



## **COMMENTS ON FSRA 2020-21 PRIORITIES**

The Ontario Rehab Alliance is pleased to have an opportunity to respond to FSRA's published Priorities and Budget.

### **Six Months In**

The ORA commends FSRA for the **Stakeholder Engagement** efforts it's made since its inception.

- Striking the ad hoc Industry Advisory Group (IAG) of Health Service Providers to provide input to Fee Rule decision making. As a participant, the ORA was impressed with the degree of transparency, information sharing and interest in learning more about the HSP sector.
- Establishing the Stakeholder Advisory (SAC) Committee for HSPs. We have several comments with respect to this:
  - o Timeframes within which the SAC has been asked to frame comments have been very constrained, making it difficult for association representatives to properly accommodate their own governance processes (consulting with members and Board's). More time between meetings with FSRA management and its Board would also enhance the capacity of SAC members to discuss and develop clarity on points of convergence and divergence and therefore offer FSRA enriched feedback.
  - o SAC members and their deliberations would benefit from access to more data about the sector, such as proportion of HSPs with Regulated Health Professional (RHP) ownership, breakdown by RHP and other relevant factors.

The ORA has kept its members up to date on the transition from FSCO, however many HSPs who do not belong to this or other active associations, are unaware of the transition to a new regulator.

We also commend FSRA for early efforts in **Burden Reduction**.

- The Draft version of the 2020 Annual Information Return shared with association representatives will be considerably less burdensome to complete.

### **2019/2020 Priorities**

#### **Supporting Auto Insurance Reform**

The ORA was pleased to participate in Auto Insurance Reform consultations this summer and early fall. We are keenly interested to learn more about the intended policy directions government is heading in and stay involved on issues of greatest significance to Health Service Providers, such as:

- Increased optionality and the potential impact on mandatory accident benefit levels and consumer risk of being inadequately insured if seriously injured
- Reducing HSP fees which would reduce access to treatment as HSPs will continue to leave the sector
- Compromising consumer choice by expansion of preferred provider arrangements



- Accountability mechanisms to fair and effective insurer claims management practices, particularly as FSRA moves towards a principles-based approach

In addition to the legislatively established Auto Insurance system, consumers, claimants and HSPs are also impacted by a parallel reality of 'ghost' regulations created by patterns of insurer practices that can create obstacles to access for consumers/claimants and considerable costs for HSPs. For instance, our members report an increase in the frequency of non-payment for approved and delivered services; the reason given by insurers is the exhaustion of med/rehab benefits. Insurers are mandated to manage and dispense these funds, yet they are not held accountable for not doing so, and HSPs have no regulatory means by which to hold them accountable.

Similarly, the impact and importance of LAT decisions must be taken into consideration. Though not intended to be precedent-setting, LAT decisions in favour of any one insurer are quickly acted upon by others. Conversely, LAT decisions in favor of HSP (e.g. psychotherapist rates) are not generally adopted by insurers.

### **Developing Fraud & Abuse Strategy**

Data shared at the Ministry of Finance's *Cost Reduction Working Group* this fall shows that while the average Accident Benefits Claim cost has been decreasing the past few years, costs related to property damage are increasing. We therefore suggest that fraud and abuse strategies focus the areas of rising costs, such as:

- Towing and storage
- Repairs and rentals

The ORA would like to see the elimination of the double standard that continues to question costs associated with human body repair while the corresponding costs on the auto body side are not similarly examined.

### **Reviewing HSP Regulation**

HSP Licensing through FSCO, when implemented in 2014, was to be a cornerstone of fraud reduction efforts on the accident benefits med-rehab side, yet efficacy to date has not been fully established.

We strongly encourage FSRA to establish one or more task specific (as opposed to standing) technical committees to assist with various aspects of the review such as: degrees of regulatory oversight for various classes of HSP, governance distillation and distribution to HSPs, transition and transformation of HCAI, etc..

## **2020/21 Priorities**

### **4.1 Empower & Protect Insurance Consumers**

With respect to auto insurance, we urge FSRA to consider that consumers at point-of-policy- purchase become claimants when they are injured. Empowering consumers if translated to mean increased optionality of Accident Benefits must then also mean educating them sufficiently on the possibility of



injury and associated costs so that they are sufficiently protected if injured. The costs of not doing so will be evident in the hallways of hospitals and the demands on strained health and social services.

#### **4.3 Develop a Comprehensive Auto Insurance and Data Analytics Strategy**

We support the transition of HCAI to the regulator and its transformation to a system better designed to support users, the regulator, and policy makers.

We urge FSRA to strike one or more stakeholder technical committees to establish useful, functional outcome measures and metrics to shape data gathering activities, tools and analytics to support a principles-based approach to regulation and service delivery standards.

#### **4.2 Support and Implement Auto Reform**

*See comments under 2019/20 Priorities, above.*

#### **2020/21 Budget**

HSP licensing fees should be held at the current levels until burden reduction strategies for the HSP regulatory regime have been fully developed and implemented, so that associated costs for a presumably leaner and lighter regulatory regime can be properly established.

#### **Other Comments**

The Ontario Rehab Alliance wishes to play a key role in assisting the government to reduce hallway medicine. Our members are primarily small and medium sized businesses located throughout the province, with a focus on the treatment of serious injuries. Our work across the healthcare continuum gives us a wide-angle lens and a capacity to drill down into an understanding of the role that accessible and appropriate rehabilitation services play in keeping Ontarians and their healthcare systems at optimally functional levels.