



Information Communiqués should be circulated amongst all DAC Clinical and Administrative staff. They are intended to keep DAC staff informed on current issues and to provide information on the activities of the Minister's Committee on the Designated Assessment Centre System (DAC Committee).

This issue provides information regarding:

- an update from the DAC Committee;
- the use of scanned signatures;
- DAC timelines;
- electronic reporting upgrades;
- recent Roster activity;
- plain language requirements for DACs;
- amendments to the CAT DAC assessment guidelines;
- the REC DAC wage table for 2002;
- DAC Assessor Practice Summaries; and
- questions raised via the DAC Hotline.

UPDATE FROM THE DAC COMMITTEE

Since the last Information Communique was issued, there have been a number of changes to the DAC Committee.

In October 2001, some members completed their three year appointments. The Committee wishes to extend their appreciation to Dr. Harold Becker, Dr. Ron Kaplan, Ms. Liz Mullan and Ms. Phyllis Smith for their

years of commitment to the DAC system.

The Minister has named a number of new members to the Committee for varying terms. The Committee welcomes back Ms. Philippa Samworth and Mr. John Watkin, who have both been reappointed until June 2002.

The Committee also wishes to welcome the new members: Mr. Frank Murphy, Ms. Teresa Rivero, Dr. Arthur Ameis, Dr. Faith Kaplan and Ms. Catharine Zingg who have been appointed for a three year term.

The Committee has restructured its subcommittees to better reflect the systemic issues facing the Committee in the coming term.

The Communications Subcommittee and the Education working group have merged to become the Quality Improvement Subcommittee (QIC). It will be the focus of QIC to:

- 1) Recommend an evaluation monitoring mechanism to measure the performance and quality of DACs.
- 2) Identify and report on ongoing education needs of DACs.

DAC Committee (Continued)

- 3) Review the operational procedures, general guidelines and assessment guidelines.

The Fees Working Group has now become the Costs Working Group, whose responsibilities will include identifying methods to improve the cost-effectiveness of DACs.

The Operations Subcommittee will continue to respond to systemic issues identified through the Complaint Management and Discipline Protocol and via the DAC hotline.

SCANNED SIGNATURES

The Committee was asked to respond to a DAC that has raised the issue of using scanned signatures on their DAC assessment practice summaries. The DAC further indicated that they use scanned signatures for their executive summaries.

The Committee felt that DACs should be required to have their DAC Assessor Practice Summaries completed with an original signature.

It was determined a DAC could employ scanned signatures for their reports and executive summaries under the following conditions:

- 1) They indicate that the signatures are scanned.
- 2) They indicate that the original signatures exist and are on file.
- 3) The practitioner has given authorization for the DAC to use the scanned signature.
- 4) It can only be used once the practitioner has read and agreed with the content of the report.

Scanned signatures will only be permitted in situations where the above conditions are met. This is a measure that the Committee is prepared to allow to enable DACs to meet the time requirements for releasing reports.

DAC TIMELINES

After reviewing DAC statistics for 2001, the DAC Committee wants to remind all DACs that a DAC assessment must be commenced within 14 days of receiving a complete referral package.

The DAC assessment guidelines provide an overview of the intake steps that must be followed for all DAC assessments. The DAC must first ensure that the referral package is complete. This means that the package includes the following completed documents:

- OCF-14 Permission to Disclose Health Information to the Designated Assessment Centre (a signed, faxed copy is acceptable-see DAC General Guideline #3).
- OCF-11A/B Designated Assessment Referral and Summary Report (this should indicate the claimant is being assessed according to one benefit category only).
- Ensure the appropriate “test” and “Bill” are noted.

Once the referral package is deemed to be complete by a DAC, the DAC will prepare an assessment plan that must outline the following information:

- A description of the proposed assessment (includes purpose of the assessment).
- A projection of the length of time required to complete each stage of the assessment (should include how many and what appointments or assessments the claimant will be required to participate in).
- A list of the registered DAC assessors who will be participating in the assessment along with signed off copies of each assessors Practice Summary.
- An estimate of cost.

The assessment guidelines indicate that it is only following the approval of the assessment plan that the claimant is

DAC Timelines (Continued)

contacted and the assessment dates are scheduled.

DACs are further reminded that final

reports must be issued within 14 days from the last assessment. The DAC activity reporting system shows that, on average, it took 23 days in 2001 to issue a final DAC report following the completion of the assessment. This is up significantly from the 18 days it took in 2000 and 15 days for 1999.

Efforts must be made to ensure that DACs comply with the assessment guidelines and release reports in a timely manner.

Some DACs have indicated that delays are encountered as a result of waiting for additional information requested from the parties. DACs have been advised in previous communiques that they should not be indefinitely holding DAC reports back while waiting for requested documents.

If the requested information is not forthcoming and is essential to the assessment results, the parties should be advised in writing and the DAC should impose a deadline for the information. The file should be closed and no report issued if this deadline is not met.

If an assessment can be completed without the missing information, the DAC should issue the report indicating which documents were requested and not forthcoming. In this manner, the final report would indicate that the information was sought but not provided.

Should it appear that any portion of the assessment process will be delayed, including the issuance of the final report, DACs must notify the parties in writing of the reasons and anticipated duration of the delay.

ELECTRONIC REPORTING UPDATE

FSCO has upgraded its computer platforms to Lotus Notes Release 5 (R5).

In the September 2001 Information Communique, DACs were advised of the need to upgrade their own Lotus Notes software to R5 in order to continue to meet the requirement that all DACs report DAC activity

to FSCO electronically.

DACs who have not contacted FSCO and upgraded to R5 will receive a letter from the Chair of the Operations Subcommittee in April, 2002, advising them that the subcommittee is prepared to remove them from the roster for non-compliance with this requirement.

RECENT ROSTER ACTIVITY

The following DAC facilities have had a change in status on the DAC Roster since the last Communique was issued in March, 2001:

DAC# 4010 has moved to a new location in Markham, Ontario. DAC #2024 has moved to a new location a short distance from their old site in Brampton, Ontario.

DAC# 1025 Dr. B. Malcolm, a disability DAC, has merged with medical/rehabilitation DAC# 1035, the Orthopaedic and Arthritic Institute.

The DAC Committee continues to monitor the system to ensure that any withdrawals or mergers do not affect accessibility. Stakeholders are reminded that, at any time, they can access an up-to-date DAC Roster from FSCO's website.

PLAIN LANGUAGE AND REPORT FORMAT

The Automobile Insurance Policy Unit (AIPU) has encountered a number of situations where the final DAC report provided to a claimant failed to comply with the plain language requirements of the assessment guidelines.

DACs are asked to ensure that final reports are clear, concise and written in a manner that is easy to read and free of complicated medical and legal terminology, unless that terminology is adequately explained.

DACs are reminded that all DAC reports should follow the format outlined in the appendix of the assessment guidelines. The QIC will be reviewing report writing standards in the hope that it will be able to provide further direction on this issue later in 2002.

CAT DAC GUIDELINE UPDATE:
MINOR AMENDMENTS TO
GUIDELINE RELEASED IN
SEPTEMBER, 2001

The AIPU has received a number of calls requesting clarification on the new CAT DAC assessment guidelines.

In the assessment guideline circulated in early October, 2001, Appendix A indicated that the OCF-20 Catastrophic Impairment Determination form is required by the DAC in order to begin timely processing of the referral.

The DAC Committee wishes to clarify that the new guideline should indicate that the OCF-20 is not required to begin the assessment process, but would be information that the DAC would like to have to enable a fair, efficient and comprehensive assessment of the claimant.

In addition, the Committee wishes to point out that in section 2.2.2 Core Team, the requirements found on page 2-4 of the guideline should read occupational therapist or physiotherapist under definition e) ii) GOS and Mental and Behavioural Disorder teams.

The CAT DAC assessment guideline is posted on FSCO's website and has been amended to reflect these changes.

REC DAC WAGE TABLE

REC DACs will need to be aware that the 2002 Residual Earning Capacity Wage Table has now been posted on FSCO's website at

<www.fSCO.gov.on.ca>.

REC DACs and insurance companies use the

table to determine the loss of earning capacity benefit for claimants and conduct the mandatory review of these amounts.

DAC ASSESSOR PRACTICE
SUMMARIES

FSCO and the DAC Committee have modified the DAC Assessor Practice Summary Form for 2002. The new form contains a number of important changes that will assist the AIPU and DACs manage their active roster.

The declaration at the bottom of the form now includes an acknowledgement that the assessor has read and understood the assessment guidelines. The form further clarifies the minimum requirement of assessment experience for assessors.

The new form also enables a DAC to clearly indicate what type of assessment the new assessor will be conducting and whether the assessor is to be used on the core, on-call or additional on-call teams.

Practice Summaries
(Continued)

Any practice summaries being submitted to AIPU after April 30, 2002 will be rejected unless they are submitted on the new form.

AIPU maintains an electronic record of the assessors who are rostered at each DAC location. This record indicates that a significant number of DAC assessor practice summaries are more than two years old and have now expired.

AIPU will be contacting all DACs in the near future and providing them with a list of those assessor forms that have expired. DACs will be asked to submit new practice summaries for those assessors.

Any DACs conducting assessments with expired assessors will be brought to the attention of the Operations Subcommittee for their review.

WE'VE HAD QUESTIONS:

Results from the DAC Core Team Survey

The DAC Committee wishes to share some of the results from the DAC Core Team Survey with DACs. They also wish to thank all of the assessors and DACs that assisted in the completion of the DAC Core Team Survey (Disability and Med/Rehab DAC only).

Compilation of the survey is complete and the DAC Committee is moving forward with analysis and use of the data to help shape initiatives for the upcoming year.

The first set of survey questions provided a practice profile baseline for the sample of respondents. Of the 308 surveys, disciplines responding include Physicians 26%, Physiotherapists 26%, Psychologists 18%, Chiropractors 15%, Occupational Therapists 8%, Other 7%.

Of the responding assessors, 56% reported working at one DAC facility; 22% work at two; 13% at three; 5% at four; 2% work at five; and 2% reported working at more than five facilities.

Sixty-five percent of respondents report working within the DAC System for more than 4 years, while 20% have been in the system for less than 2 years.

In the past 12 months, 16% of assessors reported completing 10 or less DAC assessments, while 12% reported completing over 100 assessments.

The most prevalent volume of assessments completed in the past 12 months was between 11 and 25, with 26% of assessors falling into this category.

The next set of questions in the survey were structured to gather feedback on specific DAC Committee initiatives and to explore

opportunities for improvement within the DAC process and system.

Of Disability assessors responding, 14% stated that they were not aware of the Disability Assessment Guideline released by the DAC Committee in 2000.

By contrast, 49% had read the Guideline, while 13% reported not having received any formal training pertaining to its requirements. Of the assessors that had read the Guideline, there was strong support that the it is clear, assists in understanding the role of the DAC, serves as a useful resource for training, helps in assessment team formulation and assessment completion.

Sixteen percent of Med/Rehab assessors stated that they were unfamiliar with the Med/Rehab Guideline released by the DAC Committee in 2000. Forty-three percent reported having read the Guideline, while 11% indicated they had not received any formal training

DAC Core Team Survey (Continued)

regarding the requirements of the Med/Rehab Guideline. Of assessors that had read the Guideline, it was highly rated for clarity, usefulness and its ability to provide directions on assessment issues.

When asked about the process for reaching consensus, 64% of assessors indicated that all team members' opinions are regarded equally in the process. Sixty-seven percent of respondents stated that he/she always reviews the final report.

In addition to this data, valuable comments were received on a wide range of issues.

While no formal report has been prepared as a result of this survey, the survey's results will continue to be used by the DAC Committee for its work in

improving the DAC system.

Should a lawyer be provided with a copy of DAC reports and correspondence?

Section 43 of the *Statutory Accident Benefits Schedule* indicates that a DAC should provide a copy of a DAC report to the insurer, the insured person and the insured person's health practitioner.

As a result, many DACs are hesitant to provide copies of correspondence and DAC reports to a legal representative.

DACs can, upon receipt of written direction from the claimant or a copy of the authorization, provide lawyers with a copy of material on the file as well as a copy of the DAC report.

April, 2002

We encourage feedback regarding this Information Communiqué. Please let us know your experiences, and provide your suggestions, so that we may continue to improve the DAC system. Comments can be directed to:

The Minister's Committee on the
Designated Assessment Centre
System

c/o

The Automobile Insurance Policy
Unit

Financial Services Commission of
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