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## **Ontario Psychological Association (OPA) Response Re: HCAI and HCDB**

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## KEY MESSAGES

- HCAI and the HCDB are failing to meet FSRA's goals because the necessary ongoing development, modernization, and fuller utilization of digital technology has not occurred.
- Health Claims for Auto Insurance (HCAI) and the Health Claims Data Base Reports (HCDB) must be improved to meet FSRA's goals, which are as follows:
  - *Facilitate the efficient and cost-effective transmission of claimant and health provider information between insurers and healthcare providers pertaining to claims made under the SABS; and*
  - *Facilitate the effective collection of aggregated and anonymized information pertaining to the delivery of health care services for which claims may be made under the SABS.*
- Improved use of digital technology is essential to improve communication between health service providers and insurers, as well as reduce costs and administrative burden.
  - Data entry requirements should follow the journey of the accident victim and work flow of the health professional and insurer.
  - Data entered should be available in the system and not require re-entry for future benefit application purposes.
  - HCAI is currently not functional as a multi-directional communication tool.
  - Having an interface with practice management software and insurer data systems is key and does not yet exist.
- A more comprehensive data base and more complete data breakdowns in the HCDB reports are required to support government and other stakeholders in making informed policy decisions.
- Accident victims, psychologists and other health service providers, as well as brokers and lawyers (with claimant consent), require real time access to their data for effective use of HCAI to plan their utilization of their benefits and to deter and identify fraudulent activity.

## INTRODUCTION:

The Ontario Psychological Association (OPA) appreciates the opportunity to participate in the FSRA consultations on the interrelated Statutory Accident Benefits Schedule (SABS) Guidelines (PSG), the Health Service Providers (HSP) Framework (Licensing), and the Health Claims for Auto Insurance (HCAI) System.

This OPA response on to the FSRA questions regarding HCAI and the HCDB is focused on how they are working to further FSRA's goals, where they are failing and causing harm, and to provide recommendations to improve the system. We demonstrate why HCAI and HCDB must be improved to achieve FSRA's goals. We provide recommendations to implement the needed changes to HCAI and the HCDB.

The OPA recommendations will make HCAI and the HCDB more effective to achieve FSRA's goals. Many of our recommendations are very specific and can readily be implemented. These changes will significantly improve the system. Ongoing monitoring, evaluation, development, and implementation are required.

We are happy to provide further details and recommendations and to work with FSRA and other stakeholders to improve the system.

This response first offers an explanation of the purposes of the HCAI and HCDB. We then address FSRA's questions and initiatives.

## PURPOSES OF HCAI AND THE HCDB AND ARE THEY BEING REALIZED:

The purpose of HCAI and the HCDB is to:

- *Facilitate the efficient and cost-effective transmission of claimant and health provider information between insurers and healthcare providers pertaining to claims made under the SABS; and*
- *Facilitate the effective collection of aggregated and anonymized information pertaining to the delivery of health care services for which claims may be made under the SABS.*

The necessary ongoing development, modernization, and fuller utilization of digital technology has not occurred and HCAI and the HCDB are failing to meet these goals. These improvements are needed to make communication between insurers and health providers more efficient and cost effective. More comprehensive data, increased accessibility of the data, more specific analysis, and improved data reports are required to provide all stakeholders with required information.

As psychologists trying to work within the system, we have a 'system wide' view which allows us see the harm done when the FSRA goals for HCAI are not achieved. We have observed the following harms:

- Due to lack of modernization and full use of digital technology data entry is inefficient and adds unnecessary expenses for psychologists and insurers.
- There are unnecessary disputes and delays due to the failure to develop and utilize HCAI as a two way communication tool between psychologists and adjusters.
  - There is a comment field that could be used for this dialogue but it is not utilized by adjusters when they have a question about a treatment plan. Instead accident victim's applications are denied and they may be required to attend an IE.
- Fraud detection and prevention are not addressed effectively by HCAI because accident victims and health professionals do not have real time access to their own data.
  - Lack of access to this data also precludes effective use for monitoring and planning utilization of available funds.
- The lack of aggregate data about actual medical and rehabilitation costs interferes with informed policy determination.
  - HCAI data needs to be more comprehensive.
  - Attendant care is a significant proportion of medical and rehabilitation costs, but these are not included in HCAI.
- The HCDB data reports do not address many important questions leaving all stakeholders without necessary information for informed policy determination.
  - The current format of the data reports is not readily understood by consumers and other stakeholders which limits the usefulness of these reports for informed policy discussions.

## **FOUR FSRA INITIATIVES:**

Initiative A: Prioritize Increasing the Number of Forms Transmitted Through HCAI;

Initiative B: Prioritize Revising Forms;

Initiative C: Prioritize Data-related Initiatives;

Initiative D: Prioritize Other Initiatives.

## FSRA HCAI SYSTEM REVIEW QUESTIONS:

1. Which initiative(s) should be prioritized? Why?
2. Are there any significant benefits/drawbacks, including potential stakeholder impacts, missing from the analysis set out above that should be included?
3. Are there any considerations which have been missed as part of the analysis set out above that should be included?
4. What are the key implementation considerations that must be taken into account for each initiative (i.e., timing, communication, education, etc.)?
5. How can FSRA help to ensure that prioritized initiatives / changes are communicated to HSPs, insurers, and other stakeholders?
6. Are there any other opportunities for administrative and cost efficiencies that FSRA should consider to make the HCAI system more modern and efficient that are not included in the list of initiatives above?

## OPA RESPONSE TO QUESTIONS:

### **QUESTION 1: Which initiative(s) should be prioritized? Why?**

It is not possible to prioritize Initiatives A, B, C, and D. Each initiative is inseparable from the others, making it impossible to address one without simultaneously addressing other initiatives. The comments below illustrate the interrelatedness of the initiatives.

### **QUESTION 2: Are there any significant benefits/drawbacks, including potential stakeholder impacts, missing from the analysis set out above that should be included?**

We have identified a number of significant potential benefits as well as significant problems (including the risk of harm) in several of the initiatives.

#### **Initiative A: Prioritize Increasing the Number of Forms Transmitted Through HCAI:**

Benefits:

- Gathering more comprehensive data and generating data reports will provide needed context for the data that is currently collected. For example, gathering more comprehensive data can facilitate the determination of correlations among diagnosis, amounts and types of medical and rehabilitation benefits, income replacement benefits, and attendant care benefits.
- The inclusion of attendant care costs will provide a more accurate understanding of the true medical and rehabilitation costs of the system.

Problem and recommended solution:

- Additional requirements to utilize HCAI for all forms (such as the OCF 6 Expense Claim Form) to gather data will create a barrier for family members or non-professional care providers. To capture this essential data without creating a barrier, insurers must be required to enter the data into the HCAI system.

#### **Initiative B: Prioritize Revising Forms:**

Benefit:

- Plain and simple language will increase the transparency needed for an informed claimant consent process.

Problem and recommended solution:

- Adding requirements to the forms risks increasing administrative burdens and barriers. For

example, making the signature field(s) mandatory for digital submission would delay submission for accident victims who may be most in need of timely access to care. Many are seen in the hospital, in their home setting, or virtually with no ability to provide a signature on a digital form. To address these situations, allow the consent to be confirmed by the health professional documenting and maintaining a record of the consent process.

Initiative C: *Prioritize Data-related Initiatives:*

Benefits:

- More effective use of digital technology can be utilized to make the forms less confusing, less redundant, and more inclusive of useful information.
- HCAI data entry processes need to be redesigned to better utilize digital technology rather than attempting to approximate paper-based forms. This has the potential to improve digital processes for simplicity and efficiency and eliminate the need for duplicate entries of static information to reduce administrative burden on claimants, health professionals and insurers.
- Improved use of digital technology can enable data entry formats to allow for multiple “decision-tree” algorithms to address various situations. For example, an integrated data entry form for invoices can be created with multiple streams to enter costs for various benefits. Multiple streams on a single data entry invoice form can address assessments, MIG treatment, other medical rehabilitation services, attendant care and other amounts payable by the insurer.
- Previously, to reduce the number of forms, the OCF 22 for assessments was removed and combined with the OCF 18 treatment plan application. However, this resulted a form that lacks clarity and utility. Improved use of digital technology to enable a separate stream on the OCF 18, Assessment and Treatment Plan form for assessments would resolve the problem of required information that is not relevant or available at the stage of the proposal for a psychological assessment.
- Improved use of digital technology allows the expansion of the “additional comments” section, which currently is too limited to allow treating psychologists to provide needed information for efficient adjudication decisions. Expansion would allow more complete description of the reasons for an assessment or treatment plan. This avoids the need for most separate attachments and greatly increases efficiency. It also reduces the “back and forth” process when the report is not received or reviewed simultaneously with the application. Too often the application is reviewed and denied without the benefit of the report or additional information. The denial must then be questioned, the associated report resubmitted and the application reconsidered or the denial disputed. This causes additional administrative burden and costs for health professionals and insurers, frustration, delays, and harm to the accident victim, as well as unnecessary conflicts and costs for the system.
- Improved use of digital technology can make HCAI a more useful tool for two-way

communication and adjudication by utilizing the comment section to facilitate timely electronic dialogue between the insurer and the treating psychologist about a proposal. Although the field currently is on the OCF 18 it is not used for potentially useful dialogue between adjusters and psychologists.

- To deter and identify professional identity theft, digital technology should be used to create secure pathways for psychologists and other health service providers to monitor what is being billed in their name. Psychologists are accountable to both the FSRA licensing body and our regulatory college to ensure that billing in their name is accurate. Without real time access to billing in their name, there is no way to fulfill this responsibility. For example, there is no way for psychologists to know if another facility is falsely billing in their name.
- Improved use of digital technology can give accident victims real time access to their own data.
  - The ability to monitor what services are being proposed and the costs being billed in their name is essential to make informed utilization decisions.
  - Real time access to information about services billed is a powerful fraud deterrent and fraud identification tool. The accident victim could flag for further investigation any billings that appear incorrect.
- Improved use of digital technology can make it easier to complete a digital signature, reducing some administrative barriers and delays.

Initiative D: *Prioritize Other Initiatives:*

Problem and recommended solution:

- There is risk that data related initiatives will be incompatible with the current “tool kit” utilized by IT developers to link various data management systems to HCAI. These linkages are essential for insurers and health providers' ability to utilize the HCAI system. The data related initiatives must include consultation with the IT providers of these systems for simultaneous development of necessary “tool kits”.

**QUESTION 3: Are there any considerations which have been missed as part of the analysis set out above that should be included?**

Initiative C: *Prioritize Data-related Initiatives:*

- Improved use of digital technology makes it possible for HCAI to identify the number and pattern of insurer approvals and denials by including the Insurer’s Explanation of Benefits (EOB), which currently represents a significant information gap. Collection and reporting of data from the insurer’s EOBs can address this information gap to help understand the pattern

and cause of disputes in the system. Effective FSRA supervision of insurer claims processing requires identification of patterns of behaviour for further investigation.

- There appear to be systemic insurance company patterns with respect to denials of initial assessments to plan psychological treatment based on the incorrect assertions that psychological disorders are within the Minor Injury Guideline (MIG) and that the MIG applies. The EOB data are necessary to determine the actual number and pattern of these incorrect insurer denials.
  - There also appear to be company-based caps on the amount of care approved, along with the routine denial of specific activities, without consideration of what is reasonable and necessary for the individual patient. The EOB data are necessary to reveal this pattern.
- Improved use of digital technology makes it possible to include data on the outcome of IE's to provide a clear understanding of the number, pattern and specific costs and outcomes of IE's. This aggregate data is currently not available and is essential to provide more fulsome understanding of the processes and costs associated with IE's in the system. For example, how often is insurer denial of an initial assessment plan supported by the outcomes of an IE or further dispute resolution? How frequently is the insurer denial and IE an unnecessary cost which initiates a dispute, creates barriers to care, and harms recovery?
  - Better use of data that are currently available in the system will make the HCDB reports more informative.
    - For example, frequency and costs of services provided by various health professions is presented in the HCAI data report as a single number. This count includes both treatment providers and IE providers and is not useful.
    - Many psychologists have stopped working as treating psychologists and only complete IE's. This shift from providing treatment to only carrying out IE's contributes to shortage psychologists and neuropsychologists to conduct assessments to plan and provide treatment.
  - Improved use of digital technology, such as more refined data analysis, graphs, and illustrations, can make the HCDB report more accessible and useful to a wider audience.
  - Improved use of digital technology makes a fuller range comparisons of previous data to current data readily available,

**QUESTION 4: What are the key implementation considerations that must be taken into account for each initiative (i.e., timing, communication, education, etc.)?**

Initiative B: Prioritize Revising Forms:

- The need to update some forms to align with proposed government auto reforms (such as changes to first payer) provides an opportunity to fundamentally revise the forms process and

take advantage of improvements in digital technology to better achieve FSRA's goals. Rather than simply removing the other payer information from the OCF 18 and OCF 21, this is an ideal opportunity for HCAI data entry to be redesigned. This would allow multiple decision-tree algorithms to better address various situations. For example, a single form with multiple data entry streams can include claimants whose policies continue to include the obligation to first bill the extended benefits provider as well as those that do not.

Initiative C: *Prioritize Data-related Initiatives:*

- With increased data and improved access there is an even greater responsibility for protection of personal information. The security of the data system and maintaining privacy of personal health information are key to reduce the risk of privacy breaches in the HCAI system. Appropriate privacy protections must be implemented at all levels. Privacy of personal health information and informed consent continue to be a cornerstone of the program development. There are precedents balancing security with access in other health data systems.

Initiative D: *Prioritize Other Initiatives:*

- Some of the current concerns with content, language, and format of forms could have been avoided through piloting and incorporating user feedback. Piloting of any changes is essential to ensure that changes actually provide improvements and to identify conceptual and technical flaws. There is an opportunity now to take advantage of this approach.
- The reality that some health professionals do not have the willingness or capacity to enter data into the HCAI system themselves must continue to be acknowledged in order to avoid harming accident victims access to benefits and services. This issue should not lead to precluding health professionals from adding data to the system, as most are willing and capable to do so. Rather, providers with rare involvement in the auto insurance system, for example, should be allowed to continue to enter their data manually on forms to submit directly to insurers.
  - When a form or other information is provided to an insurer outside of HCAI, the insurer must then be responsible to enter this information in the HCAI system to provide more complete utilization and cost data.
- There is significant potential benefit and also risk of harm regarding increased information sharing between the CPABO and other health regulatory colleges and the HCAI system.
  - Sharing of information can improve efficiency and avoid duplication, reducing administrative burden and costs for health professionals and the FSRA licensing system.
  - Sharing of information between HCAI and the regulatory colleges can be an effective tool to further FSRA's objective to address fraud. This sharing is essential to identify instances of professional identity theft. Health professional colleges are required to show the status of members including disciplinary findings, restrictions, limitations, sanctions and suspensions.
  - Digital technology can facilitate FSRA's updating of health professional registration status on an ongoing basis. Members of the college whose licenses have been suspended or

removed can be automatically removed from the roster of health service providers included for billing through HCAI. The relevant facilities can be automatically notified that these sanctioned health professionals are removed from their rosters.

- There should not be sharing of information between the College and FSRA at the complaint stage. Information sharing must be limited to when there is a finding, as due process must be accorded to Health professionals. Without these protections, frivolous and vexatious complaints can be misused to remove health professionals without due cause.
- Consideration should be given to introducing a requirement that all health service facilities be under the direction of a regulated health professional in order to facilitate communication, make fuller use of the powers of the regulatory colleges, and optimize the potential benefit to the system through coordination of roles.

**QUESTION 5: How can FSRA help to ensure that prioritized initiatives / changes are communicated to HSPs, insurers, and other stakeholders?**

*Initiative D: Prioritize Other Initiatives:*

- An updated education and training program is essential to achieve FSRA's objectives. These have not been provided for a number of years. Previous education is now stale, and many current providers and adjusters have never received this education. Lack of current education and training leads to confusion and needless disputes harming accident victims and adding costs to the system.
- The usefulness of the HCAI data reports in achieving FSRA's objectives is dependent upon the quality of the data entered.
  - There is a pressing need for a multi-stakeholder working group to determine what additional data is desired, what additional data can realistically be entered, and address formatting and coding issues to improve validity and reliability.

**QUESTION 6: Are there any other opportunities for administrative and cost efficiencies that FSRA should consider to make the HCAI system more modern and efficient that are not included in the list of initiatives above?**

The OPA responses to question six are fully included above in the responses to the previous questions.

## CONCLUSION:

Psychologists, as scientist/practitioners, are keenly aware of the need for comprehensive and accurate data for informed decision making. The above recommendations will reduce risk of harm and improve the effectiveness of HCAI and the HCDB.

Thank you for the opportunity to provide recommendations for changes needed in the HCAI system so that it becomes a more effective resource.

We welcome an opportunity to provide further details and to work with government and other stakeholders to improve HCAI and the HCDB.

Thank you for your consideration and please feel free to contact me for any further clarification,  
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