Editor, it is a privilege to have the opportunity to contribute to our Symposium of Insurance Medicine, 1986. You have requested my thoughts about the “Role of Part-Time Medical Directors for Smaller Companies”.

No analysis have I seen as to the numbers of physicians employed by insurance companies for only part of the working day or week. It would appear that there are a significant number of us. Most of the “middle and large companies” compliment their Medical Department with doctors employed part-time. Smaller companies rarely require the services of a full-time Medical Director. Therefore, a physician is retained for a certain number of hours or days a week. This physician may be a solo practitioner or the member of a group practice. Sometimes several members (two or more) of a group practice are utilized on a rotating schedule.

There are many different ways in which the part-timer is utilized by most all companies, whether small or large. For most, the primary function is directly associated with the clinical aspect of underwriting and/or claims. Some are employed for technical purposes as interpretation of X-rays or tracings. Employee health is another area.

Before leaving my introduction, we need to note that there are physicians employed part-time by several companies. Thereby, the sum provides full-time employment.

The “Smaller Companies” Medical Director is usually solo with the underwriting and claims personnel. Each part-timer evolves his own approach which is the product of company needs, relative circumstances, professional background and personal choice. My discussion can only be described through my looking-glass.

In 1967 I became the Medical Director for Occidental Life Insurance Company of North Carolina (OLIC). I have continued a separate office location for my solo private practice of Internal Medicine and Endocrinology. The only change in this arrangement over these years has been a gradual increase in hours for OLIC. At present, OLIC receives 20 or more hours of my 60-80 hour work week.

I did not enter this position as Medical Director at a full gallop, but rather a snail’s pace. There was no insurance medicine textbook to study or pre-employment course for preparation. It was on-the-job training. Fortunately, at OLIC I have worked with very competent, helpful and patient lay professionals. In time, I learned to apply an individual situation to groups of apparent probability of mortality expectancy and to weigh a court’s potential interpretation of a situation and deference to my medical response. Several years later, I benefited from attending the Board of Life Insurance Medicine promoted Life Insurance Medicine Course at Sparrow Lodge in preparation for successfully completing the requirements of the Board of Life Insurance Medicine.

The part-timer, because of time and availability constraints, usually orients his/her efforts into clinical, not administrative channels for underwriting - claims departments. Hence, they are not involved in budgets or decisions as to hiring or terminating employees except for personal secretaty and/or input as to the underwriting - claims officers.

Lay professionals are usually in charge of the underwriting and/or claims departments. The managers have the primary responsibility for their departments. The physician is employed to provide medical knowledge and assistance. In many ways, the success of the underwriting - claims departments is dependent upon the astuteness of the contribution of the Medical Director.

It is vital to develop and maintain a good working environment with each department. Mutual respect and understanding are a must. Ease of communication is essential. As in my circumstance, the Medical Director must realize that he/she is not in charge and only present part of the working schedule. It is the lay professional, not the physician, who is in constant contact with agents, other departments and superiors.

The Insurance Physician must become familiar with all the intrinsics and nuances of underwriting. Thereby, comfortable with decisions as when to rate, how much, or to know a declination. A real must is when to choose business judgement over
clinical instinct. If you remain on the periphery by just acting as an interpreter of medical information, you limit your potential. Complete involvement (being a total member of the team) in the company processes is an asset for a productive and profitable corporation. This is even more essential for the smaller company.

There are many areas in which the Medical Director can be very beneficial. Does he/she aid in the search for underwriting - claims information (medical as well as personal patterns and avocations); evaluate the total application; contact reinsurers where appropriate; answer agents' questions; direct MIB coding; with consent relate pertinent applicant medical data to the attending physician; counsel the corporate attorney on medical material; conduct classes on medical subjects for employees; and provide lectures for the field underwriters? When possible, involvement in the design of new policies and corporate goals is a major accomplishment and when successful, a real satisfaction. Promoting wellness and providing emergency care for employees and visitors are essential. Many companies have a required health program for senior officers supervised by the Medical Director. OLIC's experience has been the addition of significant working years for valued employees by early detection of potentially devastating diseases.

Challenges - problems - frustrations for the part-timer are multiple. Many of these derive from just being part-time and others from a solo existence. Let us explore some.

Medical knowledge has been increasing at rocket speed, especially in the past ten to fifteen years. With the mushrooming of medical schools and the number of physicians, research has grown exponentially. It astounds me to realize the accomplishments since my graduation from Medical School, University of Pennsylvania, in 1951. In addition to medical know-how, new drugs, cloning and genetics; how about surgical advances as bypasses, transplants, artificial parts, etc? The growth of medical technology is unprecedented. Have you worked in a coronary-care unit recently? All of these and other changes in health science are impacting our arena significantly. Health science through sanitation, refrigeration, immunizations and medical advancements has significantly decreased mortality in the young to middle years of life with the resulting overall increase in life expectancy. This has dramatically impacted underwriting.

Insurance Medicine education is a must for effectiveness. How to keep your finger on the rapidly accelerating pulse of medical knowledge and how does this interrelate to your company's policies and goals? Should you discount the premium for those who claim to only chew or dip tobacco; how about the premium for the aerobic and wellness enthusiast; does successful percutaneous intravascular angioplasty eliminate or reduce the rating? For the physician, whether private practitioner or corporate member or combination, continuing education is critical. This Journal, as well as the medical professional meetings sponsored each year by ALIMDA and the medical section of the American Council of Life Insurance (ACLI) have been most valuable to me. With the constraints of time, and my private practice, I am limited as to the number of these meetings that I can attend. Company sponsored courses designed by Life Office Management Association (LOMA), Fellow, Life Management Institute (FLMI) and Chartered Life Underwriter (CLU) are available to broaden one's knowledge.

In addition to keeping abreast of insurance medicine, the insurance physician must remain knowledgeable in all medical arenas. How is this possible? There are innumerable journals to read, continuing education courses, textbooks, etc., which we utilize in one way or the other. For myself, a private practice and teaching responsibilities provide the best means of keeping abreast. This locality has an aggressive teaching program with the University of North Carolina Medical School which rotates residents, interns and medical students with one of our hospitals. Each year I am actively involved as an attending with an appointment of Clinical Professor of Medicine. This is the best and most rewarding way of continuing education for me. Without these exposures, I would find it most difficult to stay current.

Not being on board all day creates unavoidable constraints. You are not able to have the time nor the availability for many scheduled meetings. Some meetings can be arranged to satisfy your time constraints in special circumstances but this can be inconvenient for others. Furthermore, your arrival may be delayed by an emergency demand of your private practice. This, in itself, may handicap your usability and reliance for policy as well as corporate planning.

Since you are a physician and also not a full-timer but one with another employment, a certain sense of distance or haze can easily exist in your working
relationships. This phenomenon is most evident in agent interpretation of you. You can easily become the fall guy with the black hat — the one credited with the no’s.

To circumvent becoming neutered by such a role model, you need to establish and maintain respect and trust through consistent, reliable, nonpartisan work. An open-door policy of always talking with and meeting with those who desire your time is important. Be a member of the corporate team in the many ways a Medical Director can be beneficial, some of which have been outlined in an earlier paragraph.

Some constraints of time, I have already noted. At present I spend twenty or more hours each week with OLIC. Along with this, my practice needs are often very confining. The part-timer has to evolve a means of practice control (as best as one can). The success of this is crucial. Otherwise, the demands can become overwhelming with resulting impairment of one’s performance. When accepting a part-time position, you must corral, not over-kill, your practice. My approach has been to restrict my practice to seeing new patients only by physician referral for non-diabetic endocrinological problems. Even then, I occasionally have to decline some referrals. Unless one plans to gradually retire from private practice, there must be a rational means of seeing new patients. Otherwise, patient mobility and deaths will gradually terminate a practice.

Hospital staffs expect and medical organizations need a commitment of time. In addition to all the aspects of one’s practice, there are the needs of community and, most of all, family responsibilities. They all need and require a significant investment of time and energy. Striving for the appropriate allocation can be one of the most taxing factors of your life pattern.

There is another sphere of “the crunch” that all insurance physicians (no matter whether full-time or part-time) experience. In my private practice office, I am the boss, the entrepreneur, the hub of the wheel. Each day that I enter OLIC, there is a significant role change. No longer am I the center of the hub but instead, a spoke in the wheel. I become an officer of a corporation with corporate duties and responsibilities different from those in my private office. I must blur my image into that of the Company. No longer am I a patient advocate, but the Company advocate. Instead of bedside decisions, there are committee decisions. For the full-timer, these adjustments occur during the initial period of employment. For the part-timer, they occur each day or part of a week’s schedule, depending on the working arrangements.

This so called changing of hats (roles) can easily be repetitively uncomfortable and difficult. One can develop a sense of working schizophrenia. But, we physicians are basically salesmen, prescribers of our professional product. In our situation from individual case focus to a grouping of like cases, from bedside care to corporate profitability; we are salesmen for our patient or our corporation. Therefore, hopefully this allows us to develop a comfortable relationship to an ever-changing modus operandi. Successful changing of roles is vital for the performance of one’s duties.

Salary is an important consideration. For the part-timer, there must be realization of expenses a private practice office creates while absent. These expenses are numerous. The most burdensome are rent, liability and equipment. Practice finances can be even more involved for a member of a group practice, depending on the method of group reimbursement.

Are you expected to provide medical care for company conventions? These opulent trips are usually to interesting places, but all your private practice expenses are active. Routine corporate duties, continuing medical education, company trips, and personal rest and relaxation can amount to considerable time away from your office. All of these impact your net income. They have to be taken into consideration when accepting a limited-time Medical Directorship.

While away from the private office, patient coverage is necessary. When at OLIC, my private secretary handles many calls. Others sometimes have to be referred to me. Patients have generally easily adapted to my work schedule. Only occasionally do I have to leave for an emergency. When out of town, coverage is provided for OLIC and my private practice. For the group practice physician, coverage should be easier to arrange than for the solo practitioner, unless there is prior planning and hopefully, a long-term on-off call sharing arrangement.

The most infuriating aspect of insurance medicine is the evaluation of medical records demonstrating poor care. There is also the exposure to deliberate avoidance of revealing critical data. I utilize every means I can conceive to acquire as much information as possible.

Personal calls to attending physicians, additional studies (if increased acquisition cost can be justified), hospital records (if available) have most
often been helpful. The former situation of incomplete care can be the most difficult. Professional diplomacy in case discussion by phone or letter with attending doctor (with applicant consent) can be helpful to the patient. An example is the applicant who has had a splenectomy and not received pneumococcal vaccine. In each case, a call to the attending physician inquiring as to whether or not pneumococcal vaccine has been given has prompted arrangements for administration.

With these observations of the role of the Smaller Insurance Company Medical Director, I have tried to include the important aspects of this job role. Of special interest are the need for a broad continuing education format, complete involvement in the clinical aspects of underwriting and claim cases, and alertness to the financial impact of a dual role. There are the frustrations imposed by the many constraints of time, a constantly changing job role, and lack of readily available instruction material for the neophyte Medical Director.