



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 an update on the DAC Committee membership; introduces General Guideline 5: Conflict of Interest and Nearest DAC Guideline; introduces the new Medical and Rehabilitation Assessment Guideline; provides an update on the Cancellation Fee Model for Disability Assessments; reviews recent Roster activity; speaks to DAC assessor practice summaries; reviews recent Arbitration Decisions; and responds to questions raised via the DAC Hotline.

DAC COMMITTEE UPDATE

The DAC Committee has undergone a change in membership since the last Communiqué was issued in April, 2000.

Maureen Dwight, Joanne Wilk, Dr. Bruce Makos, Steve Whitelaw, and Greg Somerville have all concluded their three year appointments. The Committee wishes to express its thanks to these members for their years of service and dedication to the DAC system and their hard work on the Committee.

The DAC Committee is pleased to introduce the new members who began their term in August, 2000. The new members include Frank Law, Leonard Bondi, Jeffrey Lear, Dennis Giesbrecht, Dr. Roy Till and Jo-Anne Piccinin. Welcome aboard.

NEW MEDICAL & REHABILITATION ASSESSMENT GUIDELINE

The DAC Committee is pleased to advise that the new Medical/ Rehabilitation Assessment Guideline has been released. The guideline is effective September 15, 2000.

The Guideline establishes the required base criteria for all types of medical and rehabilitation assessments, including the intake process, the assessment itself and reporting the results. The Guideline instructs the Med/Rehab DACs to focus the assessment on the issues in dispute (as identified on the OCF18/59) and not to broaden the scope of the assessment unnecessarily.

For example, a med/rehab assessment on a chiropractic treatment plan should not expand the scope of the assessment to include psychological treatment. DACs are further reminded that there should be no comments regarding disability within a Med/Rehab DAC report.

Med/Rehab Guideline (Continued)

The Guideline also enables a Med/Rehab

DAC to **comment retrospectively** on treatment plans which have either commenced or been completed that remain in dispute. ***This is a change from past DAC practices.*** All parties should be aware that this provision applies **only** to the treatment plans that remain in dispute. Finally, the new Guideline also provides the DAC with an option to conduct a “paper review” when the reasonableness of the “Estimated Cost” of the treatment plan is the only issue in dispute.

All DACs are reminded that these new guidelines should be inserted into your DAC Information Binder and should be reviewed by all administrative and clinical staff who are involved in the assessment process.

CANCELLATION FEES FOR DISABILITY DACS

The DAC Committee established a fee model for disability DAC assessments that are cancelled before the first appointment.

The Fee Schedule was introduced on a six month trial basis in conjunction with enactment of the Disability Guidelines. The DAC Committee is currently monitoring the impact of the model and reviewing any need for amendments.

In order to ensure that feedback on the application of the model is received from all system stakeholders, it is essential that you forward any comments about the model’s application and impact, in writing, to the DAC Committee and ABAU by November 15, 2000.

GENERAL GUIDELINE 5: CONFLICT OF INTEREST AND NEAREST DAC GUIDELINE

The DAC Committee is preparing to introduce General Guideline 5 which will

help to address ongoing questions and concerns over DAC Conflict of Interest Rules and issues involving choosing the nearest DAC.

The Guideline clarifies what constitutes a conflict of interest under the Statutory Accident Benefits Schedule (SABS) and a DAC’s responsibility with respect to declaring the conflicts. It further reiterates that DACs are prohibited from conducting post-treatment and examinations following an assessment.

In order to address issues involving DAC shopping, the Guideline also outlines the responsibilities of a DAC when it receive a referral, yet is not the closest qualified facility to the claimant’s residence.

DAC ASSESSOR PRACTICE SUMMARIES

All DACs are reminded that there have been changes to the requirements for the provision of practice summaries submitted to ABAU for rostered assessors. These changes, introduced with the implementation of Medical/ Rehabilitation DAC Guidelines, now apply to all DAC types.

The new standard requires that all active DAC assessors submit a **typed** DAC Assessor Practice Summary for each member of their teams. The summaries should indicate a **balanced practice** of assessment experience and private practice.

The DAC Committee now requires that DAC Assessor Practice Summaries be updated **every two years**.

DAC Assessor Practice Summaries (Continued)

All DAC facilities should review the sign-off dates on the summaries held in their offices and resubmit those practice summaries which are over two years old. Blank practice summary forms can be

downloaded from FSCO's website and stored electronically for easy access.

FSCO's website is located at:
<www.fsco.gov.on.ca>.

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 1023 Toronto Rehabilitation Institute: Lyndhurst Site and DAC 1045 St. Michael's Hospital have both been put on "temporarily inactive" status while these facilities deal with issues related to hospital restructuring.

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 Decision A97-001864

Decision provides some guidance on the definition of "reasonable expenses" with respect to a medical/rehabilitation claim.

In this decision, Arbitrator Sapin discusses "reasonable expenses" under the SABS. She states that, in determining whether certain medical/rehabilitation expenses incurred on behalf of a claimant were reasonable, she supports the earlier opinion of Senior Arbitrator Rotter.

In an earlier decision, Senior Arbitrator Rotter found that reasonable means "*within the limits of reason; not greatly less or more than might be expected; inexpensive, not extortionate; tolerable; fair*". Senior Arbitrator Rotter added that she would consider treatments with a frequency, duration and cost "*not greatly more or less than might be expected*" to be reasonable."

Arbitration Decision A97-002106

Serious flaws in the DAC process results in Arbitrator ordering a second assessment

In a case where the issue in dispute involved the termination of income replacement benefits, Arbitrator Killoran found that there were such serious flaws with the DAC process that the claimant's benefits should be reinstated until a proper DAC has been conducted.

Arbitration Decisions (Continued)

The case involves a claimant who had been involved in three motor vehicle accidents. The DAC report not only failed to specify which accident they were addressing, but failed to describe or demonstrate that the assessors had an adequate understanding of the claimant's essential duties.

In addition, assessors provided some comments on issues which fell outside of

their area of discipline, resulting in even further confusion as to the assessment results.

The final report in this case failed to provide a concise opinion whether the claimant continued to be disabled and failed to clearly define which accident, which symptoms and ultimately which essential tasks were used to reach the assessment conclusions. The arbitrator ordered benefits reinstated until a proper DAC was conducted.

WE'VE HAD QUESTIONS:

ABAU Review of DAC Assessor Practice Summaries: What does "Supervised" status mean? What does "As Part of a Team" mean?

The ABAU continues to receive inquiries from DACs regarding the standards used in reviewing DAC Assessor Practice Summaries that have been submitted to the ABAU for new assessors.

In some cases, the ABAU will identify a health care professional who may only participate in DAC assessments as **part of a team**. While all assessments employ a particular multi-disciplinary approach, certain professions cannot conduct assessments alone and must be part of a larger team.

The work of a DAC assessor who is listed "as part of a team" is reviewed by the Primary Evaluator to ensure that the work is in compliance with the assessment guidelines and the SABS. It is not necessary that the primary evaluator be an assessor of the same field of practice or discipline.

When an assessor does not have the required experience conducting similar types of assessments (three years for disability assessments and five years for medical/rehabilitation assessments), the ABAU may turn down the assessor or may add the assessor to the roster on a

supervised basis.

Supervised assessors may participate in DAC assessments but they must have their assessment work and subsequent reports reviewed and signed-off by a qualified DAC assessor. The supervisor must be a health care professional of the same practice or discipline and must be either the DAC's primary evaluator or a qualified member of the current DAC assessment team.

Once the supervised assessor obtains the required experience, the supervised restriction may be lifted.

September/October, 2000