

November 29, 2024

Financial Services Regulatory Authority of Ontario (FSRA)

**RE: Consultation on Auto Reforms (ID: 2024-011)**

Lifemark Health Group (LHG) would like to thank FSRA for the opportunity to provide feedback on the questions posed regarding reforms of Ontario's auto insurance system.

By way of background, LHG is a wholly Canadian-owned national healthcare provider, with over 25 years of service excellence providing unparalleled clinical and specialty rehabilitation services and delivering the highest level of patient care and outcomes. With over 360 clinics nationwide, Lifemark has a significant presence across Ontario, ensuring accessible care for residents in many communities. At Lifemark, we embrace a multidisciplinary approach, focused on personalized rehabilitation programs to facilitate quick recovery from injury, promoting overall health and wellness and a commitment to delivering high-quality, client-centered care throughout the province.

Please find our responses to questions posed in the auto reform consultation documents outlined below. We would welcome the opportunity to discuss these challenges and recommended solutions in greater detail or provide additional information at the request of FSRA.

**Response to Professional Service Guidelines Consultation Questions:**

To ensure continued access to quality care for auto accident victims and fair compensation for health service providers (HSPs), it is recommended to adopt **Option A: Indexing maximum hourly rates** posed by FSRA. Indexing these rates to the Ontario Consumer Price Index (CPI) will align fee adjustments with inflation, preserving HSPs' financial sustainability while maintaining service availability and quality. A retrospective adjustment, applying a 1.5% annual compounded increase since 2014, followed by annual CPI-based increases going forward, is suggested to address this long-standing rate freeze fairly. This approach ensures HSPs can meet rising operational costs without compromising care delivery.

Many rates in the guidelines fall below current market averages, particularly for services such as psychological care, massage therapy, and specialized treatments provided by some Kinesiologists. Addressing these fee discrepancies during the initial adjustments is crucial to ensure competitive compensation, prevent provider shortages, and sustain access to necessary services for injured persons.

At present, many HSPs providing services where the current guidelines fall well below current market averages will work in other insurance streams, but not in the auto insurance system. The result is that where the service is available to auto accident victims, it is increasingly being done by novice HSPs or those with minimal experience in this space. In other instances, insurance companies find they are unable to provide the service at the guideline rate and accident victims either go without treatment or turn to their own extended health benefits (or out-of-pocket) to receive treatment. Indexing these rates appropriately would enhance the equity and sustainability of the system, ensuring HSPs remain incented to deliver high-

quality care and continue to provide needed clinical treatment to victims of auto insurance accidents, as opposed to seeking higher fees for the same services from other referral sources outside the current auto insurance scheme in Ontario.

**Table 1** below outlines hourly rates and fees for healthcare providers delivering private services under Ontario's Statutory Accident Benefits Schedule (SABS), last updated in 2014, with a comparison to industry standards in Ontario as of 2024 based on general trends.

Table 1: Service Rates for HSPs Providing Services Under SABS vs. Industry Standards, 2024

Health Service Provider	SABS Rate	Assessment Against 2024 Industry Standards
Chiropractors	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$112.81/hr</li> <li>Guideline Rate (Cat): \$135.36/hr</li> </ul>	~\$100-\$150/hour, aligning closely with the guideline's range
Occupational Therapy & Physiotherapy	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$99.75/hr</li> <li>Guideline Rate (Cat): \$119.92/hr</li> </ul>	~\$120 - \$180/hour, falling below standard practices
Registered Massage Therapy	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$58.19/hr</li> <li>Guideline Rate (Cat): \$89.07/hr</li> </ul>	~\$100 - \$120/hour, indicating that the guideline significantly underprices standard rates
Psychologists & Psychological Associates	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$149.61/hr</li> <li>Guideline Rate (Cat): \$179.29/hr</li> </ul>	~\$150-\$250/hour, suggesting that the guideline rate is below average, especially for catastrophic impairment cases
Speech-Language Pathologists	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$112.22/hr</li> <li>Guideline Rate (Cat): \$134.17/hr</li> </ul>	~\$230/hour, making the guideline rate significantly lower than current rates
Registered Nurses & Nurse Practitioners	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$91.43/hr</li> <li>Guideline Rate (Cat): \$109.24/hr</li> </ul>	~\$90-\$120/hour for specialized services, making the guideline rate reasonable within the lower-mid range
Kinesiologists & Unregulated Providers	<ul style="list-style-type: none"> <li>Guideline Rate (Non-Cat): \$58.19/hr</li> <li>Guideline Rate (Cat): \$89.07/hr</li> </ul>	~\$60-\$100/hour, with the guideline rate undervaluing more specialized and/or experienced practitioners

As treatment providers, we are sensitive to the desire of insurers to prevent additional claims costs due to increased treatment costs. Yet premiums have increased regularly over the past 14 years, while treatment costs within the auto-injury sector have remained completely stagnant by law. If as a collective we aim to truly focus on the needs and best interests of the consumer, we must acknowledge that they are paying *2024 insurance premiums for 2014 treatment rates*. We are confident that right-sizing treatment fees will encourage more skilled clinicians to return to doing auto-injury treatment, thus improving the quality and timeliness of treatment, with the result being faster recovery times and often fewer treatments required.

To facilitate smooth implementation, it is recommended to stagger clearly defined rate adjustments over three years, allowing HSPs, insurers and consumers to adapt gradually. A biennial review of rates will provide a balance of stability and adaptability, ensuring the system remains responsive to economic and industry changes. This strategy upholds the principles of care accessibility, service availability, and equitable provider compensation, fostering a sustainable and patient-focused care model.

### **Response to Attendant Care Hourly Rate Guideline Consultation Questions:**

To ensure the continued availability of high-quality care for consumers alongside fair compensation for caregivers, it is recommended to proceed with **Option A - index the maximum hourly rates for Levels 1, 2, and 3 attendant care services** to a reliable metric, such as the Consumer Price Index (CPI) or wage-related benchmarks in Ontario. This approach ensures that rates are responsive to inflation and evolving market standards, addressing the current disparity between caregiver compensation and the rising cost of living. Aligning rates with or above Ontario's minimum wage (\$17.20 as of October 2024) for Levels 1 and 2 and adjusting Level 3 rates to reflect the complexity of care required, will help attract and retain skilled caregivers and provide injured parties with enhanced levels of care.

Indexing these rates will improve caregiver availability, reduce turnover, and enhance patient care quality, especially for those injured in auto accidents who depend on these essential services. Regular biennial reviews of indexed rates will further ensure they remain competitive and sustainable, allowing for a balanced and effective system that supports caregivers while maintaining patient-centred care.

### **Response to Minor Injury Guideline Consultation Questions:**

The current block funding structure provides simplicity and predictability, supporting early intervention and timely access to care for individuals with minor injuries. However, its static fee levels, unchanged since 2014, no longer reflect the rising costs of healthcare delivery, limiting providers' ability to deliver comprehensive and individualized care at the current Minor Injury Guideline (MIG) fee cap. Additionally, the declining compensation across treatment phases and restrictions on supplementary goods and services may hinder prolonged recovery efforts and reduce provider participation. When this happens, recovery times are known to lengthen and if denied benefits, injured parties may miss further time from work and/or turn to publicly funded treatment sources if necessary.

To address these concerns, **Option A - indexing rates to inflation** posed by FSRA, along with a larger review of individual block funding is recommended (see further commentary below). This approach would ensure fair compensation for health service providers, maintain care quality, and support continued access to services for auto accident victims.

### Additional Commentary on Block Funding & Professional Services Guidelines

The current funding allocation for each treatment block under the Professional Services Guidelines aims to provide predictable compensation for healthcare providers treating non-complex soft tissue injuries.

However, these amounts appear misaligned with both the costs of delivering quality care and best practices for such injuries.

**Challenges across treatment phases include the following:**

1. Block 1: Funding for the initial block supports early, intensive care. This aligns with best practices of prompt assessment and early intervention, critical for reducing recovery times and preventing chronic conditions. Rising healthcare costs make this amount insufficient to cover the full scope of services. For Block 1 funding permits less than two one-hour PT visits per week, assuming no other services are involved.
2. Block 2: Compensation in this phase assumes a gradual reduction in care intensity, but this does not always reflect clinical realities. Recovery trajectories for soft tissue injuries can vary, with some patients requiring consistent treatment to regain full function. Best practices suggest that care during this phase should remain flexible and adaptable to individual recovery needs.
3. Block 3: The sharply reduced funding for later treatment inadequately supports the continuation of care for patients who experience slower recovery or require extended rehabilitation to reach sustainable outcomes. Best practices recommend maintaining a focus on functional outcomes and tailored care, which may not be achievable within the current financial constraints.
4. Supplementary Goods and Services Cap: The current cap limits access to necessary adjunctive treatments, such as specialized equipment, affecting recovery outcomes. Best practices call for an individualized approach to treatment, which this limitation undermines.

**Accordingly, our recommendations on Block Funding are as follows:**

- Adjust Block 1, Block 2 and Block 3 funding to better align with clinical realities and best practices, ensuring continued care for patients with variable recovery rates.
- Increase the cap on supplementary goods and services to enable individualized and adjunctive care.
- Introduce a flexible funding model within the blocks to support evidence-based care approaches tailored to patient progress.

Updating block funding levels to align with the CPI and introducing biennial reviews would balance economic realities with evolving care needs. In conclusion, while the block funding model provides a useful structure, the current amounts and restrictions may fall short of supporting best practices in the treatment of non-complex soft tissue injuries. Updated and more flexible funding levels are necessary to maintain care quality and ensure alignment with modern clinical standards, while ensuring the sustainability of the program and promoting access to care.

### Response to HSP Framework Review Consultation Questions:

Modernizing the HSP Framework is a critical step toward improving the efficiency and integrity of the health services sector. By enhancing user functionality, upgrading supervisory tools, and fostering collaboration with Regulatory Health Colleges (RHCs), FSRA can achieve its goals of a streamlined, effective, and fraud-resistant system. LHG has summarized a number of considerations and recommendations on this topic, presented in **Table 2** below.

Table 2: Top Considerations & Recommendations for Enhancing the FSRA HSP Licensing System & Portal

Priority	Recommendations & Considerations
Enhancing User Experience of HSP Portal	<ul style="list-style-type: none"> <li>• <b>Redesign User Interface:</b> Make the portal more intuitive and navigable to reduce user frustration.</li> <li>• <b>Increase Responsiveness:</b> Optimize performance to speed up processes and reduce downtime.</li> </ul>
Streamlining Functionality of HSP Portal	<ul style="list-style-type: none"> <li>• <b>Allow Multiple Change Requests:</b> Enable users to submit multiple requests simultaneously to eliminate operational delay.</li> <li>• <b>Clear Facility and License Tracking:</b> Introduce tools to easily manage registrations for businesses with multiple locations.</li> </ul>
Improving User Guidance for HSP Portal	<ul style="list-style-type: none"> <li>• <b>Pre-Application Checklists:</b> Provide clear instructions and document requirements upfront to reduce errors and delays.</li> <li>• <b>Comprehensive Instructions:</b> Offer detailed guidance for completing change requests.</li> </ul>
Modernizing the HSP Supervisory Tool	<ul style="list-style-type: none"> <li>• <b>Scalability:</b> The system should be designed with flexibility to accommodate businesses managing multiple locations and licenses, streamlining the process for these users.</li> <li>• <b>Infrastructure Modernization:</b> Upgrade systems for better responsiveness, reduced downtime, and long-term reliability.</li> <li>• <b>Incorporating User Feedback:</b> Engaging stakeholders throughout the development process could help identify common challenges and ensure that the tool addresses real-world needs.</li> <li>• <b>Intuitive Features and Processes:</b> Prioritizing features that simplify processes, such as centralized tracking and streamlined submission to improve usability.</li> </ul>
Enhancing Collaboration with RHCs	<ul style="list-style-type: none"> <li>• <b>Data and Intelligence Sharing:</b> FSRA can provide aggregate billing data to identify suspicious patterns among regulated health professionals, while RHCs can share intelligence on suspect businesses and practitioners, as well as general information regarding practitioner licensing status.</li> </ul>

**Response to HCAI System Review Consultation Questions:**

LHG is very supportive of modernizing the HCAI system, with a number of priority system improvements outlined in **Table 3** below that will drive a more streamlined, user-friendly, and efficient framework, benefiting all stakeholders involved.

Table 3: Recommended Improvements for the HCAI System

Priority	Recommendations
<b>Modernize Forms</b>	<ul style="list-style-type: none"> <li>• <b>Revise existing forms</b> before introducing new ones to minimize user confusion.</li> <li>• <b>Optimize</b> forms to improve usability and efficiency for online submission.</li> <li>• <b>Simplify</b> forms like the OCF21C, used for rehabilitation claims, to eliminate redundant entries (e.g., listing services both itemized and as a block) and reduce administrative burden.</li> <li>• <b>Automate form population</b> with data which is consistent across claim forms.</li> </ul>
<b>Enhanced System Functionality</b>	<ul style="list-style-type: none"> <li>• <b>Dynamic Framework:</b> Develop a system enabling seamless communication between insurance companies and clinics to automate repetitive processes and allow for faster resolution of inquiries related to plans and invoices.</li> <li>• <b>Digital Signatures:</b> Implement secure, easy-to-use digital signatures to streamline approvals and enhance data security.</li> <li>• <b>Unified Views:</b> Create a platform where insurance companies and clinics share consistent data views, reducing misunderstandings and discrepancies.</li> <li>• <b>Document Uploads:</b> Enable users to attach supporting documents directly within the platform for more efficient processing.</li> </ul>
<b>Simplified User Experience</b>	<ul style="list-style-type: none"> <li>• <b>Simplified Login:</b> Improve the login process for users managing multiple clinics to make navigation more intuitive and efficient.</li> <li>• <b>Patient Accounts:</b> Allow patients to create accounts to directly submit completed OCF forms via HCAI. This functionality can reduce manual paperwork and enhance submission accuracy</li> <li>• <b>Streamline Claim Submission, Approval and Referral Process:</b> submission of forms via patient account directly to HCAI would allow insurers to verify the accuracy of forms, approve the claim for rehabilitation services, and proceed with the referral process.</li> <li>• <b>Document Upload Functionality:</b> Allow users to directly attach supporting documents within HCAI to streamline the process and enhance efficiency.</li> <li>• <b>Form Updates:</b> Simplify forms like the OCF21C, which currently requires services to be listed twice—itemized and as a block—to reduce administrative burden.</li> </ul>

In closing, LHG commends FSRA for pursuing the important reform efforts that are the focus of this consultation, and for welcoming stakeholder feedback into this process. We would be pleased to discuss the challenges and recommendations presented above in greater detail or provide additional information at the request of FSRA.

Sincerely,



**Sonya Lockyer**  
President  
Lifemark Health Group