



# THE EVALUATOR

CANADIAN SOCIETY OF CHIROPRACTIC EVALUATORS

## THIS EDITION

HOLIDAY EDITION 2004 VOL 7 ISSUE 3

p2

PRESIDENT'S REPORT  
Dr. David Dos Santos

p3

2005 CSCE & CMCC  
Conference

p3-5

Privacy Requirements  
& Policies for Health  
Practitioners

p5-6

POC Results Favorable  
for Chiropractors

WISHING CSCE MEMBERS & THEIR  
FAMILIES A HAPPY AND HEALTHY  
HOLIDAY SEASON

## PRESIDENT'S REPORT

DR. DAVID DOS SANTOS

I trust that you have all had a great 2004. Since my last communication, your Board has been continuing to work on several fronts. The new Desktop Reference Manual and Directory of Members is targeted for completion before the next Annual General Meeting. I strongly encourage all CSCE members to contact Dr. Tom Dormon, chair of the membership committee to ensure that relevant practice information is correct for inclusion in the new manual.

The Standards and Guidelines committee is in the process of completing an updated version of the manual. Sections that will be updated include consent, and code of conduct. A new section on privacy will be added, further to the implementation of new federal privacy legislation in January 2004.

CSCE has completed a written mandate for Provincial liaisons. This will be mailed out shortly to all CSCE members outside the Province of Ontario, and will also be made available on our website [www.thecsce.ca](http://www.thecsce.ca). At this time I am asking all CSCE members in other provinces to help in fulfilling our national mandate. Your Board of Directors will attempt to provide you with whatever assistance that you may require in addressing local concerns, challenges and opportunities.

In April 2004 the Ontario Government charged the Ministry of Finance with replacing the Designated Assessment Centres. A proposal for an "Expert Assessor Network" was released for public comment. Stakeholders were overwhelmingly negative towards this proposal. CSCE made a submission with similar critical appraisal. At this point there is no new information as to the status of the neutral assessment process in Ontario. We do know that legislative and regulatory changes to auto insurance implemented last year have achieved significant cost savings for the insurance industry. At this point, the direction the Ontario Government is heading on this issue is not clear, but the value of key components of the current system is being reinforced to decision makers.

CSCE is encouraging the Ontario Workplace Safety and Insurance Board to include the participation of chiropractors in the Regional Evaluation Centre (REC) system, which is mandated to provide hospital-based Multi-Disciplinary Health Care Assessments (MDHCA). We have received feedback from WSIB that they have initiated a review of the REC system. While they feel that the current system has served them well, they have indicated that there may be opportunities to enhance the program to better meet the needs of injured workers and the health care community. They have assured us that as the work in this area progresses in 2005, CSCE will have the opportunity to present our perspective.

Next year's annual conference is in the planning stages with a working title of "The Injured Worker: Current concepts in Treatment and Management" This will be a multidisciplinary conference which is tentatively scheduled for April 23, 2005 at the new campus of CMCC. Once again we will be working with CMCC to jointly present an outstanding lineup of presentations.

I would like to thank all our Board and Committee Members for their continued support and efforts. I hope that all members will continue their support for CSCE. We feel that the organization fulfills an important role in helping regulators, insurers and members of the legal community understand the importance of using chiropractors for third party evaluations.

Sincerely,

Dr. D. Dos Santos  
B.Sc., D.C., FCCRS(C), FCCO(C)  
CSCE President

Canadian Society of  
Chiropractic Evaluators &

Canadian Memorial  
Chiropractic College  
presents

CURRENT CONCEPTS IN TREATMENT  
AND MANAGEMENT

## THE INJURED WORKER

APRIL 23, 2005



Conference will be held at  
CMCC

## Privacy Requirements and Policies for Health Practitioners

The following provides some practical suggestions for helping CSCE members and their organizations develop a privacy policy in keeping with the Personal Information Protection and Electronic Documents Act (Pipeda). The information provided is certainly not an exhaustive review of the legislation, but is intended as a summary of key points. The following is not intended to provide legal advice.

Pipeda applies only to personal information, which means information about an identifiable individual. Anonymous information, which cannot be linked to an individual, is not personal information. Personal information would usually include information about health, personal characteristics and family circumstances. It is required of the organization that reasonable measures be taken to ensure accuracy of information collected. Finally, information does not have to be recorded to be considered personal.

There are six general areas that health care providers must cover in the development of a policy in keeping with the requirements of Pipeda. These are as follows:

1. **Designating an Organization's Information Officer**
2. **Information and Activities Covered by the Privacy Plan**
3. **Collecting Personal Information**
4. **Safeguards, Retention and Destruction**
5. **Access, Corrections, Complaints and Openness, and**
6. **Implementation of the Privacy Plan**

## 1. Designation of an Information Officer for an Organization

An organization can be:

- a single individual
- partnership
- corporation
- an association of individuals, partnerships
- and/or corporations

In accordance with PIPEDA, each organization must designate an individual (or individuals) accountable for compliance with privacy legislation obligations. The designated person need not be an employee of the organization. The responsibilities of this 'Privacy Officer' include the following:

- review the collection, use and disclosure of personal information
- implement procedures to protect personal information
- act as contact for client or public inquiries about information handling
- establish and operate complaints procedure
- train and update staff on Information Privacy Policy
- monitor compliance
- publish the organization's information handling policies

## 2. Information and Activities Covered by the Privacy Plan:

- Commercial Activities
- Inventory of Personal Information Collected

## 3. Collecting Personal Information

The organization needs to be able to justify why it needs the information collected and have authority to collect it. The organization must identify the following:

- purposes for which the information is collected
- whether the collection could be limited by what authority is the information collected (consent)

The form of consent can vary, although express consent, particularly in written form, may be preferred when considering the following:

- the sensitivity of the information (eg. health and financial information)

- reasonable expectations of the individual, and
- the context (eg. Written consent is difficult to obtain over the phone)

Consent can always be withdrawn.

The exceptions to obtaining informed consent include the following:

- where collection is clearly in the interests of the individual and the consent cannot be
- obtained in a timely manner (eg. medical emergency)
- to investigate breach of Canadian law or agreement
- for solely journalistic, artistic or literary purposes
- publicly available information specified in regulation (eg. phone and professional directory)

The collection of information can be divided into primary and secondary purposes. For a health care provider, the primary purpose for collecting personal information about a client is to provide goods and services to the client. A secondary primary purpose might be to obtain a baseline of health and social information to that changes that are occurring can be identified in order to provide ongoing health services.

## 4. Safeguards, Retention and Destruction

Organizations are required to take appropriate measures to safeguard personal information from unauthorized access, disclosure, use or tampering. The organization is required to have a retention and destruction policy. The information should not be kept for a longer period than is reasonably necessary, as this may provide greater opportunity for the information to be misused or misappropriated. The destruction of personal information must be done in a secure fashion, and organizations can have different retention periods for different categories of personal information.

## 5. Access, Correction, Complaints and Openness

Individuals have the right, with rare exceptions, to access the personal information about themselves held by the organization and what the organization has done with it.

The organization must assist the requester, if asked to do so. The organization can charge a minimal cost, as long as the individual is notified in advance and the request is not withdrawn. The organization must respond within 30 days. The identity of the individual requesting the information should be confirmed before disclosure, and that information can be understood by the individual making the request. Access relates not just to the personal information held, but also how the organization has used and disclosed it.

The organization can refuse a request where the information reveals information about a third party where the information about the third party cannot be severed, the third party does not consent or an individual's life, health or safety is threatened. Other reasons for refusing a request is where the information is protected by solicitor and client privilege, would reveal confidential commercial information, could reasonably be expected to threaten the life or security of another individual, or the information was generated through a formal dispute resolution process (eg. Professional complaints procedure, ADR). Reasons should be given for a refusal (except for a refusal on law enforcement grounds). Even if the organization refuses the request, it cannot destroy the information until the individual has had a chance to challenge the refusal.

The individual has the right to request a correction of erroneous personal information held by the organization. If the organization agrees that an error has been made, it must correct the information and, where appropriate, notify any third parties who have received the wrong information of the correction.

Where the individual and the organization cannot agree, the disagreement must be noted in the file. All organizations are required to develop an internal complaints system and make the system, along with external recourses publicly available. The internal complaints system must include the following: a designated individual to ensure prompt investigation and response to all complaints, easily accessible and simple to use complaints procedure, the ability for the organization to respond appropriately to complaints that are justified, notifying the public of external recourses.

All organizations are required to make their personal information Privacy Policy available to the public. The privacy policy must be generally understandable. A large organization might have three documents including a brochure summarizing the privacy policy, comprehensive privacy policy document, and internal operational guide. A small organization might simply use one Privacy Policy document.

## 6. Implementing the Privacy Plan

Implementation of the Privacy Plan will have two stages. The first one is to complete a review of the handling of personal information and prepare and roll out the Privacy Policy. The second stage is to periodically monitor, review and update the Privacy Policy. At a minimum there should be an annual review of the Privacy Policy.

## Program of Care (POC) Results Favorable for Chiropractors

Dr. Moez Rajwani

A Program of Care (POC) is an evidence-based health care delivery plan that describes treatments shown to be effective for a specific injury/illness.

In Ontario, the Work Place and Safety and Insurance Board introduced the POC for Acute Low Back Pain in November 2002. The program was based on best evidence which was determined through an extensive review of the literature by a panel of experts including chiropractors. The program also changed billing practices to a 'block fee' instead of the fee for service.



In June 2004, the WSIB completed an evaluation of the program for workers treated from January 2003 to December 2003. The entire evaluation report can be found on [www.wsib.on.ca](http://www.wsib.on.ca).

Almost 2000 workers in Ontario that participated in the POC were seen by chiropractors. The outcomes for chiropractic patients were positive compared to other health care providers including physiotherapists. The Numeric Pain Rating scales showed a reduction of 3.9 compared to 2.9 for physiotherapist's patients (clinical significance is a reduction 2). Actual days lost was 9 days compared to 20 days for physiotherapy patients. Although the fee structure allowed for increase payments to health care providers, overall the POC has reduced the overall costs for the WSIB.



This health care delivery model which includes best evidence, multidisciplinary collaboration from design to implementation has shown to have satisfaction with all stake holders (employers, patients, WSIB and health care providers). The board continues to introduce new POC's including in 2005 programs for upper extremities and persistent back pain. Both of these models have followed the same approach and presently have chiropractors who are actively part of the process. The importance of the chiropractor's role in occupational health has been demonstrated as the evaluation speaks for itself.

---