

ACCESSING TREATMENT THROUGH INSURANCE



Oatley Vigmond

ONTARIO'S PERSONAL INJURY LAW FIRM

Session Overview

➤ **Accessing Treatment**

- MVA & accident benefits
- Non-auto insurance cases

➤ **The Process to Access Treatment**

➤ **Changing a 'NO' to a 'YES'**

➤ **Practical Implications of the Pain Medicine Assessment**

➤ **Strategies and Opinions to Streamline the Approval Process**

1. Establish that goods & services are “reasonable and necessary”
2. Get to know the decision maker: The Adjuster
3. Best practices

Ways to Access Treatment



MULTIPLE AVENUES TO ACCESS TREATMENT:

1) Other Accidents (i.e. slip and fall, long-term disability, etc.)

- Referral from family doctor
- Referral from occupational therapist or case manager
- Self-referral by patient
 - Patient may complete pre-consult questionnaire. A nurse practitioner will review the intake and refer the patient to the Allevio clinic for an initial consultation.

2) Auto Insurance

- Referral from occupational therapist or case manager
- Referral from family doctor
- Referral from law firm

MULTIPLE AVENUES TO ACCESS TREATMENT:

3) Accessing treatment with Allevio

- According to Allevio – 95%+ of treatment revenue is OHIP-based
- Auto insurance program – HCAI system
- Third party litigation financing through Bridgepoint



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WHAT IS THE PROCESS?





Pre-Accident

- Healthy male in his mid 30's
- Enjoys running and playing hockey
- Employed full time - \$90,000/year
- University degree

Accident

- Injured in a motor vehicle/pedestrian accident
 - Jason was a pedestrian crossing an intersection on a walk signal
 - A vehicle made a left turn and struck Jason in the crosswalk
 - Driver was charged with failing to yield to pedestrian

Post-accident...



Injuries

- Sustained an ankle fracture which required surgery including the insertion of hardware
- Dislocated shoulder
- Hit his head on impact



Post-Accident (6 months)

- Moody, depressed
- Always in pain
- Experiences exhaustion and loss of stamina
- Can no longer run or play sports
- Has not worked since the accident

Jason's Needs (12 months post accident)

- Orthopaedic surgeon and physio for ankle/shoulder
- PSW for housekeeping and personal care
- Recommended psychologist

* Jason requires pain management

How will Jason access treatment?

THE PROCESS

1. Family doctor refers patient to Allevio using referral form

240 Duncan Mill Road, Suite 101
North York, Ontario M3B 3S6
P: 416 840 5990

ALLEVIO
PAIN MANAGEMENT Fax form to: (647) 427-4100

Referral for Dr. _____
 If waitlist is > 3 months, next doctor available

Date: _____ Patient's Name: _____ DOB: _____
Patient's OHIP #: _____ WSIB: _____ M F
Patient's phone #: (Home) _____ (Cell) _____ (Work) _____

Reason for referral – Please select all that apply and print clearly

Back pain Neck pain Radiculopathy Headache Fibromyalgia CRPS/RSD
 Persistent Post-Surgical Pain MVA-related (Lawsuit) Other: MVA + # Rt Ankle surgery
PAW

Specific intervention (for pre-approved providers only): _____

** Allevio physicians will not assume sole responsibility for prescription management, notably controlled substances. Please consider patient expectations prior to referral.

Allevio strives to minimize all wait times, but will prioritize those with potential to recover with aggressive management.

Condition is ... Acute (onset < 3 months) Acute on Chronic Chronic (> 3 months, unlikely resolution)
 Complex (e.g. widespread pain, mood disorder) Cancer-related Palliative

Has the patient been to ER as a result of THIS pain in the past 6 months? No Yes, # times? _____

Is a return to work realistic with better pain control? Retired No Yes Still working

Allied services requested:
Allevio encourages patients to embrace the role of multimodal and multidisciplinary care for complex pain.

Chiropractic Osteopathy Psychotherapy Acupuncture Bracing/Orthotics Training

Please provide us with all pertinent medical records including MRI, CT, X-ray, NCS/EMG, bone scan or lab (CBC, INR, PTT, Cr) reports, relevant consultations or prior treatment, current medical conditions and current medications and allergies.

Please note that the Allevio Pre-Consult Pain Questionnaire (www.allevioclinc.com/referrals) must be completed by the patient and returned before an appointment is set. Incomplete referrals may result in delayed consultation.

Referring Physician (Print name clearly) _____ Referring Physician's Signature _____ OHIP Provider # _____
Referring Physician's Direct Phone: _____ Fax: _____ Email: _____

If applicable, name of hospital and/or pre-approved unit: _____

*We will contact patients directly for appointments. All patients must have a family or referring physician who is willing to collaborate in patient care, including medication refills. Allevio has no impact on referring GP Access Bonus.
Allevio referral form © Allevio Healthcare Inc. November 2016

THE PROCESS

4. A Treatment and Assessment Plan (OCF-18) is prepared in consultation with law firm and treatment team

Additional Comments

Mr. Wilson was involved in a motor vehicle accident on January 14, 2016 when he was struck by a taxi cab while crossing at a crosswalk. He sustained a right ankle fracture and dislocated left shoulder in the accident. He underwent surgery on his injured ankle in January 2016 and again in June 2016.

He reports he still experiences right ankle pain. This pain is described as throbbing, aching, tight, and hot/burning. He reports this pain is brief, intermittent and comes and goes. His pain is aggravated by bending, walking, standing, sitting, and stress.

Overall since the accident his pain has decreased. He rates his pain at its worst a 5 out of 10 and on average it sits at 2 out of 10. He reports to have previously participated in treatments including physio, massage, acupuncture and surgery.

He reports a slight difficulty in dressing himself, getting in and out of bed, walking outdoors on flat ground, climbing up 5 steps, bending to pick up clothing from the floor, and doing chores such as vacuuming. Currently he can manage short walks without difficulty, but longer walks, very occasional short jobs are difficult and he cannot undertake frequent jogging.

He reports the pain affects his mood. He is currently feeling sad/depressed, fatigued, irritable, frustrated, unable to cope and unable to concentrate.

Mr. Wilson completed a Pain Disability index. His scores were as follows:

Physical score 27/90 (items 1-7, 12-13; Score >22/90 is above the normal range)

Psychosocial score 14/60 (Items 8-11, 14-15; Score >15/60 is above normal range)

Total score 41/150 (Score >37/150 is above normal range)

In summary, due to Mr. Wilson's ongoing pain which is having a negative impact on his usual functioning, a Pain Medicine Assessment is recommended to identify the cause of his pain and recommend treatment.

THE PROCESS

Treatment and Assessment Plan for pain management assessment was denied.

We are in receipt of a Treatment and Assessment plan (OCF-18) submitted by Dr. Timothy Huckleberry*, MD dated April 13, 2018 in the amount of \$2354.00 for pain management assessment. Please be advised that we are unable to approve the proposed goods and services for the following reasons:

- To date we have approved up to a maximum of your Medical and Rehabilitation Benefits.

Our medical information indicates that your injuries are subject to \$50,000.00 Medical and Rehabilitation benefit and therefore we are not able to approve further treatment beyond this limitation.

Based on the above rationale, we will not forward payment of the above goods and/or services and the OCF-18 will not be subject to an Examination required by insurer.

**Name has been changed*

But that is not the end of the story....

CHANGING A 'NO' TO A 'YES'



Changing a 'NO' to a 'YES'

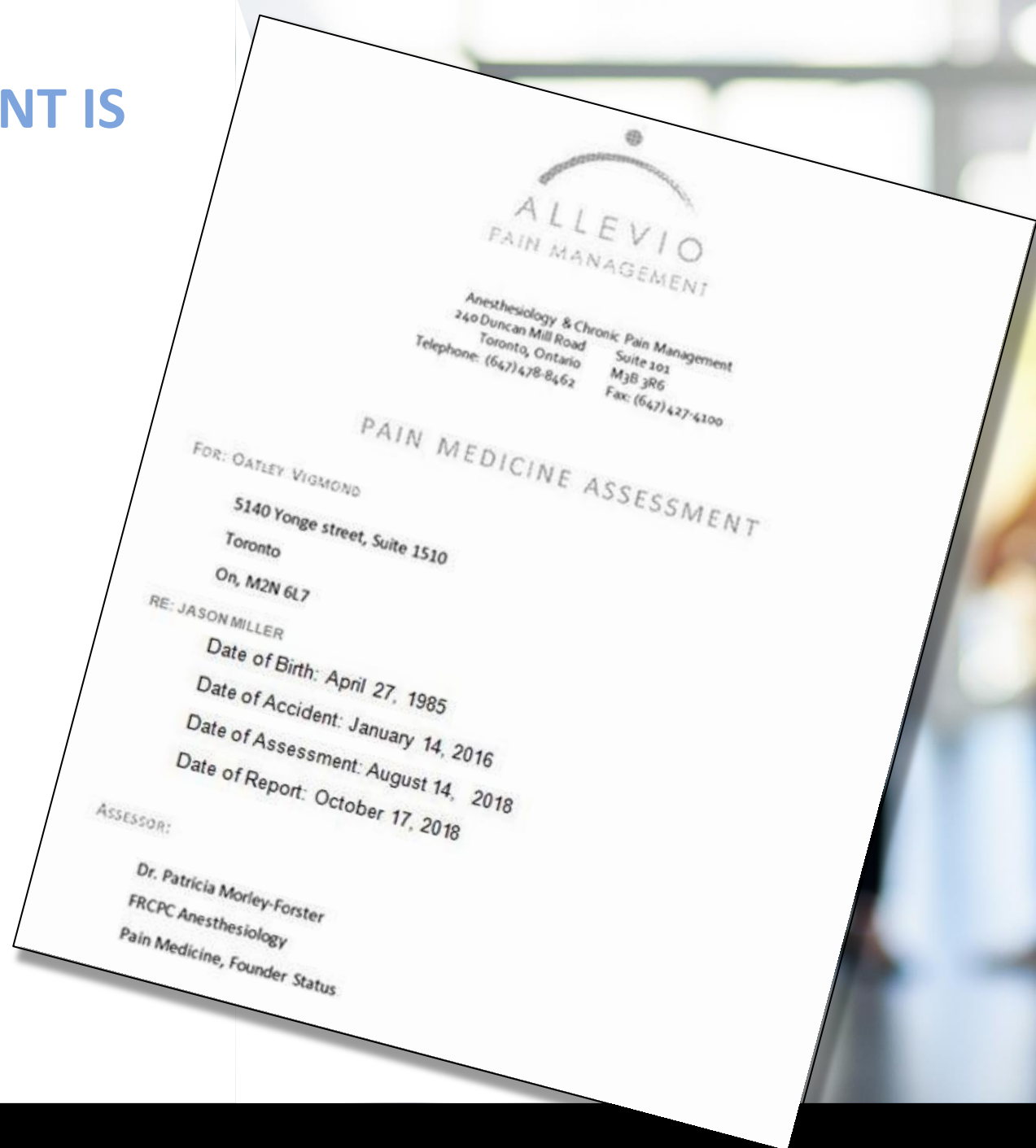
- Allevio involved OV
- Our ABS found some approved treatment which was being underutilized by our client
- ABS followed up with the adjuster to discuss the re-allocation of the med/rehab funds
- Adjuster confirms total treatment (incurred vs. approved)
 - confirms that there is a balance of approved treatment of \$2,800 available to pay for the assessment report of Allevio Pain Management



PAIN MEDICINE ASSESSMENT IS COMPLETED!

Can be used to advocate for:

- Patient medication
- CBD
- Topical pain
- Swimming
- Myofascial release



DIAGNOSES AND DISCUSSION:

1. Chronic post-traumatic pain right ankle post talar fracture sustained in the MVA January 14, 2016. Recent x-ray in 2017 showed evidence of some early arthritis which is one of the anticipated long-term problem; from this type of fracture.
2. Mild reactive depression secondary to chronic pain. There was a period of depression related to the chronic pain, which improved with counselling which ended in August 2017. He still experiences some social isolation and loneliness, as his pain limits socializing at the end of a workday.
3. Mr. Wilson described to me, and to other assessors, a distinct loss of ability to focus on video editing for more than one hour at a time. This could be multifactorial due to fatigue, mild depression, cannabis medication or possible traumatic brain injury (TBI). In my opinion, TBI is low probability. He could be referred for an assessment with a neurologist experienced in dealing with TBI if his cognitive difficulties continue.

TREATMENT RECOMMENDATIONS:

Mr. Wilson is on cannabis oil prescribed by Apollo Applied Research Clinic and has a follow-up appointment with them in approximately March 2019 for follow-up. At the moment, this is helping his sleep and pain; his need for it should be reassessed every 6 months.

I recommended to him a trial of topical diclofenac 1.5% (Pennsaid) for use as a strategy for high level of pain. He could use this topically if his pain gets up to 4 to 5/10. He is limited in oral NSAIDs due to the history of esophageal stricture.

I also recommended swimming regularly twice a week for a minimum of 30 minutes. He has had one supervised pool therapy program, so is familiar with appropriate exercises. Fortunately, he has a warm water pool in his building and states he will undertake this on his own.

Another modality I mentioned to Mr. Wilson is myofascial release treatment. This could be applied by a kinesiologist, massage therapist, or physical trainer with special training in this technique. This would improve flexibility, reduce pain, and would allow him to understand the impact of decreased flexibility in one part of his body on the rest of his body. This modality would need to be covered by insurance; I recommend a 3-month program of two sessions per week.

The prescription for the topical Pennsaid and the myofascial release therapy could be provided by Dr. Landry, his family doctor.

Yours sincerely,



Patricia Morley-Forster, MD, FRCPC
Anesthesiology & Pain Medicine, Fomider Status

PRACTICAL IMPLICATIONS OF THE PAIN MEDICINE ASSESSMENT





Practical Implications of the Pain Medicine Assessment

- New treatment modalities
 - Recovery
 - Pain management
- Treatment financing
- Increased exposure for future care costs
- Could factor into Catastrophic Impairment Determination

STRATEGIES AND OPINIONS TO STREAMLINE THE APPROVAL PROCESS





ESTABLISH THAT GOODS & SERVICES ARE “REASONABLE AND NECESSARY”

The policy will pay for Medical, Rehabilitation, and Attendant Care services that are supported, well documented, and considered to be reasonable and necessary for purpose of reducing or eliminating impairment.

GET TO KNOW THE DECISION MAKER: THE ADJUSTER

1. Training and Experience
2. The Adjuster's Environment



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GET TO KNOW THE DECISION MAKER: THE ADJUSTER

Training and experience

- Various levels of education and experience
- Many CIP/FCIP professionals
- Claims Adjusters typically focus on developing expertise within a particular line of insurance including mediation and litigation
- Membership in the Insurance Institute of Ontario and the Ontario Adjuster's Association.
- In-house education forums





Adjusters work in a high-pressure environment

- Number of claim files can vary depending upon the complexity of the claim.
- Audits for compliance with FSCO regulations and company procedures.
- Special projects such as settlement harvests, reserve reviews.
- Adjuster's might not always agree with company, FSCO or HCAI mandated procedures but non-compliance can lead to performance rating issues.

BEST PRACTICES

- Communicate and educate
- Tell the person's story
- Rationale
- Establishing relationships
- Empowerment
- BE PROACTIVE!



BEING PROACTIVE MEANS...

- Foresee problems and be prepared
- Be specific, give examples, collaborate
- Be persuasive and detailed in your rationale
- Get physician / specialist support
- Speak the language – reasonable, necessary, essential
- Communicate with adjusters before or once OCF-18s are submitted
- Engage legal counsel – tag team

