



## Report of the Professional Issues Forum on **Navigating Third Party Funders- Solutions that Work!** Victoria, BC CAOT Conference 2013

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### **Introduction**

The issue of extended health funding by third party payers has been part of CAOT's strategic planning in recent years. CAOT had developed an advocacy campaign to assist occupational therapists and members of the public to "ask for it" when it came to funding from private insurers. CAOT assisted by creating a number of resources aimed at asking for funding to enable access to occupational therapy services across Canada.

The 2013 Professional Issue Forum focused on establishing a better understanding of the issues and challenges associated with third party funding for occupational therapy services, exploring existing coverage and their offerings from an insurer's perspective and strategize how occupational therapists can access and advocate for funding.

### **Initiative**

To explore the current environment and opportunities for occupational therapy services to be included in extended health benefits and be covered by insurance providers across Canada.

### **Rationale for Implementing Initiative**

With the changing and aging demographics of the Canadian population which will raise the demands on the health care system, and the difficulty being experienced in the health care system to meet the current needs of the population, it can be predicted that fewer publically funded services will be available to Canadians in the near future (Lewis, 2011).

According to the Canadian Institute of Health Information (CIHI), 13 040 active occupational therapists were registered and employed in Canada in 2010 with approximately twenty percent receiving funding from the private sector or individual clients (CIHI, 2011). With predicted restrictions in publically funded health care services, the number of occupational therapists working within private practice can be expected to increase. However, access to occupational therapy services is closely linked to payment mechanisms. When occupational therapy services are accessed outside the public health system (i.e., hospitals or community care centres), services must be paid directly by the client either through an extended health insurance plan or from their own resources. Various funding and cost-control mechanisms in Canada have a powerful impact on occupational therapy practice in Canada (Jongbloed & Wendland, 2002). This initiative will explore the avenues in which occupational therapists can advocate on behalf

of their clients to identify the services that can be covered by extended health benefits and how existing benefits may correspond to the realm of occupational therapy services.

### **Occupational therapists perspective**

In a survey of occupational therapists working in private practice across Canada, it was reported that one of the biggest gaps in private practice was access to private insurance coverage (C. Comtois, personal communication, June 27, 2012). The respondents identified that their concerns include the lack of understanding of the benefit of occupational therapy by the general public that in turn impacts available funding through extended health benefit plans. Some respondents stated that clients are not able to or do not want to pay privately for occupational therapy if the service is not covered by their insurance companies.

### **Insurance provider perspective**

A review of insurance providers conducted by the Canadian Association of Occupational Therapists (CAOT) in 2010 revealed a lack of access to occupational therapy despite specific services, most appropriately provided by occupational therapists, being covered. For example, many extended health benefit plans cover aids for daily living or wheelchair prescriptions yet services provided by occupational therapists are not considered for reimbursement. Coverage of occupational therapy services are occasionally partially paid through non-occupational therapy claims such as part of rehabilitation or the necessity of a medical device.

Occupational therapy is often not included in individual or group health benefit packages of insurance companies. Some insurance providers report that occupational therapy is not included because many of the lists of authorized health professions were created before the profession was fully regulated across Canada. Furthermore, various health insurance providers informed CAOT that a lack of demand for the profession by purchasers of insurance packages determined that occupational therapy services would not be covered by health plan providers.

### **Recent activities**

During OT Month 2012, CAOT launched an extensive campaign to raise the awareness of the profession with individuals and employers with extended health benefit plans and the general public. The Ask for it! campaign included billboards in major cities across Canada, bus ads in Ottawa, Ontario, and CAOT members received a free poster and bumper sticker, all with the message that 'occupational therapy works...ask for it!' There were downloadable resources available on the CAOT website, both for CAOT members and for the general public. These initiatives were a first step in raising the public profile of occupational therapy.

### **Purpose:**

- To understand the existing health benefit coverage and determine how occupational therapists can access them.

- The development of a plan for occupational therapists to better advocate for the inclusion of their services in extended health benefit plans with insurance providers across Canada.
- To assist members to strategize access for existing funding and advocate for extended insurance coverage.

### **About the Organizers:**

Giovanna Boniface, B.Sc. (Bio), B.Sc. (OT) is the Managing Director of CAOT-British Columbia Chapter. She is also a University of British Columbia Master of Rehabilitation Science student. Giovanna can be reached at [gboniface@caot.ca](mailto:gboniface@caot.ca).

### **Facilitator:**

Salim Janmohamed is an occupational therapist and Managing Director for Community Therapists, a community-based interdisciplinary private practice located in Burnaby, British Columbia.

### **Panelists:**

Rob Chiarello is the Director of Claims Services for Pacific Blue Cross.

Steven Comberbach is the Manager Claims Operations Rehab Services for the Insurance Corporation of British Columbia.

Tricia Earl is an occupational therapist and Regional Manager for occupational therapy for CBI Health Group.

Andrew Montgomerie is the Director of Health Care Services for WorksafeBC.

Gerry Price lives with spinal cord injury and represented the client perspective on the panel.

### **Summary of Panel Presentations**

#### **The client and the occupational therapist**

The occupational therapist, Tricia Earl, and the client, Gerry, highlighted the impact occupational therapy has had on the client's abilities to participate and engage in meaningful occupations throughout the various phases of his recovery. The client was involved in a work-related accident almost 20 years ago, which left him with a spinal cord injury and quadriplegia. Occupational therapists have been essential in enabling him to complete the activities that he needs and wants to do, ranging from self-care tasks, to productivity and more recently, leisure activities. Occupational therapists helped Gerry modify his independence with bathing, grocery shopping and even riding a bike and fishing. Without funding from workers' compensation, Gerry stated he would not have been able to adapt to his environment and participate in

meaningful occupations; most importantly, he would not have recovered physically and mentally.

### **Personal extended health insurer**

The personal extended health insurance representative, Rob Chiarello of Pacific Blue Cross, described the available levels of insurance coverage and the services that are included as part of each level. Professions recognized by the Canada Revenue Agency (CRA), including occupational therapy, can be offered as part of health insurance plans, however, it is up to the insurance purchaser (e.g., employer, union) to decide on the services that are included in the extended health insurance plan. The presenter identified that extended health insurers have observed a trend among employers to limit services that are offered in plans due to the need to manage costs. The high cost of prescription drugs was cited as one of the factors contributing to the reduction or even removal of other services from an extended health plan. Extended health insurers are seeing a trend of employers and individuals opting for a 'health spending account,' which allows each recipient to access all CRA recognized professions as part of their insurance coverage plan and self-determine the ones they would like to access within the allocated limits. This trend would allow recipients to have a freedom of choice and personalized coverage for their selected services.

### **Auto insurer**

The auto insurance representative, Steven Comberbach, highlighted his ongoing relationship with occupational therapists and discussed the role of the profession in assessing clients upon discharge from hospital, in modifying clients' homes and vehicles, and in working collaboratively to assist clients to return to work. Occupational therapists are integral to the auto insurer as they focus on return to occupations, thus achieving the best possible outcomes for their shared clients.

### **Workers' compensation**

The workers' compensation speaker was Andrew Montgomerie of WorksafeBC. The mandate of workers' compensation is to promote prevention of workplace injury and to rehabilitate those who are injured, with provision of a timely return to work. Occupational therapists are involved with workers' compensation claims, which often require assistive technology, time-sensitive assessments, as well as home and vehicle modifications. Occupational therapists are fundamental partners to workers' compensation funders since they provide services to all stakeholders, and ensure a holistic approach to clients in their facilitation and adaptation of home and work environments.

### **Summary of Roundtable Discussion**

Roundtable participants were asked to discuss and document responses to the following questions.

#### **Question 1**

Please discuss your initial comments/feedback for the actions CAOT should take related to the issue of occupational therapy and third party funding.

Participant responses included:

- Branch out “Ask for it” – what are we marketing and how
- Education to members about third party funding
- Education and marketing to the public
- Targeting other groups of professionals (for example: teachers, counsellors, ...)
- Negotiating with unions
- Create fact sheets targeted to different audiences
- Engage occupational therapists in local areas to raise public awareness
- Use social media to increase awareness of occupational therapy
- Create an app
- Work with third party funders to understand what consumers are asking for and under which plan

## Question 2

Please discuss:

a) Your current actions related to occupational therapy and third party funding:

Participant responses included:

- Home assessment/treatment
- Hand therapy assessment and treatment
- TBI community services
- Traumatic psychological services
- Complex injury/pain
- Cognitive rehab/Cognitive FCE-functional capacity evaluation/ Cognitive JDA-job demands analysis
- Mental health
- PGAP (Progressive Goal Attainment Program)
- Hospital discharge
- Driving assessment
- Vehicle modifications
- Who we work for: Aboriginal council, WCB, ICBC, long term disability providers, social service agencies

b) Potential actions for individual occupational therapists and/or private practices in relation to third party funding:

Participant responses included:

- Provision of quality care and services
- Involvement in community boards to increase awareness of occupational therapy

- Involvement in roles such as case managers to increase awareness of occupational therapy
- Provision of education regarding specific skills and specialized training of occupational therapists to third party payers, general practitioners, public and, employers
- Provision of education about how occupational therapists can contribute to reduced dependence on pain medications (pain management)

c) Potential growth for occupational therapy with respect to third party funding:

Participant responses included:

- Mental health
- Pain management (to reduce prescription drug costs)
- Return to work
- Chronic disease management
- Prevention/health living

d) Potential strategies for CAOT to foster the growth of occupational therapy within the context of third party funding:

Participant responses included:

- Customer/stakeholder seminars and education (family doctors, consumers, employers, unions, Ministry of Health)
- Evidence for cost effectiveness of occupational therapy interventions
- Concrete information for insurers to “Ask for It”- fact sheets (national and provincial)
- Highlight how occupational therapy can meet the needs of stakeholders
- Continuing education of how to write and respond to Request for Proposals

### **Question 3**

From a third party insurance perspective, what steps do you think would help foster the growth of occupational therapy:

Participant responses included:

- Education from third party payers for physicians, clients and employers.
- Marketing of occupational therapy
- Support for applying or completing Request for Proposals
- More occupational therapists working in third party funding.
- Identify the influencers on health care plans

### **Question 4**

Ideally, what tools and/or strategies would you benefit from in order to support your practice in the third party insurer system (e.g. handouts, letters, fact sheets etc):

Participant responses included:

- Material to be sent to unions/representatives/employer groups who negotiate benefit plans.
- Engaging universities for research on funding models used in private practice
- Perform a cost-benefit analysis
- Categorize evidence according to areas of practice
- Work with CMHC and identify grants that help keep clients in their homes
- Explore the flexible Health Account model
- Identify the evidence of the impact of occupational therapy on fiscal measures.
- Target the retired workers and consumers
- Target prevention and reduction of medication (ex. Role of occupational therapists in pain management).
- Fact sheets on the CAOT website

## Summary

Attendees were asked to reflect on the actions and strategies CAOT and occupational therapists should take in relation to the issue of third party funding. They were also asked to discuss the role third party payers should take to foster the growth of the profession. Attendees underlined the importance of advocating about the role of occupational therapists with different stakeholders including union representatives, consumers, and other professionals such as family doctors, employers, unions and teachers. Advocacy strategies should include facts about the benefits and cost effectiveness of occupational therapy, as well as the role of occupational therapists in key areas including chronic pain management, mental health and return to work programs.

## Recommendations

This forum provided an opportunity to discuss promising and leading practices which support excellence in the delivery of occupational therapy to individuals living with dementia and their family members, to understand which tools, strategies, partnerships and models of care would be most helpful in building occupational therapist's capacity in this area of practice and to inventory opportunities for occupational therapy engagement in the development of more effective, interprofessional, person-centred policy and practice. However, there is much more action required to support occupational therapists to advance practices in dementia care. In particular there are a number of knowledge translation strategies that could be implemented to provide platforms for exchange of information and best practice, stimulate dialogue and to foster excellence in the delivery of occupational therapy to individuals living with dementia and their family members. CAOT can play a vital role by supporting a community of practice, web portal/platform, possible publication and on-going advocacy work to promote the role of occupational therapy to people living with dementia.

## Appendix A

Resources available on the CAOT website – Advocacy forms/Letters/Resources

CAOT Fact Sheet: The occupational therapy advantage on your extended health care insurance plan - <https://www.caot.ca/default.asp?pageID=3764>

CAOT Summary Extended Health Insurance Lobby - <http://www.caot.ca/default.asp?pageid=59>

CAOT Ask for It Fact Sheets <http://www.caot.ca/default.asp?pageid=311>

CAOT Ask for It Letter Templates <http://www.caot.ca/default.asp?pageid=4197>

CAOT OT Month Resources - <http://www.caot.ca/default.asp?pageid=1512>

Beshay, MC., Boniface, G. (2013). CAOT Professional Issue Forum, Navigating third party payers: Solutions that Work! Ottawa, ON: CAOT Publications ACE

Rexe, K., McGibbon, B., von Zweck, C. (2012). Occupational Therapy in Canada: Economic evidence of the benefits of occupational therapy. Ottawa, On: CAOT Publications ACE - <http://www.caot.ca/Nick/CAOT%20Cost%20Effectiveness%20of%20Occupational%20Therapy.pdf>

Occupational Therapy: Cost-effective solutions for changing health system need (article submitted to Healthcare Quarterly, 2013) - <http://www.caot.ca/Nick/Healthcare.pdf>

Occupational Therapists: An Environmental Scan of the Economic Literature (David MacDonald, 2006) - <http://www.caot.ca/Nick/OT-Enviro%20DMac.pdf>

## Appendix B:

Power Point presentation - [http://www.caot.ca/pdfs/pif/ehi\\_pif.pdf](http://www.caot.ca/pdfs/pif/ehi_pif.pdf)

**(Nos excuses. Les ressources ne sont pas disponibles présentement pour traduction.)**