allow companies to use their name for MIB purposes and provide only part-time support in the interpretation of electrocardiograms and other medical data — who may simply respond to specific questions from underwriters regarding medical matters. They will have little or nothing to do with many activities which may be common to physicians at the other end of the spectrum who serve as officers of their company; who may manage the underwriting, claims, or other functions. In addition, we see some companies currently expanding their medical staff, while others are contracting them. I suspect that for the near future, such mixed changes will continue to occur, but that in the long-run, for reasons which I will outline later, the pendulum will begin to swing toward a general growth of the importance of the medical director's role in the insurance industry.

As for the organizations of insurance medicine, primarily the Association of Life Insurance Medical Directors of America and its daughter organization, The Board of Insurance Medicine, the Medical Section of the American Council of Life Insurance, and the Canadian Life Insurance Medical Officers Association, I believe that these will continue to show a pattern of slow but steady growth. CLIMOA, of course, has and will maintain a significant geographic emphasis and association with the Canadian Medical Association. A question has arisen in the past as to whether ALIMDA and the Medical Section will ever merge. Based on their somewhat differing functions, I doubt that that will happen. The Medical Section of the ACLI, while certainly emphasizing education, is in large part responsible for Insurance Medicine's efforts, through ACLI committees and representatives, to have a voice in matters of political and public relations importance, such as questions of privacy versus the rights of access of insurers to confidential information, underwriting fairness, etc. Since these matters affect not only the general population, but also practicing physicians, medical and hospital organizations, and associated medical records librarians associations, it is important that insurance physicians continue to play an active role on these committees. ALIMDA, on the other hand, has primarily an educational and mortality/morbidity research mission and is responsible for more direct relationships to other branches of organized medicine. ALIMDA sponsors liaisons with the American Medical Association, the American Heart Association, the College of Cardiology, and will in the future, and develop ongoing relationships with other organizations such as the American Psychiatric Association, the American Cancer Society, etc. Through ALIMDA and the Board of Insurance Medicine we also seek the long-range goal of official recognition as a certified medical specialty. A portion of this goal has already been met in that we are now seated on the inter-specialty council of the American Medical Association. Much more will need to be done over the next decade to meet the full objective.

Recently, a task force of current and recent Board of Insurance Medicine members met to consider changes which would make Board certification even more meaningful. First of all, they considered making significant changes in the triennial course in response to questionnaires and critiques of past courses. These changes would mean that the course would emphasize even more the insurance applications of clinical methodologies. It would also stress more statistical methodology by which medical directors could adapt clinical literature to insurance applications. The task force also stated the intention to expand the written test to incorporate more general insurance matters than time allows to be covered in the course, but for which active participation in insurance medicine should provide the answers. In addition, the Board has
adopted the additional requirement of successful completion of the LOMA course on Legal Aspects of Life and Health Insurance Medicine. The Board has stated an intention to adopt others in the future, (such as possibly Mathematics of Life and Health Insurance, Marketing, etc.), to help the medical director achieve a better perspective of his/her role in pricing recommendations, suggestions for new product development, agency relationships, etc. Finally, the Board has strongly considered the possibility of adopting as a requirement the course on "Mortality Statistics" (Singer/Wood) as a prerequisite for certification, a step which is likely soon. In short, the long-range goal is to make certification by the Board of Insurance Medicine a well-earned, meaningful, recognized specialty achievement by the American Board of Medical Specialties. Possibly this could be achieved under the academic umbrella of Public Health, a discipline in which we may be able to structure "residency" programs compatible with the type of practice which we have in insurance medicine via a vis hospital based programs.

Another organization, under the wing of the ACLI, which has significant implications for the future of insurance medicine is the life and health insurance medical research fund. This fund is important for the research that it underwrites, as well as the significant positive public relations aspect which it conveys both to the medical community and to the marketplace in which we do business. It shows that we are interested in helping to resolve some of the significant problems which we all face. This fund has set aggressive goals to approximately quadruple its base over the next five years. Considering the nature of the fund, the motivation of the people on its Board, and the type of research it supports, with any reasonable backing from organized insurance medicine, that goal will be reached.

One other institution which should be mentioned in the organizations of insurance medicine is MIB, Inc. Aside from the computerization of routine MIB information exchanges and a slow steady increase in the use of that service, the biggest development which I foresee at MIB is a change in the emphasis of the activities of the Center for Medical Actuarial Statistics (C-MAS). C-MAS is currently involved in supporting the development of Volume Two of Medical Risks and the 1983 Medical Impairment Study. For the future, there is serious consideration to making a transition to briefer studies of specific topics. This could result in a number of reports being produced annually rather than one or two larger releases over a many year period such as is now the case. This would have the advantage of getting information to the industry on a more current basis. This change would probably occur in conjunction with a revitalization of the Mortality/Morbidity Committee of ALIMDA and the Society of Actuaries. Because of the increasing need for meaningful statistical studies, and the ability of C-MAS to aid both industry studies as well as individual company studies, I see this becoming the fastest growing area of MIB, Inc.

As for the individual medical director, I see continual changes occurring. In part these will be a result of the projected over-supply of physicians in clinical medicine. This will mean that more younger, well-qualified specialists will be available to seek careers in insurance medicine increasing the competition for meaningful positions. In order to become significant factors in their individual companies, they must therefore become more sophisticated in both non-medical and medical matters than is now the case. They will have to pursue studies in management techniques and seek positions which are administrative as well as medical. They must apply themselves to the study of actuarial principles and use these principles to conduct statistical research on intra and inter company mortality and morbidity results as well as the application of clinical data to insurance questions. These new specialists will become involved both in the areas of product development and marketing. They will do this through a stronger, closer association with actuarial, underwriting, marketing, and claims departments. They will play an increasing role with agents and clients with regard to disputed adverse underwriting actions—a role of increasing public relations importance.

The new breed of insurance medical specialists must also have a working relationship with computerization. This will evolve both from the development of computerized underwriting, issues and claims processes, and from the need to develop quickly the support information required to underwrite new and changing disorders and diseases and to aid in claims evaluations. Such capabilities are now emerging. Even now it is possible, through the use of a personal computer, to search the literature in the National Medical Library, the Index Medicus, and other medical literature search services for titles, abstracts,
even full texts. Familiarity with computers may also enable the medical director to take relevant information from these searches and translate it quickly, via tailor-made computer programs into relevant actuarial data. This capability should have a significant impact on one’s company’s ability to function in an era of increased pricing competition in which the realistic pricing of substandard or rated business may play a pivotal role in company profitability.

The future medical director also must develop excellent communications skills. As we’re all aware, there is an increasing need for medical directors to explain and support individual underwriting and claims decisions and company policies to agents, clients, attorneys, and even regulatory and legislative bodies. Based on the mushrooming of “consumerism”, this trend will most certainly continue. Therefore, in his/her role as representative of the company, the future medical director must have both the skills and the technical information to present the facts and projections on which the decision in question was based in terms which are easily understood by lay persons.

The future insurance medical specialist must continue to grow in sophistication in the use of the “Tools of the Trade” as they become more complex and technical. While many companies are currently using blood chemistry profiles as a generally accepted underwriting tool, many are now beginning to use such developments as the ELISA and Western Blot tests for HTLV-III antibodies. Many more are looking forward to the possible use of apolipoproteins and other markers of organic arteriosclerotic disease and the possibility of using soon-to-be available genetic probes for numerous inherited diseases such as Duchenne’s Muscular Dystrophy, Diabetes Mellitus, and Huntington’s Chorea. Recently, one medical scientist has announced a profile of approximately 25 genetic markers for coronary risk factors which he says are highly predictive and will be available within two years at a cost of approximately $50 per person. Such developments and their implications must be watched closely, understood, and where appropriate adapted for use by the well-rounded medical director. He must also weigh significant ethical questions which arise with the availability of such new data. These questions include whether such information can ethically be used in underwriting predictions, how this information is to be acquired, how to use it in terms of prediction and pricing, to whom should such information be released (how, and in what circumstances), and what effect it may have on the client if he discovers the results of such testing, as he almost inevitably will if it is used in the underwriting process.

As has been mentioned above, the future effective medical director must also understand statistical studies—how to develop mortality/morbidity projections from clinical data as well as how to derive cost/value relationships for the medical requirements which he will suggest that applicants undergo.

Another, somewhat disturbing trend must be addressed. It is increasingly painfully obvious that we operate in a litigious society. It is therefore essential that medical directors, who have a significant role in underwriting or claims evaluations have a solid grasp not only of the principles of underwriting and claims, but of the significance of the medical and other facts and their implications vis a vis the insurance policy in each case in which they become involved. It would seem that this is the only strong defense which remains available to us.

If one is to follow the trend of what has been happening in the area of Attending Physicians Statements, that clinical physicians are being more “protective” of their patients and in some cases deliberately withholding information regarding significant disorders, as we have seen in recent situations, then the future medical director must either find alternate ways to get such information (i.e., additional laboratory testing or other sources of information) or underwrite and assist in pricing and marketing his company’s products knowing that there is significant antiselection occurring. (An example of this type of situation is currently developing with regard to AIDS and AIDS-related conditions, including known reactivity to tests for the HTLV-III virus. This problem will almost certainly lead to litigation by some company before long against the clinical physicians who have withheld such information, in spite of the adverse effect this might have on our relationship to clinical practitioners.)

To summarize, I see the role of a well-trained, proactive insurance medical professional as increasingly important, especially with the growing complexities of underwriting and claims. I see this role filled by better trained, well-rounded insurance medical specialists who are recognized as such both within the insurance industry and in organized medicine.