Health Section Committee
Way Forward Proposal

Since its formation in May 2003, the Health Section has acquired more than 300 members representing 38 countries and has undertaken two major activities: an International Health Colloquium and publication of our OnLine Journal. Our recent Colloquium in Dresden drew more than 200 people from 28 countries. These early successes clearly indicate a strong international interest in health matters.

Turning to the future, our main challenge is to define a set of activities that are of value to our members and that will attract a sufficient number of volunteers to make things happen. The way forward, which has been discussed and approved by the Health Section Committee, is based on a set of “topics” and a set of ongoing “activities” through which these topics can be addressed. To be successful we need consistency and continuity across activities and strong membership interest in our chosen topics. This document provides a description of Health Section “activities” and proposes a means to identify “topics” that are of interest to our members.

It is important to recognize that we are critically dependent on volunteers from our Section membership. The Health Section Committee, with help from the IAA Secretariat, can provide the means to conduct activities; but, without volunteers committed to participate in these activities to work collaboratively on interesting topics, nothing will happen.

Health Section Topics

While we must always be open to new topics, our activities will benefit by our identifying a limited number of topics that use the entire range of activities to interact with our members. To be successful, topics must be matched with volunteers, who use them to undertake various Section activities. Thus, the ultimate choice of topics will depend heavily on our ability to recruit willing volunteers to work on them.

Programs from our first two Colloquia (Cancun 2002 and Dresden 2004) provide solid insight into potential topics. A review of these programs indicates that topics fall into three categories: policy, process, and products.

1. **Policy Topics** – Health policy topics are generally the focus of plenary session at colloquia. The opening session in Dresden on “Health Care Reforms Using a Public-Private Partnership” is a good example of a health policy topic. These topics are clearly of interest to our members, and they also give us opportunities to invite and
hear from non-actuaries who are experts on the topics. In addition, health policy topics are often ones of interest to supranational organizations that, with our help, the IAA hopes to develop relationships.

The Committee is soliciting ideas and interest from members to help identify 2 to 4 health policy topics that will become the focus of various activities. High priority will be given to topics that are both of interest to our members and of interest to supranational organizations. Potential health policy topics include:

- Public – private partnerships in health care systems
- Long-term and short-term drivers of health and health care cost increases
- Genetics and its effect on health, health costs, and health products

2. **Process Topics** – These topics involve the “how-to” part of health care systems and private health insurance products. Many of these topics have both public and private applications.

The Committee is soliciting ideas and interest from members to help identify 3 to 5 health process topics to become the focus of various activities. Potential topics include:

- Health risk adjustors (public and private design and implications)
- Managed care and disease management programs (public and private implications)
- Health reinsurance
- Health insurance underwriting
- Actuaries in public health insurance systems
- Health insurance regulatory issues

3. **Product Topics** – Private health insurance product discussions are clearly a major reason for members’ interest in our Health Section activities. To be of value to our members, our focus on products should be to answer two questions: what can the world learn from each nation’s product and practice experiences, and, what can actuaries in each country learn from the world? These questions imply a focus on practices and information that transcends national boundaries.

The Committee has held colloquia sessions on widely underwritten private health insurance products including:

- Medical expense insurance, including consumer directed medical savings accounts
- Voluntary health insurance products in nations with social health insurance systems (supplemental, complementary, and substitutive insurance)
- Income protection insurance
- Long-term care insurance
- Critical illness insurance

The intention is to form volunteer topic groups for each of these topics.
4. **Specific Questions** – Health Section members are encouraged to pose questions of interest to the Committee so that we can determine if there is sufficient interest to form a topic work group. These topics will generally be specific problems arising from the member’s practice.

**Health Section Activities**

Potential activities include the following. Each activity described below will focus its content on the “topics” described above.

1. **Colloquia** – We have already held two colloquia (Cancun and Dresden), both with strong participation, meaningful content, and excellent feedback from attendees. Historically, IAA Sections’ main activities have been their scientific meetings. Since we have already demonstrated the value of Health Section colloquia to our members, there is every reason to continue holding them as our most important ongoing activity.

   Our experience during ICA2002 in Cancun demonstrated the value of holding a colloquium or health track during International Congresses. The value to us is that almost all administrative planning is done by the Congress organizing committee, leaving only the scientific program to be developed by our Section. Congresses also draw actuaries whose practices only peripherally involve health products. These are actuaries who are not likely to attend health-only colloquia, but they will attend health sessions held during a Congress. This provides us with a broader audience and a chance to encourage interest in health matters. With these strong reasons for holding meeting during International Congresses, the Committee will continue this practice. We already have committed ourselves to participate in the next International Congress – Paris 2006.

   Congresses are held every four years. During the three years between Congresses, other IAA Sections generally hold independent meetings. These meetings involve much more work by Sections, since administrative matters must be attended to in addition to the scientific program. Our very favorable experience in Dresden leads us to a model in which a national actuarial association, with a meaningful number of their own health actuaries\(^1\), takes the lead in organizing an international health colloquium on behalf of the Health Section. The national association will be responsible for all administrative and logistical matters. It also will be asked to take financial responsibility for the meeting (at least until the Section has sufficient financial resources to take financial risk), and, its organizing committee will work with us to design the scientific program. By adopting the tactic of working with national associations, the Committee intends to organize annual colloquia beginning

\(^1\) There are a limited number of national associations that current fit this model. These include DAV, Society of Actuaries, The U.K. Actuarial Profession, Actuarial Society of South Africa, Canadian Institute of Actuaries, and Institute of Actuaries of Australia. In addition, regional group of national organizations may also be interested in hosting a Colloquium.
in 2007. The Committee has accepted an invitation from the Actuarial Society of South Africa to hold our 2007 colloquium in Cape Town from 14 -18 May.

The scientific program for each colloquium should be organized around the “topics” described in the section above. Since these same topics will be the focal point of other Section activities, it should be relatively easy to design a program and to recruit presenters. Of course, each colloquium should also have sessions that are of topical interest and sessions based on the special expertise of health actuaries from the nation(s) organizing the colloquium.

2. **OnLine Journal** – We are committed to periodically publishing an OnLine Journal with original papers, links to health activities of national organizations, and links to web sites on selected topics of interest health actuaries. To date we have published two editions, but the Editor is finding it difficult to gather enough new material to publish future editions.

The OnLine Journal is a very useful activity to communicate with members and to provide meaningful information to them. To be successful, it is clear that we need to revise what the Journal contains and how we gather information from members. Our new approach is to reorganize the Journal around “topics” using input from “topic teams” that are described in the next section.

3. **Cooperation with IAA Committee Activities** – Health Section Rules call for us to support IAA Committee activities when Committees are involved with health matters. Current examples of these opportunities include,

- **Committee on Relations with Supranational Organizations** – This Committee has targeted the World Health Organization, International Social Security Association, World Bank and OECD, all of which are very active in health matters. The Health Section Committee has been asked to help establish links with these supranational organizations by making contacts with key people, identifying issues of mutual interest, participating in the organizations’ activities, and organizing joint meetings. To develop these relationships, the Health Section needs to identify and recruit members with appropriate expertise and interest. This activity will likely require Health Section funding of our representatives’ travel costs.

- **Advice & Assistance Committee** – The A&A Committee is dedicated to helping actuarially developing nations establish their actuarial professions, and supporting training needs to bring their members to a level consistent with requirements for joining the international actuarial community. As these newly formed actuarial associations grow, they naturally develop a need for advanced practice-specific training. The Health Section will coordinate matching requests for educational support with qualified teachers and help to create an international “standard” for health actuarial training.

- **Social Security Committee** – This Committee is charged with furthering actuarial involvement in national social security matters, including social health insurance. Section activities supporting this Committee will likely
require much the same resources as activities with the Committee on Relations with Supranational Organizations.

Coordination of our activities with these three IAA Committees and others, as opportunities arise, gives us means to focus on health policy and social insurance topics of interest to our Sections members that might otherwise be difficult to develop. The Committee will develop a procedure for Committee members and general members to “officially” represent the Health Section at various activities.

4. Regional or Specialty Conferences – There are many international meetings and conferences organized by national and international actuarial bodies that, as a part of their programs, address health matters. Examples are the East Asian Actuarial Association and a one-day health conference being organized by the Institute of Actuaries of Australia that will be held in Sydney this coming November. Worthwhile opportunities will also arise for collaboration with non-actuarial organization, including academic conferences. Participation in meetings sponsored by others provides us with opportunities to engage locally and regionally with Health Section members and to provide non-Section members attending them with expert information on health matters. The Committee is willing to suggest topics and to recruit speakers for these types of meetings.

As we develop Health Section activities and our volunteer resources, opportunities might arise to hold our own regional or specialty conferences. These activities would be a welcome additional service to our members. We also strongly encourage activities undertaken with the academic community as a way to build important relationships. The Committee will develop a procedure for identifying and committing to these types of activities.

**Topic Teams**

Volunteers are the key resource that we need to pursue the suggested “topics” and “activities”. Identifying volunteers starts with asking for feedback on this document and for suggestion on topics of interest and expressions of interest in volunteer participation. For topics with sufficient interest from members, the Committee will form “topic teams”. Topic teams are standing committees that organize activities and recruit volunteers to work on a specific “topic”. Each “topic team” will be responsible for the following activities for it’s identified “topic”.

1. Design scientific programs for Health Section colloquia and recruit presenters.
2. Provide the OnLine Journal with an “associate editor” to build their “topic” in the Journal; and, design and operate other activities, such as calls-for-papers, online conferences, online chats rooms, or develop other methods of using our internet resources to reach members.
3. Identify actuarial experts and recruit Health Section members to participate in meetings and activities of supranational organizations with relationships to the IAA.
4. Provide presenters at regional meetings, specialty meetings organized by other actuarial organizations, where their topic is covered and organize specialty conferences as opportunities arise.

**Way Forward**

Using this “activity” and “topic” approach to defining the Health Section’s value-added to its members, the way forward can be sketched-out as follows.

1. Expose this proposal to our liaison members and general members. Exposure includes a request for feedback on the document, a request for possible “topics”, and a request for volunteers who are interested in leading or joining “topic teams”.
2. The Committee and liaison members, with input from general members, will identify “topics” and start recruiting leaders for the various topic teams.
3. The Committee and liaison members will help topic team leaders to recruit multi-national teams.
4. Topic teams will be asked to prepare their own work plans based on using the various “activities” available to them. Work plans will be submitted to the Committee for review and approval.
5. The Committee will provide whatever support is needed to topic teams to help assure their success

We look forward to your comments, suggestions, and commitment to volunteering.  

Health Section Committee

Howard J. Bolnick, Chairman  
Ibrahim Muhanna, Vice-Chairman  
Aisling Kennedy, Secretary  
Yair Babad, Treasurer