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## **Ontario Psychological Association (OPA) Response Re: Professional Services Guideline (PSG)**

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## KEY MESSAGES:

- The Professional Services Guidelines (PSG), *“establishes the maximum amounts that insurers are obligated to pay...for all reasonable and necessary expenses incurred on behalf of an insured person who sustains an impairment as a result of an accident”*.
- The PSG for psychologists fails to be an effective tool for FSRA’s supervision of insurers’ obligations to pay the expenses of accident victims.
- The PSG for psychologists is unreasonably low. It does not reflect increased costs due to inflation or current market rates and has not been adjusted since 2014.
- Low PSG fees are a barrier to accident victims obtaining care from treating psychologists, and this results in delayed and incomplete recovery. In addition to harming the individual, this also contributes to increased disputes and system costs.  
The barriers include:
  - Treating psychologists leaving to work in sectors with more reasonable fees.
  - Fewer psychologists do treatment because many psychologists only do Insurer Examinations (IE’s which have better and more complete compensation for their time, less administrative burden and overhead costs, as well as more reliable payment.
  - Some accident victims must pay all or part of their fees themselves to obtain care but many accident victims are not able to and therefore go without care.
- Lack of access to psychological treatment shifts the treatment burden to the already over extended public health system. Timely access to these services is not available in the public health system, creating further delays and incomplete recovery.
- The PSG for psychologists must be increased to reflect inflation and hourly fee for service rates paid by other systems to reduce these barriers and achieve the goals of the auto insurance system.

## 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 to the FSRA questions regarding the PSG for psychologists is focused on how it is working to further FSRA's goals, where it is failing and causing harm, and to provide recommendations to improve the system. We demonstrate why the PSG for psychologists must be increased to reflect inflation and hourly fee for service rates paid by other systems to reduce these barriers and achieve FSRA's goals. We provide recommendations to implement the needed PSG hourly fee increase for psychologists.

The OPA recommendations will make the PSG a more effective tool to achieve FSRA's goals. Many of the OPA recommendations regarding the PSG for psychologists are very specific and can readily be implemented. These changes will significantly improve the system. Ongoing monitoring, evaluation, development, and implementation are also 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 PSG. We then address FSRA's questions and initiatives.

## PURPOSES OF THE PSG AND ARE THEY BEING REALIZED:

A primary purpose of the PSG was to increase uniformity and reduce the number of disputes regarding fees and costs by introducing a maximum that the insurer was obligated to pay. In 2003 when the hourly rates of the new PSG were issued, it significantly reduced existing hourly fees for psychologists. The hourly fee established through negotiation between the OPA and IBC, and published by FSCO in 2000 (\$180 per hour) was substantially reduced with the introduction of the PSG.

The priority given to avoid fee increases has sacrificed consumer protection goals: *“to ensure that those injured in auto accidents continue to receive the care they need and that HSPs are compensated appropriately for their services.”*

The PSG is failing to provide a guideline for reasonable fees insurers are obligated to pay to treating psychologists.

The \$149.61 PSG hourly fee for psychologists is substantially less than the \$180 it was in 2000. Adjusting for inflation, we see an even further erosion of the PSG fee. It is also significantly below the hourly fee for service rates paid by other systems. In practice, some insurers treat the PSG as a maximum and **approve only an even lower rate than the PSG**. In addition, insurers routinely misuse the description that “insurers are not liable to pay any administrative or other costs” to deny reasonable and necessary professional time of the treating psychologists without any further explanation or health professional opinion. This inappropriate insurer claims processing practice to arbitrarily deny necessary services, causes a further de-facto reduction in the hourly fee for the services that are approved.

Many psychologists stopped treating auto patients to work in other sectors with more reasonable fees. This led to a reduction in the pool of treating psychologists who accept these fees. In addition to psychologists leaving the auto system, many have stopped doing treatment and only do IE's which have better and more complete compensation for their time including payment for no shows and late cancellations, less administrative burden and overhead costs, as well as more reliable payment. The HCAI data regarding the numbers and costs of psychologists remaining in the system is misleading because the data reports combine costs of psychological treatment and IE's. Unpaid psychologists' time also results from the requirement to obtain prior approval of initial assessments to plan treatment. There is no payment for the treating psychologists' time to prepare the application unless it is approved by the insurer. Many initial psychological assessments are denied by insurers and do not proceed.

To obtain timely assessments and treatment from psychologists, some accident victims pay themselves. This creates an additional burden for those who use this option. Many accident victims are not able to pay these costs and therefore go without psychological treatment.

As psychologists trying to work within the system, we have a 'system wide' view which allows us to see the harm done when the FSRA goals of the PSG for psychologists are not achieved. The unreasonably low PSG for psychologists and the further insurer denials reducing fees, create barriers to timely care, harming recovery, and adding unnecessary disputes to the system. Because timely access to care from a treating psychologist is not available in the public health system, accident victims go without services.

## FSRA OPTIONS:

Option A – PSG: Index the Maximum Hourly Rates

Option B – PSG: Move to Flat Rate Fees

Option C – PSG: Do Not Prescribe Rates

Option D – PSG: Status Quo – Maintain Existing Hourly Rates

## FSRA PSG QUESTIONS:

### **Determining Rates and Rate Reviews**

1. If PSG rates are indexed (Option A), what should they be indexed to and why?
2. If PSG are moved to flat rates (Option B), how should those flat rates be determined and why?
3. Should rate increases (Option A or Option B) be staggered incrementally over a few years, or should it take place at once?
4. Should FSRA review fees regularly, and if so, at what frequency (i.e. annually, biennially etc.)?
5. For Option C (Do Not Prescribe Rates) how often should insurers/HSPs meet to review/set maximum rates?

### **Other Considerations**

6. Are there other options/considerations related to rates/fees that should be considered for the PSG?
7. Do you have any evidence that consumers are having difficulty obtaining the HSP care they need due to the existing PSG rates?
8. What are the key implementation considerations that must be taken into account for each option (i.e. timing, updates to billing systems, etc.)?
9. How can FSRA help to ensure that any changes to the PSGs are communicated to HSPs, insurers, consumers and other stakeholders?
10. Are there other considerations which have been missed that should be taken into account as part of the PSG review?

## OPA RESPONSE TO QUESTIONS

### **QUESTION 1. *If PSG rates are indexed (Option A), what should they be indexed to and why?***

- The Ontario Consumer Price Index (CPI) is the most obvious index to apply to the PSG. Immediate increases are needed to support accident victims' ability to obtain care from treating psychologists who accept the PSG.
- Simply applying the CPI from 2014 to 2023 the PSG for psychologists would be \$205.91/hr.
- In addition to consideration of inflation since 2014, the PSG for psychologists must also be brought into line with current market rates and hourly fees for services in other sectors.
- The current Ontario market fee schedule paid by third party public agency payers for psychology services has a mean of \$237/hr.
  - This is significantly higher than the \$149.61 PSG for psychologists.
  - The PSG rate is a disincentive when compared to other patient populations that require services from treating psychologists.
- Public agencies fee schedules reflect the following:
  - RCMP pays up to \$300/hr. with a provision that providers will not charge RCMP more than they charge private pay patients.
  - Veterans Affairs Canada pays \$235/hr.
  - Canadian Armed Forces pays \$225/hr.
  - WSIB for their Community Mental Health Program pays \$200/hr. (part of a bundled fee schedule).
  - Public Safety Canada pays \$225/hr.
  - Public Safety Canada pays \$225/hr.
  - Interim Health Program for Refugees pays \$205/hr.
  - Metis Nation of Ontario pays \$250/hr.
  - ***The PSG rate is only \$149.61***
- Third party disability Insurance companies such as Canada Life, Manulife, and Sunlife have a wide spectrum of fees paid for psychological services predicated on the Insurance Plan design of the policy holder. Most paying in the range of \$230 per hour.
- The OPA conducts a survey and extensive analysis of the fee structure for psychological services in Ontario on a 12–18-month basis. With over 700 to 900 psychologists responding to our surveys, the data from such a large cohort accurately captures the diversity in the profession as well as demographic data and trends in practice populations. Our 2024 survey showed the modal fee is \$250 per hour.
- Comparing the PSG for psychologists' fee for service hourly rates in Ontario to the salaries paid in institutional positions is not a reasonable or fair comparison for a number of reasons:



- Salaried positions typically include a range of financial benefits that are not available to psychologists operating in independent practice under an hourly fee model. These benefits may include health insurance, disability benefits, retirement contributions, paid time off for educational pursuits, statutory holidays and vacations and other benefits that contribute to the overall compensation package. In contrast, psychologists working on an hourly basis do not receive these additional benefits. They must pay for the facilities in which they work, hire and pay staff, pay for equipment and supplies, do not get paid when engaged in continuing education or when they have no shows or when clients do not pay their invoices. This can significantly affect their overall financial stability and compensation.
- The hourly fee model, particularly in the context of auto insurance in Ontario, introduces financial risks that salaried employees do not face. Psychologists may experience fluctuations in their income due to variations in client volume, cancellations or other factors impacting their practices. This uncertainty can lead to periods of financial instability, which is not a concern for individuals in salaried roles who enjoy a consistent income regardless of their workload.
- There are distinct financial structures and risks associated with each model and it is therefore important to account for these differences when evaluating psychologists' hourly fees alongside salaried positions.

**QUESTION 2. *If PSG are moved to flat rates (Option B), how should those flat rates be determined and why?***

The OPA disagrees with a flat fee model. However, we are pleased to work with other stakeholders to develop the alternative model of bundled care that meets the clinical needs of patients, as well as the needs of auto insurers and psychologists to advance the automobile insurance system.

The flat fee rate model is completely incompatible with the purposes of the PSG and the restorative purposes of the SABS. The incompatibility is not dependent upon the specific flat fees established. Therefore, we do not propose a model for to determine flat rates.

We are concerned that “**flat rates**” are confused with “**bundled services**” by many stakeholders. These models must be distinguished. Because many stakeholders use these terms interchangeably we provide clarification below. We discuss: flat fees and explain the reasons for rejecting this model; we then discuss bundled fee models and the advantages; and determination of fees for bundled services.

- **"Flat fee"** models are completely incompatible with consumer protection and the restorative purposes of the SABS and are clinically unsound. Flat fees, which have been proposed by some insurers, are entirely different from “bundled” services, and generally used to refer to “diagnosis-based treatment caps”. These flat fees would be similar to the MIG funding cap for minor injuries and expanded to other conditions. An example raised by an insurer would be a diagnosis-based cap for treatment of PTSD.
  - Diagnosis-based treatment caps are entirely incompatible with consumer protection because they conflict with the provision of sound individualized treatment and

rehabilitation for complex conditions including psychological disorders. The care for accident victim's psychological disorders cannot be determined by diagnosis and is dependent upon many individual factors and response to treatment.

- Diagnosis-based flat fees are clinically unsound. The nature, duration and frequency of the treatments required varies with specific symptoms and individual treatment needs. The treatment approach, duration and costs must be responsive to individual patient characteristics and cannot be determined solely by diagnosis.
  - While there are evidenced based treatment programs for PTSD, all treatment manuals indicate that some patients will require a longer course of treatment. Moreover, these evidence based programs are based on research that looks at individuals with Post traumatic Stress Disorder in a vacuum - they cannot generalize to the treatment of individuals involved in MVAs who often present with co-morbid pain coping difficulties and injury-related activity limitations that fuel co-existing depression and anxiety. Stated differently, the treatment needs of someone who develops a "clean" Post traumatic Stress Disorder following a single traumatic event for instance, will be very different than the treatment needs of someone who develops Post traumatic Stress Disorder following a motor vehicle accident but who also cannot return to work due to physical injuries and as such is also struggling with financial anxiety and a sense of worthlessness relating to being unable to feed the family.
  - For example, two accident victims requiring treatment from a psychologist for their PTSD are likely to have very different treatment needs. One may be ready for and respond very well to prolonged exposure and recover very quickly. The other may be very fragile, would further deteriorate with the same approach and may require much more prolonged treatment for successful reduction of their impairments and restoration of their pre-injury function.
  - Flat fee models and funding caps based on a diagnosis create potential for unintended negative consequences and will harm those accident victims with psychological disorders who require more intensive or extensive treatment to reduce their impairments and restore their function.
- Similarly, the single "**Flat fee**" for form completion, which applies to all health professionals, does not reflect differences in hourly rates and time required and is not a sound basis to generalize to the potential for flat fees for other purposes.
    - Accident victims who share a diagnostic label often present with a very different impairments and require treatment from different disciplines. They require assessment and treatment from particular health professional disciplines depending upon their specific impairments. For example, some accident victims with a diagnosis of "brain injury" or "concussion" may require a treating physiotherapist and while other may require a treating psychologist. (This is diversity of treatment needs and required health professionals is outlined in the Concussion Ontario Guidelines).
    - Hourly fees that are comparable to market rate vary greatly by profession, reflecting differences in education, training, expertise required, as well as patient complexity. For example, psychologists are subjected to far more vigorous education, training, and practicums than many other professions. Therefore, any flat fee model cannot adequately

reflect the variation in scope of practice, access to controlled acts, and ability to provide a diagnosis. It also does not reflect the significant differences in the time that is required by various disciplines to address the impairments which they are qualified to treat.

- As a result, a flat fee model based on diagnosis, applying to all health professionals, will be unrealistically high for some professions while simultaneously being unreasonably low for others. This in turn becomes a disincentive for the latter group wanting to take on this type of patient cohort.
- To retain treating psychologists to meet needs of accident victims with psychological disorders fees must be responsive to hourly fee for service compensation by other payers.
- **"Bundled services"** fees are supported by the OPA along with reasonable hourly rates.
  - "Bundled" services can describe several services that may be provided over a period of time when clinically appropriate. A fee is determined for the bundle of services. This facilitates access to timely care from treating psychologists.
  - "Bundled" services complement reasonable hourly rates. Bundled fees work in conjunction with reasonable hourly fees for services. The hourly fee for service option should always be retained for those patients or situations that are not appropriate for the bundled services. Inclusion and exclusion criteria are critical to ensure appropriate utilization of the bundled services.
  - There are advantages for the accident victim requiring treatment, the system, the insurer and the treating psychologist. These advantages include:
    - Efficiency, simplification, and most importantly clearer expectations for patient, psychologist and insurer
    - They require less need for individual negotiation
    - They reduce disputes
    - They allow for evidence-based treatment.
    - They require clear inclusion and exclusion criteria
    - They do not create caps on availability of funding for other or further services. They do not limit other care or access to care after the provision of the bundled services
  - Fees for bundled services are dependent upon the psychologists' time required for all of the activities, including non patient session time such as consultation, reviewing records, report writing, etc, that are included in the bundle. This will vary greatly depending upon the intended patient group, purposes, intensity and duration of a specific bundle. Patient characteristics including severity, complexity, chronicity are all relevant to the time required as well as diagnosis and outcome goals. Therefore the total fee for the bundle must be a component of the design of the specific bundle. The bundled fee will vary greatly depending on the psychologist's time required for the services. There is often an additional incentive built into the bundled fee model because of the administrative efficiencies and other advantages to the patient, payer, health professional and system of this approach.
  - There are many examples of effective bundled services programs such as the WSIB Community Mental Health Program (CMHP).
    - The WSIB model includes a mechanism that allows for approval of additional bundled services if the individual continues to require psychological intervention upon

completion of the initial program. Extended treatment is frequently provided under WSIB.

- The WSIB does not have a flat fee model. The WSIB also allows for a fee for service alternative.

The OPA disagrees with a flat fee model and is pleased to work with other stakeholders to develop bundled care models that meet the clinical needs of patients, as well as the needs of auto insurers and psychologists to advance the automobile insurance system.

**QUESTION 3. *Should rate increases (Option A or Option B) be staggered incrementally over a few years, or should it take place at once?***

- Immediate increases are needed to address challenges faced by accident victims seeking care from treating psychologists without resorting to paying for services themselves,
  - The PSG must be immediately updated to incorporate increased costs due to inflation and brought in line with the fees paid to psychologists by other payers.

**QUESTION 4. *Should FSRA review fees regularly, and if so, at what frequency (i.e. annually, biennially etc.)?***

- Rates should be indexed on a yearly basis to ensure stability of the supply chain for professionals wanting to work with the automobile injury population.
  - We strongly recommend an annual review and increases according to the Ontario CPI Index to prevent future service gaps and needs for significant episodic increases.

**QUESTION 5. *For Option C (Do Not Prescribe Rates) how often should insurers/HSPs meet to review/set maximum rates?***

The OPA strongly disagrees with relying on meetings between insurers and HSPs as the process to set and review rates. Our significant concerns about this approach are not dependent on the frequency of the reviews of the fees. Therefore, we are not suggesting an interval for review between insurers and HSPs.

FSRA must continue to be responsible for the process to determine an industry wide PSG that applies to all insurers and all psychologists providing services under the SABS. We describe the problems and inherent risks of relying on meetings between insurers and HSPs to set and review rates to explain why FSRA must continue in this key role to achieve the purposes of the PSG.

- It is not realistic to expect industry wide negotiation between "insurers" and "health professionals" to establish fees that would be paid by all insurers and accepted by every member of that discipline.
  - The government, as the single payer and the OMA as the union representing the physicians, cannot be used as a valid comparison.

- The ability to negotiate an industry wide agreement requires all insurers participate as a single entity. This is incompatible with the current emphasis of each private company determining their own policies and procedures. There is a risk that any agreement would not be sufficiently inclusive, leading to further disparities and delays in patient access to care.
- The OPA and other health professional associations, differ from the Ontario Medical Association which is a union. The health professional associations cannot bind their members to a set fee.
- There are significant problems that would result from leaving fees to be determined by negotiation between individual insurance companies and HSPs
  - Relying upon fees set by individual insurance companies would undermine uniformity and create greater disparity, lack of predictability, and increase disputes.
  - Relying upon individual negotiation between each provider and each insurer would create greater administrative burden, uncertainty, delays and disputes.
- Extended Health Benefits (EHBs) are not comparable to medical and rehabilitation benefits and the PSG in the SABS.
  - The SABS have a restorative purpose and provide that the insurer shall pay reasonable and necessary medical and rehabilitation expenses. The maximums auto insurers are obligated to pay is established in the PSG.
  - In contrast, EHBs are a component of employee compensation packages in the form of some reimbursement for some health expenses. EHBs do not have a restorative purpose but are are a compensation benefit often in lieu of salary dollars.
    - The EHBs generally provide partial reimbursement and extremely low caps on funds available for annual payment for care.
    - Many EHBs do not have any coverage for treatment by psychologists. Some that cover treatment by psychologists do not have an hourly rate but only reimburse their member a percentage of the hourly fee charged by the treating psychologist up to a set annual maximum, as low as \$300-\$500 per year.
    - This EHB approach is entirely inconsistent with the SABS requirement that the insurer obligation, *"to pay all reasonable and necessary expenses"*.
- There is significant risk of each insurance company misusing negotiation of fees with providers to reinforce use of their PPNs.
  - Removing the industry wide FSRA PSG would reinforce insurers use of PPNs with the associated increased risks of "conflict of interest" for insurers and health facilities.
    - Insurers may require further fee reductions from facilities for inclusion on their roster;
    - Health facilities seeking status on PPN rosters face covert and overt pressures that are often inconsistent with the best interest of the patient creating a conflict of interest.
    - Greater use of PPNs will further limit the accident victim's ability to choose their treating psychologist.

- Accident victims report feeling pressured to use the insurer's PPN and that they were not informed they were free to choose their own treatment providers.
- The use of a PPN creates a perception of conflict of interest and undermines trust in the treating psychologists. This trust in their treating psychologist is essential for treatment engagement, self disclosure, and exploration of highly sensitive personal issues. Trust in the treating psychologist is an essential element for good recovery outcomes.

**QUESTION 6. *Are there other options/considerations related to rates/fees that should be considered for the PSG?***

- The fee schedule rate should be defined as a minimum fee. The description of the PSG as the "maximum" the insurer is liable to pay should be removed. It creates confusion and fee disputes.
- Insurers' deny time for some professional services other than direct treatment, stating that the payment for these is included in the hourly fee for the treatment session. This reduces the hourly rate. This systemic insurer practice should be examined as a component of FSRA's supervision of insurers claims processing.

**QUESTION 7. *Do you have any evidence that consumers are having difficulty obtaining the HSP care they need due to the existing PSG rates?***

Psychologists frequently hear reports from patients of the difficulties they experience finding treating psychologists who will accept the PSG. There are reports of delays and patients being put on long waiting lists by treating psychologists who will accept the PSG. The difficulty obtaining treating psychologists who accept the PSG appear to be even more pronounced for some specialty services including neuropsychological assessment and treatment. We are also aware of accident victims needing to pay themselves in order to obtain the care they need.

- Accident victims experience challenges finding treating psychologists who accept the PSG. They are often unable to obtain timely treatment under accident benefits. Some accident victims pay themselves, but this is not possible for many accident victims. This creates obstacles to timely care, delays recovery, results in disputes, and adds costs to the system.
- Family physicians, psychologists and other HSPs are finding it increasingly difficult to refer patients to psychologists because the pool of psychologists willing to work within the SABS has depleted significantly due to the unreasonably low PSG fee. This has resulted in patients not finding treating psychologists.

- We have multiple indicators of the decline in availability of treating psychologists and problems encountered by accident victims finding treating psychologists who will accept the PSG.
  - We are aware of many clinics that require clients pay all of the fee or "top up" the PSG fee. Requiring patients to pay themselves is a solution to the low PSG that has been adopted by many of the psychologists who continue to provide treatment to accident victims.
  - These arrangements to pay themselves are individual undertakings between the treating psychologist and their patient.
  - Many psychological treatment practices no longer treat accident victims.
    - These psychologists report the high administrative burden and low fee (PSG) compared to other payers, has led to withdrawal from the auto sector.
  - OPA member interest in topics related to treatment of auto accident victims has declined precipitously, while interest in topics related to treatment of patients in other sectors has increased.
    - Only a few dozen members responded that they see auto injury patients in a survey of 1700 members. Previously several hundred members showed their interest in issues related to treatment of auto accident victims by attending workshops.
  - The vast majority (74%) of psychologists are no longer willing to see accident patients under auto insurance according to the most recent OPA fee survey.
    - Previously it was a major focus of work of psychologists with treatment practices.

**QUESTION 8. *What are the key implementation considerations that must be taken into account for each option (i.e. timing, updates to billing systems, etc.)?***

- The concern raised by some stakeholders regarding the need to update billing systems has relatively easy solutions.
  - Most electronic billing systems have built in capacity for rate changes both in rates billed and rates that must be paid. This responsiveness is essential as fees in most other sectors are updated on an ongoing basis.
- Immediate updating of the PSG for psychologists is required to address the need for treating psychologists who accept the PSG.
  - The positive impact would be fewer challenges experienced by accident victims receiving treatment of psychological disorders.
- The impact on total costs and premiums of increases in the PSG for psychologists is anticipated to be minimal in the context of total auto insurance costs.
  - Physical Damage and car repair costs are over half of the total costs and these are growing. In addition, Auto Theft has also become a significant cost driver. Accident Benefits are 22.5% of total costs and falling as a percentage of total costs.
  - Medical and Rehabilitation costs are only one component of Accident Benefits which also include attendant care and income replacement.

- Fees paid psychologists are a tiny component of Medical and Rehabilitation costs which includes all health care and rehabilitation goods and services.
- HCAI reports of psychologists fees also include IEs.
- Therefore, the actual impact on total costs and premiums of increases in the PSG for treating psychologists needs to be calculated in this context and is likely to be minimal.

**QUESTION 9. *How can FSRA help to ensure that any changes to the PSGs are communicated to HSPs, insurers, consumers and other stakeholders?***

- Communication of changes should be multi-pronged.
  - The first step would be to create standard marketing materials that summarize the changes and promote the positive enhancements. These materials would take the form of Info graphics, executive summary guidelines, Q&A's etc.
  - We would recommend all involved health professional associations commit to circulating these to their respective membership. In addition, each association could hold educational webinars for their respective professions.
- Plain language material should be created that could be shown on each association's website and social media sites that the public visit.
- Newspaper and TV ads can also augment these.
- Insurance companies can parallel these efforts with a similar communication out to their vast number of policy holders.
- A multi-stakeholder working group to develop a multi-modal to approach is most likely to reach the widest group.

**QUESTION 10. *Are there other considerations which have been missed that should be taken into account as part of the PSG review?***

- Enhanced use of digital technology can contribute to more efficient and effective use of the PSG.
  - Implementing automated adjudication and payment of invoices for approved services submitted on HCAI would create more efficient payment and reduce administrative burden for insurers.
  - Implementing electronic funds transfer would reduce costs for providers and insurers and would reduce delays in payment.
    - Receipt of the payment by the treating psychologist is often delayed. This delay occurs even when the insurer appears to have complied with payment deadlines according to the date the invoice is approved on HCAI.
    - It would also avoid payment problems caused by service disruptions such as the postal strike.



- We are not commenting on the fees within the Minor Injury Guideline. The health professionals who deliver this program are in a more informed position to comment.
- Regarding the Minor Injury (MI) definition and the Minor Injury treatment Guideline (MIG) we again clarify that psychological disorders are not minor injuries, and treatment for these disorders cannot be provided in a MIG like framework.
  - Some stakeholders have incorrectly asserted that expanding the MI definition and the MIG services is possible with an increase in the MIG fees.
  - It is clinically unsound and discriminatory against accident victims with psychological disorders to impose a capped fee below the full SABS benefits. It cannot be made to work by increasing the capped fee as psychological impairments are not characterized by typical and predictable courses of recovery in the way that minor injuries are.
  - The classification of Psychological disorders with other serious injuries outside of a "minor injury" framework was confirmed by the extensive FSCO sponsored research conducted by Dr. Cote.
  - Effective, evidenced based care for accident victims with psychological disorders is not narrowly based on diagnosis and must take into account multiple individual factors as well as be modified in response to treatment. The treatment approaches required vary greatly as well as the intensity and duration of treatment required.
  - Some accident victims with psychological disorders recover quickly and return to full pre-injury function. Others may have prolonged recovery and a small minority may eventually be determined to have catastrophic impairments.
- The HCAI system and FSRA licensing could support a more effective PSG for treating psychologists if they are modernized and digitized.
  - These changes will streamline entry of invoices, reducing costs and administrative burden.
  - The costs of practice can be reduced by implementing on line adjudication and automated electronic funds transfer. These improvements can increase efficiency and provide more timely payment.
    - At the time HCAI was introduced, these improvements were presented as future directions and an incentive to participate in the system. They have not happened.
  - HCAI data could be used to document the number and patterns of disputes regarding fees.
  - To more fully document service gaps, more complete data on the FSRA Roster is required. At this point the listing is by facility and does not identify individual health professionals. A more detailed FSRA Licensing System roster including: individual health professionals; discipline; areas of competence; type of services provided; whether treatment or IE; as well as geographical location is needed.
  - HCAI data reports with more specificity can identify costs and service gaps.
    - Numbers and costs of treating psychologists and those of IE psychologists are needed.

## CONCLUSION:

The above recommendations will improve the effectiveness of the PSG for psychologists in achieving FSRA objectives. Psychologists, are keenly aware of the potential value of a PSG for psychologists to provide uniformity, predictability, and to facilitate timely access to treatment by avoiding barriers and disputes regarding fees. However, the PSG for psychologists is failing as a tool to fully support FSRA's goals as stated: *maintaining the care that consumers receive and ensuring the continued availability of services (aligns with FSRA's object of protecting the rights and interests of auto insurance consumers).*

Thank you for the opportunity to provide recommendations for changes needed in the PSG for psychologists so that it becomes a more effective tool for FSRA to achieve its goals.

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

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