Ontario Rehab Alliance

51 Sophia Street
Peterborough ON
K9H 1C9

www.ontariorehaballiance.com
Toll Free: 866-475-2844
Toronto: 647-317-7244

Ann MacKenzie, Senior Manager, Policy Interpretation
Stuart Wilkinson, Director, Policy Auto & P/C

Copied to:
Tim Bzowey, Executive Vice President, Auto/insurance Products, FSRA
Cobi Lechem, Senior Policy Advisor, Office of the Minister of Finance
Barbara Sulzenko-Laurie, VP Policy Development, Insurance Bureau of Canada

Sent via email

RE: FSRA'S GUIDANCE AND PROMPT RESPONSE SOUGHT RE PANDEMIC RELATED ISSUES

March 26, 2020

Dear Ann and Stuart,

The ORA is very gratified by the deferral of the AIR filing. Thank you for any contributions you may have made to that announcement.

Along with all healthcare providers we've been asked to do our part and help mitigate the impact of this pandemic on our most vulnerable populations and on our acute care sector. We are ready and anxious to do so. Help us do our part.

The ORA has been holding weekly consultations with our members to hear what their experiences and questions are during this pandemic. Below I've outlined the issues and requests for FSRA's guidance and assistance that have emerged thus far. We appreciate that some may be out of scope for FSRA and would, in these cases, be grateful for suggestions or introductions as to where to redirect.

Suspension of Non-Essential Regulated Health Provider (RHP) Services by Ontario's Chief Medical Officer of Health in the on March 19, 2020.

Early communications from some RHP members' Colleges indicate that this directive is being interpreted to relate to in-person services though the wording of the directive is not clear. Though health care facilities and home care services have subsequently been deemed essential in Ontario we are concerned that insurers may be confused and are consequently denying approvals for services that may be safely delivered virtually and/or in-person in cases where that may be deemed essential.

A further concern is that while some services may not be considered essential in the early days of this pandemic its highly likely they may become essential in coming weeks, and where appropriate and safe, interventions will prevent them presenting at emergency departments and doctors' offices. For example, urgent or essential therapy interventions might be required for instances of severe, debilitating pain, impaired balance with a high risk of falling in the community setting, depression with suicidal ideation and not being able to continue therapy.

Delays or interruption in therapeutic interventions may result in development or worsening balance and weakness/deconditioning leading to a client losing the ability to transfer independently at home.

51 Sophia Street
Peterborough ON
K9H 1C9
www.ontariorehaballiance.com
Toll Free: 866-475-2844
Toronto: 647-317-7244

Our Regulated Health Professional Colleges are currently generating and updating guidelines to ensure we continue to practice responsibly and in the best interests of our clients, clinicians and support workers. In another jurisdiction, ICBC, has issued a memorandum in support of virtual care by many RHPs, attached here. On a more nuanced level, we note that in some instances (eg. children, brain injuries) virtual delivery of care may need to be directed at/through the parent/caregiver and we would welcome FSRA's guidance to us and other stakeholders on whether such proposed sessions can qualify for accident benefits coverage.

We are asking FSRA to send guidance to insurers to provide clarification and support for acceptance of virtual service delivery when viable, and in-person services where essential, and in keeping with RHP College standards.

Measures to Assist Pending Pandemic Cash Flow Crunch

Cash flow is the lifeblood of small and medium sized businesses and this has never been more the case. A number of measures within FSRA's scope to implement may help stem the tide of foreseeable business closures and bankruptcies in our sector.

- **Allow HSPs to invoice more than once each 30 days, waiving the current prohibition**. Delayed payment has always been an issue in this sector. Often, HSPs pay their therapists and support workers months in advance of when payment for those services is received and/or pay upfront for insurer approved equipment and other supplies required for a client's treatment.
- **Support/direct insurers to make electronic payments to HSPs.** As above, prompt payment is more vital than ever; potential disruption of postal service will make this change absolutely essential.
- **Allow billing flexibility for virtual sessions and flexibility of using this service provision. –** Historically, many insurers have been resistant to paying for service delivery that doesn't adhere exactly to the originally approved treatment plan. At this time there will be providers/clients who are mid-treatment and hoping to transfer to virtual delivery thereby shifting the initial cost picture (e.g, shift to billing 30 mins x 4 sessions per week for a supervised virtual exercise program instead of 2 hours x 2 sessions per week as requested in the treatment plan).
  This flexibility will reduce administrative costs (adjusters', clinicians' time) and further save the $200 form completion fee.

Measures to Assist Access & Service Delivery

Significant interruptions in therapy interventions will lead to increased human and financial costs. RHP interventions are predicted on very strong scientific evidence to support progression, growth and healing. For this to be possible there needs to be consistency and continuity of care. Losing such continuity means beginning from a point of regression when treatment is restarted.

- **Waiving client signatures on OCF-18s for virtual service** – explore alternative accountability measures.
- **Develop and communicate approved alternative measures (to 'sign-in' sheets) to confirm attendance and delivery of virtual service**

51 Sophia Street
Peterborough ON
K9H 1C9
www.ontariorehaballiance.com
Toll Free: 866-475-2844
Toronto: 647-317-7244

- **Revise consent forms to include virtual care provisions**
- **Waive requirement that Extended Health Benefits and other coverage be exhausted prior to approval of auto insurance benefits**
- **Support/direct insurers to accept virtual/paper IEs where in the client's best interest.** We've learned that many insurers have suspended all IEs and resist approving virtual IEs. While not always appropriate and feasible there will be instances where an IE provider, in accordance with their College standards and when they deem it to in best interest of the claimant, will be able to provide an IE without an in-person session. In such circumstances the IE provider should be encouraged/required to connect with the treating provider to better complete the picture of the client's needs. This latter step was suggested by multiple stakeholders as an emergent best practice during the IE/Third Party Assessment Working Group discussions last summer and fall.
- **Temporarily suspend ability of insurers to deny /stop treatment while IEs are not taking place** (as above). As illustrated above there will be many injured people whose treatment will be halted or delayed. Protracted waiting will lead to conditions worsening and lead to increased pressures on acute care and quite possibly dire outcomes for these vulnerable individuals.

FSRA to Facilitate Discussion and Collective, Creative Problem-Solving
We ask that FSRA convene, virtually, the *HSP Stakeholder Advisory Committee* and bring us together, minimally, with our Insurer SAC counterparts and potentially other stakeholders in the sector so that we might collectively and constructively discuss and move forward in a timely way.

Please do not hesitate to reach out for clarification or further information.

With sincere thanks for your prompt consideration of these requests,

Laurie Davis
Executive Director