Life & Health Club

Highlights des ICLAM Kongresses in Mumbai

Life & Health Club, Zürich Partner Re
2.März 2020

ASA | SVV

ICLAM & Genetik &

Life & Health Club, Zürich Partner Re

Bruno Soltermann

2.März 2020

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ICLAM

International Committee
for Insurance Medicine
founded in 1901

PartnerRe

Seit 1935 regelmässige internationale Kongresse

1964 in Luzern

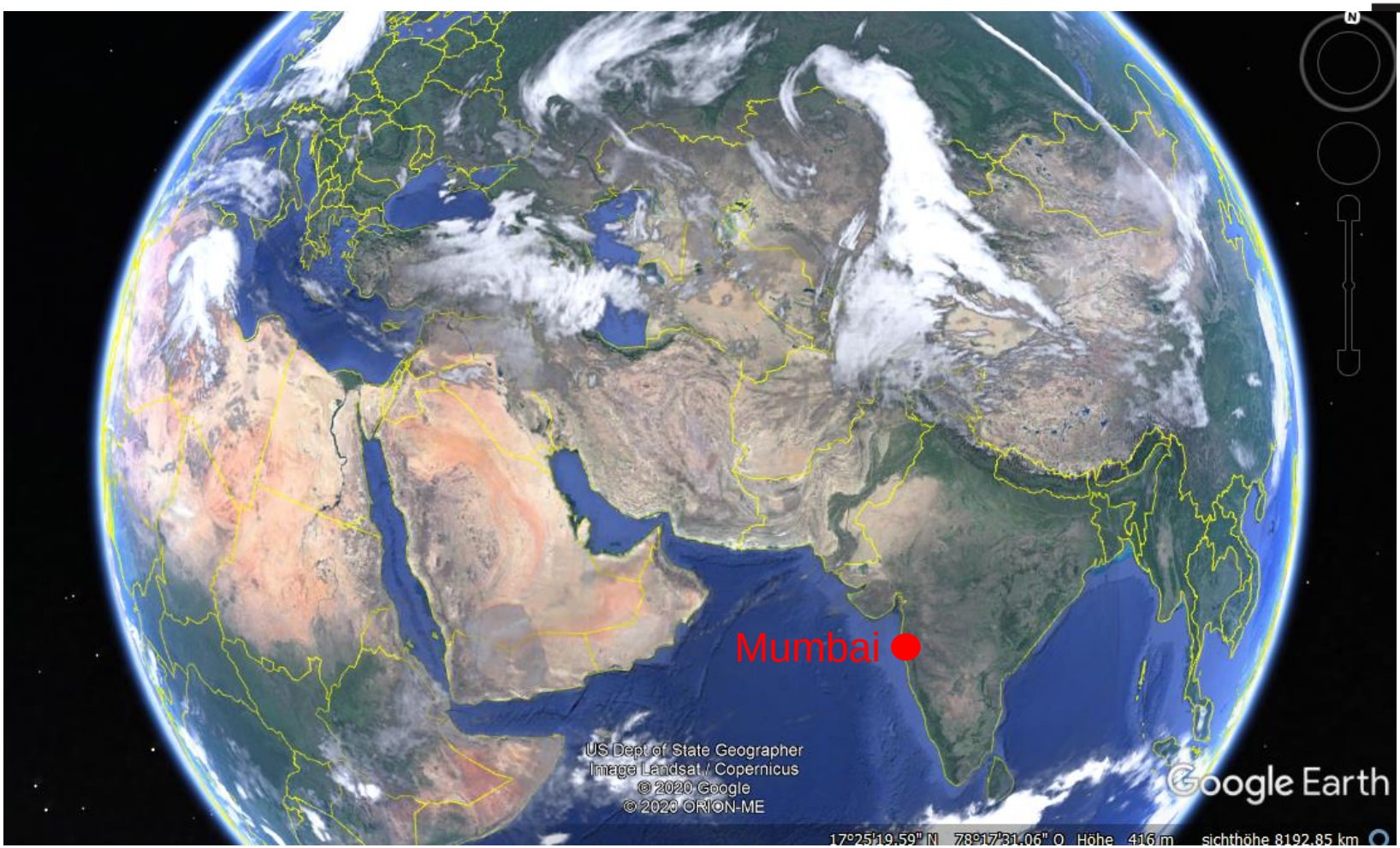
Ärzte, Underwriter, Schadenbearbeiter

Delegierte der einzelnen Länder

Board und Bureau


SCIENTIFIC AGENDA
2019
10:30 - 11:00 COFFEE BREAK
11:00 - 11:45 Plenary 5
11:45 - 12:00 SHORT LAYOVER
Satellite Sessions Grand Ballroom 1
12:00 - 12:45 (Attend any 1)
"Formula for Success? A look at the Singapore's approach to managing sustainable Health Insurance"
- Ms. Irene Ng, General Manager, Gen Re
12:45 - 13:45 LUNCH
13:45 - 14:30 Plenary 6
Nachiket Mor
14:30 - 15:15 Plenary 7
15:15 - 16:15 Plenary 8
16:15 - 16:45 COFFEE BREAK
Satellite Sessions Grand Ballroom 2 & 3
16:45 - 17:30 (Attend any 1)
18:30 onwards Gala Dinner - Where the Mind Meets the Soul


ICLAM
International Committee for Insurance Medicine
MUMBAI 2019
HOME
SCIENTIFIC PROGRAM
SPEAKERS
REGISTRATION
PARTNERS
TRAVELS
DOWNLOADS
CONTACT
WHERE WEST & EAST MEET
BLOCK THE DATES
10TH TO 13TH NOVEMBER 2019
MUMBAI
BOLLYWOOD


Mumbai
US Dept of State Geographer
Image Landsat / Copernicus
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Mumbai

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Bahnhof von Mumbai

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Strassenverkehr in Mumbai

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„Durchmischter Verkehr“ in Mumbai

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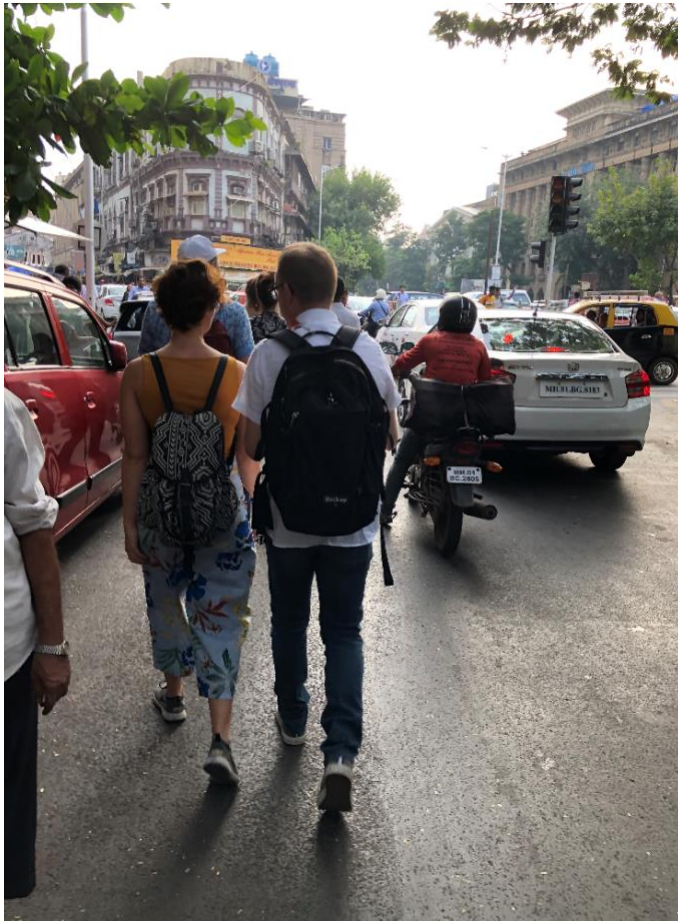

Taxivarianten

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Kongresshotel im Mumbai

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ICLAM is an independent non-profit organization for insurance medicine and has no commercial interests. ICLAM was founded in Amsterdam in 1901 at the second World conference of Insurance medicine, but its history started with the first World conference in Brussels in 1899. Since its foundation, ICLAM has organized conferences on all continents.

From November 10 to 13, 2019 ICLAM will organize the next **ICLAM Conference**, 120 years after the first world conference.

ICLAM's goals
ICLAM's aims are to provide an international forum for the latest insights and statistics on prognosis of medical and surgical treatment in the field of life, disability and health insurance. ICLAM arranges World conferences of Insurance medicine every three years and gives support to new organizations of insurance medicine on all continents.

» **Membership of ICLAM is free**

Want to learn more about ICLAM?
Visit the ICLAM websites listed in the red bar above to learn more about the next **ICLAM world conference**, ICLAM's **Association**, **Foundation**, and **Award**, and about **Research & Education**. Please visit our comprehensible **News overview** with news from all ICLAM websites.

Click the orange syndicate button to subscribe to a selection of the most important ICLAM feeds.

Watch the space @ www.iclammumbai2019.org for more updates

- Team ICLAM Mumbai 2019

ICLAM Mumbai 2019, November 10-13

ICLAM's World conference will start in : DAYS -90 HRS 21 MINS 11 SECS 48

- ICLAM Foundation offers free websites to National assoc. insur. med.

Liste aller Teilnehmenden

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BILTIR
BERMUDA INTERNATIONAL LONG TERM INSURERS AND REINSURERS

Genetic Regulations vs Direct-to-Consumer Genetics Test

What does the future hold?

International Committee of Insurance Medicine 2019
Ronnie Klein, Executive Director BILTIR
11 November 2019, Mumbai (India)

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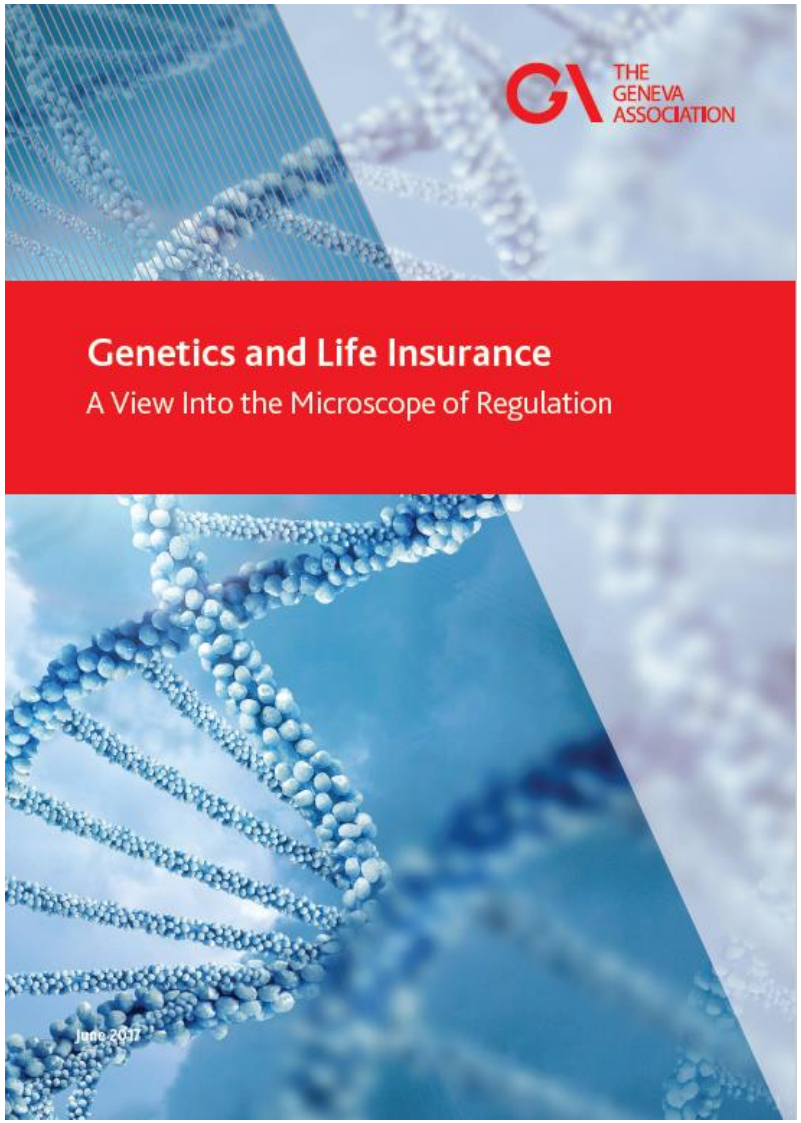
THE GENEVA ASSOCIATION
Genetics and Life Insurance
A View Into the Microscope of Regulation
June 2017

Basic Categories of Genetic Regulation with respect to Life Insurance

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- 1. No regulation
- 2. No regulation with written or unwritten codes of conduct from insurance industry groups
- 3. Prohibitions on insurers requiring applicants to take a genetic test and prohibitions on discrimination if the applicant refuses to take a test
- 4. Prohibitions or moratoriums on using results from existing tests when policies are below certain limits
- 5. Prohibitions or moratoriums on using results from existing tests at all, sometimes including use of family history information

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Country by Country Regulation

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Country	Regulation Category	Lates effective year
Australia	3	2016
Austria	5	2005
Belgium	5	1992
Canada	5	2017
China	1	
Denmark	5	1997
Finland	1	1999
France	5	2011
Germany	4	2010
Greece	2	
Japan	2	
India	1	
Ireland	5	2005
Switzerland	4	2004

Source : Geneva Association GENETICS AND LIFE INSURANCE—A VIEW INTO THE MICROSCOPE OF REGULATION

Genetic Exceptionalism

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- **Genetic exceptionalism** is the belief that genetic information is special and so must be treated differently from other types of medical information.
- Many academics and physicians do not believe in this principal
- Most notably, Dr. Sonia Sutter, Professor of Law at GW Law School
- Many governments are siding with popular belief that genetic testing ***is*** special and, therefore, deserves special regulation

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Problem der Diskriminierung am Beispiel der Polyzystischen Nierenerkrankung

Genotyp – Diagnose durch Gentest

Autosomal dominant

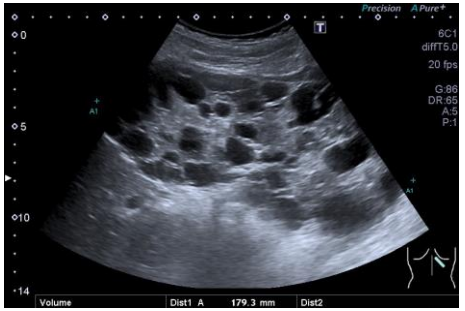
Monoloculär Gen 16

Penetranz

- >70% im Alter 30
- >90% im Alter 50
- 99% im Alter 55

Phänotyp – Diagnose durch konventionelle Methoden

Zysten im Ultraschall bereits in der Jugend sichtbar



http://www.buergerhospital-ffm.de/news-veranstaltungen/gesundheitsthemen/news/zystische-nierenerkrankungen-im-kindesalter-53/news-action/show/

Diskriminierung liegt beim Phänotyp: Muss Diagnose bei Versicherungskauf offenlegen und höhere Prämie bezahlen

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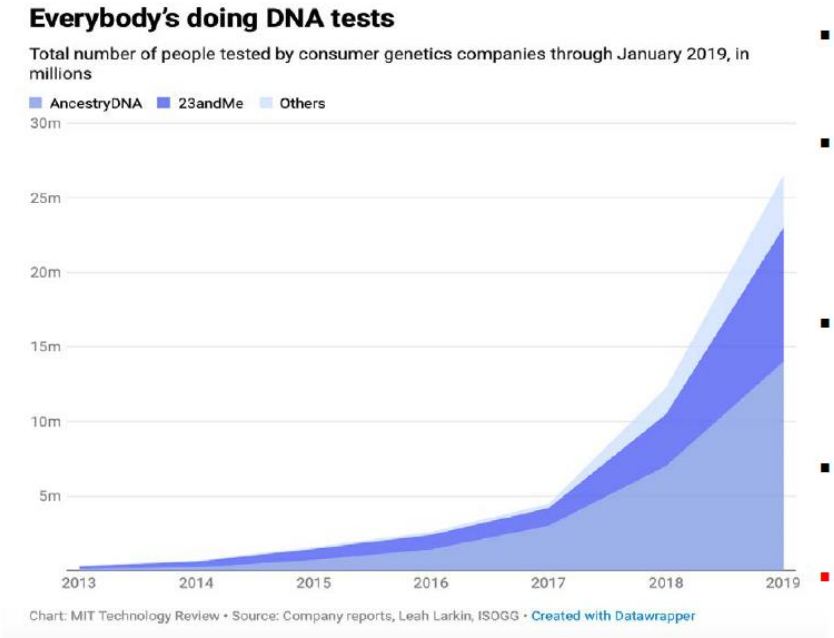
What does this mean for the Life Insurance industry?



- 25 million is still a relatively small percentage of world population
- However, an estimated 1-in-25 people in the US have taken a genetic test and the US is the largest life insurance market
- Testing in China has been increasing dramatically year on year
- As prices decline, demand will continue to grow
- **Is it an issue for life insurers?**

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ADVANCES IN THE TREATMENT OF CORONARY ARTERY DISEASE – IMPACT ON LIFE INSURANCE

DR. KARSTEN FILZMAIER

CHIEF MEDICAL OFFICER & CO-FOUNDER WE4 IMPACT

ICLAM, MUMBAI, 11 NOVEMBER 2019

Fortschritte? in der Therapie der KHK

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Anwendung	Vorteile	Auswirkungen
Roboter assistierte koronare Bypass Chirurgie	Kleinere Inzisionen Weniger Schmerzen Kürzere Hospitalisation	Keine verminderte Mortalität Keine Kostenersparnis
Medikamentenbeschichtete Stents (DES) vs. bioresorbierbare Scaffolds (BRS) **(Glucocorticoide, Zytostatika, Immunmodulatoren, Antiproliferativa)**	Klare Vorteile gegenüber Ballon und Metallstents. Theoretisch ebenfalls Vorteile der BRS gegenüber DES	Mortalität bei BRS und DES gleich Kosten vergleichbar 3-Jahresergebnisse eher zuungunsten der BRS
Nanotechnologie **Monoklonale Antikörper** **Mesenchymale Stammzellen** **3D-Printing**	Zurzeit rein theoretisch	Es wird noch Jahre dauern, bis die Nanotechnologie in der Therapie der KHK Einzug hält. Eine Verbesserung der Therapieresultate bei tieferen Kosten kann erwartet werden.

Krebs

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Rough Guidance of Breast Cancer Px

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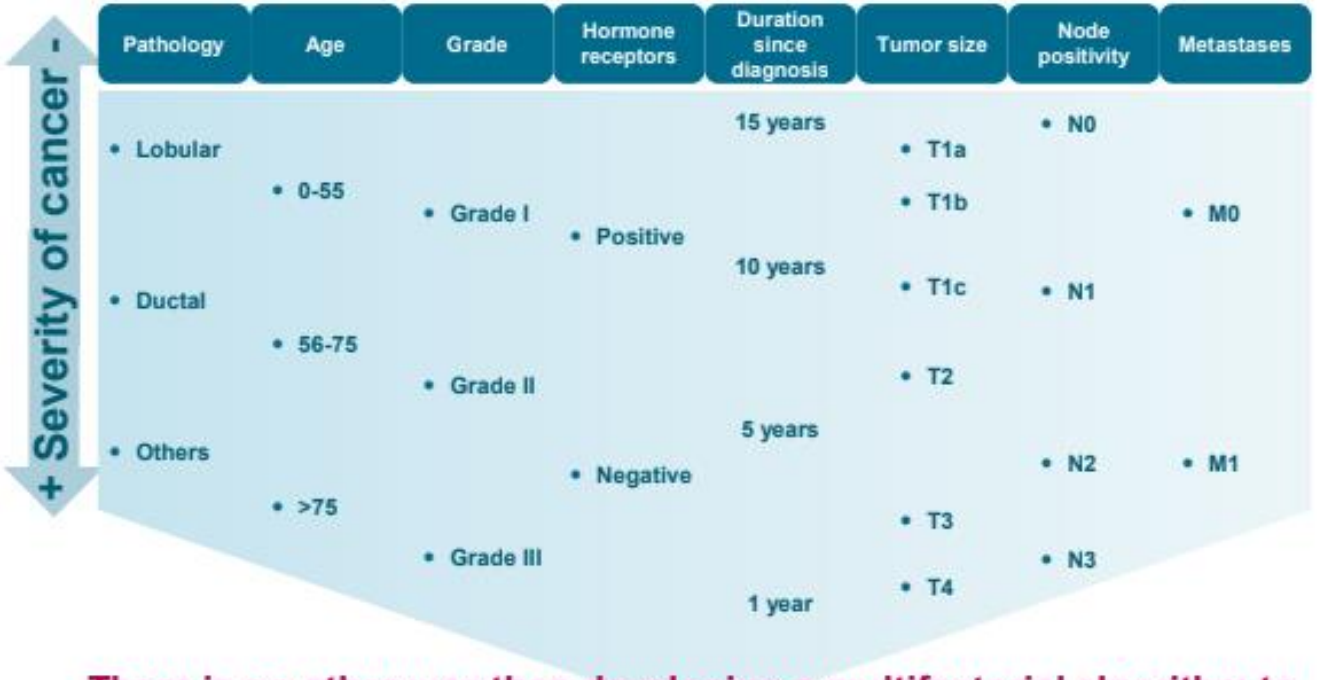
Breast cancer prognosis is based on multiple parameters



There is no other way than developing a multifactorial algorithm to estimate the risk based on so many predictive factors

SCOR The Art & Science of Risk | Life

Breast Cancer

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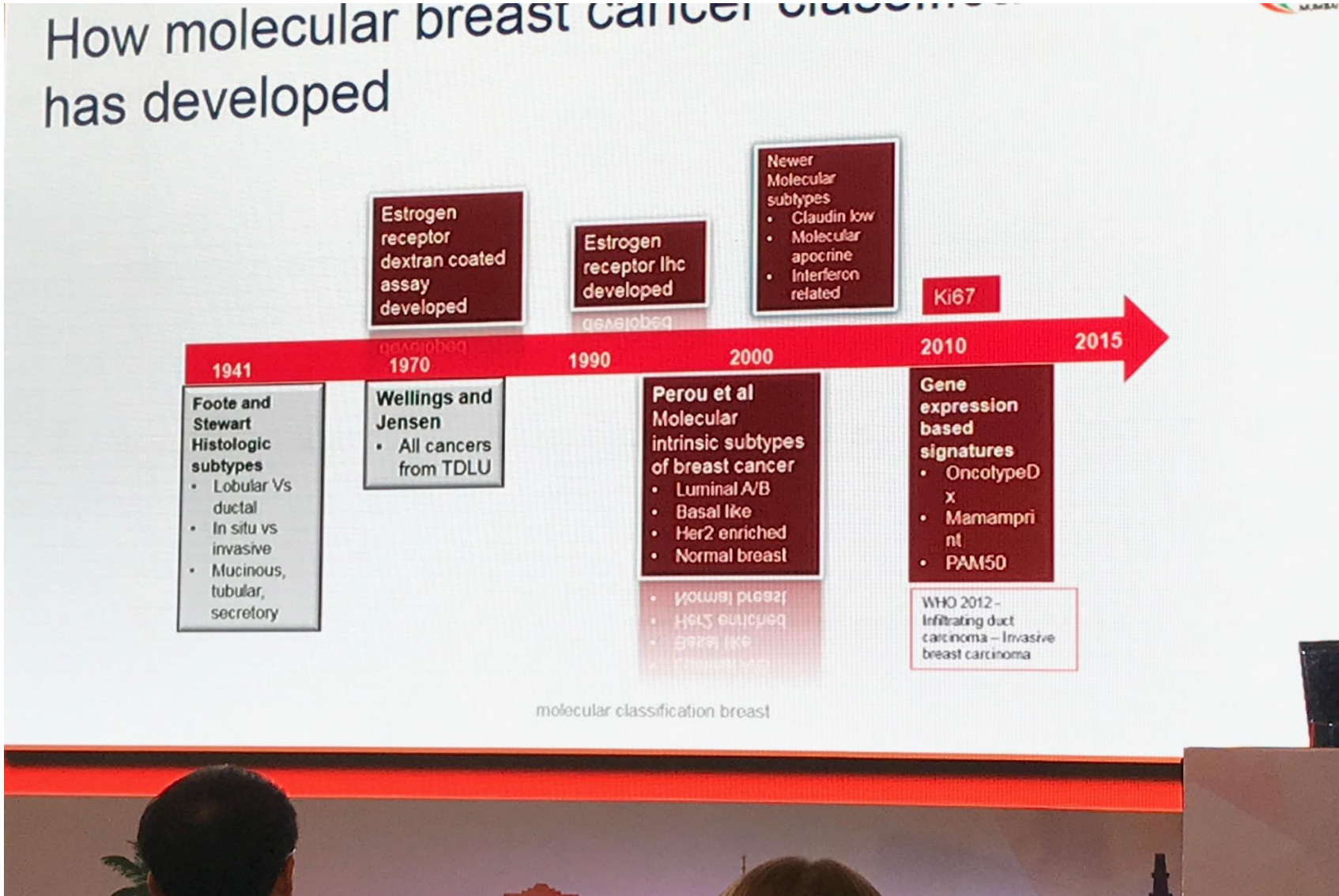

Breast Cancer

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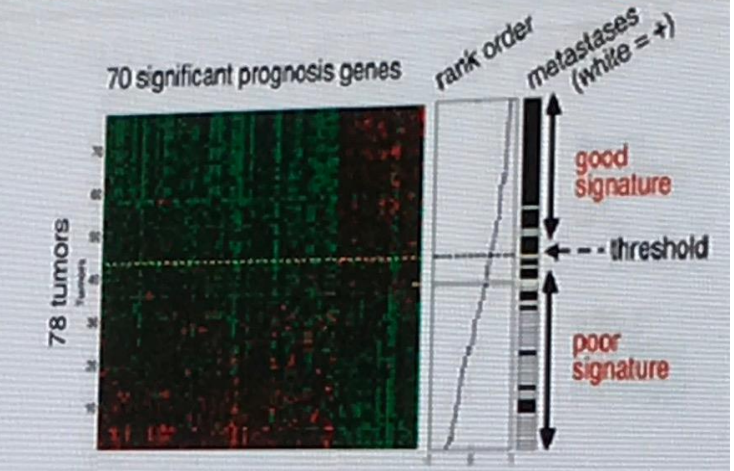
Clinicopathologic features ⇒ Biomarkers & Genes

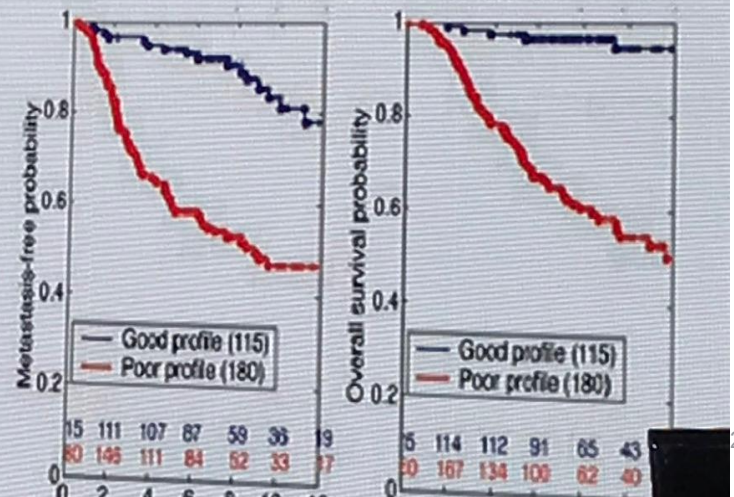
assessment of routine biomarkers

Molecular classification of breast cancer

- Perou CM, *et al.* Molecular portraits of human breast tumors. 5 subtypes- Luminal A and B(ER+ +/- high proliferation), basal like, ERB2 like, normal breast like *Nature* 2000; **406**: 747–752
- Sorlie et al- LABC- Luminal A longest survival while basal and HER2neu worst. Proc Natl Acad Sci USA 2001;98:10869
- 70 gene signature – good prognosis signature (GPS) & poor prognostic signature (PPS) that significantly predicted DFS. vant Veer et al Nature 2002;415:530.

Validated in 295 patients younger than 50 years- 94.5% 10 year survival in GPS & 54.6% in PPS. PPS was strongest predictor of likelihood of distant metastases NEJM 2002;19:1999-2009





Breast Cancer

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Yersal O *et al.* Biological subtypes of breast cancer

Table 2 First generation gene expression signatures

Gene signature	MammaPrint	OncotypeDX	MapQuantDX	Breast cancer index	PAM 50 assay
Starting material	FF or stabilized RNA, FFPE	FFPE	FFPE, FF	FFPE	FFPE
Analytical platform	Microarray, RT-PCR	qRT-PCR	Microarray, qRT-PCR	qRT-PCR	nCounter
Number of genes	70	21	97/9	7	50
Indications	Stage I / II, 5 cm, ER (+), Node (-)/[1-3 Node (+)]	ER(+), Node (-)	ER (+), G2	ER (+)	All, Node (-) untre
Application	Clinical outcome	Clinical outcome, benefit from chemotherapy	Molecular grading prediction of response to TMX	Clinical outcome, prediction of response to TMX	Subtype definition risk of relapse with treatment
FDA approved	Yes	No	No	No	No
ASCO and NCCN recommendation	No	Yes	No	No	No

FF: Fresh frozen; FFPE: Formalin fixed paraffin embedded; G: Grade; TMX: Tamoxifen.

Breast Cancer

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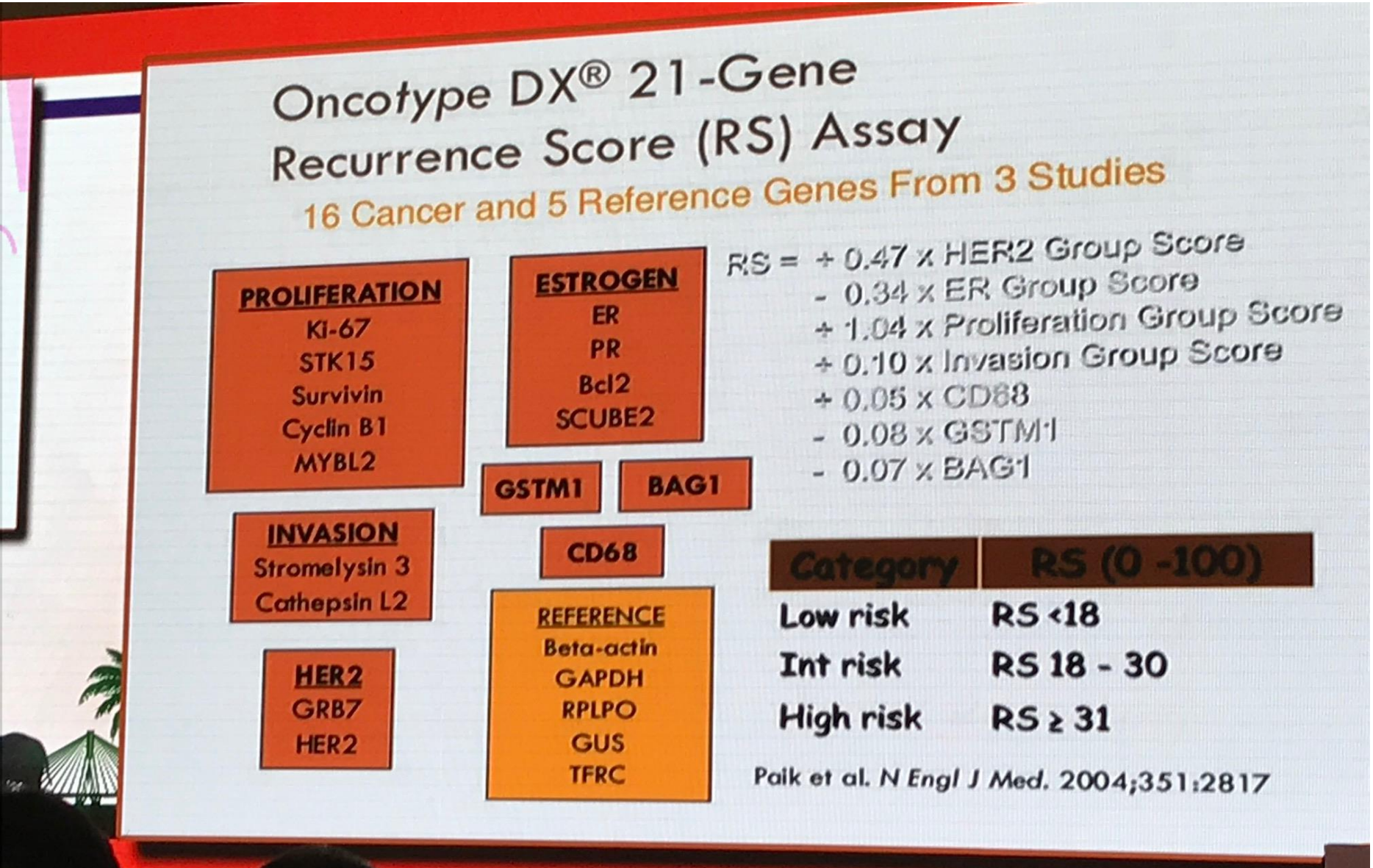

Breast Cancer the Accelerator in Oncology

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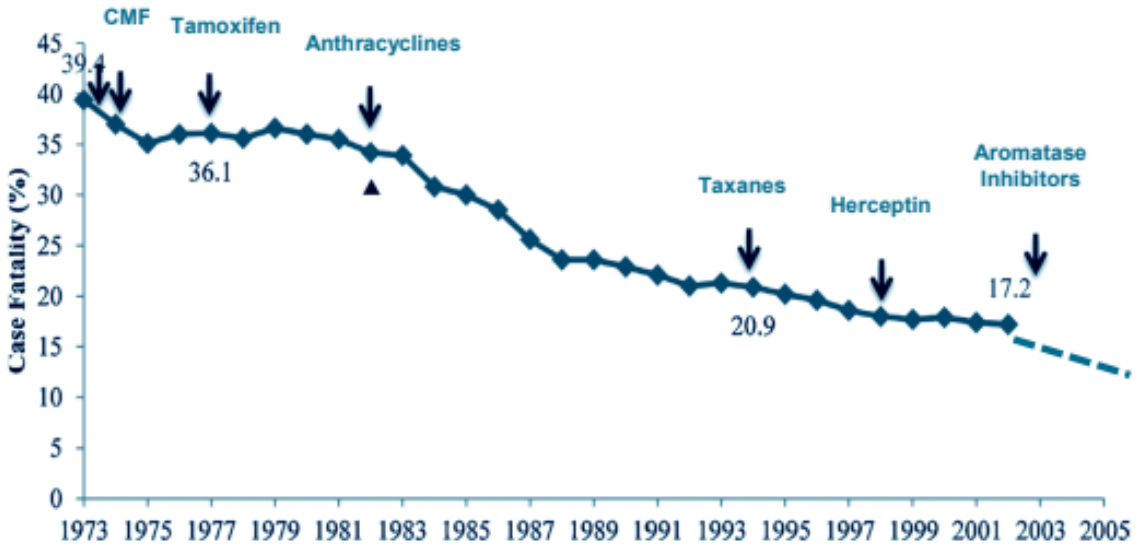
Novel therapies have stepwise reduced the 15-year breast cancer mortality and are likely to continue due to Innovation



Since 2004

Impact on mortality under survey

- PARP inhibitors
- Cyclin dK4/6 inhibitors
- Immuno-drug conjugates
- Immunotherapy

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Journal of Cancer Policy 5 (2015) 8–17

through wearables- Dr Armuss-ICLAM.pdf ICLAM MUMBAI

Thyroid Cancer

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Another example of adverse selection

Issue of Thyroid Cancer in Insurance Population - claims study and market information

- In most market, The micro or T1N0M0 papillary cancer of thyroid is excluded from cancer cover by the definition. However it was not excluded in the standardized malignant tumor definition of China.
- In our recent claim studies, thyroid cancer claims made up nearly 20% of all cancer claim in China market.
  - Thyroid cancer claim increased significantly especially in female

Female Thyroid cancer in all cancer	2004-2008	2008-2012	2012-2015
	6.8%	11.3%	19.6%

  - Among thyroid cancer claims, T1N0M0 was about 61% and stage I was about 91%
- Other market information showed that thyroid cancer claim were about 40%-60% at T1N0M0 and 90%-94% at Stage I.

Cancer Genomics - General

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Instead of Anatomical site &Histology ⇒ Molecular subclassification

The Pan-Cancer Atlas

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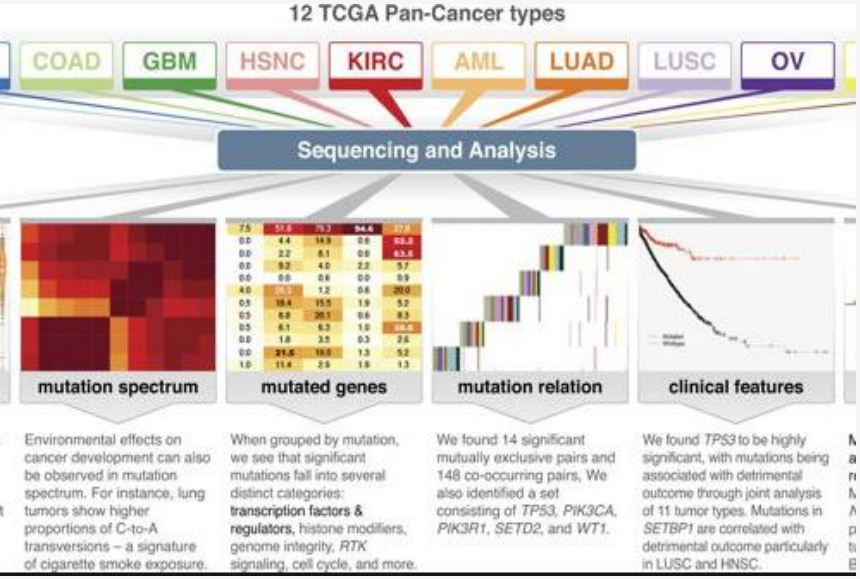

"The Pan-Cancer Atlas reclassifies human tumour types based on molecular similarity, indicating that the cell of origin influences but does not fully determine tumour classification, which informs future clinical trial design and interpretation…"

- Cancer staging of the future will likely be (at least partly) on genomic alterations or features
- Even diagnosis of cancer could be based on genomic features

Cancer Wearables – Breast Cancer

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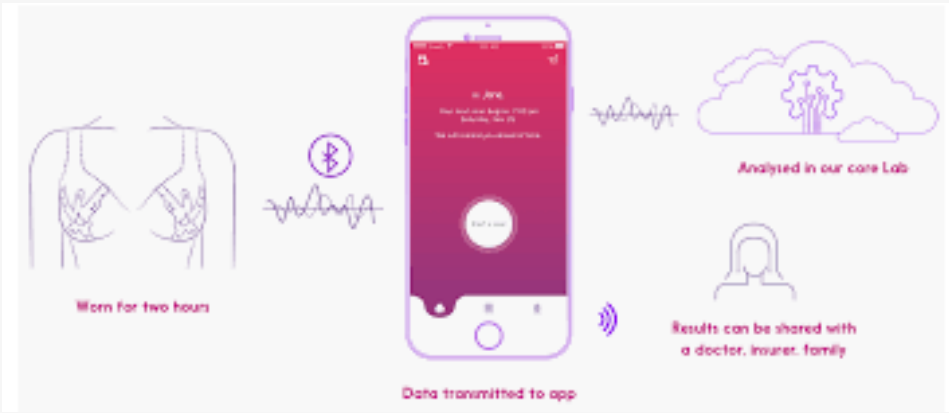
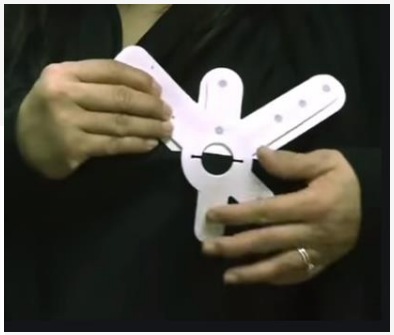
Innovative approaches

Cyrcadias® IT Bra





Cyrcadias® breast monitor uses a pair of wearable conformable patches, one for each breast

Each patch has eight embedded digital temperature sensors that transmit temperature data to a Bluetooth enabled Data Recording Device (DRD)

Summary Targeted-/Immunotherapies

-Insurability-

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Targeted-/Immunotherapies are added to chemo- and/or radiotherapy in most of the cases (today)

Targeted-/Immunotherapies are applied in most cases in advanced/ metastasized cancer stages (today)

The improvement in survival is nowadays limited to weeks/months in advanced tumour stages for most cancers. In some cases survival can be extended to a few years

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Targeted as well as immunotherapies exhibit significant side effects, which have an impact on physical capacity. Sometimes the development of other significant conditions is triggered

Cancer Treatment Trends

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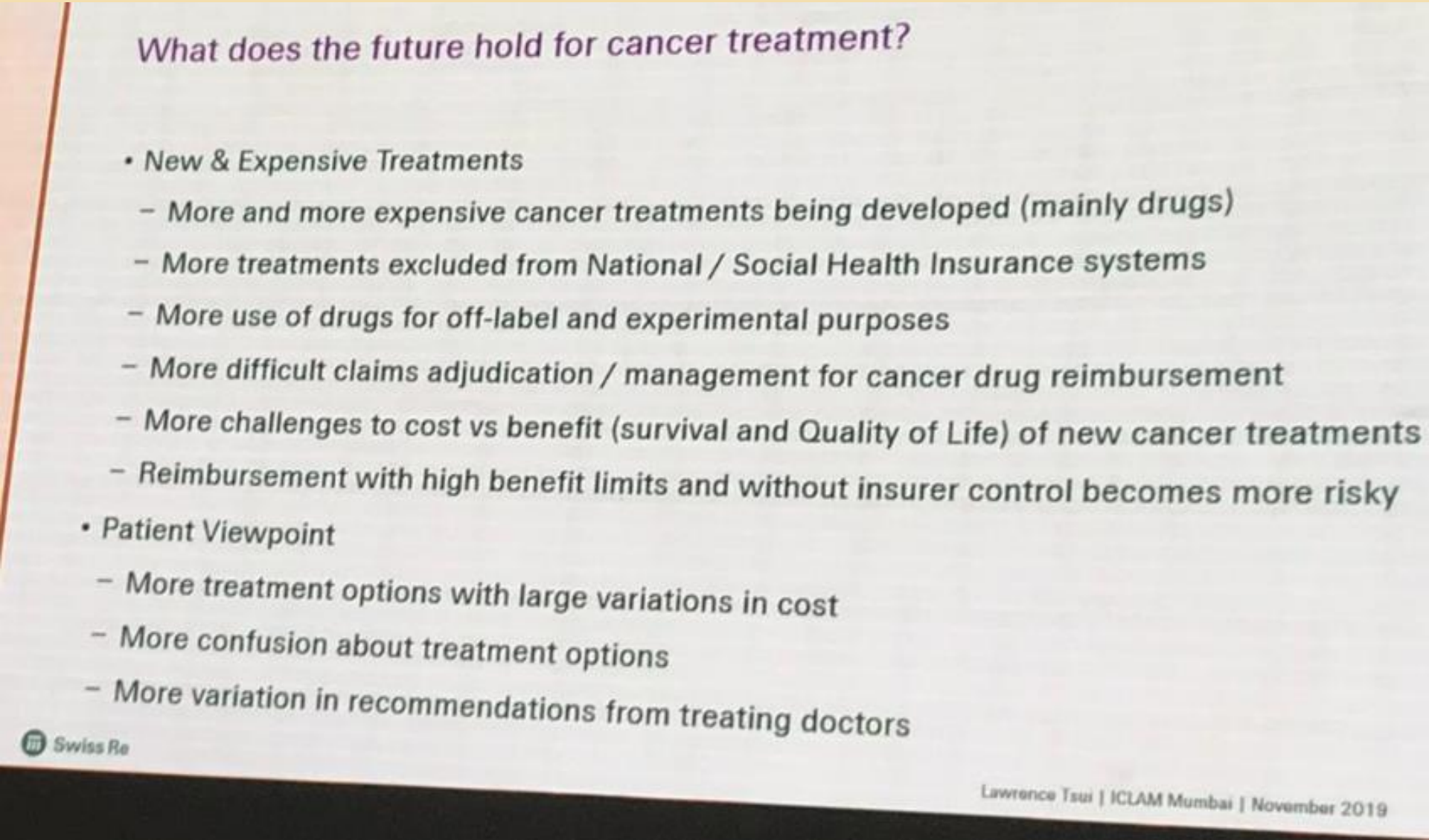
Many special features – significant potential for business



Conclusion

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1. At the moment the advancements in cancer treatment are not increasing the insurability for CI and DI of applicants with a history of cancer and it remains unclear, if this will happen in the future

2. New screening applications and devices need to be monitored closely, as they carry a significant risk of unexpected incidence increase and antiselection

3. Cancer genomics will change the UW and claims practice in particular for CI in the future, for DI the impact is less significant

Cancer Product Target Groups

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Cancer patients are special

What do cancer patients care about?

- US CancerCare Patient Access & Engagement Report
  - Identifies barriers to cancer patient engagement with care providers
  - Characterises financial, emotional, social and QoL costs of cancer to patients and families
  - Recommends strategies and programs to promote cancer patient access and engagement
- Selected insights
  - More than 20% of the 25- to 54-year-old respondents did not follow some of their doctors' recommendations because of cost
  - Just over 50% had all of the information they needed about their cancer when diagnosed; fewer had sufficient information on insurance, emotional and practical support
  - 67% said they had enough information on the "benefits of the treatment plan"
  - 25% had access to a Patient or Nurse Navigator (the vast majority with one found it helpful)
  - 25% reported they had used cancer-specific counseling/support services

Cancer Product Features

Medical expertise is key

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Reimbursement or Lump Sum

- Reimbursement Product
  - Covers actual treatment costs incurred (limits windfall / shortfall for the patient)

BUT

- Vulnerable to medical cost inflation and changes in medical practice
- Requires more intensive management of claims, especially high-cost treatments with questionable benefits

- Lump Sum Product
  - Maximises financial flexibility and patient choice via payment of a lump sum

BUT

- Possibility of windfall gains for minor illness and shortfalls for severe illness
- Still vulnerable to changes in medical technology and diagnostic tools

Innovative Cancer Preposition

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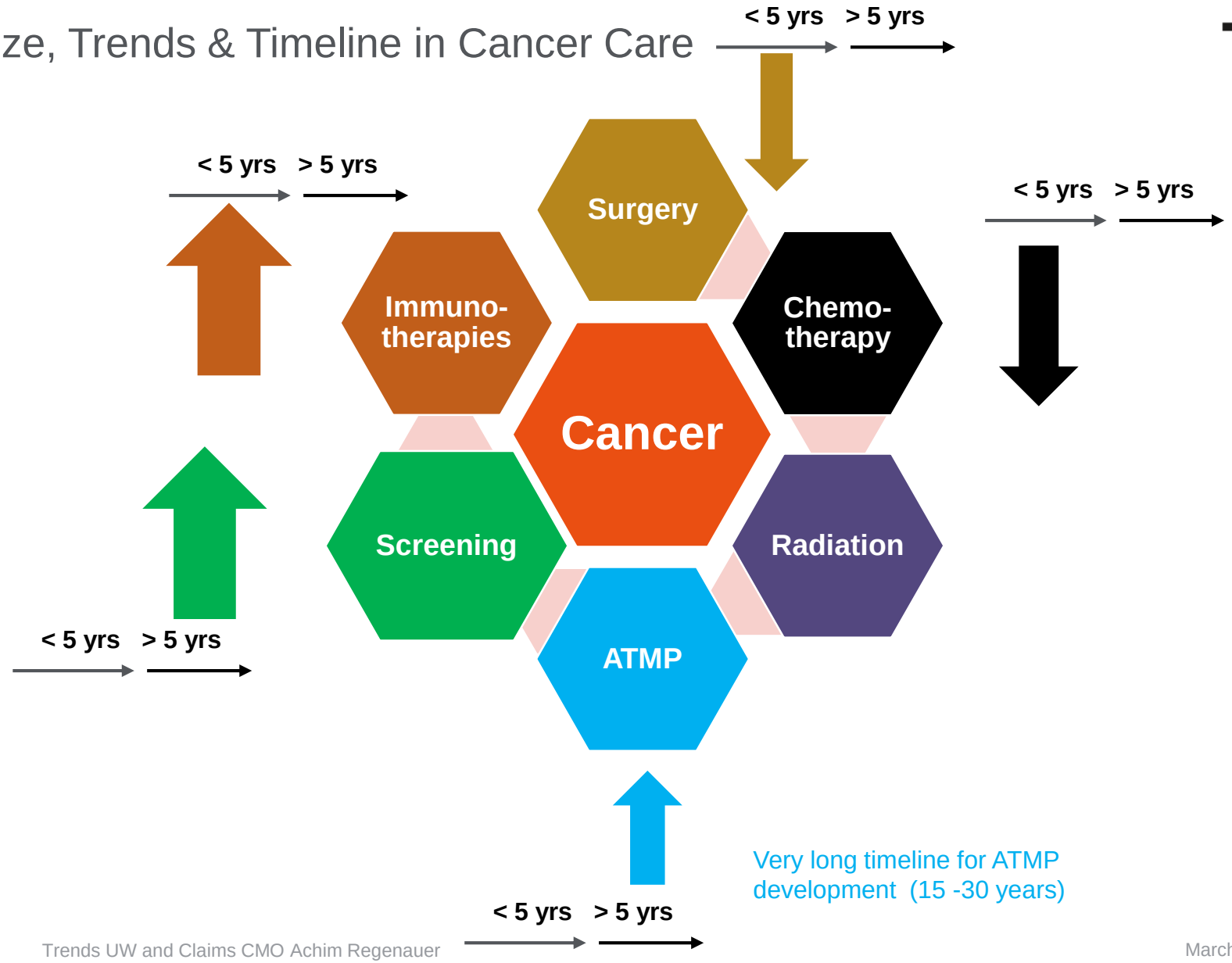
Size, Trends & Timeline in Cancer Care



Digitale Versicherungsmedizin

Life & Health Club, Zürich Partner Re
Achim Regenauer

2.März 2020

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Health Apps – Boomender Markt

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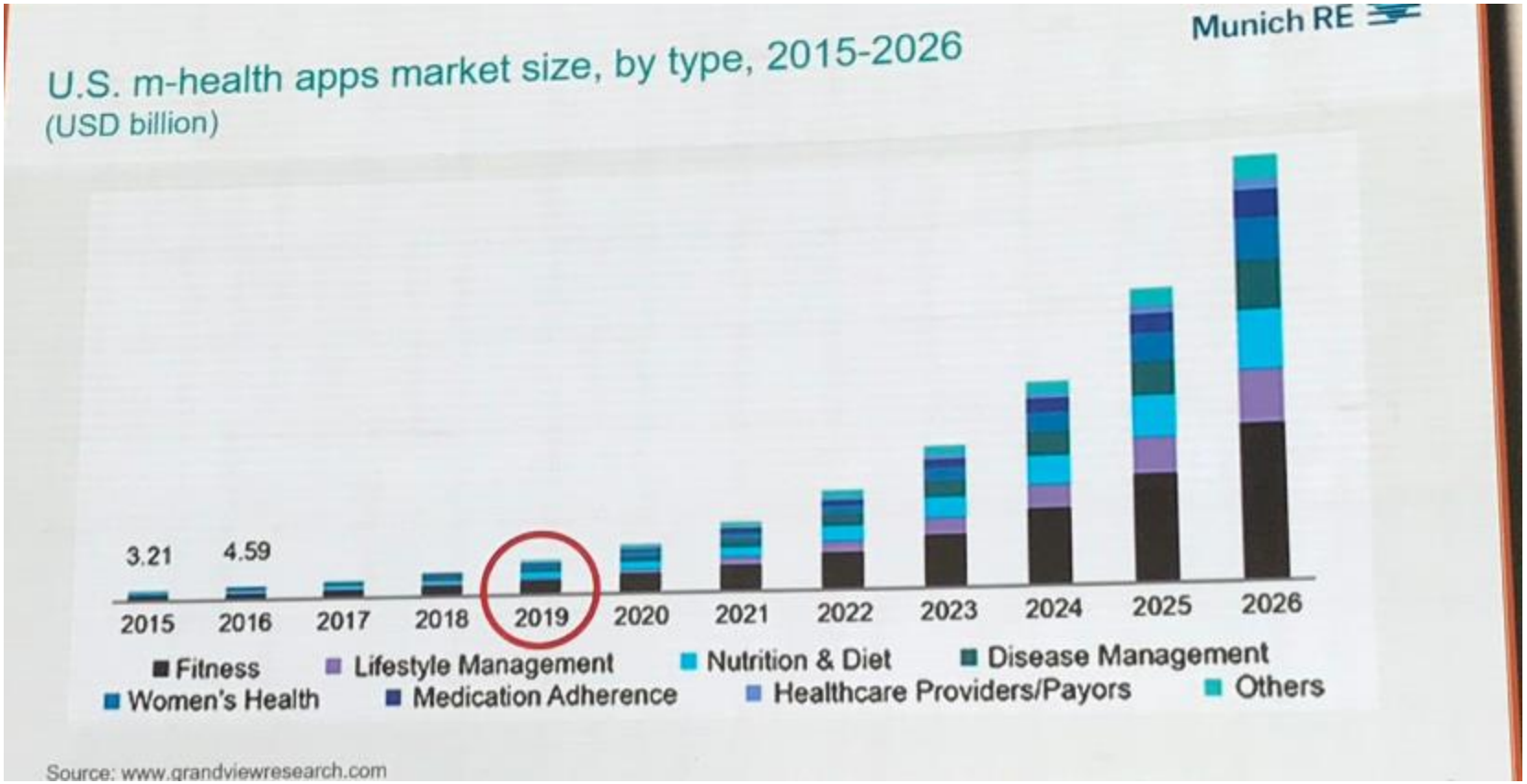
Was bedeutet das für Lebens- und Krankenversicherungen?



Wertschöpfungskette

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Fokussierung hier auf markierte Anwendungen durch 4 Parameter

Connected Sensors and Devices

Impact on value chain in Life insurance

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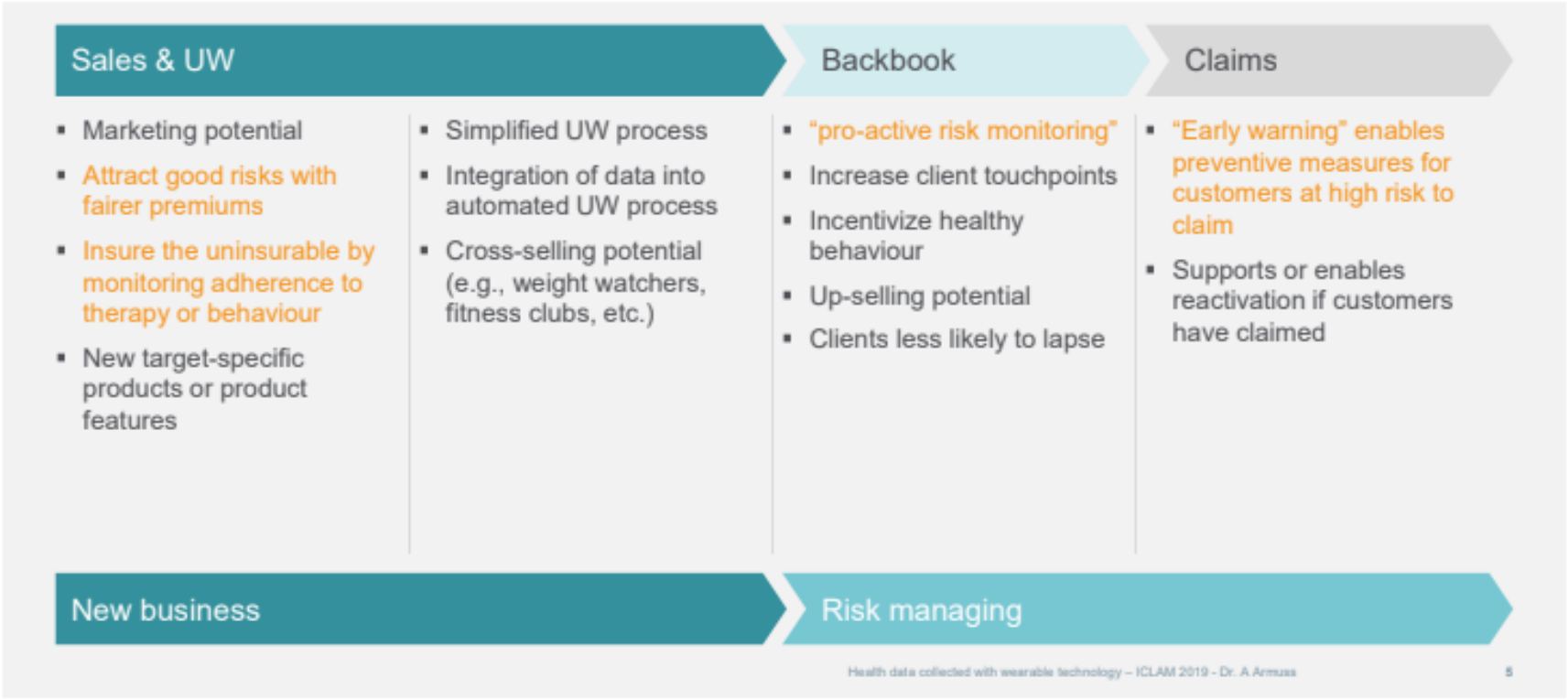

#1: Monitoring körperlicher Aktivitäten

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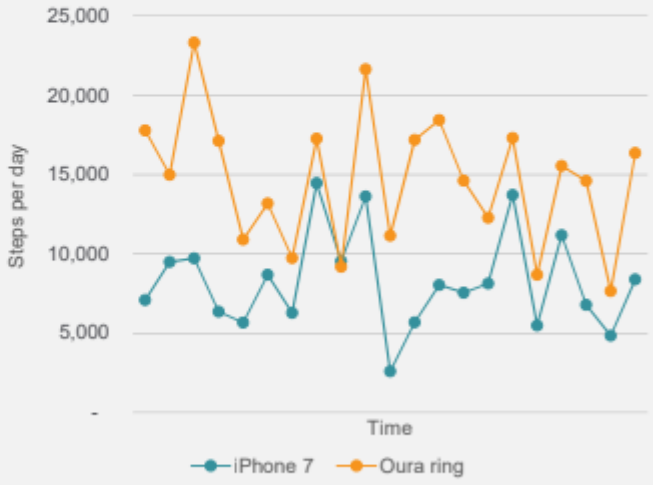
Data sources

Smartphones vs. Wearables

		vs.	
Global penetration rate	66%		7%
Overlap with insurable population	Significant		Very significant
Quality of data	Reasonable & improving		Most accurate
Operational considerations	Very limited		Significant and costly

Example: Variation in results by type of device



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Deutlicher Effekt, aber…..

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Was ist die Referenzpopulation?

Interpreting medical study results

Issues to consider

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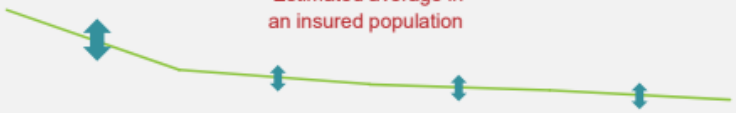
Risk Ratios (RR) for Mortality from any Cause

Physical activity per week	inactive	<1h	1–3h	4–7h	>7h
Moderate intensity	1	0.85	0.79	0.76	0.68
High intensity	1	0.77	0.77	0.68	0.71

Estimated average in an insured population

Trendline



Source: Leitzmann MF et al.: Relative Risk of Mortality From Any Cause and Mortality From Specific Causes According to Activity [.....] Arch Intern Med. 2007;167(22):2453-2460

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N= 252 925 women and men
50 to 71 years old
1995-1996 bis 2001
Erhebung durch Fragebögen

Gar nicht so deutlicher Effekt…..

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Selbst bei Morbidität

Medical literature review findings

Critical Illness

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Highlights and conclusions

- Overall the medical impact of increased physical activity on critical illness is limited (when compared to mortality)
- Medical evidence suggests that impacts exist in respect of
  - Cardiovascular conditions – Heart attack, CABG, Stroke
  - Certain cancers
    - Breast and colorectal cancer impacts confirmed
    - Endometrial and lung cancers have suggested impact only
- Largest impacts are in respect of moving from no activity to some activity, but relative impact decreases significantly with improved physical activity levels
- Due to claims composition by cause, medical impacts will be different by gender and country

Estimated impacts by claim cause

Claim cause	Reduction per additional 1,000 MET minutes per week
Heart attack and CABG	3.0%
Stroke	0.7%
Colorectal and lung cancer	5.0%
Breast and endometrial cancer	1.0%
Other cancers	0.0–2.0%

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Deutlicher Effekt, aber…..

Hintergrundrauschen unserer Versicherten

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Summary

Conclusion PA

- Physical activity data is abundantly available through smartphones, wearables and the respective apps
- There are different ways of using the information available for our insurance purposes (steps, METs, etc.)
- The background activity of the population in question plays an important role when quantifying the impact of PA on mortality and morbidity
- PA increase above the averaged background activity has some impact on mortality, for CI the impact seems to be limited

#2: Monitoring Blutzucker

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Quality and Evidence

Lifestyle intervention and diabetes outcome

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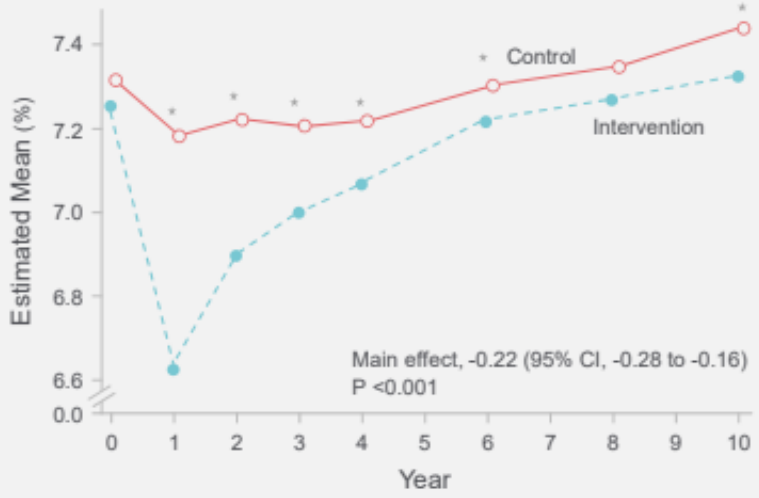
Study from 2013: "Effects of Intensive Lifestyle Intervention in Type 2 Diabetes"

D Glycated Haemoglobin



- 5145 overweight or obese patients with type 2 diabetes
- "Pre-Device" study
- Control Group: Diabetes support and education
- Intervention Group: + promoted weight loss through decreased caloric intake and increased physical activity

N Engl J Med 2013;369:145-54.

Health data collected with wearable technology – ICLAM 2019 - Dr. A Armuss

15

#2: Monitoring Blutzucker

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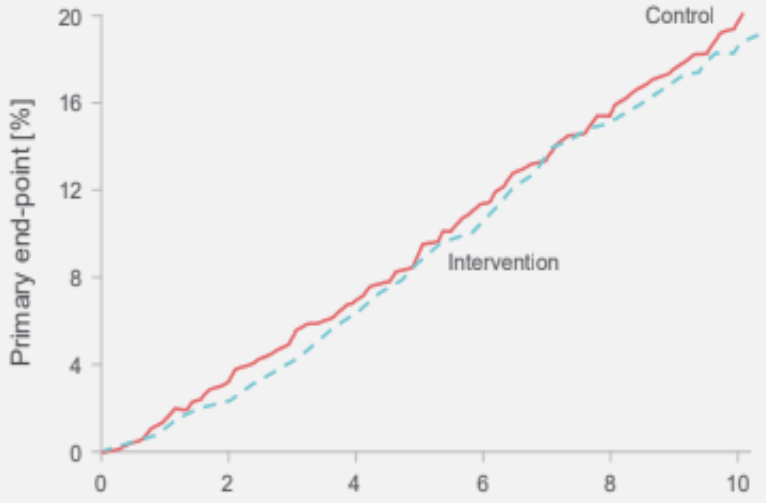
Munich RE

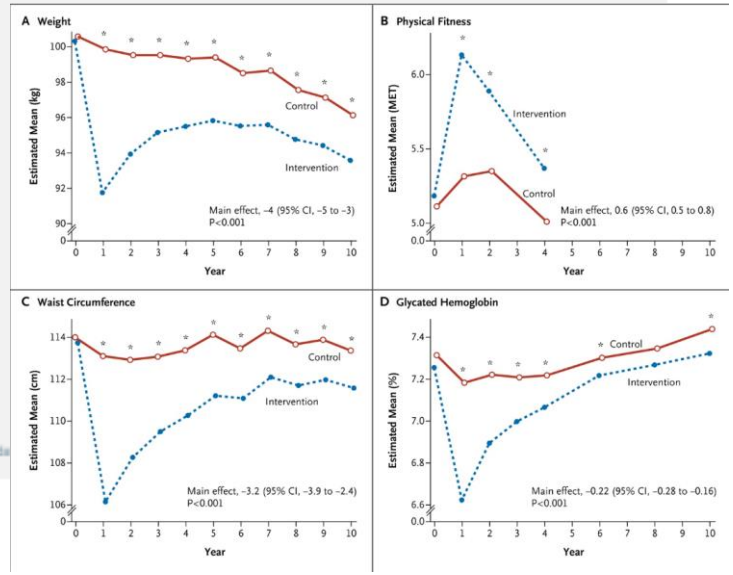
Quality and Evidence

Lifestyle intervention and diabetes outcome

Study from 2013: "Effects of Intensive Lifestyle Intervention in Type 2 Diabetes"



- Primary endpoint: cardiovascular death, heart attack, stroke
- No difference in mortality and morbidity between intervention and control group



N Engl J Med 2013;369:145-54.

#3 : Screening Vorhofflimmern

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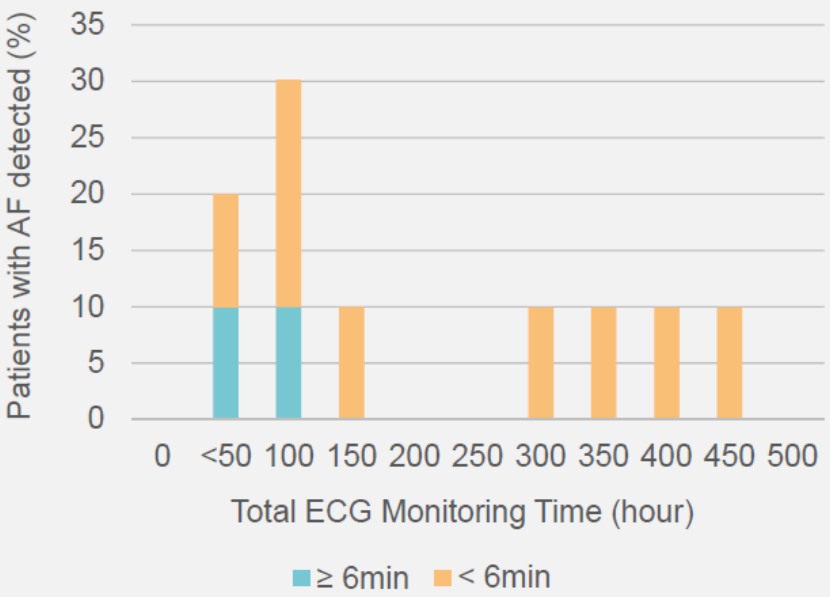
Atrial fibrillation detected with wearables

Cohort (n+100) included patients with hypertension (88%),
Diabetes (36%), previous stroke (9%) and vascular disease (10%)

	Overall (n = 100)
Monitoring duration (hours)	222.4 ± 199.3
Acceptance	98 (98%)

	Overall (n = 98
Newly detection of AF ≥ 30 sec	10 (10.2%)
Newly detection AF ≥ 6 min	2 (2.0%)



Source: Fukuma N. et al: "Feasibility of a T-Shirt-Type Wearable Electrocardiography Monitor for Detection of Covert Atrial Fibrillation in Young Healthy Adults", Nature research (2019) 9:11768

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T-shirt with Hitoe material long-term monitoring:
- detected AF in 10% of young adult participants without a history of AF
- AF lasted for >6 minutes in 2% of the participants.

#3 : Screening Vorhofflimmern

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Summary

Conclusion on AF screening

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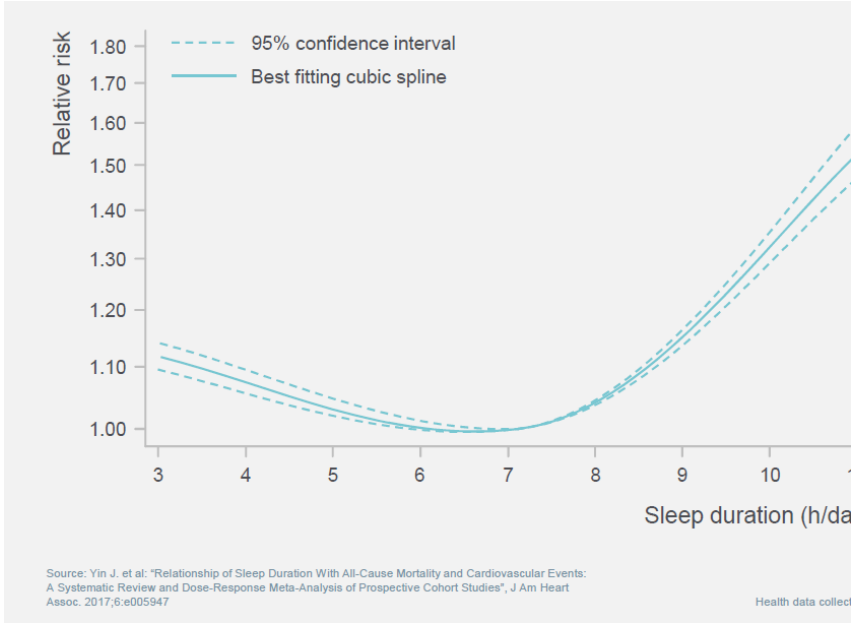
- AF screening is available through wearables and smart clothing (in development)
- Available literature suggests that atrial fibrillation can be detected with sufficient reliability by wearables
- If detection rate will further increase and applied even more to popular wearables, a reduction in preventable strokes can be expected
- The impact on mortality and morbidity is yet unclear, but theoretically not insignificant for Critical Illness

4 : Schlaf Monitoring

Sleep duration and risk of all-cause mortality



Summary

Conclusion sleep tracking

- Sleep tracking data is abundantly available through smartphones, wearables and the respective apps
- Available analysis suggests that there is a U-shaped relationship between sleep duration and some relevant endpoints (CV mortality and morbidity, all-cause mortality)
- Potential bias in the available literature needs to be considered and it is unclear if longer sleep duration is really increasing mortality and morbidity
  (e.g., does longer sleep reflect less physical activity or higher prevalence of other risk factors)

Bewegung/Aktivitäten

Life & Health Club, Zürich Partner Re

Philip Strasser

2.März 2020

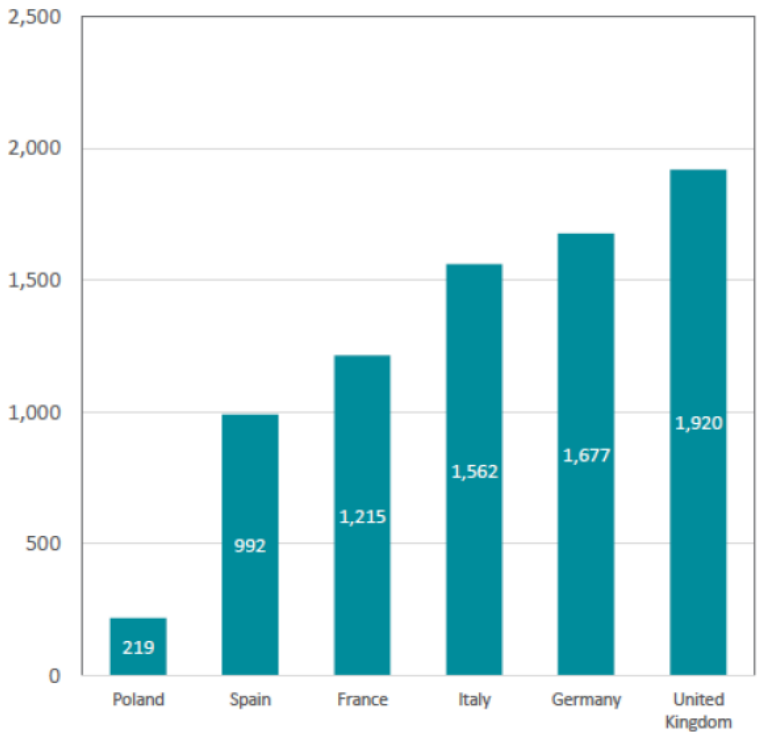
ASA | SVV

Economic cost of inactivity in EU-28

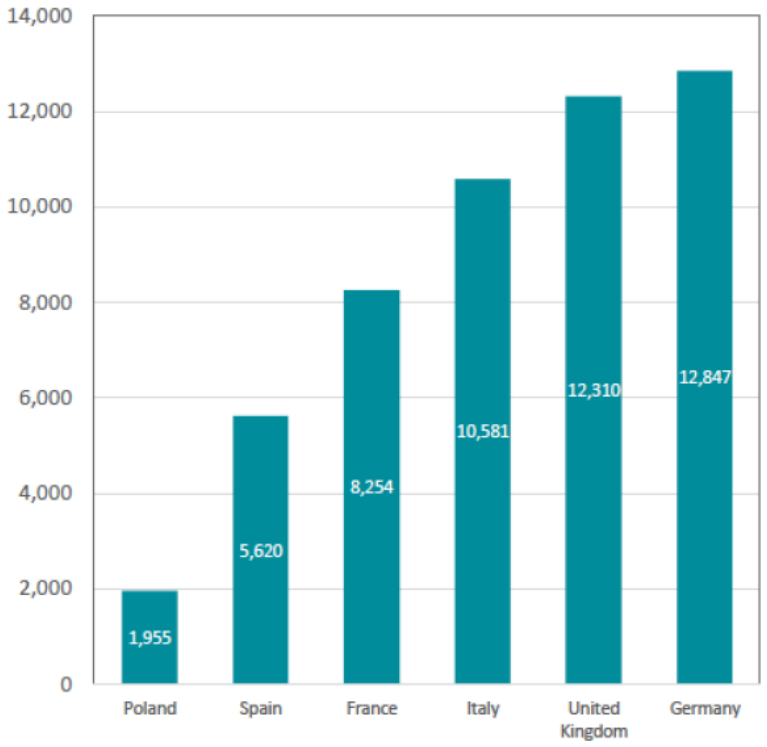
(Pr. Xavier Bigard, French Society of Exercise and Sports Medicine)

PartnerRe

Direct cost in EU-28 = €9 billion / year



Indirect cost in EU-28 = €71 billion / year



Source: Lee et al., (2012), WHO, OECD, Eurostat, IDA, EUCAN, Cebr analysis

Inactivity and mortality (Matthews et al., 2016)

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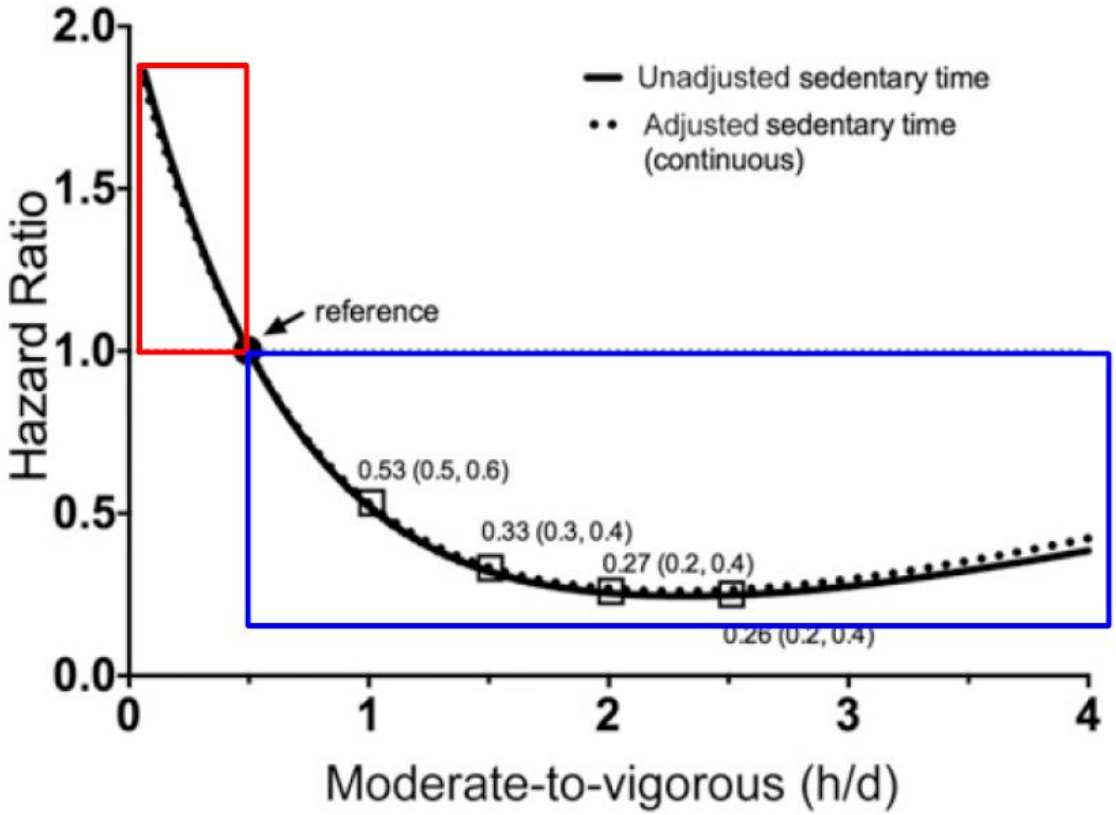

Inactivity and cardiovascular mortality
(Wahid et al., 2016)

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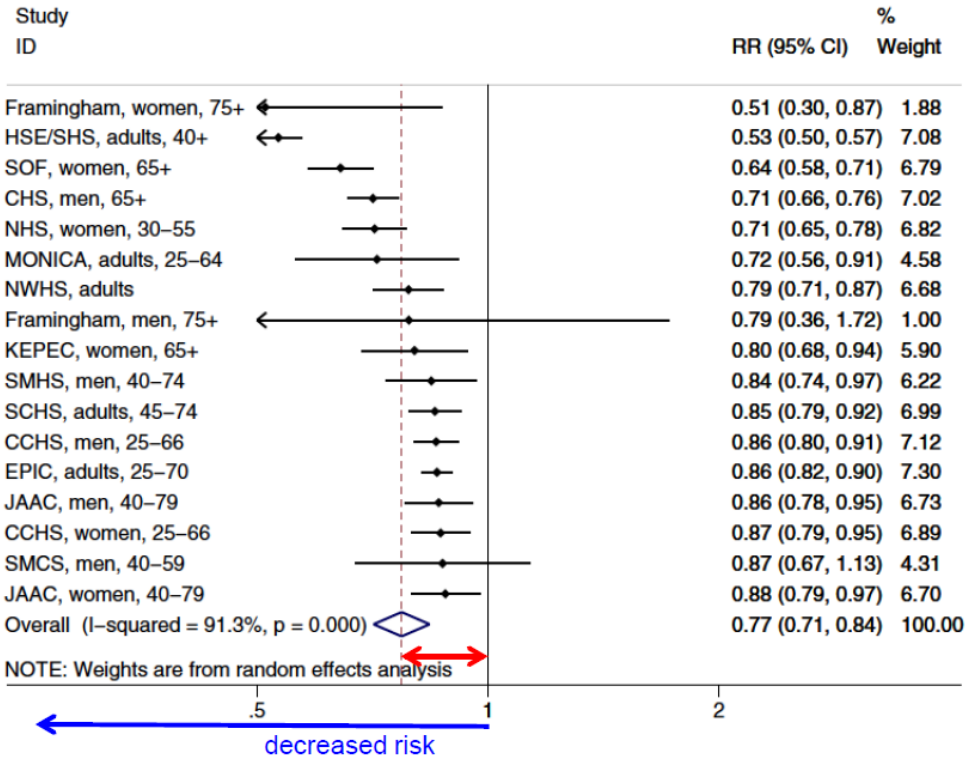

Decrease of the risk of cardiovascular mortality

by 23% if recommendations for PA are met.

Sedentary and cardiovascular mortality

	Almost None of the Time	One Fourth of the Time	Half of the Time	Three Fourths of the Time	Almost All of the Time	*P* for Trend
Men and women combined						
N	3022	6652	4379	2138	822	
Cardiovascular disease mortality						
Deaths	72	240	244	136	67	
Age-adjusted hazard ratio[a] (95% CI)	1.00	0.96 (0.74–1.26)	1.22 (0.93–1.59)	1.46 (1.09–1.95)	1.60 (1.14–2.25)	<0.0001
Multivariate hazard ratio (95% CI)	1.00	1.01 (0.77–1.31)	1.22 (0.94–1.60)	1.47 (1.09–1.96)	1.54 (1.09–2.17)	<0.0001

(Katzmarzyk et al., 2009)

Sedentary and incidence of cardiovascular diseases (Pandey et al., 2016)

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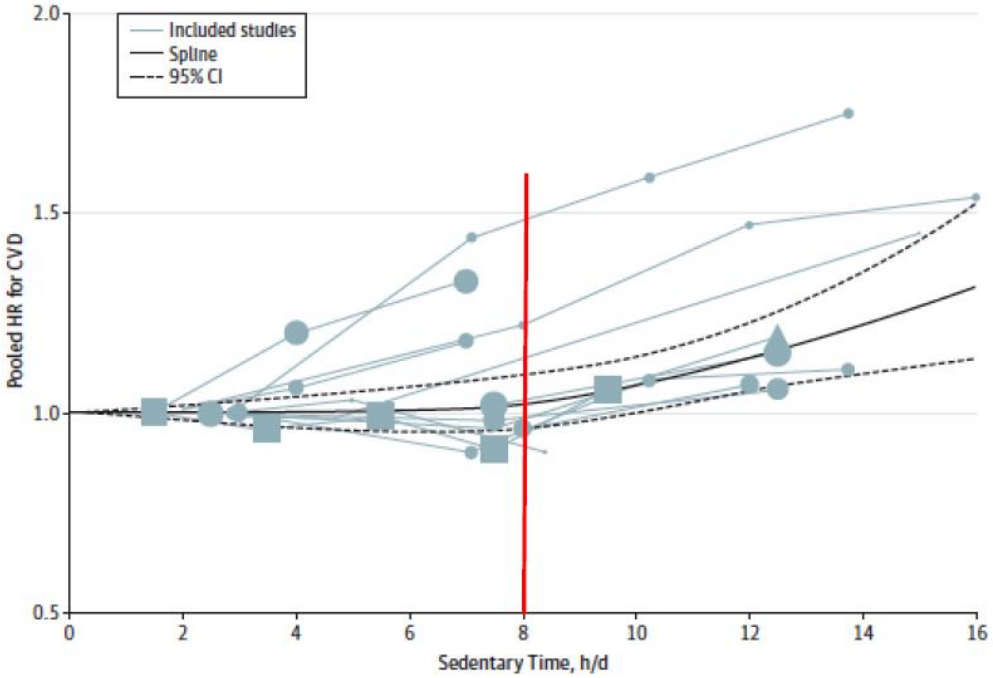
Daily sitting time.

Figure 2. Dose-Response Association Between Sedentary Time Duration and Risk for Cardiovascular Disease (CVD)



Langes Sitzen…

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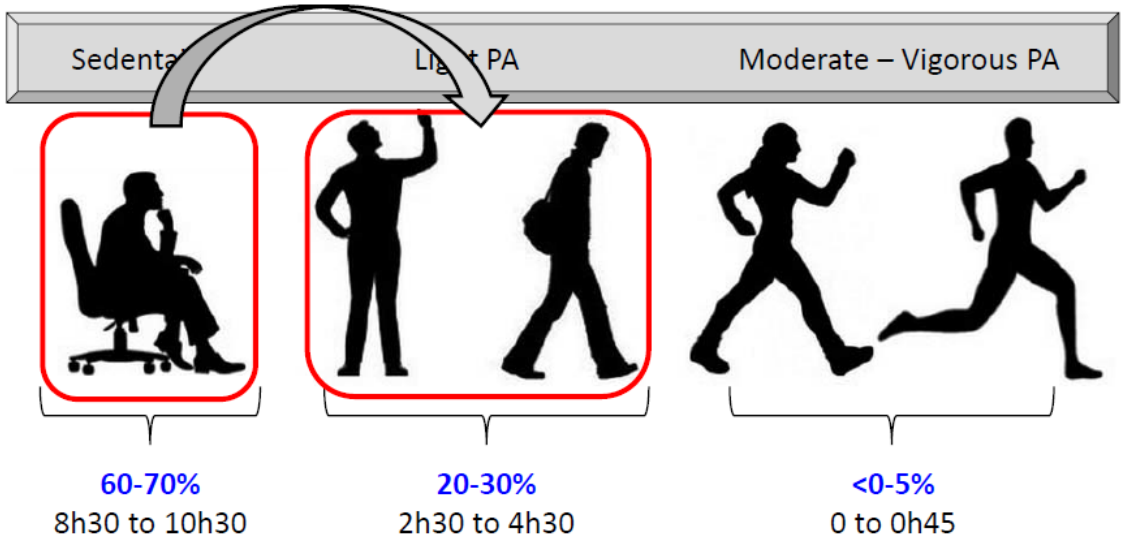
Replacing 30 min/day sitting time with light physical activity,
- decreases the risk of all-cause mortality by 17% to 20%

(Diaz et al., 2019 ; Fishman et al., 2016)

Decrease the amount of time spent in daily sedentary behavior (job, leisure, etc.)



Exercise Prescription for Health

(Scand J Med Sci Sports 2015: (Suppl. 3) 25: 1-72)

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Exercise as medicine – evidence for prescribing exercise as therapy in 26 different chronic diseases

B. K. Pedersen[1], B. Saltin[2]

INTRODUCTION
Methods
PSYCHIATRIC DISEASES
- Depression
- Anxiety
- Stress
- Schizophrenia

NEUROLOGICAL DISEASES
- Dementia
- Parkinson's disease
- Multiple sclerosis

METABOLIC DISEASES
- Obesity
- Hyperlipidemia
- Metabolic syndrome
- Polycystic ovarian syndrome
- Type 2 diabetes
- Type 1 diabetes

CARDIOVASCULAR DISEASES
- Cerebral apoplexy
- Hypertension
- Coronary heart disease
- Heart failure
- Intermittent claudication

PULMONARY DISEASES
- Chronic obstructive pulmonary disease
- Bronchial asthma
- Cystic fibrosis

MUSCULO-SKELETAL DISORDERS
- Osteoarthritis
- Osteoporosis
- Back pain
- Rheumatoid arthritis

CANCER
Perspective
Acknowledgements
References

Dynamisches Underwriting

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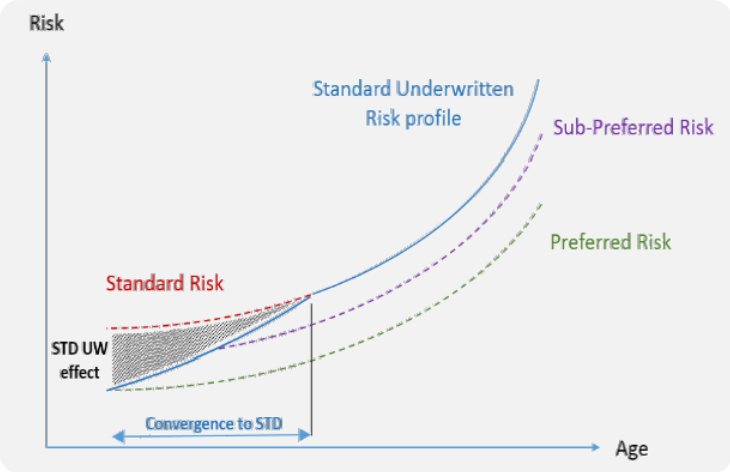
BAM | A First Step Towards Dynamic Underwriting

Standard underwriting effect

Discount at onset, vanishing over time

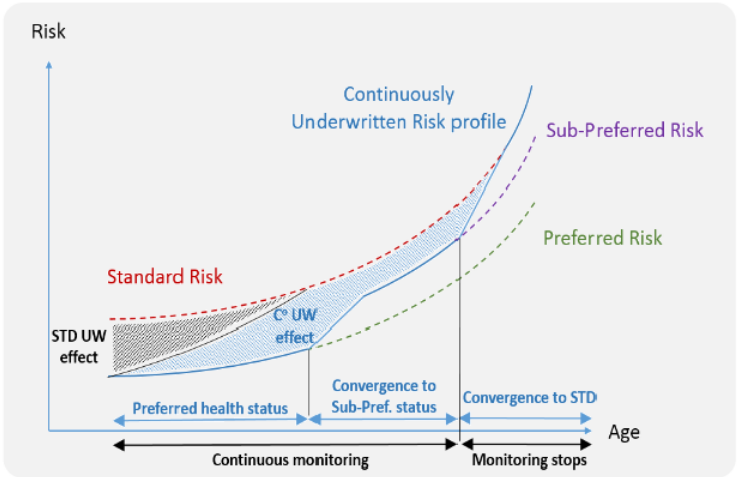
Converge to Standard risk profile



Continuous underwriting effect

Discount at onset, maintained over time, until condition worsen or monitoring stops

Price never exceeds standard terms



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Schlaf

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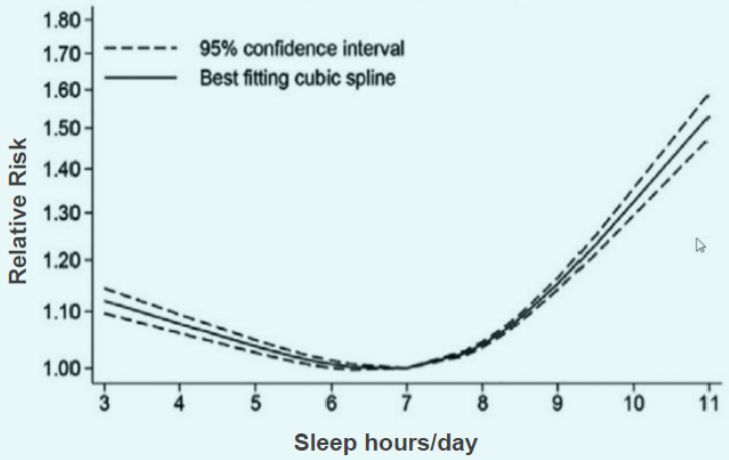
BAM V2 | Established Clinical Evidence

Sleep duration and risk of all-cause mortality



Yin, Jiawei, et al. "Relationship of sleep duration with all-cause mortality and cardiovascular events: A systematic review and dose-response meta-analysis of prospective cohort studies." Journal of the American Heart Association 6.9 (2017): e005947.

Hazard Ratios for CVD-Deaths according to Categories of Sleep Duration

Mean Sleep Duration (hours/day)	Low Physical Activity (<39.3*)	Medium Physical Activity (39.3 – 44.2*)	High Physical Activity (>44.2*)
< 6	1.45	1.23	1.54
6.6 – 7.4	1.00	1.00	1.00
> 8	1.41	0.84	0.73

*MET hours/day

Bellavia, A., et al. "Sleep duration and survival percentiles across categories of physical activity." American journal of epidemiology 179.4 (2014): 484.

SCOR The Art & Science of Risk | Life


COMMITTEE FOR INSURANCE MEDICINE
ENHANCED SLEEP
IMPROVED SLEEP DETECTION AND CLASSIFICATION
Improved onset/wake detection
Vastly improved classification + REM
Based on HRV and Motion
Algorithm developed against polysomnography data scored by trained sleep study technicians
70% Accurate Compared to Gold Standard of 80%
GARMIN HEALTH
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BAM | A Solution Addressing Customers Painpoints

From…

Tedious & invasive underwriting
Biometric screening is time consuming and costly

One size fits all
Assumed all insureds within a group will live their lives in the same fashion

Absence of engagement
Policy application and claims are the only interactions with policyholders

To…

Simple & accurate underwriting
Accurate risk prediction.
No medical examinations

Tailored approach
Continuous risk assessment and potential premium discounts

Continuous engagement & wellness promotion
Engages and motivates insureds to live a healthier life

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Ausblick

Life & Health Club, Zürich Partner Re

Bruno Soltermann

2.März 2020

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Closing Keynote
Changing landscape of Insurance Medicine: Getting ready for the future challenges and opportunities

Professor Dr Joachim Breuer

International Committee for Insurance Medicine
13 November 2019 | Mumbai, India

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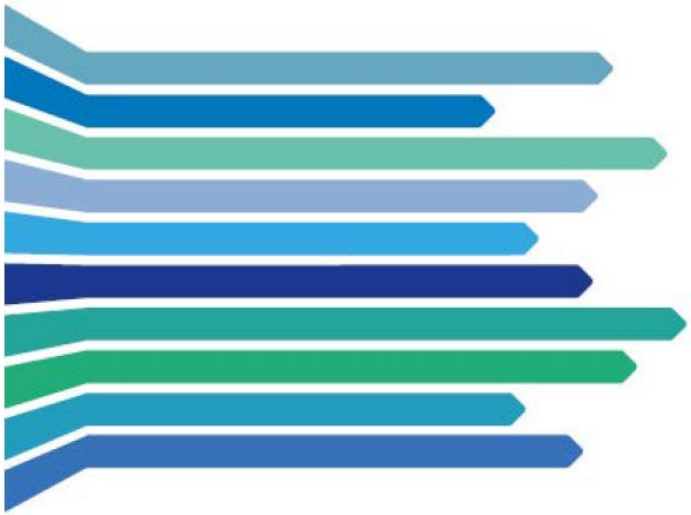
10 GLOBAL CHALLENGES FOR SOCIAL SECURITY

Developments and Innovation

2019



www.issa.int/10

- CHALLENGE 1 — Health and long-term care
- CHALLENGE 2 — Closing the coverage gap
- CHALLENGE 3 — Population ageing
- CHALLENGE 4 — The technological transition
- CHALLENGE 5 — Higher public expectations
- CHALLENGE 6 — Employment of young workers
- CHALLENGE 7 — Labour markets and the digital economy
- CHALLENGE 8 — Inequalities across the life course
- CHALLENGE 9 — New risks, shocks and extreme events
- CHALLENGE 10 — Protection of migrant workers

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Technological transition

Sources: https://i.pinimg.com/236x/b5/26/a3/b526a326fc1d30e3351e930d1fc7a4f6--wheelchairs-robotics.jpg
https://killerinnovations.com/unusual-path-to-medical-innovation-ra-medicals-dean-irwin/
https://www.informationweek.com/mobile/10-medical-robots-that-could-change-healthcare/d/d-id/1107696

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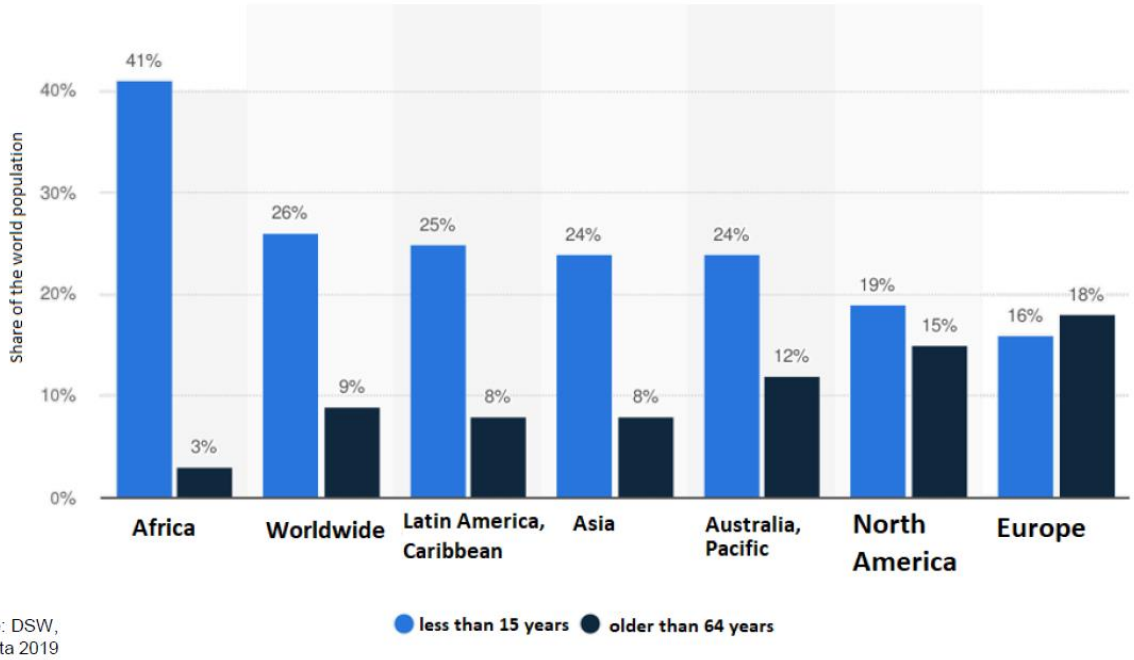
Share of the world population aged minor 15 and over 64 in the world regions in the year 2018



Source: DSW, statista 2019

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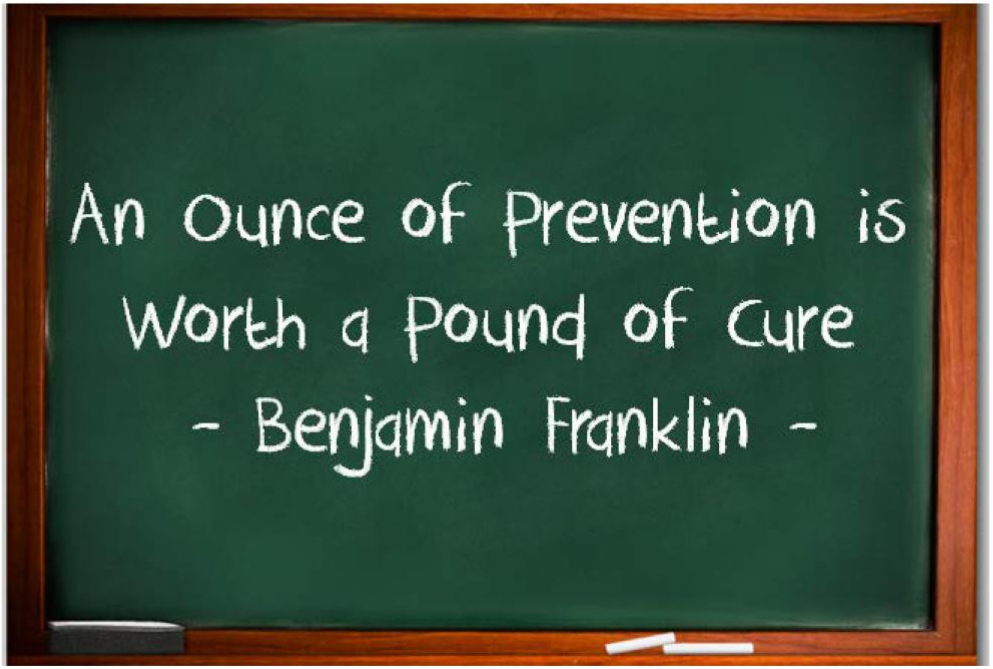
Disease Prevention Programs



https://www.flashbackdata.com/an-ounce-of-prevention-is-worth-a-pound-of-cure/

Tanzen als lustvolle Prävention

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Tanz im Altersheim

Von re

Tanzen verbessert das Gleichgewicht und vermindert den Knochen und Muskelschwund

Tanzen fordert geistige Beweglichkeit und Aufmerksamkeit


2022 TOKYO ICLAM
ICLAM 2022 TOKYO
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Sunday, 16 October - Wednesday, 19 October, 2022
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Nächster Life & Health Club

Risikoeinschätzungen bei Arrhythmien

9. November 2020, 17:30

Partner Re, Bellerivestrasse 36, Zürich

Kursprogramm
9. Forum Risikoprüfung in der Personenversicherung

Thema: Autoimmunerkrankungen, Therapie mit monoklonalen Antikörpern, Begleiterscheinungen bei Immuntherapien in der Onkologie

Moderation: Dr. med. Philip Strasser, Swiss Life AG
Dr. med. Bruno Soltermann, SVV

Kursort: Swiss Re Centre for Global Dialogue, Gheistrasse 37, 8803 Rüschlikon

Kursdatum: Donnerstag, 23. April 2020

ZEIT	INHALT	REFERENT
09.00 – 09.30	Eintreffen / Anmeldung / Begrüssungskaffee	
09.30 – 09.40	Einleitung	Vertreter Gastgeber / Dr. P. Strasser / Dr. B. Soltermann
09.40 – 10.10	Kardiale Begleiterscheinungen bei Immuntherapien in der Onkologie	Dr. U. Widmer
10.10 – 11.10	Multiple Sklerose – Neue Therapien, Risiken für Tod und Invalidität	Prof. Dr. A. Lutterotti
11.10 – 11.30	Kaffeepause	
11.30 – 12.30	Entzündliche rheumatische Erkrankungen – Ein Update für die Versicherungsmedizin	Prof. Dr. D. Kyburz
12.30 – 13.45	Mittagessen	
13.45 – 14.45	IBD: Inflammatory Bowel Disease	Prof. Dr. S. Vavricka
14.45 – 15.05	Kaffeepause	
15.05 – 16.05	Therapie mit monoklonalen Antikörpern: Übersicht und Zukunft	PD Dr. D. Ziegenhagen
16.05 – 16.15	Schlussbetrachtungen	Dr. P. Strasser / Dr. B. Soltermann