

Canadian Life & Health Insurance Association

Association canadienne des compagnies d'assurances de personnes

Submission to the COLLEGE OF PHYSIOTHERAPISTS OF ALBERTA

November 15, 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.

INTRODUCTION

Life and health insurers play a key role in providing benefit plans to Albertans, typically through the employer. In 2022, the industry provided supplementary health insurance coverage to 3.2 million Albertans and paid out over \$ 120 million in benefits for physiotherapy coverage in the province. Our industry plays a significant role in ensuring physiotherapy 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 standards of practice for physiotherapists in Alberta for your consideration.

ADVERTISING AND MARKETING

Page 5 lists examples of incentives or other inducements. We recommend including a bullet that says that loyalty points should not be offered with purchase or accepted as payment.

DOCUMENTATION

We suggest a requirement to indicate if the treatment was provided virtually and if it was provided in a group setting in the details of clinical care. The indication that the treatment was provided virtually should be included in the physiotherapist's records, client invoices and receipts.

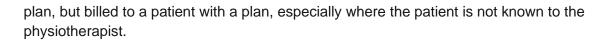
VIRTUAL CARE

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, on page 37, there are five bullets to be considered when assessing the appropriateness of virtual care, implying the appropriateness is at the physiotherapist's discretion and there are no limitations as to what cannot be done virtually.

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 Albertans who are seeking or have received virtual physiotherapy services to understand what can and cannot be done.

We recommend that the virtual care section of the standard has a section where identity must be confirmed, both identity of the patient and the physiotherapist. From our perspective, virtual care could increase the probability that services may be delivered to a patient without an extended health benefit





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.

CONCLUSION

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



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