

November 18, 2024

Financial Services Regulatory  
Authority of Ontario (FSRA)

Dear Sir/Madam:

**Re: Consultation on Auto Reforms**  
**ID: 2024-011**

As a team of occupational therapists working with individuals who have sustained serious injuries in motor vehicle accidents, we have consistently witnessed the critical need for updates to key systems and guidelines, including the Professional Services Guideline, the Form 1 Assessment, HCAI System, and Minor Injury Guideline (MIG) limits. These improvements are essential to enhance the quality and accessibility of care for individuals seriously injured in motor vehicle accidents.

First, specific rates should be removed from both the Form 1 Assessment and the Professional Services Guideline, allowing professionals to charge market rates. While Form 1 can prescribe a certain number of minutes for various services, no fixed dollar amounts should be tied to them. Clients can assess whether fees are reasonable and choose their preferred provider based on their best judgement of value and quality of care.

Second, the Minor Injury Guideline (MIG) cap should be increased to \$15,000 and indexed to inflation. This would ensure that individuals receive adequate funding for necessary treatments, ultimately reducing reliance on the public healthcare system.

Third, the HCAI system must be modernized. Key features like autofill, real-time error checking, and automation for recurring claims would help minimize mistakes and expedite submissions. An automated messaging system would facilitate direct communication between providers and insurers, and real-time feedback tools—similar to those used by TELUS Health—could resolve issues quickly. Additionally, there should be a system to provide clear adjudication feedback, improving transparency and reducing delays.

Fourth, Occupational Therapists (OTs) are uniquely qualified to assess a client for attendant care needs that have cognitive, psychosocial, and home environment components other than physical assessment. The Canadian Model of Occupational Performance and Engagement (CMOP-E), taught only to OTs, encompasses all of the four components listed above essential for a client to participate in self-care, leisure, and productivity activity. Many clients don't have fractures or visible injuries and need to be assessed holistically to determine their attendant care needs. In fact, most clients after the acute phase of recovery, continue to need attendant care support primarily because of psychosocial and cognitive impairments. Trying to increase accessibility by expanding the pool of professionals will increase the risk of omission/commission in determining attendance care needs

due to lack of training of such professionals to assess all aspects of impairment as listed above. This results in increased cost, litigation, denial of service, or missed identification of needs leading to increased suffering and safety of the client.

If the government's goal is to increase accessibility, it could be reasonable to consider implementing a plan whereby 20 hours/week of PSW support is provided for three months after discharge from a hospital without an assessment to all clients who have fractures or head injury diagnosed on a radiological investigation. Further extension of the service could be determined after an assessment by an OT.

Thank you for considering these recommendations. Implementing these updates will greatly improve the support and outcomes for our clients.

Sincerely,

A handwritten signature in cursive script that reads "Arvinder Gaya".

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