

*'FAIR – supporting auto accident victims through advocacy and education'*

FAIR Association of Victims for Accident Insurance Reform  
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September 11, 2015

## **FAIR response to the Draft Superintendent's Common Traffic Impairment (CTI) Guideline**

Thank you for the opportunity to attend the recent consultation regarding the Common Traffic Injury Proposal on August 21, 2015. We appreciate the efforts of the CTI Panel, FSCO and the Ministry of Finance to take an interest in consumer input on this important coverage issue.

FAIR's mandate is to improve the way all MVA victims are treated and cared for under our provincial auto insurance legislation and this includes access to timely and adequate treatment of injuries.

It is still unclear to us whether the CTI concept is an improvement of coverage or that it will broaden the access to better treatment for victims. The fact that the recommended pathways of treatment are not costed out leaves a void in the discussions.

It is still unclear whether or not insurers will eat into any funding cap (yet to be decided) with their overuse of insurer medical examinations as was done with MIG, or how victims, whose injuries or recovery time falls outside these CTI parameters will transition into the higher benefit levels for treatments that are often time-sensitive. These insurer driven thresholds such as MIG and CAT and now possibly CTI are at the core of the over assessing of victims and it is hindering recovery through thresholds, time limitations as discussed in this proposal, and repeated applications and wait times for coverage approval.

### **The Panel**

We simply cannot say that CTI is a step in the right direction or not when the some of the research fundamentals have clearly been avoided by the Panel which has left us with missing pieces of the puzzle.

The make-up of the panel did not include an acceptable number of diverse practicing front-line treatment providers whose opinions and perspectives regarding victim recovery would have added great value to this study.

As was stated in our previous submission, the lack of follow-up on the unacceptably meagre 11 MVA victim participants for 3 months is an oversight that undermines confidence that the CTI is practical. It is one thing to say that 6 months of treatment is best practice but it does ignore the individual needs of those with various and multiple injuries. How can the CTI recommendations be counted on if the

recommended treatment protocols and time limits have not been tested on the ground through adequate sampling of victims and without a measurement taken of success or failure?

### **Lack of Consultation**

The most glaring of these holes in CTI information and pathways is the lack of input from the regulatory colleges of those health care providers who work in the auto insurance sector. Since the regulatory colleges themselves have best-practices standards and their own parameters and definitions in place in respect to what is or isn't considered conservative treatments, it undermines the faith that these definitions and pathways have a good foundation or that they are in compliance with current accepted best practices.

As an example I have attached the Royal College of Dental Surgeons of Ontario's best practices when it comes to TMD. TMD and the associated injuries are at the center of disputes for many MVA victims. This section of the CTI report is a good example of the panel making decisions that will save dollars for insurers by denying MVA victim's treatment options while ignoring that the college regulatory body currently considers the use of occlusal devices as part of their 'conservative' treatment options.

Neither the Panel nor the government ought to be in the position of acting contrary to health regulatory best practices or guidelines.

### **The Gatekeepers to Treatment**

We note that that the list of health professionals permitted to initiate and coordinate the goods and services under the CTI Guideline is very small and excludes psychologists who routinely treat MVA victims and yet includes chiropractors at the top of the list of acceptable providers. We think that this should be corrected to reflect the important role of psychologists in the treatment of MVA injuries.

There is no evidence in the CTI recommendations that Ontario's treating physicians or Nurse Practitioners have been consulted about their proposed gatekeeper role in this new CTI treatment regime. Or that the Health Minister has agreed that publicly funded doctors should use their valuable treatment time to fill out forms and advocate for MVA victims or that this would be cost effective for anyone but Ontario's insurers. Treating physicians may not want to take an adversarial and time consuming position that will pit them against Ontario's insurers on issues of rehabilitation, an area of practice that they routinely refer on to those other qualified professions.

MVA victims would welcome their own treating physicians empowerment in this capacity since their opinions have routinely been disregarded by Ontario's insurers in favour of the bought and paid for expert medical opinion providers, but it isn't clear that this will actually facilitate access to benefits. Will the insurer medical examination expert's opinion trump the treating physicians? And who will be paying for the time it takes for physicians to administer and account to insurers?

The recommendation that only treating physicians and Nurse Practitioners will act as gatekeepers to treatment after a 6 month period will certainly narrow access to benefits and make the situation worse for those victims without access to a family physician. While we do not believe that all health care

providers should be in the role of gatekeeper to benefits, we do believe that some highly trained professionals should be added to the list and that further consultation should take place on this point.

### **Other concerns**

As often happens with anything 'new' there are bumps in the road when it comes to implementing new regulations. We think there should be a plan in place for:

- Consultation on and creation of a universal guide that all parties; adjusters, insurers, treatment providers and victims are required to use. This guide should be part of a required package that insurers provide to all accident victims at the time of an MVA.
- Adjuster training
- Consultations on the workability of the forms to accommodate the CTI
- Ensuring that the public understands the new level of coverage through an education and awareness strategy including, but not exclusively, Broker participation

We believe that there should be further consultations and discussions about the workability of the CTI before going forward. Discussions should take place regarding the CTI recommendations with those individuals and organizations who are most affected such as the regulatory colleges, the physicians and Nurse Practitioners, the treatment providers and government ministries such as the Minister of Health.

Thank you for the opportunity to bring our concerns forward.

Sincerely,

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