SOLUTIONS FOR ASSISTING INJURED PERSONS - ASSESSMENT and TREATMENT in SABS INSURANCE CLAIMS

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Overview

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In the Post DAC World…

More than ever before, there is serious:

- Potential for disputes during the assessment and treatment plan phase
- Consequences to clients and families

Therefore, more than ever before:

- All parties involved have an obligation try to avoid disputes

Key Obstacles and Critical Strategies

OBSTACLES	STRATEGIES
Insufficient Communication and Information • e.g. Tx plan submitted without medicals	Pro-active, open communication-pick up the phone!
Unclear Roles and Responsibilities/ Systems Issues • e.g. No one actually directs family to qualified lawyer, therapists	Keep working to improve the system - look for innovative solutions

Collaborative Approach

- Even more essential since the DACs were abolished
- Consent extends not only to client but to:
  - Insurer
  - Lawyer
  - Case manager
  - Hospital and others involved
- Potential problems can be avoided if hospitals, CMs and providers initiate and maintain communications with insurers and lawyers
  - Pick up the phone- don’t rely on reports
- Understand and respect the roles of others
- Be willing to negotiate

Getting the Team in Place

CREDENTIALS

- Registered by their College
  - Standards of Practice re: assessment and development of treatment plans
  - Self regulated- protects public- ensures continuing competency of members
  - Only psychologists and medical doctors can diagnose
- Experience in community brain injury rehab with special focus on either:
  - Pediatrics
  - Adolescents
  - Adults

Getting the Team in Place

- Experience in the auto insurance system
- Client and family centered
- Excellent written and verbal communication skills
- Team player
  - Attend meetings
  - Flexible in terms of role etc.
- Negotiation skills

Getting the Team in Place

CHALLENGES

Acute care to home (usually no lawyer):

- When Discharge Plan lists services, but family not directed to qualified providers
- When pre-claim examiner does not have brain injury experience

Rehab to home (usually lawyer in place):

- When Hospital, Insurer, CM and/or Lawyer recommend different providers

Getting the Team in Place

IMPACT

- Can be adversarial and stressful for client
- Physical needs may be addressed, but not cognitive
- Often no services in place until client is seen in follow-up clinic months later
- When an experienced provider does an assessment: after a pre-claim:
  - More needs may be identified, costlier treatment
  - Sets up for a dispute

Getting the Team in Place

STRATEGIES

- Hospital takes an active role in directing client (by way of lists/binders of information etc.) to:
  - Qualified lawyer
  - Qualified provider
- Insurer and lawyer preferred provider lists
- Collaboration occurs regarding the choice of providers:
  - Right from the start
  - Involves all parties
  - All are open minded (no closed lists)

Getting the Team in Place

GETTING ONTO INSURER BRAIN INJURY REHABILITATION PROVIDER LISTS

- Currently happening for CM and all rehab providers at major auto insurance companies
- Formal Request for Proposal Process (RFP)-tendering process
- To get involved- ask for person who is responsible for setting up the preferred supplier network
- Candidates are evaluated based upon such things as:
  - Best practices for profession
  - Solvency of company
  - Staffing
  - Geographic area serviced
  - Policies (e.g. Privacy Policy)

Getting the Team in Place

FOR EXAMPLE.

- Hospital and insurer collaborate and agree that OT who did pre-claim is not specialized in peds TBI
- Hospital and insurer review the providers they feel are qualified, and develop a shared list which is presented to the family
- The family (with the support of the hospital) consult with the providers listed and choose based on:
  - Ability to provide full range of services
  - Availability
  - Travel
  - Review resumes, interview candidates

Getting the OCF-22 Completed and Approved

WHAT AN INSURER NEEDS TO CONSIDER AN OCF-22

- All parts need to be properly completed:
  - Refer to the OCF-22 User Manual published on the Health Claims for Auto Insurance web-site (Google HCAI)
- Clearly referenced/coded:
  - Diagnosis (ICD-10-CA)
  - Intervention (CCI)
- Costs and quantities are completely and clearly listed

Getting the OCF-22 Completed and Approved

- Provide as much information as possible regarding present complaints, why assessment is required and detail the content of the assessment (Part 5)
- If the service provider(s) is a regulated health professional, ensure that college registration number is listed in required parts of the form
- Communication –a telephone call to the adjuster prior to sending the form can be very useful in facilitating the whole process

Getting the OCF-22 Completed and Approved

CHALLENGES

- Lack of information to insurer re:
  - Nature of injury, diagnosis etc.
  - What is being recommended and why
- Lack of CM to coordinate services
- Lack of medical reports to provider to complete form
- Potential disputes about hours/cost of assessment
- Delays arising from time to complete paperwork and get approval

Getting the OCF-22 Completed and Approved

STRATEGIES

- Hospital provides critical medical information in writing to community provider or family before discharge
- Provider communicates with the CM, insurer and lawyer before the OCF-22 is submitted
- A multi-disciplinary provider is retained- and one team member acts as coordinator for the short term

  OR funding is approved for short term CM (task assignment)

Getting the OCF-22 Completed and Approved

- Provider contacts hospital (lawyer, CM) to:
  - Obtain verbal information to complete OCF-22s
  - Brain storm how to get signatures
- Follow professional guidelines regarding completing Assessments and Reports
- Follow professional guidelines regarding number of hours for Assessments and Reports
- Provider requests urgent approval as indicated

Getting the OCF-22 Completed and Approved

SLP CASLPO ***Preferred Practice Guidelines for Cognitive-Communication Disorders.*** September 2002 Includes guidelines for TBI assessments	**Up to 28 hours** **(plus travel)**
OT ***OSOT Guidelines for Occupational Therapy Assessment Timeframes for Use in Ontario' s Auto Insurance Sector - Assessment of Persons with Brain Injury, Spinal Cord Injury and/or Multiple Complex Trauma.*** June 2006 (Combination General and Specific) No guidelines for TBI Assessments have been developed to date	**18.5 to 34.5 hours** **(plus travel)**
PSYCHOLOGY ***The Ontario Psychology Associations Guidelines for Assessment and Treatment in Auto Insurance Claims.* 2005** General Psychology/Neuropsychology/Psycho-Voc/Psycho-Ed Includes guidelines for assessments	**10 to 25 hours** **20 to 39 hours**

Getting the OCF-22 Completed and Approved

PT

CPA ***Essential Competency Profile for Physiotherapists in Canada.*** July 2004.

- No specific guidelines for TBI Assessment have been developed to date
- Nor are there guidelines related to hours required to complete testing

SW

Ontario College of Social Workers:

- No guidelines for General SW Assessments or Specific SW Assessments (TBI) have been developed to date
- Nor are there guidelines related to hours required to complete testing
- The College Code of Ethics includes minimum content for records

Getting the OCF-22 Completed and Approved

WORKING TOGETHER

- HSC called intake at SuperNeuroServices Inc:
  - Requested OT and PT and SW
  - Provided copy of ambulance report and discharge summary to family (to share with provider)
- Intake at SNS Inc. liaised with insurer and lawyer to explain what was recommended and why
  - The insurer noted no application for benefits was completed - the provider agreed to follow up with HSC and family

Getting the OCF-22 Completed and Approved

- The provider noted they could forward the ambulance records and discharge summary from the hospital
  - The insurer noted this was adequate
- The insurer noted a Neuropsychology Assessment was needed to confirm what difficulties are due to TBI versus the pre-existing LD
  - The provider explained that all assessments would compare pre and post injury status
  - And if the client goes to BloorviewKids, neuropsychology would likely be completed there

Getting the OCF-22 Completed and Approved

- The provider mentioned that the OT OCF-22 would have a copy of the OSOT Guidelines attached, and the hours requested were well within this range
- The insurer noted she would likely approve the OCF-22 for the OT assessment, with the understanding that if the client does not go into inpt rehab- additional time will be requested to complete full cognitive testing
- The insurer noted she would also likely agree to additional time for the OT to act as case coordinator (as not eligible for CM)
- The insurer noted that she would likely agree to waive the OCF-22 for the Social Work and PT, and approve (based upon the hospital recommendations):
  - Four weeks of weekly counseling
  - Four weeks of three times weekly PT

Getting the OCF-22 Completed and Approved

- The community OT, PT and SW liaised directly with the hospital therapists to discuss client's needs
- The OT OCF-22 was completed
- The OT contacted the parents, explained what was recommended and why, obtained consent and arranged for the OT OCF-22 to be faxed to client's mother for signature
- Final approvals were obtained within 24 hours of discharge
- Family later decided not to go to Bloorview, the OT discussed this with the insurer who agreed to additional hours needed for OT testing (and direct intervention as indicated)

Getting the Assessment Completed and Getting the OCF-18 Approved

CHALLENGES

- Without DAC system, there is greater onus on insurers to evaluate whether recommendations are reasonable and necessary

- Complications make this more difficult (e.g. pre-injury social, medical or learning difficulties)

Getting the Assessment Completed and Getting the OCF-18 Approved

STRATEGIES FOR COMPLETING THE ASSESSMENT AND ASSOCIATED REPORT

- Be aware of (and follow) their respective Colleges/Associations Guidelines regarding Assessment and Reporting.
- Be competent to do the assessment (include your credentials in your report)
- Include objective (as well as subjective) information
- Be knowledgeable of, and use, standardized tests where appropriate
- Fully document pre-injury status

Getting the Assessment Completed and Getting the OCF-18 Approved

- Clearly compare pre to post-injury status
- Include information on all areas of function (e.g. ocular motor, sleep, mood)
- Include:
  - Long Term Goals and Plan
  - Short Term Goals and Plan
- Clearly identify why the treatment is reasonable and necessary
  - e.g. What a rehab coach is and why it is recommended
- Communicate with the CM, insurer and lawyer before the report is submitted

Getting the Assessment Completed and Getting the OCF-18 Approved

STRATEGIES FOR COMPLETING THE OCF-18

- Always submit an assessment report with a treatment plan (except in urgent situations- where immediate intervention is needed)
- Treatment plans should be for a reasonable length of time (manageable bites to insurer)
- Page 4 Part 10 (e) Consistency:
  - QUESTION: Are there any utilization Guidelines applicable to the proposed treatment?
  - ANSWER: No- According to the Toronto ABI Network, there are no utilization guidelines for brain injury rehabilitation

Getting the Assessment Completed and Getting the OCF-18 Approved

WORKING TOGETHER

- The therapists:
  - Discussed their findings and recommendations at a family meeting- collaborated and set priorities regarding goals and plan
  - Liaised with all parties involved before reports and new tx plans were submitted
- The OT explained to the insurer why a rehab coach was recommended as the adjuster was unfamiliar with this role
- The Assessment Reports clearly documented changes in client's pre-injury versus post-injury status:
  - New problems (e.g. sleep pattern, pain, memory)
  - Exacerbation of pre-injury problems (e.g. anger management)
  - Changes in functional abilities (e.g. missing morning classes, distractible and difficulty taking notes in class)

Getting the Assessment Completed and Getting the OCF-18 Approved

- All treatment plans were approved

- The OT assessment recommended the following which were also approved:
  - OT to continue to act as case coordinator until CAT Application submitted
  - SLP Assessment (OCF-22 was attached)
  - Neuropsychology Assessment (OT, insurer and lawyer collaborated regarding provider list to present to family)

Ongoing Communication and Reporting

CHALLENGES

- Limited information to insurer
- Unclear if progress achieved during reporting period
- No progress- yet ongoing treatment recommended
- Unclear why new services and supports are needed
- Inconsistency between approach/recommendations from team members

Ongoing Communication and Reporting

STRATEGIES

- Provide Update Reports with subsequent treatment plans
- Clearly identify what was achieved during the last treatment period:
  - Match short terms goals to the reporting period
  - Clearly explain goals for upcoming reporting period as *from xx to xx*
  - Clearly show if goals achieved or not
- If limited progress, explain why and what will be done to overcome the barriers identified
- If introducing new recommendations, clearly explain rationale
- Regular team/family/school/workplace conferences are critical

Ongoing Communication and Reporting

BENEFITS OF WORKING TOGETHER

- The team followed the strategies listed and:
  - Client received the services she needed when she needed them
  - Client benefited from a comprehensive and coordinated program
  - The insurer then questioned whether her residual functional difficulties were a result of her pre-injury LD or her TBI

Assessment and Treatment Plans- Conclusion

ALL PARTIES HAVE AN OBLIGATION TO DO WHAT THEY CAN TO AVOID DISPUTES

KEY CHALLENGES

- Insufficient Communication and Information
- Unclear Roles and Responsibilities/Systems Issues

KEY STRATEGIES

- Pro-active, open communication-pick up the phone!
- Keep working to improve the system- look for innovative solutions

THANK YOU