



September 11, 2015

Mr. Brian Mills
Chief Executive Officer and
Superintendent of Financial Services
Financial Services Commission of Ontario
5160 Yonge Street, 17th Floor
Toronto, Ontario M2N 6L9

Revised Submission: Superintendent's CTI Implementation Proposal

Dear Mr. Mills,

Earlier this year we made our submission regarding the draft priorities. We thank you for your letter of acknowledgement, which was received by us in August. It would appear from your comments that some of our suggestions were of value.

We are taking this opportunity to comment briefly on the draft **Common Traffic Accident Guideline** that was issued following Dr. Côté's report.

In the interests of brevity, I will dispense with the elaborate organizational profile that we provided to you in our earlier submission. We are a licenced provider business of significant size, our MVA clients over the years number over ten thousand and we have a reasonably well - developed understanding of the success factors that relate to the implementation of complex guidelines such as the one for CTIs.

Our suggestions are provided under two headings: General Comments and Page-Specific Comments.

General Comments

Financial Limit should be based on need as it is defined by the Pathways

We are given to understand that the Ministry of Finance will be setting what the Guideline refers to as the "financial limit". It is reasonable to assume that after expending substantial financial resources on the study, with its exquisite (some might say, excruciating) research

rigour, that the limit will correspond to the expected costs of care under the pathways, and that such costs will be determined by an equally rigorous methodology.

Should the limit not align with actuarially sound cost estimates, we predict that the solution to the “MIG problem” will remain out of reach at a time when expectations of a solution have never been higher. To that end, it serves to reason that the auto insurance industry’s casualty actuaries would be the first stop for such expertise. Other sources would be health benefit Actuaries or health Economists with the requisite financial modeling expertise.

Changes to OCF 18s, 21s, 23s and 24s

We assume that the necessary changes to these forms will be made and communicated to providers in advance of the Guideline’s effective date.

HCAI enablement of forms completion and submission

We assume that the IBC, as operator of the Central Processing Agency (i.e. HCAI), will provide the necessary support and guidance to providers in advance of the Guideline’s effective date.

Insurer preparedness

We understand that at least two major insurers have expressed concern about their ability to administer the Guideline’s provisions. Perhaps to state the obvious, the objectives of quality, functional recovery, consistency and value will be out of reach if insurers and independent adjusters don’t know how to pay CTI claims- for which, we need not mention, they will surely be holding significant reserves.

If the IBC and its members can not comply with the Guideline as is, the Guideline should change to accommodate their capabilities.

Reconciling the pre-approval mechanism with the “Essential” powers granted adjusters under the 2015 Budget Measures

We understand that the final Guideline will be revised to make it clear that with respect to CTI claims, the pre-approval provisions will take precedence over the above-noted budget measure and that explicit language will be included to that effect.

Impairing the pre-approval mechanism as it is intended to be administered, either by management interference or adjusters’ (non-evidence-based) notions of clinical necessity would assure a false start to the Guideline.

Insurers' roll-out process

We suggest that this guideline's implementation would be a rare opportunity for insurers to showcase their best practice capabilities in areas where they currently demonstrate much inconsistency, namely:

- Adjuster training
- Claimant communication, both at claim inception and ongoing
- Claim adjudication
- Internal record keeping, with specific reference to depletion of overall and internal funding maxima

Page-Specific Comments

Page 2: Allowable interventions by Psychologists, Psychotherapists, Social Workers and other counselling professionals (e.g. M.Ed. in Counselling Psychology), for the Psychological Impairments noted

We understand that the final Guideline will allow any Pathway-compliant intervention that is also permitted within a College's scope of practice for the disciplines noted.

Page 3: Initiating and co-ordinating health professionals

Occupational Therapist's scope of practice is ideally defined to prescribe the pathways of care as they are set out in the Côté report. We are mystified as to why they have been omitted from the list of eligible health professionals.

Page 6-The monthly limits within the overall "Financial Limit"

We presume that the limits for months 1, 2 and 3, respectively, are 1X, 2X and 3X; by way of example, if the limit for month 1 were \$3,000, the limits for months 2 and 3 would be \$6,000 and \$9,000, respectively.

Page 6: Application of the restrictions implied by the "Invoices" section

We understand that the second sentence in this section will be clarified to state that the calendar month restriction will relate to goods and service actually delivered, or intended to be provided in the month for a phase, or a block within a phase. The current wording implies that if on the morning of December 31 a provider were to submit an invoice for services delivered in that month and the provider's client were to be treated that afternoon, the provider would forfeit the right to invoice for that treatment in January.

Page 7: How invoicing will occur if a provider who is otherwise authorized to provide services under the Guideline (e.g. RN, PT etc.) is also a certified Qigong or Iyengar Yoga Practitioner

We request that clarity be explicitly contained in the Guideline about this item.

We appreciate this opportunity to comment and are available at any time to clarify or elaborate on the contents of our letter.

On behalf of Rehab First Inc.,

**Charles Spina, Vice President
Rehab First Inc.**

c.c.

**Jamie Campbell, Principal
Joanne Gram, Principal**