



Canadian Life & Health  
Insurance Association  
Association canadienne des  
compagnies d'assurances  
de personnes

Submission to the  
**ROYAL COLLEGE OF DENTAL SURGEONS  
OF ONTARIO ON STANDARD OF  
PRACTICE – VIRTUAL CARE**

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August 11, 2023





## OVERVIEW

The CLHIA is the national trade association for life and health insurers in Canada. Our members account for 99 per cent of Canada’s life and health insurance business. The industry provides a wide range of financial security products such as life insurance, annuities, and supplementary health insurance. Canadian life insurers operate in more than 20 countries and three of our members rank among the top 15 largest life insurers in the world by market capitalization.



### Protecting 11.1 million Ontarians

10.2 million with drug, dental and other health benefits

8.4 million with life insurance averaging \$252,000 per insured

5 million with disability income protection



### \$50.4 billion in payments to Ontarians

\$27.8 billion in annuities

\$16.6 billion in health and disability claims

\$6 billion in life insurance policies

## INTRODUCTION

Life and health insurers play a key role in providing benefit plans to Ontarians, typically through the employer. In 2021, the industry paid out \$4.2 billion in benefits while providing dental coverage to 9.2 million Ontarians. Our industry plays a significant role in ensuring dental claims are paid timely and appropriately, thereby assuring plan sustainability for the employer and employees. It is with this context in mind that we appreciate the opportunity to provide some comments regarding the proposed virtual care standard of practice for your consideration.

## IDENTIFICATION OF WHAT TREATMENT CAN BE PROVIDED VIRTUALLY

We recommend that the standard identify the type of treatment that can and cannot be provided virtually. This needs to be very specific. For instance, if emergency examinations may be done virtually, what steps must the dentist take to carry out the examination?

It is understood that colleges have moved away from being prescriptive, but this particular area, the provision of virtual healthcare, is one where more definition and transparency may be needed in order to ensure that care is provided to the level required. This would also be helpful to Ontarians who are seeking or have received virtual dental services to understand what can and cannot be done.

We note that the draft is called a ‘Standard of Practice’ however the content frequently refers to ‘standards of care, and ‘dental care’, specifically meeting the standards of care and all relevant obligations. It appears that the terms are being used interchangeably. Our understanding is that the standard of practice must rise to the level of care required for a given activity. The standard would be clearer if there was a distinction made between these terms.



Page two makes reference to ‘competence’ but again it is unclear exactly what competencies the dentist must have, beyond competence with the relevant technology, in order to provide virtual care.

## DOCUMENTATION OF DENTAL SERVICES

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In the standard, it is clear that dentists must document when services are provided virtually, and we fully support this requirement. Insurers interpret dental treatment through the submission of codes on claim forms and pay accordingly. Today, there is no method for the dentist to indicate that the treatment was provided virtually.

We understand that claims and codes are not the responsibility of RCDSO. That said, we would recommend that a request be made by RCDSO to the Canadian Dental Association (CDA) to consider including some type of identifier within the claim transaction so that insurers can adjudicate claims with all relevant information. Without this, dentists may see more follow-up on claims in order to validate whether treatment was virtual or in person. As an example, non-emergency treatment delivered by a dentist in Ontario to a patient residing outside Ontario.

In our view, it would be problematic if the following situation is seen multiple times: the dentist sees a patient virtually, only to refer that patient to be seen in-person at the office, where the same or similar fee is billed again. We would recommend that the standard address this.

## INAPPROPRIATE OR FRAUDULENT VIRTUAL DENTAL CLAIMS

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This standard could increase the prospects of inappropriate or fraudulent virtual dental claims. Because the document is vague on what can be done in a virtual setting, there could be services delivered that should best be carried out in a dental clinic.

The standard does have a section where identity must be confirmed, both identity of the patient and the dentist. From our perspective, virtual care could increase the probability that services may be delivered to a patient without a dental plan, but actually billed to a patient with a plan, especially where the patient is not known to the dentist.

We suggest that the standard be expanded to include a section that will clearly address the ‘know your patient’ perspective that will do more to ensure fraud is limited – including authenticating the identity of patients when providing virtual services.

The standard should include a section that clearly specifies how consent is obtained and recorded by the dentist.



## CONCLUSION

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We appreciate the opportunity to share our input as you consider this standard of practice. Please do not hesitate to reach out to [jweir@clhia.ca](mailto:jweir@clhia.ca) with any questions or feedback you may have.



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