



September 11, 2015

Response to the Draft Superintendent's CTI Guideline

The Accident Benefit Coalition, founded by NeuroConnect and FAIR Association, is comprised of a membership concerned with the continued reduction of Ontario's accident benefits for accident victims. Our purpose is to advocate on behalf of these victims.

We thank you for including our organization in the consultation and for the opportunity to provide our feedback.

Purpose of Changes

In the introduction of the CTI consultation presentation, the stated purpose of the amendments was to combat the increase in disputes between claimants and insurers, reportedly leading to instability and rising costs. It is our position that the instability and increasing disputes is created, in part, by the ever changing legislation. But the greatest driver to this is that claimants forever are needing to prove their ongoing need for support and treatment while their ability to access these supports and treatment diminishes. This causes a chronic low-grade abuse of process by the claimant.

It is our opinion that most of these changes are driven by the demands of insurers, most of which are no longer based in Ontario nor in Canada and so insensitive to the needs of Ontarians, rather than any actual objective evidence. We had a process that was objective and not beholden to parties – namely the DAC system – that gave claimants the belief and the trust that there was some objectivity in the process.

Thus these changes are being driven and rationalised to be improve the profitability of insurers at a time when they are currently making very healthy profits in an environment where interest rates are low.

Similarly to other recent changes to accident benefits, this will place more burden on OHIP while accident victims suffer. Moreover, a number of treatment needs, such as chiropractic, physiotherapy, and occupational therapy amongst others, are not covered by OHIP at all. With current profits of insurers being so high, it is our stance that any changes to accident benefits will mainly be for the benefit of insurers instead of the recovery of accident victims.

Consulting Team



During the slide presentation, Dr. Cote made mention of the makeup of the team whom were consulted to create this draft. The perspectives that were considered included consumers, insurers, and a judge but clearly omitted treating health care practitioners. Thus, as health care providers who are most intimately involved with the struggles of injured people improve the lost quality of their lives, we have a particular insight. It seems to us that the absence of the expertise of health care providers has arrived at recommendations for changes by a committee that has led to an Edsel of a conclusion.

Any injury guideline changes need to incorporate the consultation of various health care practitioners that treat people going through rehabilitation both in private and public sectors to avoid bias. It is unethical to create a guideline affecting so many injured people without the consultation of health care providers who are so involved with injured accident victims.

Physician and Nurse Practitioners

As was discussed during the consultation session, limiting consumers to only being able to get out of the restrictions of the CTI if “compelling” evidence is provided by a physician or nurse practitioner is the wrong standard to apply. The standard of “compelling” is a most inappropriate standard and extremely prejudicial to injured victims in a system that is to consider evidence leading to conclusions on the balance of probabilities. One is left wondering whether this is even a defensible position and certainly suggests a level of bias by the committee’s own consideration of information and evidence, leaving us to wonder where is the “compelling” evidence that is driving these extreme changes. It is most inappropriate to be placing this level of authority to insurers, allowing them to become judges, juries, and prosecutors, needing injured victims to advocate and plead their case for treatment.

We strongly oppose this requirement as it goes against what Part A states this guideline is designed to do: accelerate recovery, promote early restoration of function, improve health related quality of care, and reduce recurrences. This limitation will create too high a barrier to access services to allow recovery and to slow down rehabilitation. Any health care provider able to sign an OCF-18 and whom treats the claimants injuries should be able to provide evidence that the claimant should be removed from the CTI guideline.

Many accident victims do not have family physicians nor do they have ready access to a physician or nurse practitioner and these vulnerable people often rely on insurers for direction. A concern is that claimants may be referred by the insurer to an insurer’s preferred provider. If this limitation is left within the guideline, with which we strongly disagree, it has to be the expressed choice of the accident victim as to who they chose for this rather than to allow insurers direct to the accident victim.

Maximum 6 month Timeframe for Treatment

People injured in accidents often don’t receive treatment immediately for various reasons, including because they thought they would recover on their own, their insurer did not provide them with proper



information, they did not immediately associate their injury with the accident (e.g. symptoms resulting from mTBI), amongst a number other reasons. This timeframe is unfair and prejudicial to the client and we strongly urge for this restriction to be removed.

Again thank you for the opportunity to attend the consultation and provide feedback. We hope that you will implement the proposed changes.

Sincerely,

A handwritten signature in black ink that reads "Sarah Palmer". The signature is written in a cursive, flowing style.

Sarah Palmer
Co-founder of Accident Benefit Coalition