The Disability Imperative: What You Need to Know, Now!

By M. Shayne Ruffing, CLU, ChFC, AEP

This time of year always brings discussion regarding the importance of disability income protection. As gastroenterologists, the many causes of disabling injuries are probably no surprise to you. In the first 20 years of a career, your disability program is one of the most vital components of your financial plan.

A recurring theme among trainees is the question of how to evaluate and purchase appropriate disability insurance. This article is a “nuts and bolts” summary of disability terms and conditions. An understanding of these terms will allow you to make informed purchasing decisions.

The disability marketplace has become significantly more competitive for gastroenterologists as we go into the spring of 2010. Some of the recent developments that impact you specifically are:

- One of the companies is in the process of decreasing their costs for gastroenterologists this spring, due to favorable past experience.

Following are the terms and conditions that I find myself advising on frequently:

**Own Occupation (specialty specific) wording**

The own occupation (Own Occ./Own Specialty) period is the length of time that you will be eligible to receive FULL benefits under your contract, as long as you cannot practice in gastroenterology or your sub-specialty of GI. Be aware that there are less comprehensive variations of own occupation. Some of the most common are:

- Own Occupation and not working
- Own Occupation and any Reasonable Occupation
- Transitional Own Occupation

Understand that with a true own occupation contract, you can conceivably be working outside of gastroenterology making more income than prior to your disability and still receive the full benefits under your contract!

**Residual disability**

This is as important as own occupation. Imagine you suffer an injury that keeps you out of practice for 8 months. If your burning desire is to get back to your former practice as soon as possible, you need to understand your residual definition more than your own occupation definition. The residual clause will determine how much you receive and for how long, when you go back to work as a gastroenterologist in your own occupation. Understand this benefit, how long it will pay and if there are any “gotcha’s” such as time or earnings that could discontinue payments.

**Guaranteed purchase option:**

An option to purchase simply gives you the right to possibly increase your benefits in the future, if your income will justify it. It ensures that any future medical history will not impact your ability to increase your benefit. It does not guarantee that you can buy more protection. If you plan to be an academic physician for your career, you may not need this. If you are in training and not sure, or know that private practice is in your future, you should absolutely have this.

**Cost of living**

Every individual contract should have a cost of living (COLA) feature. This increases your benefit every year that you remain disabled, protecting your income from the rising cost of inflation over time. Given the state of our economy, this is very important. I recommend that you have a compound, rather than a simple increase.

**Monthly benefit amount**

Trainees can protect future earnings by purchasing disability coverage before finishing training. You can purchase up to $6,000 per month of tax-free benefit if you are within 6 months of completing training. This opportunity expires the day you complete your program. If you take this into practice and have 60% of your income covered by your employer, your two programs now stack on top of each other. This allows you to protect a higher proportion of your income than if you waited until after training. You can also

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ACG and Members Offer Aid

In recognition of the tragic events occurring in Haiti as a result of the recent earthquake, the ACG and the ASGE have undertaken efforts to raise much-needed funds to support medical care on the island. To that end, the College invited attendees of the ACG Governors/ASGE Best Practices Course to make donations, 100% of which are being passed on to the Albert Schweitzer Hospital in Haiti to help support their efforts in the aftermath of this natural disaster. The ACG and ASGE provided matching funds. In addition, as part of our initiative, course faculty were given the opportunity to donate some or all of their speaker’s honorarium to this cause. Contributions to this cause are tax deductible and the ACG will provide a tax letter for all contributions.

ACG encourages all members who did not attend the ACG Governors/ASGE Best Practices Course to make a donation directly to the Albert Schweitzer Hospital in Haiti by visiting http://www.hashaiti.org/.

Disability

purchase another $10,000 of future income protection. This allows you to ensure $350,000 of future income!

A competent disability advisor will be able to compare multiple contracts, design an appropriate strategy and negotiate the terms of the contract(s) if there are any medical complications. IMPORTANT: If you have health complications that will make insurance difficult to obtain, find out what provisions your house staff disability might have for non-medical conversions.

To view an informative video and obtain a personalized disability contract analysis, visit www.integratedwealthcare.com/education.

A well designed disability income program will provide you with the confidence of knowing that your time and skill is fully insured and that your family’s financial security is protected from any unexpected loss.

ACG

Focus on quality improvement and engagement with environment

ACG’s ongoing organizational focus on quality initiatives was identified by the ACCME as exemplifying the College’s role as an educator to the medical community. ACCME also recognized ACG for “engaging with the environment in support of physician learning and change as part of a system for quality improvement.” In recognizing the whole range of educational activities beyond ACG’s didactic courses, ACCME’s designation of Accreditation with Commendation reflects the College’s consistent effort to advance knowledge of digestive disease among gastrointestinal specialists and other physicians, as well as among GI patients and the public. The hallmarks of ACG’s activities have always been collaboration within GI and with the broader medical community, as well as a consistent focus on improving patient care and GI practice.

“We are proud that ACCME recognized the breadth and depth of ACG’s activities and programs which extend the educational mission of the College for the benefit of our members, their patients and the public,” explained Immediate Past President, Eamonn M.M. Quigley, MD, FACG, who guided the re-accreditation process during his tenure. “These educational programs do not all grant CME, but they bring a distinct educational value to a broad audience as they are always informed by the needs of our membership and updated to reflect changes in the science and practice of medicine.”

ACCME

that yours is a learning organization and a change agent for the physicians you serve.”

“ACG was held to very tough standards by ACCME to qualify for Commendation status, so this is a great distinction and a credit to everyone involved in our educational programs. On average, less than 10 percent of ACCME-accredited providers receive the highest rating of Accreditation with Commendation,” commented Jean-Paul Achkar, MD, FACG, Chair of the ACG Educational Affairs Committee. Dr. Achkar’s committee is responsible for developing and monitoring all aspects of ACG’s educational offerings.

Criteria considered by ACCME for enhanced accreditation include: utilization of non-educational strategies to enhance change as an adjunct to educational activities; identification of factors outside of ACG’s control that have an impact on patient outcomes; implementation of educational strategies to remove, overcome, or address barriers to physician change; engagement in collaborative or cooperative relations with other stakeholders; participation in an institutional or system framework for quality improvement, as well as influence on the scope and content of activities/educational interventions.

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