

EHR Panel Discussion Summary

A panel discussion at the Verisk Life Seminar 2021 explored opportunities and challenges of electronic health records (EHRs) in the life industry and panelists' vision for the future of this exciting new data source. EHRs have been viewed with high hopes for a machine-readable and automated alternative to attending physician statements (APS), but adoption has been slower and less automated than many in the industry expected.

Nick Irwin, Verisk's director of life underwriting, hosted the panel, which consisted of:

- Gretchen Juneau, vice president of underwriting transformation for Prudential
- Troy Thompson, senior vice president and chief actuary at Legal & General America (LGA)
- Maria Beaulieu, assistant vice president of underwriting strategy and transformation at SCOR

1. Tell me about your organization's journey. When did you start your journey? How is your organization using EHRs today? Progress since starting?

Before the onset of the pandemic, many life insurers were in various exploratory stages with EHRs—working with selected agencies, piloting solutions with EHR providers, and testing channels for EHR retrieval such as credential-based access via patient portals or pre-authorized access through EHR vendors. COVID-19 constrained many traditional underwriting tools and pushed insurers to accelerate their work on operationalizing EHRs. The level of progress made before the pandemic has influenced how quickly some insurers have been able to scale their use of EHRs. Some have been able to move rapidly to production, while others have hastened their development and testing efforts. But those that were at earlier stages entering the pandemic may face longer waits to get solutions in place.

2. EHRs have been viewed as the holy grail of accelerated underwriting for some time now, but that does not seem to be playing out in practice. What are some of the challenges you see in adoption of EHRs and how do you think the value prop needs to change to increase adoption?

Data issues—quality, completeness, and relevance—as well as hit rates, speed, and acceptance in the marketplace have posed challenges for implementing EHRs to drive accelerated underwriting. Unreliable data can lead to continued or even increased manual review of records. Or it may drive development of ancillary solutions such as predictive models or supplemental data sources to make EHRs more useful.

3. In terms of information quality and comprehensiveness of EHRs, where have you been pleasantly surprised and where have there been an unpleasant surprises?

For general health conditions, many insurers have found EHRs to be a viable substitute for attending physician statements, especially during the pandemic. The available vital statistics and lab results have been just enough to give confidence in cases that might otherwise call for paramedical exams based on an applicant's age or the desired face amount on a policy.

EHRs have been a less reliable data source for complex histories such as cardiac disease, cancer, or intense psychological conditions, for which office notes may be especially important to underwriters.

4. Tell me about where you want to go. What is your long-term vision for EHRs in underwriting?

Insurers are driving toward fully automated, instant access to insurance-ready EHR data than can be plugged into models and rules engines. This could ultimately help to create the fast buying experiences that producers and customers seek, while giving insurers tools to examine their results and further refine algorithms and analytics.

5. Although the idea behind EHRs was that they are machine readable and allow for automated analysis, this does not seem to be happening in the industry. What are some of the barriers of automated processing of this data?

The work of normalizing and standardizing data, driven in part by the Affordable Care Act, has been slow in coming to fruition. This creates a more daunting challenge to apply tools such as natural language processing to the disparate data formats that now exist. Meanwhile, gaps in the data require tools to enhance it.

This normalized and supplemented data needs to be sorted for relevancy, scored, and applied to the risk. And finally, there is unstructured data to unpack and put into insurance-ready form—an expensive and resource-intensive proposition.



6. What do you see as the current gaps in the vendor services market with regard to EHRs? Any capabilities/technologies you would like to see to make the journey easier?

Vendors have been moving away from specialization in patient portals, health information exchange, APS, and the like, and shifting toward more comprehensive offerings to meet insurers' varied needs and preferences. Areas for growth lie in automated ordering and in scoring of medical data regardless of the format in which it's received.

7. How can we move EHRs further left in the process using them upfront in underwriting rather than just as an APS replacement?

One way to bring EHRs into the process earlier would be using the record, even if it's incomplete, to begin populating an application with the available data. It may also be possible to build an authorization step into the application process so consumers can give permission to access their records. And medical claims data could provide an indicator of a need to order an EHR upfront in the workflow. In any event, instant access to EHR data could be critical to making it practical for insurers to use at the start of underwriting.

