

[Baribeau to Speak at Casualty Actuarial Society's Annual Meeting](#)



This Tuesday, I will be speaking at the Casualty Actuarial Society's Annual Meeting on November 10, 2020. During the presentation, "COVID-19: The Good, The Bad and the Ugly," I will be looking at the insurance risks and opportunities that could result from the coronavirus.

Some of my remarks will be based on articles I have written recently, including:

- [Perilous Times: COVID-19 & Commercial Property's Vexing Variables](#)
- [Tipping the Scales: Measuring the Impact of Social Inflation](#)
- [Gamechanger: After COVID-19, P&C Insurance Will Not Be Quite the Same](#)
- [COVID-19 Reality Check](#)

My main point is that COVID-19 is the ultimate mega disruptor that should challenge the insurance industry to re-think its products and services and their relevance in a post-COVID-19 world. We continue to learn from COVID-19. I expect teleworking will continue on a large scale after the coronavirus becomes history not only for worker convenience but the environmental advantages. That alone raises implications for workers' compensation, personal auto and homeowners insurance. Telemedicine is also proving to help patients without long waits at the doctor's office, but there are liability questions to explore that will affect medical malpractice insurance.

I am honored to be part of the CAS's Annual Meeting and to be presenting with Jim Lynch from the Insurance Information Institute.

There are also a couple of actuaries I want to thank for making this presentation possible. Beverly Phillips, a personal auto actuary, was kind enough to ask me to present. Max Rudolph, an Enterprise Risk Management actuary from the life and health side of the actuarial house, also provided invaluable assistance.

How COVID-19 Will Impact Health and P&C Insurance



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COVID-19 will have vast implications on both health and property and casualty insurance lines. Two of my articles, which are cover stories for two award-winning insurance industry magazines, offer the details.

The May 2020 issue of Leader's Edge covers the impact that the [coronavirus will have on health care](#). Actuarial Review's May/June 2020 issue looks at the [COVID-19 effect on property-casualty insurance](#) including workers' compensation and personal auto. Writing about both requires an understanding of how health and P&C insurance work. Each are vastly different but does influence one other.

Keeping a subject fresh for the far-in-advance print publishing deadline when information is changing multiple times a day is tough. Once an article is published, there is no correcting, changing or manipulating it. Producing printed articles requires a commitment to thoughtfulness and accuracy that cannot be changed and updated online. This necessitates old-fashioned shoe-leather

journalism that showcases the experts and insists they tell the story.

It also means having the knowledge to carefully find useful information by sorting through a barrage of biased news reporting, knee-jerk comments, horn-tooting news releases and dizzying technical reports. (My inbox in March and April could have been a story of its own.)

MORE COVID-19

I've been a COVID-19 follower since the third week in January. Actuarial Review editor Elizabeth Smith asked me to run a piece on the coronavirus in [the March/April issue](#). I've been watching it ever since.

Just as my first article was coming online, the reality of COVID-19 hit the nation. As I began the COVID-19 cover stories, the lockdown began. During the first couple of weeks, the so-called "new normal" began. My husband moved into my home office. My daughter returned from college and cooped up in her library-quiet bedroom through finals. My other daughter, a senior in high school, waited for the school system to start online learning. It never worked out well.

Those weeks were eerie and confusing. We were waiting to learn if anyone in the family had caught COVID-19. While trying to finish interviews just in case sources got sick, my inner mother-bear/domestic goddess came out. Between interviews and research, I was making homemade chicken soup and sewing masks for that once-a-week visit to unpredictable empty store shelves.

There is still time to positively influence the future outcomes of COVID-19, but it requires vigilance and thoughtfulness in a me-first culture.

While the lockdown was challenging at home, it was nothing compared to the ordeals of others. Over time, the stories from friends and colleagues kept coming in. People died. Others lost jobs. Medical personnel was overwhelmed and exhausted. The fear was palatable. Nobody knew what was coming around the corner.

It reminded me a little bit of 9/11 when I lived three miles from The Pentagon. The next few days were suspended as we waited to see what was next. The messaging was clear. We were a country united. I had not felt so much patriotism since America's bicentennial.

Not with COVID-19. It's hard to consistently message about a moving target amid the fear and chaos ensuing from a potentially deadly virus. At first, we were told not to wear masks. Once the rate of the curve began to slow — and there were enough masks for everyone to wear — we are now to wear them. As states began to "open up," the disease started to spread.

But too many people let down their COVID-19 guard. The virus had not changed, it has remained a threat. I just shook my head when the beaches began to open. Did we learn nothing from Spring Break?

When I think about everything I have heard, learned and written about COVID-19, it frustrates me that too many are forgetting that virus's spread and its long-term impact are far from over. There is still time to positively influence the future outcomes of COVID-19, but it requires vigilance and thoughtfulness in a me-first culture. To protect the country, we *must* be united.

How well we protect the vulnerable says everything about who we are as people. There will be hard choices. Do we bring back jobs to the United States when goods are likely to cost more? How can we find ways to retrain people for jobs when the automated future is also at our doorstep? How can we encourage Americans to live healthier to reduce the demand on a limited health care system?

*How well we protect the vulnerable says everything
about who we are as people.*

In the meantime, my commitment to covering COVID-19 remains. Besides working on future articles, I am also keeping a journal for Shenandoah County, Virginia as part of a project to record history for future generations. It is my way of giving back to the county's diarists who recorded daily life during the Civil War. Their now historic words have provided insight for a book I am writing about a war far too complex to be generalized in sound bites. It is an honor to give back.

Eventually, the time of COVID-19 will pass. But for now, we are all in this together. My hope is each of us will find ways to protect and support each other.

[Legalizing Marijuana Expands Auto and Workers' Comp Risk](#)



*Legalizing marijuana introduces
greater risk.*

Legalizing marijuana expands its use. And that widens the risk potential of on-the-road and on-the-

job accidents.

Just how much is legalizing marijuana affecting auto and workers' compensation coverage? I try to answer that in my latest [Actuarial Review](#) article, "[Reefer Madness](#)." (Non-insurance folks should read the article as well.)

Using all the information I could find – including direct queries to state workers' comp funds – my article offers insight into what I see as an emerging risk.

Since more states are liberalizing their marijuana laws, we can expect greater use of the drug. Studies are already showing this to be true. And unfortunately, too many of those using the THC-high-inducing part of the plant are not staying home. Rather, they are taking to the roads and going to work cognitively impaired, even those in dangerous occupations.

To make matters worse, too many Americans believe that driving while high is less dangerous than driving while under the influence of alcohol. Some research is showing that marijuana-related auto accidents are going up while alcohol-related incidents are declining.

That's not exactly progress when any impairment is bad news. Legalizing marijuana a growing public hazard to be sure. The insurance industry, however, is in the unique position to monitor the impact from a public safety perspective. Insurers can also reveal pot's impact on accident frequency and costs.

On the job, anecdotal evidence of the impact of marijuana impairment still drives conventional wisdom. The workers' compensation insurance industry needs to start researching the impact of marijuana on workplace safety and to realize the effects on return to work. Groups like the [Workers' Compensation Research Institute](#) helped sound the alarm of the impact of opioids on injured workers long before it became public knowledge. The same can happen for marijuana.

I know. It's illegal and therefore cannot be researched. But there has to be something that can be done.

Legalizing Marijuana Complexities

Legalizing marijuana is only possible because the once-well-believed downsides of the drug are being drowned by those extolling its untold benefits. What was once conventional wisdom is now debatable. Thought pot was addictive? Marijuana, advocates say, is not addictive — at least not physically — and it can help break opioid addiction. I would argue psychological addiction can be pretty tough to tackle. It is tough to know what to believe.

The marijuana conversation has become too hazy, allowing legalization to proceed at a faster pace. It's interesting that a reporter for the [New Yorker](#), after looking at some of the same evidence as I did, also expresses caution for different reasons.

The marijuana conversation is muddled for another reason. Legalizing marijuana means different things to different people. While some insist that its medicinal qualities make the drug worthwhile, others think medical marijuana was a mere entry point for recreational use.

It appears that way. States begin with legalizing marijuana for medical purposes even though medical efficacy is yet to be proven. This is largely due to federal restrictions on pot, which make it virtually impossible to give it the clinical gold standard research that builds the drug's credibility. As one source says, medical marijuana is not yet offering a remedy unavailable from other drugs. And once pot transitions from medical to recreational use, people don't care much about getting doctor's

orders.

...there is precious little we know for sure about cannabis.

By the way, the FEDs do make a compelling case for it. According to the [U.S. Health and Human Services' review on marijuana](#), pot's potential benefits do not outweigh the risks. Legalizing marijuana should reveal whether the downsides of marijuana will be worth the upsides. That may or may not change public attitudes. Americans are more open to marijuana than ever. Friends tell me "it is just pot" though it is much more potent than 30 years ago.

While open-minded to pot's positive outcomes, I cannot escape the realities before me. My Godson's life is being destroyed right now because he believed the online messages that marijuana was harmless. Once he got high, was busted and removed from the drugs and his friends, he started trying other drugs and alcohol. His high school career has been disrupted. His immediate future is uncertain.

Another Look at Legalizing Marijuana

My exploration of marijuana and insurance is not over. Currently, I am working on a piece for another publication that covers the impressive growth of the cannabis industry and the developing marijuana-related commercial insurance market. Stay tuned.

Meanwhile, thanks to my extensive web activity into the subject of marijuana, yours truly is being subjected to cannabis product ads and videos on her Facebook news feed. An occupational hazard? Could be. It's kind of creepy when online searching leads directly to my inbox. The marketing emails about CBD oil and pot gummies are very misleading. Thanks to my article, I am better informed.

I hope you'll check out my *Actuarial Review* article. Let me know what you think!

**[Dr. Thomas Parry, Integrated Benefits
Visionary, Retires](#)**



Dr. Thomas Parry, Integrated Benefits Institute Visionary

Dr. Thomas Parry, integrated benefits visionary and president of the [Integrated Benefits Institute](#) (IBI), will be retiring on April 1. IBI's new president will be [Chris McSwain](#).

I got to know Tom in 1995 when he and [Bill Molmen](#) left the [California Workers Compensation Institute](#) (a forerunner to the [Workers' Compensation Research Institute](#)) to start IBI. As a national, full-time workers' compensation reporter, I found IBI fun to cover due to its refreshing thought leadership.

To appreciate the impact of IBI, it's important to understand what was taking place when it began. In the mid-1990s, employers and insurers had not yet realized that managed care was not saving money nor effectively helping people heal faster. IBI started soon after lawmakers rejected [President Bill Clinton's "24-Hour" health care](#) coverage.

Since lawmakers lacked the appetite for 24-Hour coverage, Tom and Bill had a different idea: why not encourage employers to voluntarily integrate benefits, such as workers' compensation, non-occupational disability coverage and group health? After all, the challenges were the same: when an employee was absent, employers faced productivity challenges. Further, employees are better off financially when they heal more quickly.

The idea made a lot of sense. As Tom explained to me, the human body needs the best treatment regardless of why an injury occurred, so why should siloed benefit structures get in the way?

Tom had the vision to change the way employers think about health care and disability and the courage to start an organization to get the ball rolling. IBI conducted some groundbreaking research in the mid-1990s offering conclusions now taken for granted. One of my favorite studies showed that people with the same injuries were treated differently on workers' comp compared to group health insurance. Since workers' compensation is concerned with disability costs and return-to-work, it offers a sports medicine approach to hasten recovery. This was certainly not the case for group health insurance.

It has been my pleasure to witness not only the growth of IBI, but also its sphere of influence. Since its inception, progressive integrated benefit experimentation has evolved into employer best

practices. Benefit integration still has a way to go, but if it were not for Tom and Bill, it might have never gained traction. Today, IBI has 1,240 corporate sponsors and two-thirds of them are Fortune 100 employers.

Annamarie: Please share some personal info people do not know about you.

Tom: I have been married for 37 years and have two sons: one is responsible for all of IBI benchmarking data and programs, and the other has his Ph.D. in biochemistry/molecular biology and works at a large law firm in their intellectual property group. I have been an avid fly fisherman since my early teenage years and have had the opportunity fish all over the western United States and the world, including Russia, New Zealand, Chile, Argentina and Canada. I recently got back from Tanzania where my wife and I went on a two-week wildlife safari.

Annamarie: Why did you start IBI?

Tom: Alex Swedlow, now the President of CWCI, Bill, who was the organization's general counsel and I did some of the early work comparing medical delivery in group health and workers' compensation in California. We found that medical care delivery differs depending on if the injury or illness occurred at work or not.

That made no sense to me since, to both employers and employees, it is important to get the best care and get back to work expeditiously. At that point, my interests broadened. I wanted to address the question, "What are the best strategies to get employees care and return to work, regardless of where their condition occurs?" That led to the founding of IBI.

Annamarie: How have integrated benefits grown and evolved since you started IBI?

Tom: In the early days, the focus was on the integration of disability across occupational and non-occupational settings. From there, the conversation broadened into total absence management. Then the question of how group health fit into the equation emerged and employee "health and productivity" became the focus.

Today, much of IBI's work focuses on the relationship between workforce health and business performance — analyzing both the total bottom-line costs and the top-line value of health.

Annamarie: What challenges do employers still face when pursuing integrated benefits? How common has benefit integration become?

Tom: Initially, the discussion was about creating a single organizational unit to manage all health related benefits. Not surprisingly, there were significant roadblocks with that approach. Not the least of which was the organizational politics across programs and the very different risk financing mechanisms for each. Today the focus is far more on the integration of data and looking for leverage points to improve experience.

For example, those in risk management have always utilized safety and return to work as their leverage points to improve workers' compensation experience. However, a growing body of research tells us that the underlying health status of the employee influences incidence, duration and cost. At the same time, on the benefits side of the house, people managing wellness are looking for the payoff of what they do beyond medical care expense. They are finding that healthier employees miss less work and have fewer disability incidents.

Annamarie: What are your retirement plans?

Tom: I am blessed to have a new (and first) granddaughter; my wife and I will help take care of her on a part-time basis (at one point in my younger life I thought I might become a pediatrician, so this is perfect). I also will participate in a program sponsored by our church to tutor low-income students in the Oakland school system in reading and math. I will travel and try to get in some more fly-fishing time along the way.

Annmarie: Anything else you would like to add?

Tom: Never in my wildest dreams, when Bill Molmen and I walked into 525 Market Street in San Francisco on the first day of IBI in 1995, did I think 22 years later I would be still running this organization and have the great fortune of working with so many thought-leading companies and people. I'm proud of what we have accomplished at IBI over these decades but nothing can replace the wonderful people I have worked with and the great friends I have made over the years.

Annmarie: Thanks so much!

Tom: Thanks for all of your work over the years on our issue. You have been a great supporter.

[The Portfolio](#)

THE PORTFOLIO

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[**Affordable Care Act Could Case Shift to Workers' Comp, WCRI Finds**](#)



The Affordable Care Act could case shift millions of dollars to workers' compensation.

Case shifting from health care to workers' compensation is nothing new. It often arises from gray area claims where the cause of injury might be related to work. An insurance entity does not want to pay bills that another should be paying so naturally, there has been effort to reduce case shifting.

But the ACA puts a new wrinkle on case shifting by encouraging Accountable Care Organizations (ACO) to adopt the age-old managed care capitated spending approach to reduce costs. Understand that this approach puts a lid on annual medical care spending per person (insured). Workers' compensation, however, provides first dollar coverage, pays on a per-visit basis and limits medical spending by necessity.

Naturally, doctors don't want to make less money, especially given other pressures such as reductions in Medicare payments. Critics don't like it either, especially for workers' compensation, because it can adversely affect quality of care and recovery, which can unnecessarily elongate payment of wage replacement benefits.

So the question is, if you were a medical provider with a "gray area" patient diagnosis, would you rather bill an Obama Care ACO or workers' comp? This is where the Affordable Care Act could case shift to workers' comp.

It appears that there is a greater likelihood of filing the patient's claim under workers' comp,

according to evidence in the Workers Compensation Research Institute's (WCRI) study, [Will the Affordable Care Act Shift Claims to Workers' Compensation Payors?](#) As a result, hundreds of millions of dollars could be shifted to workers' comp.

"It appears that there is a greater likelihood of filing the patient's claim under workers' comp."

Specifically, the study found that a back injury was 30 percent more likely to be called "work-related" in a state where the patient's group health insurance was capitated rather than fee for service, according to a WCRI news release issued today.

In fact, the study found, case shifting was "more likely in states where a higher percentage of workers were covered by capitated group health plans," the release said. In one state where at least 22 percent of workers had capitated group health plans, the odds of a soft tissue case being work-related was 31 percent higher.

In comparison to states where capitation was less common, there was no evidence of case shifting. "It also appears that when capitation was infrequent, the providers were less aware of the financial incentives," the release said.

I always find WCRI's research to be top notch. If you are concerned about workers' compensation medical spending, you should check out their site at www.wcrinet.org.

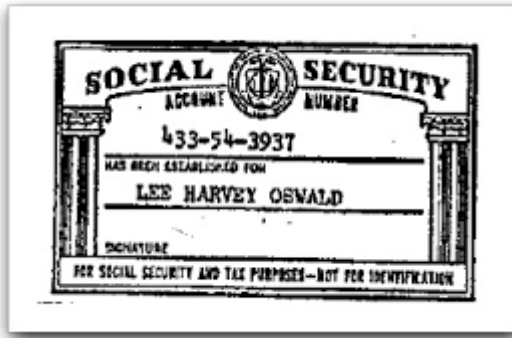
Question: The Affordable Care Act could case shift to workers' comp. Are you already seeing this?

Data Breach Vulnerability Not Just Due to Technology

About 21.5 Americans' social security numbers and other sensitive personal information were compromised due to the hack of the U.S. Office of Personnel Management, according to an article posted today on cnn.com.

It seems data breaches have become so common that those unaffected are undocumented workers or Amish.

How did personally identifiable information become so vulnerable? The answer isn't limited to the technology.



Social Security Administration (public domain) via Wikimedia Commons

Our vulnerability is actually the result of a combination of historical, social and economic factors. To improve protection of personal information, it is important to consider how we got here.

A Little History

Before social security numbers were assigned to Americans, identity was simply a person's name. After spending decades on genealogical research, I can attest to the fact that before the 1900 census, the government asked very little personal information about Americans.

When President Franklin Delano Roosevelt began the Social Security program as a response to the Great Depression, social security numbers were only to be used for the program. Old social security cards indicate that the numbers are "not for identification." Just check out the Social Security card of Lee Harvey Oswald, who purportedly assassinated President John Fitzgerald Kennedy.

Over time, corporations got away with using social security numbers as identification for multiple purposes. It's been necessary for obtaining credit or health insurance purposes since at least the mid 1980s. When I started college in 1986, my identity number was my social security number.

I suspect that cell phone numbers will also become a necessary form of identification that will evolve into being used on a "mandatory" basis just like social security cards.

A Generational Divide

Socially, the culture of the United States has changed from one of valuing personal privacy to one of perpetual sharing. "It ain't none of your business," was a very common retort when I was growing up.

The vulnerability of Americans' personal information is not just due to technology getting ahead of us, but also to changing values of privacy.

Millennials and younger are less likely to believe privacy is a big deal. This group most fully embraces social media and "sharing" - including Too Much Information (TMI) sharing that was once considered socially impolite. The ramifications of [Facebook's privacy policy](#) might also surprise them. And honestly, I don't think the younger generations care even though nobody really knows who is "listening."

For Americans to begin caring about personal privacy again, enough might have to suffer the consequences of losing (or even sharing) private information. For example, if you knew anyone who suffered through the Great Depression, you might have observed how that generation saved everything “just in case.” Because of the great suffering, Roosevelt got the support necessary to start social security.

But for now, Americans seem more engrossed in Caitlyn Jenner and gender identity issues rather than the ultimate identity issue: someone stealing yours and using it for criminal activity, extortion or even terrorism.

Some of this theft comes from information Americans willingly share on the Internet. Other important data, including financial and medical information, is being breached from the government and corporations. Combine that public information once stored on paper files and the opportunities for harm are endless.

We have already seen ISIS threaten individual military members and their families because Facebook can give a clue to their home and Google Maps will point the way there. Terrorists can certainly do the same to civilians as well.

As a Gen Exer, I was most influenced by the Baby Boomers. They were my younger professors who taught me women’s studies, gay politics and civil liberties. They all stressed that American freedom includes the universal right to privacy for all Americans.

Baby boomer President William Jefferson Clinton, along with Congress, thought protecting personally identifiable health information was a big deal. He was instrumental in passing through the Health Insurance Portability and Accountability Act (HIPAA). (Interestingly, workers’ compensation was excluded from the Act.)

For the majority of Americans, HIPAA is now just part of the pile of papers they need to sign at the doctor’s office. The law was enacted before the rise of Internet commerce and when Baby Boomers and older generations were the majority of the country. Complying with HIPAA only gets ting more difficult as paper medical records are being converted to electronic files.

Then Gen Exer President Barack Obama ushered in the Affordable Care Act, which throws medical privacy out the window. Now the federal government has access to your medical records because health insurers and medical providers are required to share them.

***For Americans to begin caring about personal privacy again,
enough might have to suffer the consequences
of losing (or even sharing) private information.***

Federal agencies are hardly safe custodians. Just ask the potential 9+ million past and present federal workers and our military whose data is now vulnerable to whoever hacked it.

Further, cyber incidents, including data breaches, are on the rise according to Verizon’s [“2015 Data Breach Investigations Report.”](#) Add to that 66 percent of accountable care organizations surveyed last year by the [Ponemon Institute](#), who believe patient privacy risk has grown and do not have great faith in data security.

Conclusion

The vulnerability of Americans' personal information is not only just due to technology getting ahead of us, but also to changing values of privacy. Looking back to history and considering past policy and social mores provides context for developing ways to promote privacy. I have a few ideas in mind and soon I will share them in a future blog.

[Workers' Comp Costs Slowly Rising](#)



By warszawianka via openclipart.org

Workers' compensation costs are slowly rising, according to the most recent Workers' Compensation Resources Research Report (WCRRR).

The cost of workers' compensation per \$100 of payroll is \$1.32 for 2012, the most recent numbers available, up from the historical low of \$1.25 in 2010, according to issue 9 of the report released Wednesday.

While there are several ways to measure workers' compensation costs, cost per \$100 of payroll is my favorite because it gives a direct measure of average costs without entanglements such as the insurance market. It also takes account that wages have increased much more rapidly than employer expenditures on WC.

(John Burton, publisher of WCRRR, actually saved this information from extinction by encouraging the National Academy of Social Insurance [NASI] to take over the task in the late 1990s.) NASI released these figures last [August](#).

Employers are forever complaining about the costs of workers' compensation. But the truth is, WC is far less expensive than it used to be. When I began writing about workers' compensation in 1990, the cost of workers' compensation per \$100 of payroll was the highest in history at \$2.18, which

means the cost now is \$0.76 less than 25 years ago.

***Employers are forever complaining about the costs of workers' compensation.
But ...WC is far less expensive than it used to be.***

Burton has been actively engaged in the workers' comp system before I was born. He might be best known for being the chairman of the only National Commission on State Workmen's Compensation Laws this nation ever had, which stemmed from the Occupational Safety and Health Act of 1970.

Historical Perspective

Insurance advocates have long argued that workers' compensation costs rose beginning in the 1970s because of the higher benefit costs recommended by the National Commission. Rising benefits, along with massive system inefficiencies, rising medical costs and other factors, led to rising workers' comp costs in the mid 1980s.

By 1990, employers, who in most cases are required to provide workers' comp coverage to its employees, were clamoring for relief. This led to significant changes.

From a legislative perspective, employers and insurer advocates did contain benefit costs by curbing maximum weekly benefits. As shown in the report, cash plus medical benefit costs were \$ 0.98 per \$100 of payroll in 2012, which is only two cents more than 1980, when it was \$0.96. Reform also curbed allowable benefits for permanent partial disability and other types of cash benefits.

The changes in state programs also narrowed the definition of what types of injuries; illnesses and deaths were compensable, which Burton covers at length in the report.

Narrowing compensability does lower costs, but because it also removes the non-fault premise of workers' comp from some work-related incidents, it's potentially dangerous. From the employer's point of view, the whole point of workers' compensation, as Burton also describes in his report, was to remove such cases out of the tort system. Without workers' compensation protection, employers risk lawsuits that are much easier to file than in the early 1900s and before.

Turning the attention back to the overall cost of workers' comp per payroll, it is important to note that legislative action alone does not fully explain why workers' compensation has become less expensive.

Before the workers' comp crisis that began in the late 1980s, employers viewed paying premiums as a cost of doing business. Once it got expensive, employers had the incentive to become more educated on how to save workers' comp dollars and ultimately take better care of their employees.

***The employer-employee relationship has a greater impact
on a workers' compensation claim than anything else.***

I clearly remember those "ah ha" moments when employers realized their actions could lower WC costs. Enough employers "got religion" on accident prevention, safety, improving the claims process, rehabilitation and return to work that overall costs began to decline. What was considered

innovative in the 1990s has become best practice.

The financial incentive to contain workers' compensation costs also led to greater research on several topics from workplace safety to return to work outcomes and claim process inefficiencies. As a result, those involved in workers' comp are more enlightened than ever.

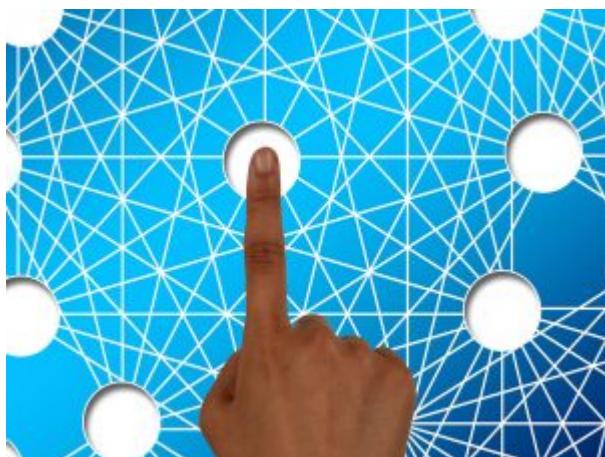
That is not to say that workers' comp is free from complication. The system is still beset by its political twists and turns, court decisions and other factors.

And while there are so many stakeholders in comp ranging from medical providers to insurers, lawyers, unions and regulators, one simple truth remains. The employer-employee relationship has a greater impact on a workers' compensation claim than anything else. Many injured workers still suffer from uncaring employers just as employers see injured workers who are just not motivated to return to work.

Burton's report also covers other important inflation, including WC coverage issues. To get your hands on the report, simply fill out an order form at www.workerscompresources.com. PDF downloads cost \$20 and printed versions are \$25.

To see more workers' compensation blogs, click [here](#).

[Tips For a Successful Actuarial Career](#)



The actuarial profession is the best career choice, according to a recent ranking by CareerCast.com. After working with actuarial firms and actuaries for more than 25 years, I am offering my tips for a successful actuarial career.

Let's start by understanding how CareerCast made its determination. The job placement website looks at work environment, including emotional and physical factors; income, such as employment and salary growth; 11 stress factors and other considerations to develop their ranking. The average income for actuaries is about \$94,000, according to CareerCast, but I can assure you that actuarial consultants make much more.

With only about 6,000 actuaries in the country, members of this elite group are fantastic to work with, which is why I proposed a "[hug an actuary day](#)". Below are my tips for a successful actuarial career.

Tips for a Successful Actuarial Career

Becoming a successful actuary, however, is not as easy as it was in the past when actuarial work was primarily number crunching. Based on several articles I've written, I believe that for actuaries to be successful in the future, they need to pursue three additional disciplines that go beyond the multi-year exam process. They are:

Solid Communication Skills. The actuary that can clearly communicate to the C-Suite and customers will be welcome at the decision-making table. Having helped actuaries with everything from publicity to editing articles for publication and reports for customers, I can attest that actuaries who invest in quality communication to [effectively build eminence](#) and have more satisfied customers. To learn more, check out my article on [the future of the actuarial profession](#). (As a sidenote, my firm offers communications and marketing services for actuarial firms.)

Statistical Background. Predictive modeling has taken the insurance industry by storm, but more actuaries need the statistical background to do it. As I cover in my article, ["Professional Jealousy,"](#) statisticians are gaining ground in areas that were once the domain of actuaries. (Statisticians are ranked #4 by CareerCast.) To learn more, check out the ["Predictive Modeling"](#) blog tab.

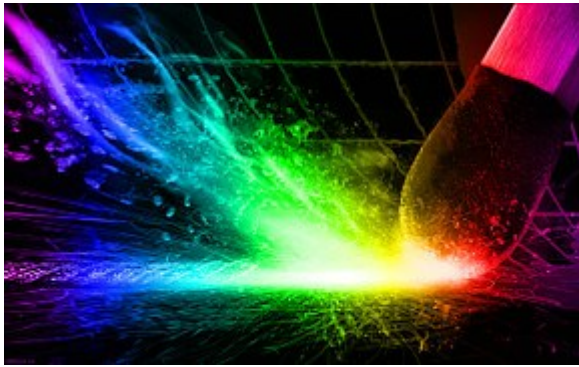
Technological Expertise. Actuaries that can offer technological expertise will be able to offer innovative solutions to the challenges being faced by insurance companies. Besides exploring programming languages such as [F#](#), actuaries must harness [technological innovation](#) to be successful.

Ranking of Other Professions

Two of the professions in CareerCast's top ten ranking require skill sets similar to actuarial work including mathematician and statistician while three others require technological expertise including data scientist, software engineer and computer systems analyst. The other three in the top ten ranking are: audiologist, biomedical engineer and occupational therapist.

So what is the worst job in CareerCast's ranking of 200 professions? Newspaper reporting. It figures!

[What I Have Learned From My Daughter's Concussion](#)



When I wrote an article four years ago about [football concussions and the impact on workers' compensation](#) and the related third party lawsuits, I had no idea that my daughter would sustain a concussion that continues to affect her five months later.

My daughter joined her high school's freshman basketball team in November. During practice, another team member elbowed her in the nose while they were both reaching for the ball. Previously, she played injury-free basketball for the four prior seasons.

When I picked her up from practice, she said her nose really hurt. Being hit in the nose a few times in my life, I told her it would go away and she would be fine. But the next day, the school athletic trainer called to tell me my daughter had a concussion.

So I took her to the doctor who advised her to avoid television, computer and mobile device screens and to just lie down and let her brain heal. By the next week, when she was walking outside to a classroom, she fell off the curb and briefly blacked out. Thankfully, another student helped her up.

Naturally, I took her back to the doctor who produced a letter that requested a reduction in homework and we were told she was not to participate in any physical activity. Until Winter break, there were many times when she could not sit through a full day of school without horrific headaches.

***Due to my workers' comp background,
I started wondering why there was not an academic equivalent
to what workers' comp professionals call transitional duty.***

After about six weeks, the doctor referred my daughter to a concussion specialist. This is when I learned that due to heightened awareness, concussions have become quite the cottage industry. There are not enough experts in the D.C. metro area to handle influx of concussions.

She was given medication to help her headaches and gradually, she was able to get through a week of school without needing to come home early. But her teachers were expecting more than the doctor had indicated and were hassling her with incompletes and slightly modified workloads.

It turned out that the physician letters I was faithfully faxing to the school were treated only as doctors' excuses for absence. It was time to become an advocate.

After a visit to the guidance counselor's office, the teachers got on the same page — for the most part. But when the next semester ushered in an ununiformed physical education teacher, my daughter was being asked to write papers about childhood obesity and other topics in lieu of physical activity.

If you are a caregiver, assume the role of a case manager.

Due to my workers' comp background, I started wondering why there was not an academic equivalent to what workers' comp professionals call transitional duty. So I wrote the gym teacher and offered a list of what she could and could not do. She responded that the doctor's letter was not specific enough. The doctor wanted to know what the phys ed teacher wanted. I didn't know. So I forwarded the teacher's letter to the doctor. We'll see what happens.

Meanwhile, there have been extended waits for further testing beyond an MRI. Her nose still hurts but the ENT said with time it would resolve itself. We are still waiting to see other specialists.

It's been five months since her date of injury. Unfortunately, her headaches continue and occasional dizziness continues.

Concussion Lessons Learned

Here is what I have learned as the parent of a child who has sustained a long-term concussion.

- It's the first 48 hours after the concussion where rest and avoiding stimulation is the most critical. Unfortunately for my daughter, during the first 24 hours we had no idea that a strike to the nose also included a concussion so I was surprised to get the call from the athletic trainer.
- If your child does not show signs of recovery in the first two to three weeks, see a specialist. If I know anyone who just sustained a concussion, I would make an appointment with a specialist because often there is a long wait.
- If you are a caregiver, assume the role of a case manager. It is tough to not only manage the maze of specialists, but schools are still working on a comprehensive process and effective communication for interested parties. You must keep on top of this. Knowing what I know now, I wish I had done it sooner.
- Keep track of symptoms and insist on specifics of what can be done physically to keep in shape.
- Recognize that concussion awareness is putting concussion incidents at a nearly epidemic level. The medical field lacks the experts to handle the sudden influx from concussion awareness and honestly, I think they are still trying to sort out effective protocols.
- Advocate for what the patient needs.
- Finally, take every concussion seriously. When I was a kid, all my mother knew to do was to keep me awake because falling asleep could be a sign of losing consciousness. Get the injured person to a doctor as soon as possible and eliminate any sensory stimulating activity.

In the meantime, we are still waiting to see more specialists.