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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 introduces the new Attendant Care Assessment Guideline; addresses inappropriate language in a DAC report; speaks to identifying the primary evaluator in a DAC report; introduces DAC surveys as a DAC feedback mechanism; speaks to site visits, outreach programs and audits; reviews recent Roster activity; reviews recent Arbitration Decisions; speaks to the WSIB Chronic Pain Study; speaks to the new Professional Fee Guidelines for Occupational Therapists; and responds to questions raised via the DAC Hotline.

NEW ATTENDANT CARE ASSESSMENT GUIDELINE

The DAC Committee is pleased to advise that the new Attendant Care Assessment Guideline has been released. The guideline became effective December 15, 2000.

A fundamental change in this Assessment Guide is the establishment of a baseline for human resource criteria for all Attendant Care DACs. The Guide requires that all Attendant Care DACs have

sufficient physical and human resources to provide an opinion on the most common attendant care needs required by a claimant as a result of a motor vehicle accident.

The Minister's Committee has been able to successfully address several systemic issues through this Assessment Guide including;

- 1) helping DACs identify and focus on the issues that are in dispute.
- 2) instructing DACs on how to determine what type and how many health care professionals are required to assess the claimant.
- 3) the requirement to release both a narrative report and Form 1 in the DAC report. The narrative report has been structured to articulate the assessor's professional judgment as well as their opinions and findings.
- 4) cost and time efficiencies to allow for a file paper review option if the only issue in dispute is causation.
- 5) to focus an Attendant Care DAC on providing an opinion on the issues in dispute and not broadening the scope of the assessment unnecessarily or beyond its mandate.

INAPPROPRIATE LANGUAGE IN

A DAC REPORT

The DAC Committee continues to review complaints involving inappropriate language contained in DAC reports. These include issues such as referring to the DAC assessment as an Independent Medical Examination and the inclusion of comments such as "Thank you for referring this claimant to us" or "I hope that this report meets with your approval".

DACs are reminded that these types of comments are no longer tolerated within the body of a DAC assessment. The Operations Subcommittee has committed to eliminating these types of complaints and perceptions of bias.

IDENTIFYING THE PRIMARY EVALUATOR IN THE DAC REPORT

With the issuance of the revised assessment guidelines for Disability, Medical/Rehabilitation, and Attendant Care assessments, there has been an emphasis placed on the role of the primary evaluator in ensuring consensus, drawing the individual reports together and drafting the final report.

Due to the importance of this role and, with the number of inquiries received by the Accident Benefit Analysis Unit (ABAU) regarding the identity of the primary evaluator, all DACs are asked that the primary evaluator be identified in the executive summary of the DAC report.

INFORMATION SURVEYS FROM THE DAC COMMITTEE

The DAC Committee has received positive feedback from the DAC Community with regard to the recently revised DAC assessment guidelines. Stakeholder input into this development process has always been a fundamental stage of any Committee initiative.

The DAC Committee continues in its commitment to solicit feedback from the

DAC community as it moves towards an improved monitoring and evaluation system for DACs.

The DAC Committee plans to issue a series of questionnaires targeted at assessors who are involved with the DAC system. The primary function of these questionnaires is to gather information from the DAC field with regard to future directions and priorities of the Committee.

SITE VISITS, AUDITS AND OUTREACH SESSIONS

With the work on the assessment guidelines now nearing completion, the DAC Committee will be focussing its efforts on monitoring and evaluating the DAC system.

Part of the work will involve the staff of the ABAU conducting site visits and educational sessions to assist DAC system stakeholders with meetings or educational needs.

ABAU staff had an opportunity to attend and participate in a number of seminars including ADAC's annual conference, a lunch and learn session at Cooperators Insurance and an education seminar for the Ontario Massage Therapist Association. If you have an upcoming educational or site visit opportunity, please feel free to contact ABAU staff to determine their availability.

In conjunction with the monitoring and evaluating initiatives, ABAU will also be visiting DACs to ensure that electronically reported information is accurately reported on a timely basis and that the assessments comply with the assessment guidelines.

RECENT ROSTER ACTIVITY

The following DAC facilities have had a change in status on the DAC Roster since the last Communiqué was issued in April,

2000:

DAC 1045 St. Michael's Hospital has been reactivated on the roster as the hospital has completed its restructuring.

DAC 6002 Back in Motion, REC DAC in Sault Ste. Marie, has requested that they be removed from the roster due to the low number of referrals. The DAC has been removed effective November, 2000.

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

ARBITRATION & APPEAL DECISIONS

The DAC Committee believes that DACs will better understand the important role they play in the dispute resolution process by reviewing examples of how arbitrators have used DAC reports in the decision-making process. DAC assessors should be aware of these decisions and follow best practices as outlined in the DAC Guidelines in conducting and completing their assessments.

Copies of FSCO's arbitration and appeal decisions are available on the FSCO website.

To access these decisions, users are required to obtain a user name and password from the Arbitrations Unit at (416) 590-7202. There is no cost for this service.

Arbitration A00-000111 Onno v. Wawanesa Decision on Preliminary Issue

In this decision, the arbitrator addresses an issue involving whether the claimant made himself reasonably available for a medical/rehabilitation DAC assessment. The arbitrator decided that the claimant did

make himself reasonably available and stated that

"I find that the DAC contravened the DAC *Guidelines* in failing to consult the Applicants in scheduling the assessments and refusing to reschedule the assessments. I find that the Insurer failed to satisfy its obligations to the Applicants under the *Schedule* in instructing the DAC to refuse the rescheduling request. Accordingly, I find that the Applicants made themselves reasonably available for assessment, and are not precluded from proceeding to arbitration."

Arbitration Decision A99-000740 Mileevsky v. General Accident

The arbitrator was asked to review a DAC's failure to comply with the assessment guidelines in deciding whether or not a special award should be granted in this case.

While the arbitrator did not find the DAC process irregularities to necessitate a special award, all DAC facilities should review the numerous violations of the guidelines cited in this case.

WSIB CHRONIC PAIN STUDY

Many assessors in the DAC Community have mentioned the recent chronic pain study completed by the Workplace Safety and Insurance Board and felt that the study was important to any practitioner who is involved with disability and medical/rehabilitation assessments.

If you are interested in reading this study, you will find it posted by the WSIB at:

[www.wsib.on.ca/wsib/wsibsite.nsf/
Public/ChronicPainReport](http://www.wsib.on.ca/wsib/wsibsite.nsf/Public/ChronicPainReport)

PROFESSIONAL FEE GUIDELINES FOR OCCUPATIONAL THERAPISTS

Continuing the work towards completing the professional fee guidelines as described in the Statutory Accident

Benefit Schedule, FSCO has issued the Professional Fee Guideline-Occupational Therapists and the Occupational Therapy Utilization Guidelines as a result of recommendations made by the Insurance Bureau of Canada (IBC) and the Ontario Society of Occupational Therapists (OSOT.)

The recommendations deal with occupational therapy fees and utilization guidelines regarding auto insurance accident claimants, and present an improved co-ordinated approach by the parties to ensure better management of the services provided to claimants and to facilitate claimants' timely return to normal activities, including work.

All DAC assessors should be familiar with the professional fee guidelines and utilization guidelines. These can be found on FSCO's website at <www.fSCO.gov.on.ca>, under publications/ bulletins.

WE'VE HAD QUESTIONS:

General Guideline 4 Issues:

Can you clarify the Post-DAC Directives within General Guideline 4?

There have been a number of inquiries regarding the Post-DAC Treatment and Examinations section of General Guideline 4. Specifically, some stakeholders are putting forward the opinion that Part A precludes DAC assessors from conducting both DAC assessments and treatment/medical-legal assessments.

Assessors should review the Conflict of Interest provisions of the SABS and are reminded that section A prohibits DAC assessors from treating or conducting a medical-legal assessment on that particular claimant following a DAC assessment.

Referral Packages:

What do I do if the referral package is incomplete?

When a DAC receives a referral that it

deems to be incomplete, due to missing information or an initial review of the file indicates that additional material will be provided, the DAC should notify both the claimant and the insurer in writing at the earliest opportunity. Once this information is received, the assessment can proceed. DACs are reminded that medical information can be received by a DAC up until the assessment process is complete.

If the information is not forthcoming, the DAC must decide if the missing information is essential to the assessment. DACs should not be indefinitely stalling DAC assessments for information that is not essential to the assessment. In these cases, if the information is not provided, the DAC can note in the executive summary of the final report that information was requested, but was never provided by the parties.

Section 43(2)(A) of the SABS (Bill 59) does require the claimant and the insurer to provide all information that is reasonably necessary for the assessment. If the outstanding information is essential to the assessment, then the DAC should write the parties and advise that the assessment will not proceed until the information is received by the DAC. Please note that no DAC report is to be issued if the assessment is considered incomplete.

March, 2001