



March 27, 2020

Ms. Sulzenko-Laurie
Consultant
Insurance Bureau of Canada
777 Bay Street, Suite 2400
Toronto, ON M5G 2C8

Dear Ms. Sulzenko-Laurie,

The Coalition of Health Professional Associations in Ontario Automobile Insurance Services [“The Coalition”] represents over 40,000 front line regulated health professionals from nine professions involved in the assessment and treatment of Ontarians. The health professions we represent are key stakeholders in this sector and advocate for timely access to essential assessments and care for claimants within a sustainable auto insurance system.

The Coalition believes that the COVID-19 pandemic poses significant challenges for preserving timely access to assessment and treatment services for Motor Vehicle Accident (MVA) clients in Ontario. To this end, we are working to ensure the safety of both claimants and health professionals while complying with the requirements of: 1) provincial legislation and directives regarding physical distancing and mandatory closures of nonessential service; 2) patient and community safety through the use of personal protection equipment when delivering services; and 3) the regulatory standards that govern each of our nine regulated health professions.

The Coalition has developed the following guiding principles and recommendations to ensure that Ontario’s auto insurance industry can temporarily adapt its policies and processes for accident benefits so as to ensure safe and efficient administration and delivery of assessment and care during this unprecedented and rapidly evolving crisis.

We recognize that during the extraordinary circumstances posed by the COVID-19 pandemic, the primary concern of the auto insurance industry is keeping people safe and healthy and working through this crisis together is our over-arching objective. To that end, we provide the following suggestions to ensure the continuation of care.

1) VIRTUAL CARE (SOFTWARE AND HARDWARE)

The Coalition requests that in order to provide access to care while maintaining physical distancing, auto insurance should fund services accessed through virtual care, including telephone and/or video contact with clients within the parameters of each health profession’s regulatory framework. Virtual care should be made available, according to the direction of the relevant health professional regulatory body, even in those situations where virtual care has not been a usual and customary practice in the auto insurance context. This virtual care should be

as easy as possible for clients to access, and remuneration to health care professionals should follow existing professional fee guidelines in keeping with the one-to-one nature of virtual visits.

The health professional's duties, responsibilities and obligations in providing virtual care are the same as those that are applicable to in-person care and adhere to the profession's regulatory college's standards of practice and guidelines on telehealth delivery.

The Coalition also requests that where a claimant does not have access to necessary software/hardware, insurers should consider interim options to facilitate access for claimants to appropriate tools during this exceptional time.

2) ENTITLEMENT OF BENEFITS

The Coalition submits the following recommendations:

a. Minor Injury Guideline (MIG)

Since the guideline is time-specific we recommend the following:

- i. Virtual Care options where appropriate be utilized to maintain and manage care
- ii. Extension to the length of the MIG treatment and payment timelines be considered if requested
- iii. Facilitate the purchase of supplementary goods and benefits in order to provide goods to assist with home-based care

b. Medical and Rehabilitation and Attendant Care Benefits (Non-Minor)

- i. Facilitate access to attendant care through a virtual completion of an Attendant Care Needs Assessment Form¹
- ii. Temporary guidelines to ensure funding for goods and rental equipment is easily accessible to ensure efficient transition from hospital to home
- iii. Timely response to all treatment plan (OCF-18) submissions.
- iv. Every effort should be made to facilitate dialogue between the adjuster and the proposing health professional to clarify questions or concerns regarding proposed goods and services.
- v. If a plan is denied, funding should be provided until an Insurer Examination can be completed
- vi. Ability to submit invoices more often than once in 30 days
- vii. Timely payment for all approved invoices

c. Insurer's Examiners (IE)

During the present situation, we understand that in-person IE's will not be conducted to maintain required physical distancing. The Coalition, thus, recommends the following:

- i. Treatment to continue to be funded until the Insurer's Examination is complete

- ii. Virtual Assessments be completed provided it meets with the regulatory framework of the respective regulatory College
- iii. Paper reviews be completed when appropriate

3) ADMINISTRATIVE ISSUES

a. OCF Form Signatures

The Health professional's documentation of the client's verbal consent should be accepted in lieu of the client's signature on the OCF 18 when it is not feasible to obtain the signature. It is also clear that obtaining attendance roll signoffs will not be possible during this period of time.

b. Extended Health Benefits (EHB) Processes

The Coalition notes that closures of physical offices and places of business will prevent obtaining necessary EHB forms and signatures. Some EHB insurers continue to require submission of paper forms with original signatures even during this time of mandated physical isolation. Therefore, it is not possible to meet this requirement at this time. As such, we request that the paperwork and signatures associated with EHB be waived by auto insurers during the pandemic period such that necessary treatment, services and equipment reach clients.

c. Direct Deposit for Payment to Facilities

In order to facilitate remote work insurers should rapidly move to direct deposit of all payment for all medical and rehabilitative services.

4) ATTENDANT CARE AND FUNDING FOR PERSONAL PROTECTIVE EQUIPMENT (PPE)

a. Attendant Care

The Coalition recommends that in cases where Personal Support Workers (PSW) are not available or willing to provide in-person care, a claimant's family member(s) should be permitted to provide care and receive the attendant care benefit. We recommend that they be reimbursed at the same rate as a PSW.

b. Funding for PPE

The Coalition also recommends that the environment must be safe and permit access to appropriate infection control requirements and PPE for attendant care, and care provided by those medical and rehabilitation professionals who are deemed essential. These, costs should be borne by the insurer.

We thank the IBC for considering our recommendations and we are open to further dialogue and collaboration with all stakeholders in addressing the COVID-19 pandemic.

Sincerely,

Dr. Moez Rajwani and Dorianne Sauvé, Coalition Co-Chairs

c.c. David Mclean, Director Financial Institutions Policy Branch, Ministry of Finance
Tim Bzowey Executive Vice President, Auto Insurance Products, Financial Services
Regulatory Authority (FSRA)