

Nurses — A Great Untapped Source

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David Stock is forty-three years old and his file indicates a past history of myocardial infarction. The family history is non-contributory, examination shows height 6' 1", weight 185 pounds, BP 135/70 and findings generally negative. There are a series of electrocardiograms between 1980-85 showing an anterior MI and the incident to have occurred in 1983. With good follow-up and no further symptoms since the 1983 episode, Mr. Stock was a risk accepted and rated as Table 5 plus \$15.00 x four years.

That assessment was not made by a doctor or a lay underwriter. It was made by an intermediate — a registered nurse/medical underwriter.

Why not a nurse underwriter? He/She has the medical background, can learn the insurance game, and falls into a different pay scale which is attractive to both the nurse and the doctor. Some insurance companies say it works! By hiring a nurse to review the estimated percentage of the cases for which she is qualified, she frees the doctor to handle the remaining cases that need his full attention. "Nurses have been an untapped source for our industry," said Dr. W. John Elder of Transamerica Occidental Life Insurance Company "They can work well with doctors and improve productivity." If nurses can do the job, why aren't more in the industry in this capacity today?

According to the American Nurses Association, there were 1,662,382 nurses working in the United States in 1983 (their latest figures). Of that number, only 69,185 were employed in non-nursing fields, for such reasons as better salary, nursing burnout, more intellectually stimulating positions and reasonable hours. And of those, just a handful are working in the insurance industry. There are registered nurses scattered around the United States working in lay underwriting, but very few work in medical underwriting departments. Most of the nurses who found their way into Insurance Medicine did so during the 1970's, when high competitiveness and the outbreak of insurance shopping programs dramatically increased the workload for doctors in medical underwriting. With so much material passing over the doctors' desks, it became apparent that a substantial amount of that material did not need their level of evaluation, but a medical understanding

which an RN could provide. Most cases of coronary artery disease, cardiovascular disease, cancer, etc., were within the educational realm of a registered nurse to evaluate for risk appraisal.

RN's would be attracted to this type of position by the career advancement opportunity. Proponents of their employment say, by the nature of its strict requirements, the position would necessarily attract the "cream of the crop" — nurses who are mature enough to acknowledge their skills and limitations. Opponents fear that quality would be sacrificed by allowing the nurses to perform risk appraisals with the potential of increasing company liability.

Among the few nurses in medical underwriting besides myself are: Barbara Clyne of Aetna Life & Casualty in Hartford, CT, Nancy Lee Siwula of Transamerica Occidental Life in Los Angeles, CA and Debra Larsen of Northwestern Mutual Life in Milwaukee, WI.

Mrs. Clyne entered medical underwriting in the early 1970's. Dr. John O. Alden the Medical Director at Aetna needed another doctor in his department, but the economic climate at that time caused budgetary constraints. Therefore, he chose to interview RN's for the available position.

Using her cardiovascular expertise as a Coronary Care nurse, Mrs. Clyne was able to secure this position. Working with her broad-based education from nursing school and CCU experience, she prepared for medical underwriting through on-the-job training and a "mini-medical" orientation with the doctors in her department. Mrs. Clyne presently has many managerial/administrative duties, along with supervising three other RN's who work as medical underwriters.

Mrs. Siwula is the Manager Medical Operations/Medical Clerical Support. She had been working at Transamerica Occidental in another capacity when Dr. James A. Ryan, Jr., Vice President and Chief Medical Director felt that an intermediate position between doctors and lay underwriters could be developed to screen files and be responsible for some underwriting decisions. Mrs. Siwula trained for the position, like Clyne, using her CCU and ICU experience along with some underwriting classes given by Dr. Ryan. "We have an open-door relationship

with the physicians in the department," she said. "This helps us when additional expertise is necessary." Mrs. Siwula has an associate at Transamerica Occidental in a similar capacity.

Debra Larsen is working in medical underwriting, and supervising four other RN's. Their responsibilities consist of the assessment of abnormal resting electrocardiograms, which they then correlate with the applicant's cardiovascular history to arrive at their medical risk appraisal. They also provide cardiovascular consultation sessions throughout the day with the underwriters, discussing murmur findings, congenital heart abnormalities, cardiomyopathies, etc. Mrs. Larsen had cardiovascular experience coming into the position. With her clinical background and a six-month period of learning about insurance and underwriting, she was able to comfortably move into the medical department.

Dr. Robert J. Spellman, Medical Director, New Business of Northwestern Mutual was responsible for introducing the idea of an intermediary position at his company. In the early 70's, he realized that one doctor on his staff did nothing but read electrocardiograms all day. He felt he would be able to educate and train others to screen EKG's.

In the reinsurance industry, I seem to be the only RN I could locate. My nursing experience is quite different from the rest in that my clinical experience was very limited. I began working for the medical department at Cologne Life Reinsurance in the summer of 1980, directly upon graduating

from nursing school. Though my clinical background was narrow, my reinsurance background was wide. I had worked in almost every department at Cologne during the previous six years, and had learned a great deal about the workings of a reinsurance company.

Dr. W. John Elder, formerly of Cologne, began entertaining the idea of recruiting an RN in the 1970's when he noticed he was inundated with files not necessarily needing his specific review. I was fortunate enough to be offered the position. After a six-month period of training in the Underwriting Department, I began medical underwriting in 1981. After some EKG classes with Dr. William Alexander at Cologne, outside EKG courses and assistance from the other doctors in our department, I am functioning as a full-time medical underwriter.

Finally, we are all in agreement that it is absolutely imperative to have the doctors' full approval and support to assure acceptance by the lay underwriters and other departments in the company. Besides this support, the nurses employed as medical underwriters should always be under the jurisdiction of the medical department and not the underwriting department.

Nurses in medical underwriting feel their jobs are prestigious, intellectually challenging and provide adequate remuneration compared to work in a clinical setting, and therefore feel that other nurses would welcome the opportunity to join this field of employment.