

**Name****Department****Role**

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights



Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

Interview									
What are the requirements to apply for the CPPD program?	CPPD is a statutory program with legislative requirements	High bar eligibility requirements	Disable person means that they have a severe or prolonged disability	The person is not able to work	Must have contributed to the CPP for enough years	According to you, how should the designed policies be implemented in the CPP-D program?	The policies go through a very long process	There's a gap when trying to put things on the floor	Shorten the transmission lines between policy and services
Provide medical evidence for the disability	There is a 15 pages application kit (used to be 25 pages)	Doctor/Nurse fill out the medical report			In order to execute changes, how are the departments and stakeholders communicating with one another?	There's mixed communication between stakeholders	There's a stakeholder roundtable (mix of clients and industry stakeholders)	Take inputs from clients through surveys	Transmission times: How long it takes and how easy it is to transmit ideas to the policy centre for implementation
About the functional capacity, is it self-assessment or does it have a formal verification?	The additional functional capacity self-assessment was introduced in 2018	Used when a medical adjudicator has to do a person centred analysis			The communication is made after the policy is fully made?	CRA usually doesn't talk about policy changes until they are fully baked			
Is it pushing paper thing or is it there actual weight given to it?	Decision-makers (MAs) receive training	Some MAs consider the functional capacity, others ignore it			A questionnaire was added to the application process in 2018, how is that helpful for the decision makers?	Gives the client more voice	The application was much longer before	The application was not client-focused, it was more focused on the doctor's decision	
Is there any kind of evaluation?	Medical Adjudicator Quality Assurance Program	Defined by legislation	Legislation is obscured and not client-centred	Legislation is out of date	Legislation is not inclusive	Was this questionnaire piloted? What was the client's reaction to the questionnaire?	No, but it had focus groups	Feedback was pretty good	
On what basis were the eligibility criteria defined for the CPPD program for the applicants?		A lot of clients don't understand the eligibility criteria	The program is very complex	The program is hard to communicate	It has to have a better understanding about mental health	In your opinion, if you could change one thing in the process, what would that be? And why?	Take it away from the Province and Territories (PTS)	Move to an attestation-based approach	Remove the MA from the reassessment and use 3 doctors to say that the person is qualified
Why the legislation has not changed?	The program is not just a statutory program	It is an unusual program in a federation system	It is very difficult to change the direction of the program	Largest funding program of Canada	Very difficult to include more people	MA should focus on the client, but it is paperwork	"I don't think MAs are the right people to make decision"	MA should not be part of the reassessment process	There is a contradiction between decision MAs are taking
Are there any inconsistencies that you see in the application process?	The application kit was redesigned in 2018 (it was very long before)	The problem is again to explain something complex	The reasons why questions are asked are not clear	How ESDC communicate is inconsistent and challenging	How clients understand is very inconsistent	They are running a pilot to remove MAs from the process			
Is it the process more strict than necessary?	Medical professionals have no idea what are the requirements	MP don't understand the program	The inconsistencies is the reason why they are a lot of denials at the front end						
Who is more likely to be denied by disability type?	Pain-based	Some MAs are more strict than others	It has bias	MA also want to be productive (due to metrics)					
How frequent are the changes made in the process?	Legislative, every 3 years the program can be changed	Regulations can change every year	Polices changes can be made very quickly (in theory)	In practice every change is difficult, so it takes long time					

Speak with Diane Bombardier, manager of Medical Adjudication Quality Assurance (MAQA) to understand how they do the quality assurance for MAs

Speak with Jane Graham about the questionnaire. She's the one who designed it



I-SME-02

Department

Policy & Partnerships

Interview Transcript - Not Recorded

Legend

1 fact post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

Interview

What criteria must be for an illness to be considered severe or disabling by a medical professional?	So with it's not the illness and CPPD has kind of a different looking at severe prolonged so it's a legitimate illness and it's more in the capacity to work.	Disability is individual and affects everyone differently.	It's always assessed in a variety of ways. So basically, one of the criteria is that the client cannot consistently do their gainful occupation regularly.	it's all individual characteristics.	And what are the clients that are most likely to be denied?	I don't know that.	in recognition of the fact that disability like it's important, disability affects everyone differently.	So there's a variety of criteria that go into assessing disability. That's a massive list of like, if you have multiple things, you're going to get CPPD.
How is the paper application different from the online application submitted by the clients?	I've never seen the online application. I'm not totally honest, but it's my understanding that they're the same.	It's just the online application can be uploaded through your My Service Canada account.	You can upload everything including the documents through my Service Canada account.	According to you, how should the designed policies ideally be implemented in the CPPD program?	Working with our service providers or understand the challenges that they face and also people who work on the service delivery side. The service delivery companies are the ones that have to hand in reports to us in order to develop policies.	there's often unintended consequences when designing a policy so we always want to avoid that.	Making sure that Service Canada is involved in making sure that we can implement what policy and partnerships are actually trying to do	It's always like a bit of a tug of war between two sides. I think that the negotiation part needs to be honored and working harmoniously together in order to have good policy in place.
With the online application, it seems like there's like a different process. It's almost like it's, I remember reading that it takes an average, like 90% within 120 days. Is there a reason for that? Is it a longer turnaround?	If that service standard exists, I've never heard of it.	what part of the process, make the program more complex?	Awareness of the CPPD program makes it more complicated.	Not everybody knows about CPPD. And there's a lack of awareness in legislation that allows for what we call "take back" of the medical report. It's for that exact situation.	Understanding how to go about applying is very different from clients that the application is still complicated.	Despite having it been revised in 2018 that is still not clear enough for some when they're applying. They just naturally can't wrap their head around what the requirements are and the things that are asked.	Clients actually hire advocates help them there are complications there that help people apply for CPPD. It's just to understand the steps, processes, and timelines of the program.	Getting medical reports is problem because, of course it's a medical report and you need access to a doctor and medical practitioner. It's just a challenge with the administrative burden and the time it takes to get it done because of the pandemic.
Are there any inconsistencies that you see in the application process?	There are different processing offices, so there's a perception that depending on where the client's application went, the processing will differ considerably.	It may also differ on the adjudicator the client may get.	And to kind of mitigate that as part of CPPD review which has been running since 2016.	The program called 'medical adjudication quality assurance' (MAQA) program was created to eliminate the inconsistencies the regional offices might get.	is there any guideline that the professionals should follow? So they can know much details to add to the report.	A recent suggestion came at the roundtable - to create youtube videos and tutorials	Something that could be prepared for the medical practitioners to review and know what is good or bad application looks like	In your opinion, if you could change one thing in the process, what would that be? Process and what is why?
Have you noticed a pattern where applications turned down initially but are accepted after putting in an appeal?	I don't see a pattern. But, CPPD has a very generous appeal process.	It's legislated.	It's often the case where people submit an initial application and then on appeal are granted.	A lot of times it's heard that is due to the fact that when the client submits an initial application, they may not have all the medical forms completed.	making print resources available to people at the front end, would really be helpful	Someone to now help people navigate even pre-application	People find CPPD toolkit as complex and not very helpful	Toolkit is good for stakeholders and advocates but not for common people
Sometimes, when the clients appeal they can add new information to their application to further their case and help with the grant.	I wouldn't say that the main reason but it's definitely a reason they get granted. Like, if the people don't meet the eligibility criteria	Clients are denied because the information isn't there to adjudicate	Helping someone through the process could be very effective					

I-SME-03

Department

Policy & Partnerships
Senior Program Advisor

Interview	Can you briefly describe your role and responsibilities in the CPDP program?	Legislation and adjudication policy team	Brought out in as a PM and more involved in analysis	Drafts a lot of policy stuff and does more analysis	Review cases (general edition) appeal cases to help colleagues at Med	Write framework policies that enable service canada and turn those into the ground functional directions	Consistent decision making and ensuring consistency between the legislation and the legislative intent	Members of the team manage the legislative regulatory interpretations and changes (little involvement of her)	Are there any guidelines for medical practitioners to follow while submitting the medical report?	Not really
Interview Transcript	Can you also briefly describe how the roles and responsibilities are divided within the program?	Service Canada are the one that lead the process of making. They also address questions and help provide interpretation of the application process	Legislation and adjudication policy team is responsible to develop recommendations and modernization to the program. They are involved in the back end of the decision making	Both teams have an equal role in innovation	"We're in that same policy guidance interpretation bucket of work"	They all have access to the metrics and that are the drivers for these changes			Are there any guidelines for the medical adjudicator has to follow to make a decision regarding the client's application?	Yes
Legend	According to you, what part of the process makes the program more complex?	Legislation is not written keeping in mind the average Canadian.	Some people have problem to synthesize the information.	Adjudication itself is 'complex'	Benefit toolkit is not helpful for applicants (it is meant to be helpful)	After the redesigning of the application - Clients feel it's triggering and traumatizing	The application is still paper based (18 pages) So it's not user centered it is a challenge for the client and for ESDC.	There's a lot of bias within the program at the Medical Adjudication level	Why they don't use it as reference?	Practical reason
	1 fact per post-it	Example: Substance use disorder - perceptions are different of different people	Obesity - bias, treatment plans - bias	Adjudicators use their medical expertise to consider the line of the client should receive the benefit or not.	Two people have different reviews and results for the same file. So there's a bias in few cases.	It doesn't matter how you got the condition, but some MAs consider that.	From a program perspective, it should be only consider if the person has a disability that prevent them to work or not.	High rates of reconsideration - some of them are predictable	Regarding what is written in the legislation, is there any specific section that is making the application procedure more difficult for application decision-makers?	Ask someone that doesn't interpret policy to interpret it is not practical
	1 key quote per post-it	Longevity of the file may cause the appealing decision, because the situation might be evolved with time.	Earlier only doctors could sign the medical report, now nurse can also sign the medical report (shortage of doctors)	"How does it find the correct driver to inform the decision makers about a change in the policy?"	Internal law also. So different goals of the teams. Service Canada, for ex, are very client centred. But the laws are not client centred.	Signatures of nurses are mainly used for rural places where there is lack of facilities.	Also can be social worker for some situations as well.	Eligibility criteria should be client centred, who can prevent the person who needs the pension as eligible.	What about the regs in the policy? Is it maybe not necessary to come to a decision?	The plan is to increase the knowledge of adjudication of MAs
	1 important thought/point per post-it	"How is the program going to deal with people that has mental health, but does not have a history of their condition?"							SGO is not the only thing they considered	Explain to MAs why things are done the way it is
	Insights	Who can sign the Medical Report?	A medical doctor and nurse practitioners. But evidence from other medical people are accepted	Physiotherapist and psychologist are taking into consideration as well					It has to be done a holistic review	"There are studies that show that MAs doesn't understand their work and the legislation"
		The rate of appeal is quite high. What do you think you are producing that?	It is a point and time thing. It doesn't mean that the initial decision was not correct.	Sometimes their interpretation from legislation are different. And there are also gaps.	The adjudication website is very out dated.					
		Are there any inconsistencies that you see in the process?	Into the adjudication process	Into the decision making	Inconsistencies across their regional network. The team don't address gaps.					
					Ask Service Canada					
					They might have developed their internal process of how a file is completed, and so on and so forth. These things might be different from regional offices.					

For example: we realize that interview didn't go well because need x y z

Interview


I-SME-04
Department
Medical Expertise
Role
Manager of Medical Policy


I-SME-04
Department
Medical Expertise
Role
Medical Policy Analyst

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/post per post-it
- Insights

Can you briefly describe your role and responsibilities in the CPPS program?

Provide medical policy advice, liaising with doctors on staff

Medical expertise division

Medical Expertise supports SST level

access to timely information from doctors (filling out forms is a priority for them)

"Getting access to timely medical information can be a challenge"

Getting information that targets the timeframe of our application can also be a challenge"

Doctors aren't trained to do functional assessments

Doctors only allocate ~10 mins to filling out forms

Medical adjudicators have more issues with using the client questionnaire

Getting info about functional based assessment is challenging

Doctors aren't trained to do functional assessments

How is SCO evaluated in terms of functional capacity?

The client has lost of work, we don't have SCO and doesn't have a doctor's note, they are working above 50%, we still get great results.

All the gradually reduce their work, they start calling in sick, their functional capacity is at 50% or less, as they start getting better, we start getting better.

Most of the time SCO is not the factor.

How does these functional capacity evaluations evaluated in terms of what is written in legislation?

Employment is a constant social construct.

It impacts your ability to interact, you cannot participate in it regardless of your impairment.

It's about you as an individual interacting with the workplace and with the environment right.

It only becomes the disability if it impacts your ability to interact in the world.

"Our benefit is there for those people that can't fully participate in society because of the health condition."

"Even as a self-employed person you're still interacting with the public so the main fact that you don't work is to CH-10."

It's only if that impairment interferes with your ability to interact in society.

The client who don't have ability to articulate, to what degree the MAs assist the clients?

In theory, we tell MA, if you don't have enough info, if you can't articulate, you can reach out to them.

The medical report has a physician that they facilitate, they can provide the opportunity to explain it all out the client's condition.

There's a known as policy or disease, there was a medical report that a client had to provide the physician that was received or something else, but anyway.

Is there any opportunity for the client to provide additional documents to facilitate their condition?

Yes, absolutely

The bare minimum that they have to submit is the medical report and the medical record and the client's medical history.

If they want they or their family member to bring along, the doctor will tell the client that they can do that, and appear other health professionals like psychologists, etc.

So we absolutely accept information from allied health professionals.

In your opinion, if you could change one thing in the process, what would that be?

status of limitations

"I would put a status of limitations on late applications"

How are these particular questions helpful for the experts and decision-makers?

MAs don't adjudicate on the basis of diagnosis. They check what is the impact of the diagnosis

Same diagnosis have different functional limitations

Performing at work and staying at work, these are the things we are assessing for. These questions help in assessing the patient's condition.

Most of the healthcare providers, most of them have a good range of the patient's condition. They have some knowledge on the cognitive part of the patient's condition.

"A patient questionnaire would take a lot of time and investment"

Very few people are aware of the disability benefit in the CPP

Doctors are only allowed to keep medical records back 10 years

"Key component would be to give voice to the clients"

Medical report information is limited

"We know from experience that the information on the medical reporters is limited"

"We don't adjudicate on the basis of diagnosis"

Interview



I-SME-05

Department

Policy & Partnerships

Role

Policy Analyst

Interview Transcript

Can you briefly describe your role and responsibilities in the CPPD program?

Legislation and regulation policy unit

Unit that prepares the package of changes in the legislation

Responsible of hearing different areas when there's something not working right

Clients:

Biggest challenge is communication - Despite standard line, "people are not understanding it"

Understand how CPP-D works

"A lot of people contribute and have no clue of what is happening"

Organization:

Making sure the communications are clear and up to date

"It's a challenge for us to take what is said in the legislation and taking that and then changing that so Canadians can understand"

Legislation is not always written in plain language

Example of a legislation challenge

Working on the SGO policy to provide guidance to the people that are adjudicating applications

SGO policy seems like it's putting a limit on the someone's earnings. There's need to be flexibility

So problematic policy - no discretion allowed

"Regularly persisting" (15%) Substantially different outcomes. How do they define this, and how to influence the scoring.

"I can only imagine how difficult must be difficult to an adjudicator explain to a client that they're no longer available for the benefit."

It's a challenge to change the mindset of adjudicators to interpret things differently

Are there any inconsistencies that you see in the process?

There's an application toolkit that does a very good job in explaining the application process

"From my perspective the application form is pretty straightforward"

"You can't always be in the heads of the person applying. If it's right, they're interpreting it as certain way"

"We do a pretty good job at delivering based on our service standards"

How is the application process for varied types of disabilities addressed?

Same application process for everyone

There's a different application for terminal illness

It can have challenges based on the triages.

Applicant also apply in the wrong application form or they might be aware of a different form, or because they aren't aware of what is considered terminal

Is there any uncertainty in the procedure that is making more difficult for applicants and for the decision maker?

Not based on what is written in the legislation, it might be in how it's operationalized

Do you remember when you did something where you needed to make a change in a document now your team make a a change happen?

Found language inconsistency in Post Retirement Disability Benefit between policy intent and how SSI interprets

Have to draft instructions, explain where in legislation clause by clause

"Don't say exactly what we wanted it to say and it's not having the outcome that we want"

Adjudicators have different interpretations of policy leading to inconsistency based on training received

Realized that there were some provisions completely missing

Introduce new guidance for Service Canada saying that they have a new interpretation off the leg

We don't deliver the training

We prepare policy intention and discuss sometimes with Service Canada who are responsible for turning that into training

"We have back and forth conversations with them until everybody is on the same page"

"Ideally we would see the training material, but I don't think it's feasible to see them all the time"

policy direction for certain situations to do on the ground operational policy - the training products

When a different case appears, they think about what should be done and how

See the data to check it is just a case or a big issue

I-SME-06

Department

Processing agent (Ontario region)

Role

SCBO - Initials

Interview Transcript

Interview

Can you briefly describe your role and responsibilities in the CPP-D program?

Process disability applications

She's an SCBO (Service Canada Benefits Officer)

Eligibility check

Proc. Ag > send to MA > back to Proc. Ag.

What are the steps taken if an application is rejected?

What's PFC?

It goes to the PFC, first of all, because they put it on the system. And then it comes to us

They have everything again; there'll be a new person joining rather than the person who did the original reviewing

The role our office gets reassess, because it could possibly be submitted in error if that's the case

If the medical information comes later, it is sent again for review because MA already made a decision on the file

Could you take us through the process of evaluating an application?

Focus on age, needs and contributions

If there's not enough years of contribution, check late applications

After checking the eligibility, pass the application to the MAs

Medical and training part are for the MAs

If file is incomplete or has a nonresident eligible; they call the client

After MA, the application is reviewed again by processing agents

They review the decision summary just to make sure what they have done is consistent with what they have put in the file in the initial application account

What steps are taken to ensure that all application materials are received through digital/paper channels?

They mostly get paper applications

The amount of online applications are increasing every year

"Older crowds use more paper, younger crowd use online applications"

Medical report cannot be digital

Once the account is released from PFC, make sure that the client hasn't returned to work in the meantime

Sometimes clients don't notify ESDC. There's no final decision made until they do. They might be working part-time or not at all, or at least attempted to reach the client

We get information from the client about their health directly to the medical adjudicator for the decision to be made. Once that decision has really been made then we release the account

The decision may be denied because they've regained the capacity

"It really depends on how long a decision takes. Sometimes it's to do with doctors."

Online form doesn't have consent form. They have to send that in

And if they don't, then we can't process the application. It's difficult. So the decision to go with paper is because there's no medical circulation, but we do encourage them to get that online

Based on your experience, can you describe the most challenging aspect of evaluating an application?

She likes everything she does

Getting a hold on clients is challenging

It gets challenged when clients don't understand, especially the clients who don't speak English

Clients cannot honestly remember when they stopped working

Communication is a challenge between them and client

What are the steps taken if the application is considered complete and eligible?

SIN + medical info + medical report + consent

PSC makes sure the name and date of birth is there

"I would love additional information like if they didn't put in the childhood provision information"

If it's an income & don't know if the client because how to increase the minimum qualifying income, then the client has a better chance of getting approved

If you could change anything in the application processing part of your job, what would you change?

Childhood provision

"Most clients don't understand the childhood provision. It's frustrating"

Need a better system for second applications

Claims apply again and again. They have to submit the applications. One of the recent clients applied 4 times

Does this happen more often?

What information provided by the applicant is considered relevant or irrelevant to make a decision?

SCBO checks if they meet earnings and contribution only

There are different rules for the last time. Depending on how much they contributed, if they have worked recently, they won't be qualified

They might get approved if they have work history, so they'll be denied here in Canada

But clients are informed of the situation that they're eligible for other country

Clients have to reach out to international operations office

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/pair per post-it
- Insights



I-SME-07

Department

Quality Assurance

Role

Manager of the MAQA

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thoughtpoint per post-it

Insights

Can you briefly describe your role and responsibilities in the CPP-D program?

MAQA was created as a response to the auditor general report

Disability of each applicant is different

MAQA was created to use best technology to consider review of MAQ and the quality of decision

What are the steps in the MAQA process?

Identify target population

After the decision making review the quality of the evidence that MA had come to a decision

There's a guidance, to ensure that everybody is doing things the same way

How MA determines if someone meets severe condition?

Check medical condition

Look into person characteristics

Recurrence of condition and what is the treatment

"There's no one size fits all decision"

"There are so many nuances that come into play"

For severe conditions - is regularly pursuing work activity being considered at the front end?

In some cases the applicant comes in soon after they should have, which can't come into a decision because it can't have a GQO

There's also need to have an assessment of why the applicant stopped working

sometimes need to talk to employers

Does the application process consider different medical condition?

The majority of the files has more than one medical condition*

The files that are harder to adjudicate are the late applications

Difficult to get medical and employability information after a certain period

Interview

Researcher Notes

What is the process for communicating/training MAs with the framework?

MAQA don't do the training

MAs are trained in different stages to do different aspects

Are there any different practices that you notice in the other regions?

Yes, definitely.

Each region tends to interpret rules differently, or if due to funding formula

if they don't meet service standards, performance and outcomes.

That sometimes there's a lack of investment on the part of the government to make sure that the input from the public is welcome mode.

It's always about where's the band-aid so that we can "fix the plane while it's flying".

MAs provide functional assistance and are paid high wages, so it's important to make sure if it needs to do and doesn't need to do it in their mode.

And they have no strong different groups, so it's important to make sure within MAs that the different groups within MAs are diverse, that are needed.

So the advice that's being given to MAs is to start with the desperate to begin with.

If you had a magic wand, and could change anything at all about the process, what would you change about the process of the framework?

Where ever application process can be, let me log into my working place, and my working place, if they are not eligible, right away, log into my working place.

Application process, which period of time should be focused on (e.g., initial determination of eligibility)?

Medical report would be online

Dynamic form (different questions depending of the situation)

Centres of specialization for MAs - certain conditions require special knowledge

MAs need to look at files that may already be being looked at so they can take over and continue continuous learning improvement.

The challenge is the productivity of the MAs

Don't have a manual that MAs are comfortable to navigate

"We want the best for our clients"



I-SME-08

Department

Medical
Adjudicator
(Atlantic region)

Role

Initials

Interview Transcript

Legend

1 fact per post-it

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1 important thought/point per post-it

Insights

Can you briefly describe your role and responsibilities in the CPP-D program?

MA, nurse by profession - 2 and a half years

Role is to evaluate the medical aspects of the clients

They check the SGO but doesn't have all kind of training from the insurance aspect, but they double check with the SCBO

She has 18 years of nursing experience

Could you take us through the process of evaluating an application? (step by step)

When we are assigned a file, we check our programs

System called PWS where they know the file is assigned to them

Check the financial aspects, earnings, if they have applied before, any other aspects that are in the book, makes sure they don't miss anything

Make sure everything is entered into one template which is called decision summary

Decision summary: has 5 tabs

5 tab interview about each client, information about the client, information about the application, information about the insurance, information about the doctor, information about the medical report or whatever

Do triage applications

Then it comes to MA and they decide if they have enough info or need more

MAs have to reach out to the doctors if there's no sufficient medical info

What makes the medical report "complete"?

The applicant has to have enough earnings, SCBO analysis that

Applicants has to fill out the form and sign, Medical report as well

Then it comes to MA and they decide if they have enough info or need more

MAs have to reach out to the doctors if there's no sufficient medical info

How are different medical conditions evaluated?

Triage

It's up to MAs to consider if the clients have a terminal illness or grave condition

"It's difficult for new MAs to decide that"

Is the list of grave conditions update regularly?

2-3 times in 2 and half years

"I haven't seen any condition that should be grave"

What are the differences you notice between the regions in the adjudication process?

Some MAs refuse to use new templates

discrepancies in how MAs document and apply guidelines

"It should be the same everywhere"

noticeable difference in practice across MAs from different regions

Some MAs are still using older guides, they don't follow the new guide

Did the reduction in steps of the application process during covid result in meaningful differences in grant rates?

Was it working?

If so, why not remove it for good?

For difficult cases to adjudicate, what kind of evidence will help to make the decision with respect to the client?

pain and heart conditions (often because there are periods of stabilization and periods of illness)

"Really try to go with the evidence"

"More than 50% of cases are late applicants"

What are the most common reasons why an application is rejected?

late applicants who didn't qualify

"Usually call the client twice during the process"

most files take a couple of months to adjudicate

A lot of the time the client is waiting for more information/treatment to see a specialist

Doctor didn't provide enough historical/additional information

need a full picture of what is happening, not just one medical report, but clinical notes, imaging etc.

There are as many reasons. They are waiting for surgery, just started treatment, waiting for treatment to start. We think that they will return to work as soon as they get the medical report and we don't get the medical report because we didn't get into site

"We need the big picture. Needs clinical notes as well"

If you had a magic wand, could change anything at all, what would you change about the program or the framework?

all medical information at once, doctors to send all information needed at the same time

if doctors don't send in additional information need to decide based on what is on file

if there isn't enough information on file and doctors don't send in more, usually the decision is a denial

have 60 days to do it

No backlog

Biggest pain points for clients

Waiting for a response due to backlog

Very hard for clients to get a denial news

Rules and processes hard for clients to understand

Rules are explicit but not necessarily communicated to clients

"Waiting for a response"



I-SME-09

Department

Medical
Adjudicator
(Ontario region)

Role

Appeals -
SST Team

Interview Transcription

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

About

SGO

Can you briefly describe your role and responsibilities in the CPP-D program?

3rd level of adjudication

2nd level of the appeal

Doesn't make a decision

Could you take us through the process of evaluating an application?

The process is quite lengthy for clients

There's a 1st level of adjudication

What makes the medical report "complete"?

Physical condition, medication, treatment, symptoms they are having or trying to get rid of, treatment, including what makes it better or worse.

Rely more on the medical report than what clients says

Mental health: rely on one thing, but it needs a psychologist/psychiatrist

In terms of volunteering or adjudication, is there a sway? Could I go volunteering, pay my dues a dollar?

Yes, if the client is working 15 part-time is considered capacity

There's a lot of other things that they have to look at

"Volunteer work is not highly weighted"

Attendance in school is weighted a little bit higher than volunteer

Is adjudicating a balance of probabilities?

Yes

"We're all try not to use our own subjective feelings"

When uncertain, they call the client

There's no point system

You have all your evidence and then you make a decision

Can you talk about the decision summary template and how it is useful to you?

Decision template is for initial and recon

Initial template are more detailed

"I don't feel it helps me"

Forces the adjudicator to be more consistent

Recons uses the same template. There's a recalculation, but they don't go through the whole process. It had already been typed.

What is the biggest cause that the files get to you?

Because 2 decisions were made

A decision can't get from 1st level to 3rd level

It's not generally because a file is missing information

At 3rd level, clients tend to get more lawyers and reps

She feels like there are so many appeals because of covid. People were not working

What is the reason of granting benefit to the client?

People with chronic pain and still go through aggressive treatment

Generally is legit on that balance of probabilities

Which Service Standard is followed by Medical Adjudicators?

I personally do what I want to put my signature in my decision

"It's a service element, but I don't know if there is any benefit to it for productivity for MAs"

MA's want to make a good impression because their name is in there

Does that affect you or your performance to review the file in any way?

There is some anxiety involved that is medical or non-medical to get into a certain spot.

"I'm not worried about being a nurse, but because I'm a nurse, and we want to provide the best care."

Maybe come MA's are not as experienced and want to rush things, but for me, the answer is no.

"I'm a service standard, but I don't know if there is any benefit to it for productivity for MAs"

Interview

So it's not mandatory to follow it?

Confirm with the MA about it

"I don't feel the pressure from my manager or organization"

MA's need to follow it

I think most of the MA's tried to do their best. There are some MAs that have different opinions, but not me

MA's need to follow it

How do they measure functional capacity for mental illness where there's no physical limitation involved?

For difficult cases to determine what kind of evidence will help to make a decision with respect to the client?

What are the difficult cases?

That's hard. Not objective. Psychological report matters, not only the family doctor.

They are more strong.

A major difference, for example, is that in Ontario, there are multiple medical conditions. In Canada, there are more medical conditions and fibromyalgia are tricky to diagnose.

Even legally blind people can still drive a car to see the diagnosis, they can still do their job. So I find that difficult too.

For difficult cases to determine what kind of evidence will help to make a decision with respect to the client?

What are the differences between the regions in the adjudication process?

She doesn't think there are differences

"You are all doing mostly the same thing. So even though the same process is how to do it, it's the same."

Why she doesn't notice the difference?

"You are all doing mostly the same thing. So even though the same process is how to do it, it's the same."

What are the biggest pain points that are mentioned by clients and MAs?

For Clients

For MAs

Clients get overwhelmed with the paper and process*

Number of forms they have to fill out and the weight makes them feel really anxious

The process stops MA's from doing their job in a day because it has more steps required to be made.

"I feel like you would do more things, make more decisions in a day."

Why feel just wanted to use the briefcase instead of the clipboard?

Decision letters to clients before COVID-19 were done via mail. The office location of a court decided where to send the letter. Now every point on that

Ask if others MAs feel this

"Some of those letters are just a cause of stress"

If they could simplify the decision letters, would be better

Calling a client for a decision is time consuming. It's very time consuming. It's not fun to give a bad decision.

"I don't know why we call clients"

"I feel like it would be faster the process without phone calls. It would speed up the whole process"

"We gave the doctor a longer period of time."

I feel like the number of applications increased. When people stopped some phone calls.

Sometimes clients will get more information, so good for them. But I don't like that.

MA's are not used to calling clients and that's something that I feel bad about. I feel bad about that. That's going bad news. That is a negative impact of COVID-19.

They are no longer doing what you used to do. Making MAs do what they used to do. They are not doing what they used to do. They are not doing what they used to do.

Lawyers will say that the reason is them, but there are so many factors...

How was the process before covid and after?

When people appeal to lawyers. Does the chance of getting approval increase?

"I don't follow nor do I care!"

MA's are not used to calling clients and that's something that I feel bad about. I feel bad about that. That's going bad news. That is a negative impact of COVID-19.

Sometimes clients will get more information, so good for them. But I don't like that.

They are no longer doing what you used to do. Making MAs do what they used to do. They are not doing what they used to do. They are not doing what they used to do.

Lawyers will say that the reason is them, but there are so many factors...

That was not the intention of my level.

But now I'm developing, calling the client, and adjudicating a bit.

To me, the plus would give back to the client. So we won't be in the huge backlog.

"If we went back to that when we get the file and we write it".

I-SME-10

Department

Role

Initials

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/point per post-it
- Insights

Interview

I-SME-12

Department

Processing Agent (Ontario region)

Role

Reassessment (RA)

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/point per post-it
- Insights

Interview

Initials:

Do you have to follow any guideline?

"We do have a checklist that is considered"

How is the process flow?

Online: 2 a day for myself

Paper: infinite. I accomplish 10 or 12 per day

CR3 - intake mat, move it to where it needs to go. What's missing? Anybody to collect what is needed for files, also a lot of file scanning because things are online

CR4 (Initials) → SCBO → MA

What would you estimate in terms of accounting for all applications you get, how many are online?

Usually never people who are just starting to do that takes the online applications

Medical report can't be online, because it stills need a wet signature

Things have changed since Covid and many things have moved online

The need for wet signatures being suspended during Covid, didn't went back yet. Faster easier process.

Online applications are faster, but still need consent forms and medical report - usually sent by mail

Initials:

Based on your experience, can you describe the most challenging aspect of evaluating an application?

If you could change anything in the application processing part of your job, what would you change?

"I would make the application simpler"

RA:

Getting all of the information from the client. Can see they are in dire need of help. It's not always complete, takes a long time, often involves letters etc.

Pretty straight forward tends to be more positive. Clients do worry about benefit amounts, tends to relate to backlog of applications. Also, clients expect overpayment they may need to repay money.

Integrity department investigate if the client is trying to collect the benefit deceptively

RA is a lot simpler

SCBO send a letter to the client

SCBO looks at contributions, Initial payment, and then looks at disability portion

SCBO depends on what is happening with the file financially

I'm assuming is being applied. Client can make up to \$400 before file is flagged

What happened if the client doesn't reach back?

Work in reassessment unit where people are going back to work

Process info that comes in and move on to benefit officer or MA

Work in RA for 8 months

Previously worked in the Initials

Could you take us through the process of how you evaluate an application for reassessment?

Client will send in information to say the client is back to work - record information into temporary file. At this level to see where things go in the process.

If client return to work, they are no longer granted the benefit

Program helps people return to work, will go to benefit officer to meet the benefit. Trial period - warnings, will they become disallowed again?

The client is supposed to inform Service Canada

"Once a client reaches out and inform that they are working"

They have a system that informs if the beneficiary is earning money

Mechanism to see if clients are receiving earnings after program ends. If they must follow up NBS and CR3 - intake mat, move it to where it needs to go. What's missing? Anybody to collect what is needed for files, also a lot of file scanning because things are online

Check if they have children, how much the spouse has made

The severe/prolonged disability has to be according to the legislation

Then goes to MA to check severe and prolonged disability

Application goes to Service Canada office to check earnings and contributions

Client fills out the application

How do you evaluate an application for initials?

Can one person do multiple roles?

How long the file stays in each role?

Is the work activity SGO policy being applied to clients?

What happened if the client doesn't reach back?

Initials: Just make sure that the application is filled out

Need to contact client and get any information needed

Also asked for medical report if it is missing

Makes sure that the file has all the information SCBO and MAs need

The application can't be processed if any information is missing, they can put on hold for 30 days and then forward on to SCBO for deeper investigation

Initials: "Just make sure that the application is filled out"

Initials: "We do have a checklist that is considered"

Initials: "CR3 - intake mat, move it to where it needs to go. What's missing? Anybody to collect what is needed for files, also a lot of file scanning because things are online"

Initials: "CR4 (Initials) → SCBO → MA"

Initials: "Online: 2 a day for myself"

Initials: "Paper: infinite. I accomplish 10 or 12 per day"

Initials: "There's a backlog for online and paper applications"

Initials: "Usually never people who are just starting to do that takes the online applications"

Initials: "Medical report can't be online, because it stills need a wet signature"

Initials: "Things have changed since Covid and many things have moved online"

Initials: "The need for wet signatures being suspended during Covid, didn't went back yet. Faster easier process."

Initials: "Online applications are faster, but still need consent forms and medical report - usually sent by mail"

Initials: "Based on your experience, can you describe the most challenging aspect of evaluating an application?"

Initials: "If you could change anything in the application processing part of your job, what would you change?"

Initials: "I would make the application simpler"

RA: "Getting all of the information from the client. Can see they are in dire need of help. It's not always complete, takes a long time, often involves letters etc."

RA: "Pretty straight forward tends to be more positive. Clients do worry about benefit amounts, tends to relate to backlog of applications. Also, clients expect overpayment they may need to repay money."

RA: "Integrity department investigate if the client is trying to collect the benefit deceptively"

RA: "RA is a lot simpler"



I-SME-13

Department

Processing Agent
(Atlantic Region)

Role

SCBO -
Initials

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

Interview	
<p>Can you briefly describe your role and responsibilities in the CPP-D program?</p> <p>benefits officer (SCBO)</p> <p>Assess claims earnings, review working history, determine if client is eligible, deal with the monetary part of the claim or deny the benefit.</p> <p>If the client doesn't qualify, we can deny the application right at the early stages</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>Could you take us through the process of evaluating an application?</p> <p>Evaluate earnings</p> <p>client needs valid earnings record for 14 of the last 6, or for those with 25 yrs contribution 3 of last 6 years</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>Does the calculation get more complicating in dealing with late applicants?</p> <p>Late applicant means they didn't apply for benefits until after the time they became disabled</p> <p>When the client has a qualifying date with the MA, the MA will need to find disable at that date and continue into the present</p> <p>MA will determine date that the client has become disabled</p> <p>If there's something specific, MA is looking for, they will look into clients to request any information to prove the disability at that time</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>How is the minimum qualifying period (MQP) calculated for the clients?</p> <p>can tell by looking at contributions if they meet the qualifying period for current or late applicants</p> <p>There's a list of all the clients in the system that shows contributions that they did to CPP-D</p> <p>Look for a period of at least 1 year contribution into a 6 years timeline or 3 years timeline or into a 6 years period if they have 25 years period</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>What are the steps taken if the application is considered complete and eligible?</p> <p>If application is complete and they have qualifying date, then move off MA to another step because it's complete and prolonged.</p> <p>after MA decides, files goes back to SCBO to release benefit to client</p> <p>SCBO will review the application again and check if nothing is missing in earnings</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>What are the steps taken if an application is rejected?</p> <p>If client is not eligible based on earnings, SCBO will call and let client know</p> <p>SCBO could reach out to them about anything earning or children related</p> <p>If the file is denied by the SCBO, the client will receive a letter and a phone call, and then the file will be put into a separate queue depending on it, then review a problem file, and re-enter the qualifying date</p> <p>"Oppos rights are in the letter that says you can submit online or fill out paper form and mail it in"</p> <p>If we can see that the client worked in 2010 and there are other years, then we would request those statements of service from the client depending on it, then review a problem file, and re-enter the qualifying date</p> <p>The qualifying date can be changed in these situations</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>Based on your experience, can you describe the most challenging aspect of evaluating an application?</p> <p>Child rearing provision - getting extra information</p> <p>Credit split application - trying to get information</p> <p>getting information to move file forward efficiently</p> <p>A child provision can help the client to achieve the qualifying date for the client</p> <p>If someone has current earnings and are married, then the benefit will be sent to the main, then there will be a proof of address and then the file will be processed</p> <p>These provisions are fairly common to happen</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>In terms of the client, is evidence typically difficult to track down?</p> <p>The contributions are not too bad to track down</p>	<p>SCBO SCBO-13 SCBO-13</p>
<p>Is there any service standard for how many files SCBO has to process?</p> <p>It depends on workload. SCBO workload is broad</p>	<p>SCBO SCBO-13 SCBO-13</p>
<p>Do you see more paper or more online appeals?</p> <p>people using online options now that they are available</p>	<p>SCBO SCBO-13 SCBO-13</p>
<p>How are the files assigned to you?</p> <p>Does clients know in advance about late application?</p>	<p>SCBO SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>late applicant provision not on the application</p> <p>If you could change anything in the application process, what's one of your job, what would you change?</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>Physical custody is not what decides to grant the benefit</p> <p>If they mention that the children stay in the other house, then the benefit will be sent to the main, then there will be a proof of address and then the file will be processed</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p> <p>SCBO SCBO-13 SCBO-13 SCBO-13</p>
<p>If not, after 18, the money goes directly to the child</p> <p>"Sometimes clients don't put in there the date they stopped working, but in a phone call it is pretty easy to find out"</p>	<p>SCBO SCBO-13 SCBO-13 SCBO-13</p>

I-SME-17

Department

Medical Adjudicator (Edmonton Alberta - W/1 Region)

Role

Initials

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/point per post-it
- Insights

Interview

Can you briefly describe your role and responsibilities in the CPP-D program?

Assess applications for CPPD, look at medical aspect and make legislative criteria

Needs to meet criteria of severe and prolonged

Level 2 MA - work with first time applicants or folks who have applied before

Requirement can be considered level 3 training MAs

Could you take us through the process of how you evaluate an application?

If file meets criteria with SCBO, moves on to MA

quick check to ensure application is complete then review medical information

They review the information passed by the SCBO

uses nursing knowledge to assess medical condition

CPPD only pays out if you cannot do any work at all

If client meets the severe and prolonged criteria, they qualify for the benefit. If not, it is denied

Can you talk about how you use the DS (Decision Summary) template?

That's how they make their documentation

Use DS template a lot - PDF document

PDF not user friendly, do most of entry into word doc then transfer into DS template

"The PDF is very unfriendly when it comes to the user interface"

"requires lots of typing, so I do most of the entry in a word document then transfer in the summary"

a good tool to see all of the information - can focus on information but usability is not great

cannot recover documents with PDF

easy to get lost when it's big file

Use all tabs in DS easier to be able to reference the material if needed

recommended to use all tabs in DS but not mandatory

Every MA uses in the way that is more helpful to them

Not all MAs use all the tabs

What are the most common reasons a file gets to you?

If it is complete

Also being trained to assess multi-apps cases

multi-apps - multiple applications at the system. Could be same person or person could have applied multiple times ago

"Multi-apps are a little bit more complex than 1st time application"

What are the most common reason an application is rejected at the 1st level?

Doesn't meet the severe and prolonged criteria

Have you ever seen cases in that physicians don't provide complete information?

It depends on the case. For some applicants, it's needed information like this time-lapse

Any documentation on investigation and treatments

Sometimes physicians say the person is disabled, but don't explain why

diagnosis doesn't mean they are disabled, need level of impairment and function

need a timeline of information to make a proper decision

Is there any service standard followed by the Medical Adjudicators?

"In terms of time, we try to do as much as we can"

service standard try to adhere to timelines (120 days, 30 days)

They do have an expectation. It should be 2.6 decisions a day

"It's almost impossible depending on the file"

national standard reassessed as it's very difficult to meet now as it depends on the type of file

Does the service standard affect you or your performance to review a file in any way?

"Yes. We are under risk of reducing the quality of work"

If a MA reduce the tasks filled and asked to review the file can get denied and go to recon, so it double work

The manager reviews your file and checks if they are meeting targets

Are the files that get to you physical files?

Don't deal with physical files since pandemic

What do you think is the biggest pain point for medical adjudicators?

Being able to balance quality x quantity / Number of decisions x quality of decisions

Can you tell a bit about the Medical Adjudicator Consultant and MAC and MACA the same?

MAC goes through training and training in terms of the actual adjudication work

MACs are the ones in charge of training

The MACA reviews files and then gives feedback

MACA reviews files and makes sure it's aligned with the legislation and standards and gives feedback

Have you ever reached out to MAC?

Multiple times

What kind of files do you consider complex?

"I need a second eye"

How long take the MAC to answer you?

Usually not long. Depend on the urgency of the file

all of the information we need to make a decision

Sometimes similar to "Connect care system" (electronic data)

Digital medical records that are transferrable

"We would have access to all the information with the electronic data which would reduce the time to make a decision"

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graph TD; A[Interview Transcript] --> B["I-SME-18"]; B --> C[Department]; C --> D["Medical Adjudicator<br>(Atlantic Region)"]; E[Role] --> F[Initials]
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Interview									
Can you briefly describe your role and responsibilities in the CPP-D program?	in MA role since January 2021	process initial simple files that are MA ready	review what scbo did to make sure is accurate	MA notifies client of denial - attempt 2x	IT issues are biggest pain point for clients and medical adjudicators	Way doctors fill out reports, would prefer a standard report	sometimes send report back for typing because it's illegible	very common for doctors to send incomplete forms - no data/signature/med s	there is a digital upload option for doctors, but they don't organize the process of uploading
Do you use the decision summary (DS) template? How is it useful to you?	Use DS template	Triage on regular, grave or terminal	The DS is very useful	It's mandatory to use all the tabs	Clients: clients don't know what program is about, but were told to apply by insurance company	don't understand the qualifying requirements	People are frustrated by mail system - takes too long	Sil how does the doctor handle in the user interface	
Do you notice any difference in how other medical adjudicators evaluate an application?	Both MA of the Atlantic region says they use all of the tabs, different from WIT and NWT. The NWT seems to be optional	"All the tabs are efficient, effective and necessary"			Why do doctors don't fill the complete information?	strained health care system - doctors overworked, not everyone has family doc			
What are the most common reason an application is rejected at the 1st level?	have done files from out of region, seems the process is different	WIT files seem to have a different process, but most of the time in the Atlantic region do the same procedure			Is there a list of grave disabilities that MAs have to follow?	Yes. There's a grave list that is updated every year	MAs do the triage and check the diagnosis of grave		
Have you seen any major changes in the program since you started?	changes during covid: move to scanning all the paper files to electronically	now medical reports are in 3 different places (Medical, physician, paper MA ready Repository). It takes longer			What is the more human factor in a decision making? Can a computer algorithmize it?	It has to have a nurse to look at the holistic picture of the patient			
What do you consider a difficult case to adjudicate and how do you proceed?	reach out to MAC often - difficult cases or questions	missing information	have to deny if there isn't enough info	"We deny it if there is not enough medical info"	If you had a magic wand and could change anything at all, what would you change from a medical point of view?	Paper binders with all procedures and training. Don't like to deal with IT and electronic info	physical reference manual vs using a website	simpler and more efficient reference site	should be a better way to apply, online, unable to skip
Does the service standard followed by the Medical Adjudicators affect your performance to review a file in any way?	standard 1.5 files each day	Some files are very big, and that doesn't work if you take very long to do the file	They only consider the numbers, not the quality						

Researcher Notes

Decision Summary Template

Medical Triage Fact Sheets

Angel: the talk about experts/specialists was intriguing bc by those same guidelines it feels like they should be making those decisions in the first place

she greatly emphasized how rigid and binary the procedures were (referring to checking manuals - but then flipped on them to emphasize the complexity of decisions)

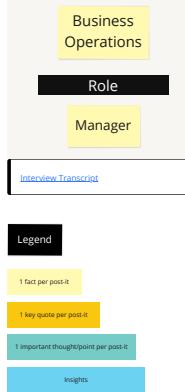
I partly feel like those comments were made in fear of seeming like we were being overbearing in the training esp since shes new

she said that in cases where she's not sure the most common procedure was to deny it and then have them reapply??? this is worrying to me personally



I-SME-19

Department



Researcher Notes





I-SME-21

Department	Continuous Improvement
Role	Executive Director

I-SME-21

Department	Continuous Improvement
Role	Business Analyst

I-SME-21

Department	Continuous Improvement
Role	Policy Analyst

Interview Transcript

Interview

Can you tell me what is the role of the Continuous Improvement department in the CPP-D program?

Look at service delivery model

Focused and based on evaluation methodology

Make changes in the CPP-D program based on evidence

goal is consistent, appropriate decisions - need training, tools

Part of CI is knitting together all parts of the program

Do the denial letters helping the clients?

The letters used to be more detailed

It depends on who write the letter

It's hard to explain to the client why they were denied in a letter

CI launched a pilot to simplify and improve the letters

don't have robust tools for client feedback

Need to be prototyping and testing robustly before adopting new processes

How making changes in the program changed after CI?

CI is about listening and understanding

CPP-D is the largest disability program in the country

more feedback provided now from front line up to senior management

"Time is our number 1 indication of client satisfaction"

"Now I do feel that the few things that have been done and have been initiated"

CI is all about prototyping

Can you talk about the steps taken and the tools developed that will help bring consistency across the country?

Need to get training right

BIGB (Benefits and Integrated Services Branch) is a huge branch that delivers primarily on CPP-D

Is this a tool to help with the consistency across the program? It's the role

Example of a policy problem

SGO policy launched in 2014 is one bad policy thing

"Anyone who makes over SGO is no longer eligible for disability. That is not clear to anyone"

Another bad policy: no longer allow people to attend school, otherwise they will be cut off from the benefit

"We need to look at the program and see if it's helping the program outcome, and then you go down the line."

Don't have feedback loops

How is the client's engagement calls during the application process?

"The client engagement's procedure is now better. They feel heard"

The client satisfaction rate when receive a denial goes down 20% if they receive a call it increases to 53%

The denial reason is not intuitive to clients

MACs were not getting scripts or support on how to call, so they were not doing them

calls can be volatile

what matters to client and what will improve their satisfaction - giving MACs tools to do the work

MACs want to make grant calls, so CI will be looking at how to do that

purpose of deny call is to be helpful, MACs need to be able to listen and use judgement

Is this being evaluated with clients and the ones that make the call?

"It took me a year to understand the legislation, and I'm trained on that"

If you could change one thing in the program, what would you change?

New trainings launched

All MACs consistent across the country

Update legislation - it's outdated and old

change amount on SGO

Change policy, give us policy people who understand people with disabilities

"No call should take 2h"

The productivity with MACs also affects because they have to make about 1.6 decisions a day

productivity issues are a management issues

They didn't know this happens, but they mentioned it



Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

I-SME-20-2

Department

Business Operations

Role

Junior Business Analyst

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/point per post-it
- Insights

I-SME-20-2

Department

Business Operations

Role

Senior Manager

Interview

Currently, the application is one-size fits all. Could the application be modified to attend more different diseases? There's a more personalized application both from the client and the physician side?

now there's two applications, regular and terminal one.

Terminal is very focused; dying within 6 months.

Last thing, the only way I could do it without my family move away is if I had a separate application for people who are diagnosed or have a terminal illness. So I would like the doctor's want to tell the person.

But yeah, you're right. And generally speaking, there's only one application that it's used.

Even though it's available and people don't even know it's available, it's not used. It's not used because it's not a quick application. If you would be applying every year, but if it's something that you need, then it's good to have it available.

because if you got the wrong one, we will develop and it'll be in the long term it could be more work.

service standard is a best practice not a policy

service standard focused on quantity

reporting to minister - quantity vs quality

because we didn't have any kind of reporting before regular applications before.

a lot companies went to the government and the amount of time it took for results, so a company can start reporting.

Auditor general made a comment in 2015, and then KPI was made.

Terminal ill first, grave condition second and last is regular.

In the previous conversation, you mentioned that the MAs decisions are made based on the medical needs. Do you think that the functional capacity assessment is not much considered?

I can't tell you. It's not considered because it's evidence. It's not weight heavily. How's that?

So the real weigh medical reports more heavily than we would.

This is an internal issue because we have ISD within our department and we have service Canada.

So ISD makes up the big policy. And so they are not available. It's not operation or anything. We have to get information and for them, it's not a quick decision made for future policy development.

At the end of the day, is that what the clients are asking for? Is that what the clients are asking for? Then we get the policy. Then we have the game.

They wouldn't be a fine if it's not to get the benefit. So I think the application is used for various things.

Merge these two answers

Does service standard affects MAs decision making?

The only way we are to make a decision is if we get new information. There are subjected biases as well.

I think we shouldn't be pressuring them to do that. They should be alleviating the pressure. They should be doing medical work, not clerical work.

And that's not enough. That's not enough. They should be doing their fault as well. It's the way we are doing it. We are not doing it the right way. We are not doing it the right way. They should be doing medical work, not clerical work.

But it's actually doesn't work like that, right? So maybe it's an issue this questionnaire.

2 different departments - policy and operations - holds operations - breakdown

business operations to make sure that every you what they need is operationally possible.

And if we look at the processes and the policy requirements, before they are aligned, but mostly business operations to make sure it does not affect the real world.

ISSD: will make general big policy.

Operational policy will try to make it operational, or if it's not operational, then it's not aligned. What should be done is that the clients will be doing what they need to do and looking at construction. So, what should be done?

That's classification.

the more responsibility you have the higher the classification

That would give you the ability to do their decision-making with quality or even more decisions with quality.

But you have you're stuck in a system of counting beans, so.

MAs pressured to make decisions

should be relieving MAs - less clerical, more medical.

Add this answer in roles divided

Adjudicators have to apply balance of probabilities, so is there a way to write things to help them make a decision?

Yes. There's going to be that. There's going to be that. There's going to be a legal problem. There's going to be a subjective case that wouldn't be granted.

Balance of probabilities that leather - it's 50-50. Most of it is subjective.

So it's going to be a tough one because most of its subjective. You have to have the same medical conditions, but you have different levels or preference.

We have the predictive model, but it does not. It gives us an idea of what are the grave conditions.

And for the grave conditions, it's going to be a day to make a decision because there's a high probability, there's a brain like 75%. But there's still some grant.

So that's why there's MA that have just the level of grant that's 50-50. You are on the side of granting always you should do.

There are so many steps in the application process, I wonder like what's the reason behind this restrictive practice.

What is the reason why the client is not given the option to make the entire application online?

client can do full application online

they could dock up, load the medical report, and upload in the system.

They can't type it but they can upload it

they can complete the application online and upload the medical report.

Is there a way like to reduce the amount of the hands that the process has or something like that?

Yes, there is a reduction we need. We need a application that's easier to use. We need to have a access to apply online. We need to have a number, mailing address, direct pay and pay signature saying you want to apply.

The other information that we kind of really need is why did you stop working?

If we have the date they stopped working, the reason why they stopped working, and the reason why they stopped working, and their SIN, I don't need all of the other things.

Need certain information to grant the benefit, name, address, phone number, and SIN. I don't need all of the other things.

Merge these two answers in one question

Physicians don't fill out complete medical report

Yes, there in variances in regions too. For example Ontario. I think the element rate is way smaller than Atlantic.

I'm gonna say something that I can't prove, but think the physician's are not filling out the application. At least to figure out, like the physician's are not filling out the application. They pack come back to me more and I'll give you \$125.

What are the other inconsistencies that you noticed in the program? Because the different regions can be different. Do you notice any other inconsistencies in the medical part?

A lot of the conditions are subjective.

Fibromyalgia is the big one.

Conditions that are kind of fibro is a problem. And it shouldn't be.

The challenge is weighing the same medical condition, the same for example, for example, in the musculoskeletal grade system. There are different scales, not all conditions have scales.

So it's kind of very hard and you can't judge it by symptoms alone. You can't judge it by medication or I may not need medication or I may need minimal except put me to sleep.

I'm still in pain, I'm just can't get out of bed. I'm just tired. So medication is not an enemy or of visibility at all.

so only in the informed consent, right, you have the, the medical report, it's fine to have a E-sign?

Because it's going to a third party when we're not. That's the illegal issue. Now, that's we're trying to work out.

It defuses the purpose of offshoring. You can't have someone sign the electronic signature. Doesn't make sense to have someone sign the legal services and then it's processed through a low priority versus this one.

and it could take us six months to a year or two before we get an actual response on certain things.

And I think this is gonna be one of these things where it's not preventing a person from being paid. It's just not getting the person in pay if we have to go through for a E-signature.

Is there something being done to manage that?

We're trying... it's not a new idea. I see. Actually, I see. We're going to looking at maybe centers of excellences

Where do we have ISD. You have to have the same expertise. So if you have a center of excellence, then you can have a group that is specific to that group and then we're going to do something.

shortage of specialists in the east leads to difference

looking at centres of excellence vs regional

have doctors on staff, can use them but may need to be reminded

I think there is a apprehension because they're in different departments.

If you had a magic wand and could change anything, all, what would you change in the program?

Stanley:

Michel:

For the service standard, they consider quality or quantity?

That's the problem. It's the tail wagging the dog that I mean, I want both.

But quality is the most important thing.

Because if you put a decision and it gets appealed, for example, that's a lot of time and resources and then we're going to take more time.

Up to 120 days or more, that's a lot of time to take care of the client and resources and frustrations from everybody.

I don't understand this part.

there are subjective biases - some people are more expensive and view a file differently

sometimes based on time, need to bring things up and run out of time and don't have all the info

I-SME-20-2

Department

Business Operations

Role

Junior Business Analyst

Interview Transcript

Legend

- 1 fact per post-it
- 1 key quote per post-it
- 1 important thought/point per post-it
- Insights

QUESTIONS	ANSWERS	QUOTES
<p>Can you briefly describe your role and responsibilities in the CPPD program?</p> <p>Based on your knowledge and experience, what according to you are the major issues faced by the program from a medical perspective?</p> <p>Could you tell us what was the purpose of adding a new questionnaire to the process?</p> <p>How was the feedback of the new questionnaire?</p> <p>How are these particular questions helpful for the applicants and decision-makers?</p> <p>How is SGO evaluated in terms of functional capacity?</p> <p>How does these functional capacity practices are evaluated in terms of what is written in legislation?</p> <p>The clients who don't have ability to articulate, to what degree the MAS assist the clients?</p> <p>Is there any opportunity for the client to provide additional documents to testify their condition?</p> <p>In your opinion, if you could change one thing in the process, what would that be?</p>	<p>Provide medical policy advice, stepping into doctors on staff</p> <p>Access to timely information from different sources is not a priority for them</p> <p>Getting historical information</p> <p>Medical adjudicators have some difficulty using the client's spontaneous</p> <p>Getting info about functional based assessment is challenging</p> <p>New assessments are done in a very short time and it's a challenge to do a proper assessment</p> <p>Developed using different assessment tools (different questionnaires, longer questionnaires, simpler questionnaires)</p> <p>WHO (World Health Organization) assessment functions set a more resource oriented</p> <p>It's formulated (regulations) were added to the new questionnaire</p> <p>Intent was to give clients a "voice" in the process</p> <p>Shared with stakeholders but no application being made has been done</p> <p>Internal feedback from the community. The communication should be clearly understandable</p> <p>No overly negative information was given to the stakeholders</p> <p>MAs still don't like it</p> <p>Unsure what training required. MAs believe it's just another questionnaire</p> <p>If the clients are working above SGO, we can't grant them</p> <p>Most of the time SGO is not the factor</p> <p>It only becomes the disability if it's not the client's ability to function in the world</p> <p>In theory, if MAs don't have enough information they receive call the client and ask for more information</p> <p>The medical report fails to mention the client's name, address, telephone number, and fax number</p> <p>The client is not in the chart, so the client is not mentioned in the report</p> <p>Yes, absolutely</p> <p>The same minimum that they have to have is the medical report</p> <p>If they want their medical provider to be a medical record, they can do so</p> <p>We absolutely accept medical records from allied health professionals</p> <p>Very few people are aware of the disability benefit in the CPP</p> <p>Doctors are only allowed to keep medical records back 10 years.</p> <p>Developing a "client" questionnaire to improve user experience</p> <p>A "client" questionnaire would be a set of questions and assessment</p>	<p>"Getting accurate, timely medical information from all sources is a challenge"</p> <p>"Getting information from all sources is a challenge"</p> <p>"The old questionnaire was not very user friendly"</p> <p>"People will need to give me a formal evaluation"</p> <p>"They complained should be given to the client"</p> <p>"We know how to evaluate when someone changes the medical report is limited"</p> <p>"We don't adjudicate on the basis of diagnosis"</p> <p>"Our benefit is limited due to fully automated processing function of the health minister"</p> <p>"It is very cumbersome to do a proper assessment and it's a challenge to do a proper assessment"</p> <p>"We are not equipped to do a proper assessment"</p> <p>"You should put a clause of informed consent in the application"</p>

Legend

Interviewer question

1 fact per post-it

1 long quote per post-it

1 important point per post-it

QUESTIONS	Can you briefly describe your role and responsibilities in the CPP-D program?	What are the steps in the MAQA process?	How MA determines if someone meets severe condition?	For severe conditions - Is regularly pursuing work activity being considered at the front end?	Does the application process consider different medical condition?	What is the process for communicating/training MAs with the framework?	Are there any different practices that you notice in the other regions?	If you had a magic wand, and could change anything at all, what would you change about the program or the framework?	
ANSWERS	<p>MAQA was created as a response to the audit report</p> <p>Disability of each applicant is different</p> <p>MAQA was created to use less time to contact review of MA and the quality assurance</p>	<p>Identify target population</p> <p>After the decision making, review the evidence that MA has come to a decision</p> <p>There's a guideline, because that everybody is doing things the same way</p>	<p>Check medical condition</p> <p>Look into person characteristics</p> <p>Recurrence of condition and what is the treatment</p> <p>Doctors are not experts in managing a capacity loss, so they aren't trained for that</p>	<p>It's going to be the application against the evidence that they have provided, and to make sure that the evidence is valid</p> <p>They're also need to have an understanding of why the application stopped working</p> <p>sometimes need to talk to employers</p>	<p>The files that are harder to adjudicate are the late applications</p>	<p>MAQA don't do the training</p> <p>MAs are trained in different stages to do different aspects</p>	<p>There's a fear that MAs are going to take the easy route and to make sure that the standards are being achieved</p> <p>Sometimes there's a lack of communication between MA and the employer</p> <p>MAQ professional standards are very high and it's difficult to communicate in an easy way to the employer</p> <p>Sometimes different groups will think are different things that are similar, but are actually different</p>	<p>Clearer governance, accountability framework is needed</p> <p>Where CPP application goes to the local office, it's not making full use of the potential of the MA</p> <p>comprehensive manual of how to do everything for MA that is all in one place</p>	<p>Medical report should be online</p> <p>Dynamic form (different question depending on the situation)</p> <p>Centres of specialisation for MA, where medical conditions require special knowledge</p> <p>All would like to look at files that have already been reviewed so as they can do continuous learning improvement</p>
QUOTES			<p>"There's no one size fits all decision"</p> <p>"The assessment of disability is very complex"</p>		<p>"The majority of the files has more than one medical condition"</p>	<p>"Each region seems to interpret rules differently."</p> <p>"It should always be the basic rule that the service will do the service, and the person will do what it's flying"</p>		<p>"We want the best for our clients"</p>	

Legend

Interviewer question

1 foot per post-it

1 key quote per post-it

1 important point per post-it

QUESTIONS	Can you tell me what is the role of the Continuous Improvement department in the CPP-D program?	How making changes in the program changed after CI?	How is the client's engagement calls during the application process?	Do the denial letters helping the clients?	Can you talk about the steps taken and the tools developed that will help bring consistency across the country?	Example of a policy problem	If you could change one thing in the program, what would you change?
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Look at service delivery model	Focused and based on evaluation methodology	Make changes in the CPP-D program based on evidence	goal is consistent, appropriate decisions - need training, task	Part of CI is writing together all parts of the program	CI areas of focus - Continuous improvement where receive a reward is 20%, but if they receive 10% they receive no 10%	more feedback processes now easier front line up to senior management	CI is all about prototyping
CI is about listening and understanding					MA user to make grant calls, so CI will be listening to do that	purpose of these call is to be helpful, MA need to be able to give negative news	The denial reason is not intuitive to clients

ANSWERS	Look at service delivery model Focused and based on evaluation methodology Make changes in the CPP-D program based on evidence goal is consistent, appropriate decisions - need training, task Part of CI is writing together all parts of the program CI is about listening and understanding	CI areas of focus - Continuous improvement where receive a reward is 20%, but if they receive 10% they receive no 10%	more feedback processes now easier front line up to senior management	CI is all about prototyping MA user to make grant calls, so CI will be listening to do that	purpose of these call is to be helpful, MA need to be able to give negative news MA don't like the call because it's hard to give negative news	The denial reason is not intuitive to clients MA user to make grant calls, so CI will be listening to do that	calls can be volatile MA is high paying job need to change how we are hiring MAs
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Legend
Interviewer question
1 foot per post-it
1 key quote per post-it
1 important point per post-it

QUOTES	"Only 1 or 2 number 1 issues of clients satisfied"	"There is few that the few things that have been done and I am quite satisfied"	"The client application process is more better. They feel more."	"It took me a year to get my legislation, and I'm trained on that"	"We aren't setting up our clients, we aren't hiring based on the job it."	"No call should take 2h"	"People who register are longer eligible for the program."	"We need to look at the application and the processing and then you give them the cost"
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I-SME-22

Department

Medical Expertise

Role

Medical Advisor

Interview Transcript

Legend

1 fact per post-4

1 key quote per post-4

1 important thought/point per post-4

Insights

Interview											
Can you briefly describe your role and responsibilities in the CPP-D program?	Advisory Role to SST	Medical advisor and he has 2 roles	1st role is to analyze files that are being transferred to the SST tribunal (considered risk cases)	They want the opinion of a physician to determine if the client is disabled or not. It's strictly a recommendation and there is no binding.	2nd role: analyze files that had been already submitted to the SST tribunal. Review the application.	Do you also reach out to the physicians?	No. We can ask the adjudicator in the process to get additional information.	That happens very frequently. If there are missing information or incomplete information we need an update, we will contact the physician for development to the MAs.	The adjudicators will execute the recommendation.	"The whole process is very long and can take several months".	average 2-3 files/week
SST has two levels, are you part of both?	Advisory role. More in people that are appealing in the general division	Gives the judgment has been rendered by the General Division, then the client has an option to go to the Appeal division	This is changing. The appeal process is gonna be a Noval process	Novel process. We have to review basically the whole file again, just like starting from scratch	I have to review the whole file again, from scratch. Now they only review the error.		difficult to get reports from family physicians as they are so busy	Out of those changes are reviewed. I think there is a lot more work involved. We need to do more research and it takes six months or four months to get the additional information	and it's not because the CYD is so slow. It also has to do with the ranking of the physician and the specialty. You know they can take some time to write and report	They keep writing letters, but sometimes it has no effect and especially with the physician who is not available. It's difficult to obtain a report there. So, they keep writing with requests	30 to 40% of the files we request for development, additional information.
Who do you provide advice to? Physicians or Adjudicators?	MAs are separate, will come to us for an appeal/division file. We give opinions. MAs decide how to act on it	The physicians are more of an advisory process, so we make the recommendations, but we don't really act on it.	"We make the recommendation, but we don't really act on it"	Adjudicator have their independence	If the MAs disagree with you, you can choose to ignore your advice		It sounds like a lot of information can be given. Is there a limit? Too much information makes the decision-makers information?	"The amount of information coming by the physicians is overwhelming, especially short."	"I don't see how you can squeeze it in even a short time. I mean, if the client insists, usually the physician will do it faster."		
Adjudicators come to you for the advice for some specific case or how does that process work?	The MAs basically come to us	They send us the file and then we can provide them with the decision how to act on our behalf. We can provide them with the general direction of whether they should be granted or denied and then the physician will do the final decision.				Is there any way to make this process easier for physicians?	It takes an average of half an hour to an hour to go through the questionnaires. It depends on the complexity of the case.	It takes a while. It's a systemic problem. It's not just the physician overwhelmed by medical information. They may see the form coming up they think 'OK, that form is going to be easy.'	Usually condition that don't have a diagnosis testing is the ones that gets sent to them.		
What are some things that have cropped up over the years either for you personally and your colleagues?	Have been at CPP for only six months	For now, it's strictly an advisory role there. There's no executive decision that we can make	It's all in the hands of Service Canada, where the adjudicators work			Is there an opportunity to make the application more tailored to specific cases?	About 75% of the applications we receive from the physician management plan, they have chronic pain, depression, anxiety	"Severe conditions usually don't even stand alone." "I am not sure if this would simplify the process that much".	"If everybody have a functional ability evaluation it would simplify the whole process."	If you do a physiological assessment it's expensive. Nobody pays for it, it's done privately. And then you have to pay for the reports, so not a simple thing.	A physiological examination takes even 2 to 3 days to perform, and the physical one can easily takes 1 day or less.
Has it been anything that caught your eyes in term of patterns?	It is a very social program	The idea is not to try to deny anybody and try to squeeze money out of the clients	It is based a lot on the social circumstances, uncertainty, psychological issues are very important in every file.	Have to balance all of the issues, medical with psychosocial	Training plays a very important role, not just the medical evidence	What is considered a complete medical report from the physician's side?	Functional ability evaluation helps it. It is a good functional ability evaluation, a lot of the forms can affect it.	Importance is functional ability assessment, but expensive to do/get. Many clients cannot afford.	We can rely on that very well. "I found those quite useful."	"If everybody have a functional ability evaluation it would simplify the whole process."	
What kind of training?	Training for the clients	If the client has Grade 8 education, they may not have had any formal training or anything else, we take in consideration	It's not just a mental perspective, have to look at the whole situation. So that's taken in consideration			What happens in case of applications? What role does a Medical advisor play in it?	It makes very tough. Late applicants have less chances to receive the benefit.	If it's not too late, it usually can be resolved if you have a functional ability evaluation, specially if the functional ability has not improved.	But if there is older person with no functional ability evaluation, it gets really tough.	If the MOP doesn't work, The MOP is very critical that the person was disabled.	Because CPPD is basically a no-fault insurance. So if you're in beginning of the process, you can't collect anything until you're generally disabled.
Is that related to Villani?	We take into consideration, education. So it's all Villani factors	Villani factor - ruled that you cannot just expect anyone to get any job, need to consider age, experience, education				late applications very tough if the MOP is a long time ago		The vast majority looks very honest and they try to return to work and they can't find a job.	There is a lack of information the major reason why people apply late?	The vast majority looks very honest and they try to return to work and they can't find a job.	It has to be within the period covered by the CPPD.
How is communication done? Do the adjudicators reach out to you for support or do you reach out to them before?	"Government works in silos" communication between different offices is very difficult"	Have never spoken to MAs, get a file in inbox, or get email	Have to review all the files. Have to go through the whole thing to make the decision is the proper one	History of earnings can be very important, can often indicate a medical issue if earnings suddenly go down		Are there medical advisors in other level?	It's lack of information the major reason why people apply late?	The vast majority looks very honest and they try to return to work and they can't find a job.	There is a lack of information the major reason why people apply late?	The vast majority looks very honest and they try to return to work and they can't find a job.	
Do you receive any training or have any criteria to follow to assess the case?	Criteria - try to be as independent and objective as we can	Need to keep in mind the CPP-D law - same as and prolonged	technical and analytical job at the same time	"I've never seen a big mistake on that, but it can happen occasionally"		What is your impression of MAs using DS template?	And that happens frequently. It's very common.	There are even some cases that we'll present to a physician and they say 'I'm not sure' and they get their opinion what they would do in that situation.	And that happens frequently. It's very rigid. You can find that they use a template.	But it's not an automatic process if you have a functional limitation. You need to consult one of your colleagues and then the individual medical advisor.	and sometimes if you know people are about you, you know phone them and say, can you tell me if I'm right, sure there's it? Does it make sense?
Do the doctors fill out the functional assessment part of the medical report?	"We check the medical report. We don't see the client's"	The functional evaluation is done as part of the client's file	The functional capacity is very important because the diagnosis are not very important. It's the functional capacity that's important	We based our judgment on the medical reports. We don't see the client's. We don't know what makes sense.	quite often it's a lawyer that requests a formal functional Capacity evaluation	The cases that we disagree is for the Villani factors	the only thing is, I find that it's very rigid. You can find that they use a template.	there are even some cases that we'll present to a physician and they say 'I'm not sure' and they get their opinion what they would do in that situation.	and if they check all the correct boxes they will come to that decision.	So, it is however with you, I read that from the physician from the adjudicator there are very good quality and I read them after have gone through the check.	Otherwise it gives you a clue if you're ready the adjudicator report you will tend to be based on the medical evidence. So it's better to read at the last step.
Based on the medical report, what would you put about the quality of the functional assessments?	main problem with physicians is that they will not focus on functional limitations	The physicians main problem is quite often they give a lot of information on the file, they don't write the diagnosis, the information is not clear, they don't write the self-described limitations.	and unfortunately that's what is the critical aspect for CPPD	offers that one thing that they do for the functional evaluations, the items that are not functional limitations, they are more medical information, they are not what we're interested in the functional limitations	And not so much on diagnosis or treatment plan, but the prognosis is important because it affects the prolonged criteria.	What is your impression of MAs using DS template?	But they are very high quality and it's very rare that we disagree with the adjudicator.	there are even some cases that we'll present to a physician and they say 'I'm not sure' and they get their opinion what they would do in that situation.	So, it is however with you, I read that from the physician from the adjudicator there are very good quality and I read them after have gone through the check.	Otherwise it gives you a clue if you're ready the adjudicator report you will tend to be based on the medical evidence. So it's better to read at the last step.	MAs tend to be more rigid - following template, advisors tend to look globally
The medical report plays a central role in evaluating a file. Is that unfair?	It does in the sense that it does not support the self-described limitations.	We want to have some details and usually you can leave out what is not relevant to be fitting with the general personal, and which are not.	"Self-report limitations are quite often pretty honest and does fit the physician and all the aligned personal."	Most of the time is a pretty good indication.	"Self evaluation helps a lot because it gives a lot more credibility."	Is there anything under development to try to account for Villani?	I have no idea of what the success rate is, that's one of the problems."	the cases that we disagree is for the Villani factors	Even though it's not pretty convincing, that carries a lot of weight.	I can see from the decision the testimony of the client. If the testifies that he has a functional limitation, he will tell that it will be accepted in the SST level.	functional limitations are very important to consider severe/prolonged criteria
							If you had a magic wand and could change anything at all, what would you change in the overall medical process?	Even though it's not pretty convincing, that carries a lot of weight.	"Would like to see the end of silos and have more collaboration between MAs and physicians."	That way we would have less appeal to the General Division.	systems issue - physicians are overwhelmed, forms take a long time to complete, plus admin time
									Breaking the silos and having more communication.	It is a social program, so you have to give more chances to the client compared to another programs.	sometimes client's lawyer will request full functional assessments
											majority of cases make a decision that is reasonable and fair

attach a great deal of importance to assessing clients

Can take 10-15 days to get through the process if everything goes smoothly

and if there are any complications or if something goes wrong

QUESTIONS

ANSWERED

QUOTES



C-01

Location

Prince
Edward Island

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

How did you get to know about the CPP-D Program?

Through ESDC website

Have you applied to any other disability programs?

Just CPP-D

Did you apply for the CPP-D online or submitted the application to your nearest Service Canada Centre (paper-based)?

Tried to fill it out online and save it then printed it off, but you cannot save any of the info and download it

Filled it out and brought it Resource Ability

What was the reason behind your application?

multiple conditions, some medical and some mental health

How long did you wait to apply after your disability was diagnosed?

Started having medical issues and would have filed when I was in my early 20s

had to go back to work because wasn't eligible - was on worker's comp but didn't have contributions

was struggling with medical issues for more than 20 years before it was bad enough

Applied almost 25 years after becoming disable

The website told she wasn't eligible

Could the website be wrong?

Did you use the application toolkit to apply for the program?

Not aware

Applied 5 months ago

Have you ever applied to the CPP-D program before?

No

Can you tell me about your experience of submitting an application?

"It was incredible frustrating. Put my anxiety to the roof!"

was very frustrating to submit application - wasn't really providing. Had to start and go back to it over many years.

I filled out the form and put it away for years because I didn't feel I would have qualified.

Don't feel like I would have qualified, none of the issues I had seemed to be "bad enough"

questions were confusing, what were they asking me?

"I found some questions confusing"

hard to get a doctor to want to sit down and fill out all the information that is needed for eligibility

"It was a lot of time"

onslaught of paperwork that is not expected

"it was too much!"

Interview

How did you compile your medical documentation for the application?

I had all my records from my doctor and worker's comp - I had copies of all medical records sent to me

"Learning from my mistakes, I dealt with them, I always asked for my copy, for my own purpose"

How long did it take to complete the application and then submit it?

2 months

Before 6 months she received the approval letter

She's happy she got it earlier than expected

Lady at resource ability said she had done really well in the terms of document compilation

How was your experience of filling out the application questionnaire?

Hard to know how far to go with medical history, what needs to be submitted.

"I was dealing with different medical conditions, it was confusing for me"

not all questions apply to me and my particular issues - application is one size fits all

need to fill out all form even if they don't apply

Were you aware of the steps involved in the CPP-D Program?

I was aware of the process and timelines

got letter in the mail to say I will be getting first payment at end of month - but amount quoted was different than website

"IT WAS very confusing"

Did you receive any phone calls for clarification from the ESDC?

called right away after I submitted - that was the only call I got

There was a phone number on the approval letter so I called and asked for another paper to come to get clarification about the amount of the benefits

very unclear process - why isn't information on the website? Website is always down!

information coming in the mail, not all on website, coming in dribs and drabs

How did you reach out to your physician to fill out the medical report?

family physician had not been supportive - told me I was too young and to basically suck it up

"He just didn't want to do it"

felt my doctor didn't want to do it/support it

brought all of my own documents, had to hold doctor's hand

Doctors are overwhelmed, they don't have time to do all of this

"I don't think the application should be that difficult"

"It's not like we are not getting a ton of money here"

I did most of the application with him, it was done the next day

Picked the medical report with the doctor, he filled out her application and submitted everything together

If you had the magic wand, and if you could change anything at all, what would you change in the application process?

process should be faster, more user friendly, and less "attacking"

Process should not be that long, 6 months of wait is a long time

very grateful for support at outside organization (Resource Ability)

"will I get backpay for all the time I was waiting?"

Why isn't connected to DTC (Disability Tax Credit)? Should be all together and one application!



C-02

Location

Manitoba

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

How did you get to know about the CPP-D Program?
Applied in '96 when all other disability insurance ran out
He was scared to lose the CPPD, but when he learned more about it he was not afraid

Have you applied to any other disability programs?
No, because there's not a lot of support in Manitoba
"You find more support in other provinces than in Manitoba"
I am making very much for CPP-D, so I reached out to the Manitoba Employment Income Assistance to help with the savings.
also have some income support

How did you compile your medical documentation for the application?
Wife was the one filling the forms, so I only answered what she told me
hard to remember the process now as it was a long time ago
One of the seniors in the roundtables
They asked about your medical condition if it is long term, short-term
Have a long-term condition

Did you receive any phone calls from clarification from the ESDC?
No phone calls, only letters
communication initially was all print mail - not accessible
accessibility issues for service canada
"Some of the forms that I get from Service Canada are long forms and they are hard to scan"
depend on letters to come in, call in

Did you apply for the CPP-D online or submitted the application to your nearest Service Canada Centre (paper-based)?
heard about cppd through a friend - thought it was for seniors
partner helped to apply

What was the reason behind your application?
Blindness

Were there any other challenges that you encountered?
can't get online
"For someone who is blind, I'm not able to remember some questions that they asked"
don't have an account with service canada now, easier to call - why bother
It's easier to call

Have you ever applied to the CPP-D program before?
Got approved in the first application
applied for recon for cppd
Back then it paid him for 3 months. They gave a retro payment after
did an internship, worked part time while on cppd
"When I worked there I made sure that CPPD knew about it"
"I was a little bit nervous I was gonna get caught"
worried about getting cut off when working
"If you don't know anything, you expect the worse"

How did you reach out to your physician to fill out the medical report?
Can't remember much because it was long time ago
Back then I had a family doctor that I see all the time
was a long time ago but had family doctor and I saw a lot and he helped fill out forms
Went to a doctor that he had to pay to get forms done
So he changed to another doctor that didn't charge anything to fill the forms

Were you able to keep your benefit while working?
Was able to keep it
The internship lasted for 6 months
CPP-D knew about it and they never asked about the earnings amount
would like to be working, applying for jobs now
had support with process when working

If you had the magic wand, and you could change anything at all, what would you change in the application process?
How to log in, and how to sign in to service canada so he can have access to check his records and information
Check my records or check my account, like if I get a letter that it's been denied, I would mail it in there then have it mailed to me
process is getting better, now with more online access

Can you tell me about your experience of submitting an application?
took about 4 months to complete the application
went to work for a point, off cppd but then went back on after a lay-off

The image shows a large grid of sticky notes arranged in three main columns: QUESTIONS, ANSWERS, and QUOTES. The QUESTIONS column on the left has 20 white boxes, each containing a question related to project management or communication. The ANSWERS column in the middle has 20 rows of yellow sticky notes, with each row containing several responses to the corresponding question. The QUOTES column on the right also has 20 rows of yellow sticky notes, with each row containing a single, longer quote. The sticky notes are color-coded in yellow, teal, and red.



C-03

Location

Newfoundland

Interview Transcri

Legend

1 fact per post-it

I have quoted her below.

slashes

Interview												
How did you get to know about the CPP-D Program?	Back in the 2000s, his father was on it, so he was a recipient of CPP back then as well as a dependent.	came to cpdp because of heart condition	had medical documentation, had information from cardiologist	feels like cpdp system is set up to say no	"the cpdp system, they are mandated and i don't care what they say to me, they are mandated to say no"	I understand that like physical labor obviously exacerbates and worsens that stress as well? Are there other conditions?	Yeah. Well, I mean stress because it doesn't take much for my blood pressure to rise from the restriction of blood flow.	I could never want anybody else to go through this. It alone I wish there was something I could do to help them to some days because my body works.	Some days I feel like going on the back patio and just yell at the birds. Like, I'm not sure if I did this have to happen to me!	But it's a relative. It's in my family. So I mean, it's a health issue. I can do. Well, I mean, there's it's a stressful process.	it's bad enough that you're accepting that you have become disabled and your life is changing for the worse.	
Have you applied to any other disability programs?	There is no provincial program it's only CPDP here.						There's no support there for anybody from. I mean, even if you only had a minor sprain or something like that, it would be better than nothing. I mean, I think it's just like, no, you're not present.	I mean, why should it apply? Shouldn't we have to go to the tribunal when my doctor says I'm not fit to work? I mean, I think it's just like, no, you're not present.	and that workers' compensation would not ensure me with any kind of benefit. I mean, I think because it's too high of a risk of someone getting injured in their place of work, which, more money is needed!	It was like pulling teeth, right? Like there was no getting from.		
What was the reason behind your application?	Well back in 2012, in December, I had major heart attack. I was dead for 6 minutes.	discovered had 5 blockages in 2017 followed by 6 more again, and then discovered he had 8 blockages.	Anytime, I put strain on my system, it became more difficult.	I was having stable angina attacks because there's so many blockages in my heart. So anytime I put strain on my system, I would have these angina attacks.	I'm working at provincial airlines and we're dealing with aircrafts and people's luggage. I mean, it's a very strenuous job for me to be working.	How can you say you don't wanna play with fire too much	Can you tell me about your experience of submitting an application?	It was all on my own.	It was straightforward. I guess that location part of it was straightforward because you got nobody to deal with.	I always said it, they are mandated to say no. Their mandate has to be changed.	My physician was also very helpful.	
Did you need help of a lawyer to apply for the program?	Yep. So like at first there at first I was on my own like you applied for it.	You got nobody to help you. You're walking through blind.	turned down first time	I had all the medical evidence there to go.	I had doctor letter from my doctor, a letter from a cardiologist saying of this many blockages, there is a good chance of another heart attack that will result in death.	dependents get \$260	Were you aware of the steps involved in the CPP-D Program?	No, I was learning as I was going. When they send me denial letter, it was explained in the letter.	Yes, it was a matter of two weeks and my case was approved.	new evidence appeared a day before the tribunal - no idea where it came from?	It's fine when you have money in your savings account, but when you run out of money, it's more stressful.	
How long did you wait to apply after your disability was diagnosed?	Because I was 28 at the time. They don't want you in the system.	I wanted to offer my condolences for what happened to you and your wife. I'm dragging my feet and let you know that we have you approved for CPDP.	ended up going to tribunal	So before the tribunal, I went to a McGillivray law firm. That's local law firm here on the East Coast.	I wanted to get this done and done with. When you're a year into it, it's time to get this over with.	every day I would phone the tribunal guys. Did you get the paperwork from CPDP? No. Damn Communicators.	but the CPDP system, they are mandated and I don't care what they say to me, they are mandated to say no.	Assumption	2 days before tribunal, cpdp called, aplogized, approved benefit	"People ask me how to do it, and I send them to a lawyer."	We just got in contact with your cardiologist. Consider didn't change. My condition hasn't change you lot.	
Did you receive any phone call?	I gave up work. I can't remember if I gave up work because I was diagnosed or it was in July and I know it was a good year before I actually got approved for CPP.	It shouldn't take that long. If you get the letter from CPP, you know when to work. What? You got a letter from CPP, you know when to work. It's a piece of paper.	Why did it take that long? It shouldn't take that long	only get 50% of income, but yet our disability doesn't go away.	The cost of that doesn't become reduced. If anything, it increases.	Now I got a son who's six years old. He's turned to February. He has a disability. He's autistic. He's non-verbal.	but your condition hadn't changed. Nothing written materially changed for you.	No, nothing. Not a thing. I mean, still to this day, I'm still the same as it was back in 2017.	That was there from last year. I don't know if it got overlooked or what.	worker's comp wouldn't insure me anymore because of risk/liability		
What did they say when they denied you?	You don't have to get the lawyer to do this. Getting that approval is like dancing.	They sent me the letter in Jan, and said we miscalculated your income.	The people were understanding what I was saying but they were the ones that were making the decision.	They were just saying - go back to work because they don't care.	All they were seeing was my documentation and not me.	They don't want you to be in the system for 30 years.	Was it easier to call them?	Yes.	"The communication there needs to be better, because these are people's lives that you're dealing with"	main issues was communication	because, I mean, it's a simple life that they're dealing with and they don't seem like they care.	
process is very long, dragged out	"You are not disabled enough" that's what they keep saying.	You're not disabled enough. How do you feel about that? Enough. Like, disabled enough? Is disability a disability?	"Timelines are all over the place."	The only time that I received a call from them was when she phoned me to say we got good news.	If you're saying I'm not accepting your documentation, then they need another six weeks to think about it again? They should be instant.	When did you receive the denial?	probably by two to three weeks period.	But one person would take it to calling you and the other person would say before, it doesn't seem like one knew what the other one was.	"The Left don't know what the right are doing."	because I mean, it's a better place for people, like that they're dealing with and they don't seem like they care.	There has to be a better place for people, like that they're dealing with and they don't seem like they care.	
Did they try to put you into vocational rehabilitation, try to get you into other occupation? Did they try that at all with you?	Well, I mean, I was still able to work. That was my main problem. I was not eligible for CPP disability because I was fit enough to work.	then I have to turn around and say great West, our private insurance company, you're not covered, you're not up to us.	If you got all this paperwork saying you won't work, what else do they need?	processes are a waste of taxpayer money	The total amount was \$94. \$94 dollars was like slap in the face.	Once I was approved, it was all in rush though. They owed me \$2500 by that time.	Were there any other challenges?	I mean what they put you through for what little bit of financial income you're going to get. I mean, it's like you're applying to get \$100,000.	You're applying for what is very little income. I mean, a lot of people can't live off it.	income is low - hard to live on	rates are not enough - indexed but not enough	As power lines probably getting every two weeks, so now I'm only getting power once a month because the two kids attached to my pay.
They tried. Yeah. But like I said, the medical evidence was there.	"It's bad enough to be disabled, but here it is you punishing me for being that."	And you're basically telling me we're really don't care what you get or not, how you supposed to live.	it's a sham system.	And now my whole life is changing. And I'm going through all of this. You know, I'm kind of depressed because I can't do the things I wanna do.	I was trying to prove my point. Sure, cause the more I could prove my point the better.	Once I had when my heart started to hurt, I mean, I had to go to the hospital because there's nothing for me to do. I mean, I had to go to the hospital because I had a heart attack or my Angina attacks a day. I know that sounds like a joke.	If you had the magic wand, and if you could change anything at all, what would change in the application process?	I would go back to being healthy as it could because I don't wanna be honest. Tell you the truth.	"I wouldn't apply for it." I don't wanna be on it.	The process should be made on the part of participant and not government.	You have to support these people, why should we hire lawyer and pay them to get the benefit.	We are not looked after, you're going through the process.
								You know, you have to support these people. We're paying into it. And I mean a little support goes a long way.				feels punitive - feels like being punished for being disabled

We all pay in but you need to fight to the death for a poverty income

People think If you
are disabled, you
will be looked after,
but you aren't. you
are tortured"
paraphrase

CPPD out of touch with reality of people with disabilities

"Never saw me, just saw the paperwork."

me into
vocational
rehab



C-04

Location

Prince
Edward Island

Interview Transcript

Legend

1 fact per post-it

1 quote per post-it

1 important thought/point per post-it

Insights

How did you get to know about the CPP-D Program?
LTD (Long Term Disability Insurance) provider said she had to apply for CPPD
She knew that the program exist, but she didn't know how to apply and eligibility

Have you applied to any other disability programs?
Just her work one
Then a significant time later she applied to CPP-D

Did you apply for the CPP-D online or submitted the application to your nearest Service Canada Centre (paper-based)?
Paper

What was the reason behind your application?
Her insurance told her to apply
Multiple Sclerosis
No longer able to work
According to her neurologist, she was disable

When did you apply for the program?
Late 2019, early 2020

Can you tell me about your experience of submitting an application?
"It took a lot of time"
Did a similar concept with her insurance provider, but the CPP-D had different questions
Someone from the Council of Disability of PEI helped her with the application
I certainly did it on a paper copy, but I'm not sure if she did it online. I didn't do anything online
I think she took the application to Service Canada and sent it to them in a package

Waited less than a year to receive an answer
Covid came and delayed the process
The person from the Council helped her a lot
"She knew certain things about it and Service Canada"

How did you compile your medical documentation for the application?
Her doctor filled in whatever he had to fill in for her insurance
Her GP (General Practitioner) filled in very briefly what it had to for the CPP-D
"I don't think I sent any medical information, I think my doctor did, but I don't think it was extensive"
Her neurologist filled out what was needed
Her GP had a copy of everything from her neurologist so he answered based on that. The GP trusted what the neurologist said

What were the challenges that you faced?
Very concerned she wouldn't be accepted
"I had a lot of stress that CPP-D might not accept me"
Was concerned of not being accepted in the CPP-D and her insurance say she wasn't disable
"I was stressed out about taxes, the money in my pocket was going to be affected"
The Council didn't know how it would affect her insurance
Overall benefits is actually less than when I was just in the employer insurance
Called Service Canada to clarify about the taxes
"I kind of knew that, nobody could tell me. I did call them, but they were not very clear"

Interview

How was the experience of filling out the self-assessment section in the questionnaire?
Chantal (from Council of Disability) said that she did an excellent job explaining it
I was probably over-detailed

Did you receive any phone calls for clarification from the ESDC?
No
Received the benefit within a year. It was faster than she expected

Didnt call Service Canada to clarify this
She told Service Canada to pay the money directly to her insurance, and they did that

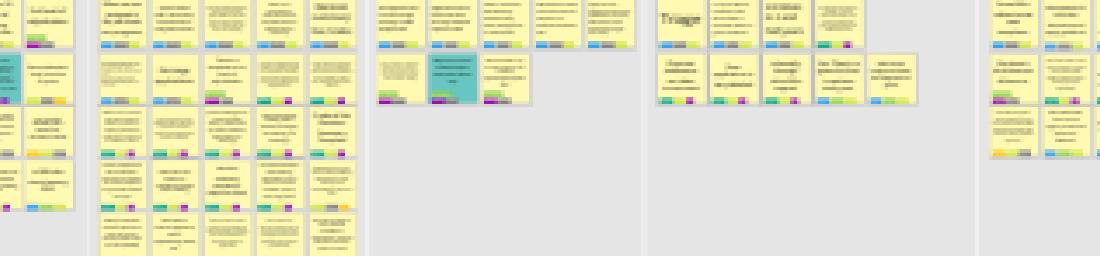
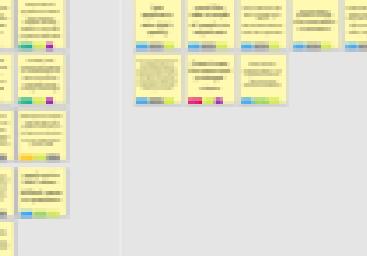
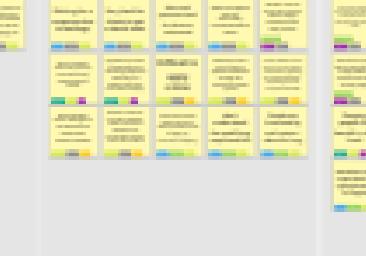
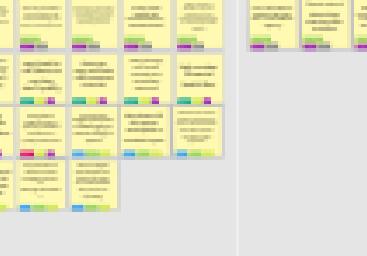
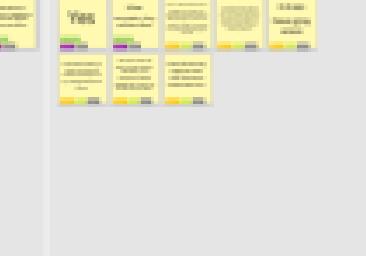
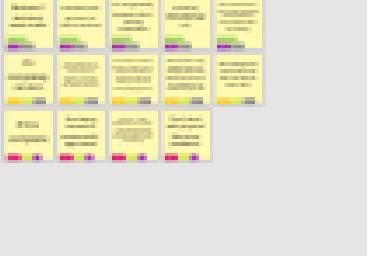
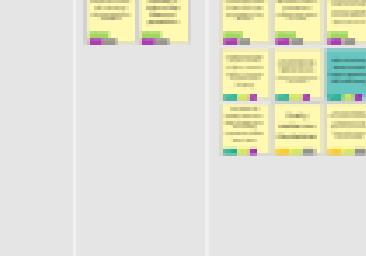
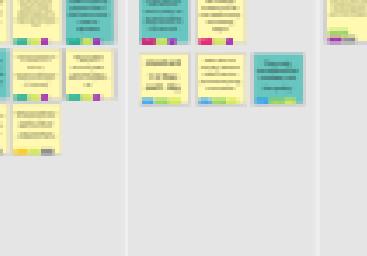
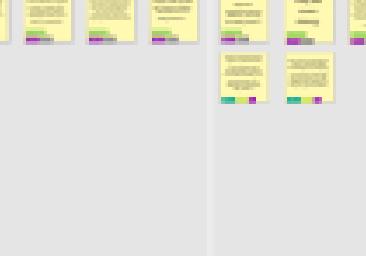
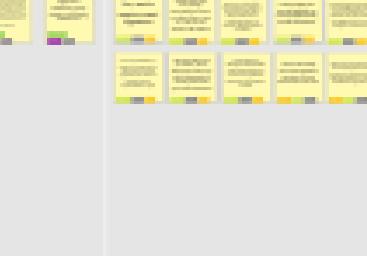
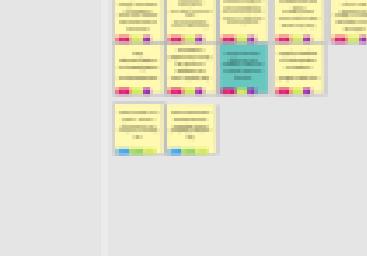
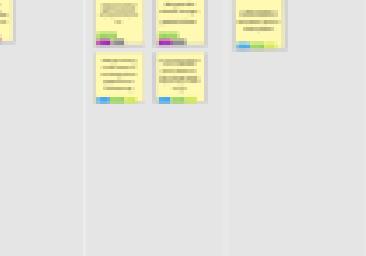
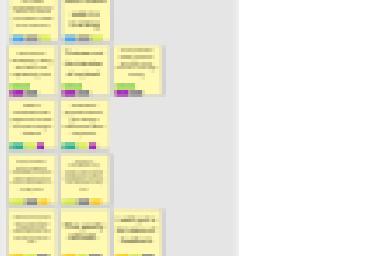
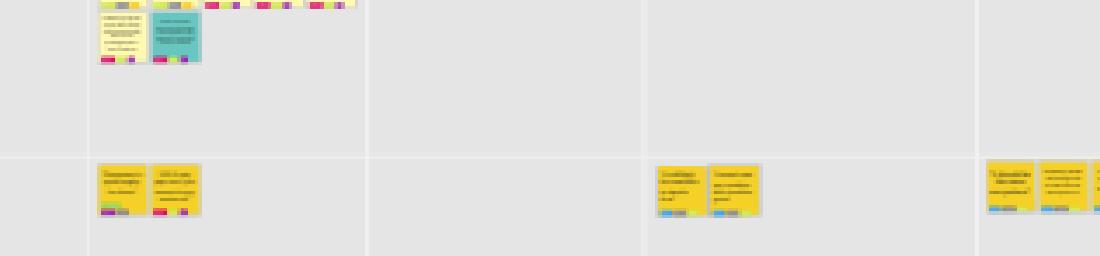
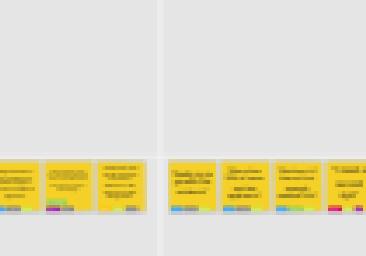
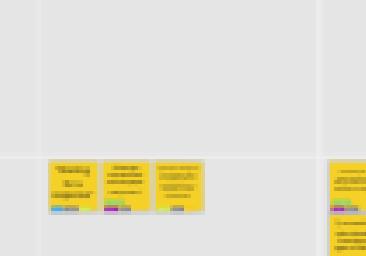
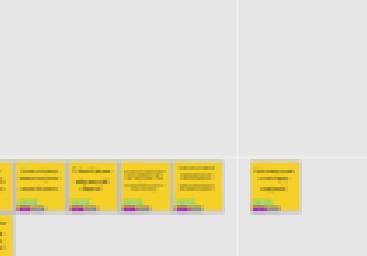
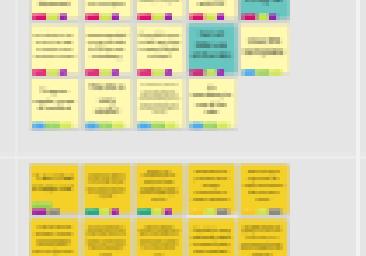
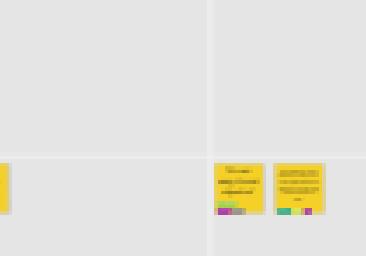
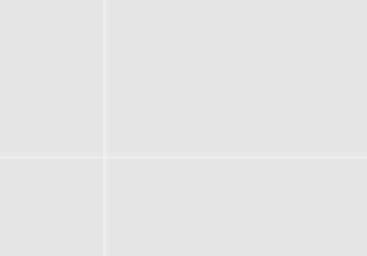
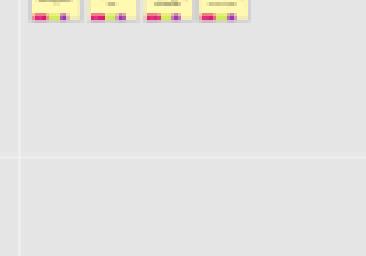
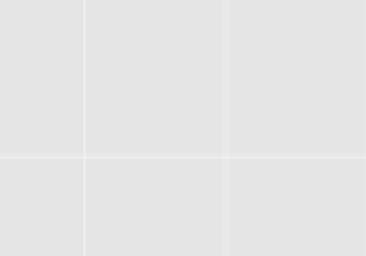
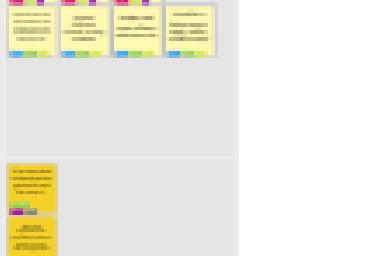
How did you reach out to your physician to fill out the medical report?
Used to see her neurologist once or twice a year
Her neurologist sent everything to the GP
The physician mailed the documents to Service Canada

How much time did the physician take to submit the medical report?
More than one hour
GP had to review some letters, and then he put very high-level notes
"I was shocked how briefly he filled it out"
GP said that CPP-D wouldn't say anything because her neurologist said she was disabled

GP just filled 'as noted', as indicated
"I was worried that it wasn't enough"
Service Canada asked for a follow-up for the GP
It took more than a medical report that wasn't enough, it was the follow-up question that was sent later

If you had the magic wand, and if you could do anything at all, what would you change in the application process?
"I think everybody needs a Chantal to help them"
Someone who helps them with the application and that knows the process
Having a person that knows that there are nurses that worked in the application that know about Service Canada
"I would fill everything out but I would be as confident if she wasn't there"
She assumed she could do the application by herself, but she preferred someone to help to be more confident

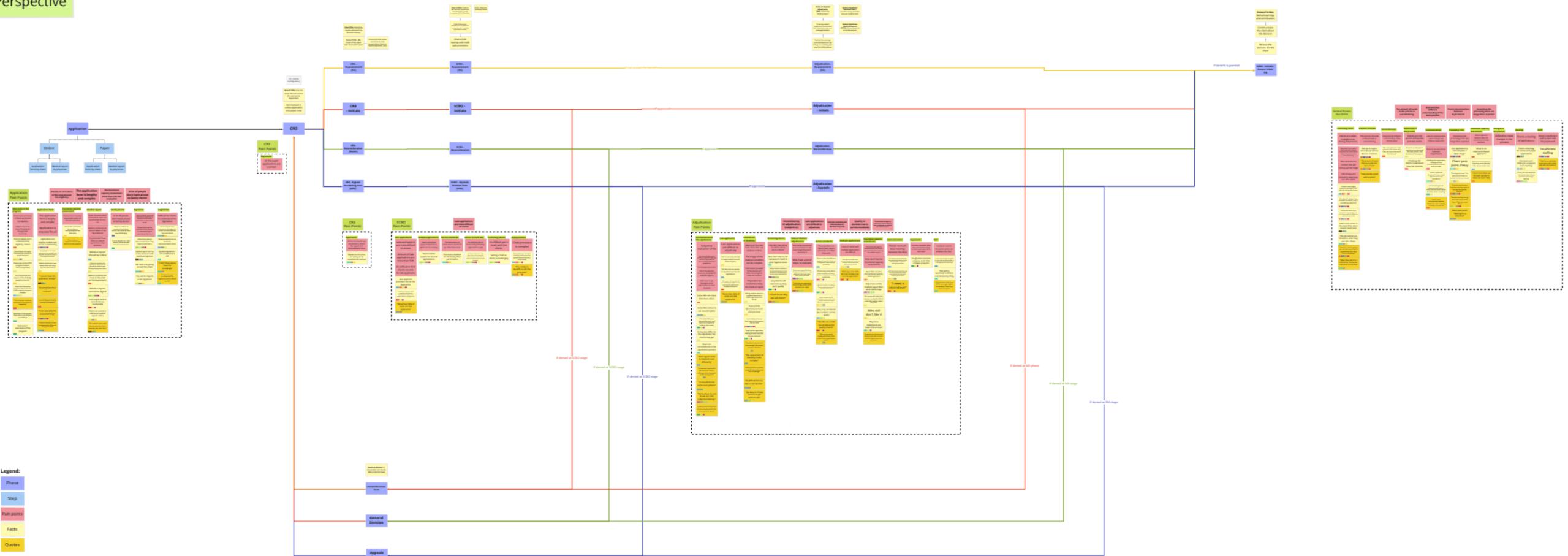


QUESTION	Is it necessary to have patient information in the clinical report?	Does your organization encourage the use of electronic signatures?	What makes the medical report incomplete?	How are different medical conditions tracked?	Is there a checklist or group conditions update regularly?	Should there be conditions added to the group list?	What are the requirements for the clinical report?	Are different medical conditions grouped?	Is there a lot of discretion allowed to enter in the clinical report?	Does your organization encourage the use of electronic signatures?	Which files do you consider are complex?	Do you use all the tabs?	Is your health record office efficient to file only the first and the last?	What is the biggest cause that gets to you?	Does the MA review the files randomly?	What are the most common reasons for you?	Are the files that get to you physical files?	What is the reason for the patient refusing to sign the medical documents?	What are the main reasons why an application is rejected?
ANSWERED	 A grid of yellow sticky notes containing various responses to the question about patient information in clinical reports.	 A grid of yellow sticky notes containing various responses to the question about electronic signatures.	 A grid of yellow sticky notes containing various responses to the question about what makes medical reports incomplete.	 A grid of yellow sticky notes containing various responses to the question about tracking medical conditions.	 A grid of yellow sticky notes containing various responses to the question about regular updates for group conditions.	 A grid of yellow sticky notes containing various responses to the question about adding conditions to group lists.	 A grid of yellow sticky notes containing various responses to the question about clinical report requirements.	 A grid of yellow sticky notes containing various responses to the question about grouping medical conditions.	 A grid of yellow sticky notes containing various responses to the question about discretion in entering clinical reports.	 A grid of yellow sticky notes containing various responses to the question about encouraging electronic signatures.	 A grid of yellow sticky notes containing various responses to the question about complex files.	 A grid of yellow sticky notes containing various responses to the question about tab usage.	 A grid of yellow sticky notes containing various responses to the question about efficiency in filing.	 A grid of yellow sticky notes containing various responses to the question about biggest causes.	 A grid of yellow sticky notes containing various responses to the question about MA random reviews.	 A grid of yellow sticky notes containing various responses to the question about common reasons for users.	A grid of yellow sticky notes containing various responses to the question about physical files.	A grid of yellow sticky notes containing various responses to the question about patient refusal.	A grid of yellow sticky notes containing various responses to the question about application rejections.
QUOTED	 A grid of yellow sticky notes containing various quoted responses to the question about patient information in clinical reports.	 A grid of yellow sticky notes containing various quoted responses to the question about electronic signatures.	 A grid of yellow sticky notes containing various quoted responses to the question about what makes medical reports incomplete.	 A grid of yellow sticky notes containing various quoted responses to the question about tracking medical conditions.	 A grid of yellow sticky notes containing various quoted responses to the question about regular updates for group conditions.	 A grid of yellow sticky notes containing various quoted responses to the question about adding conditions to group lists.	 A grid of yellow sticky notes containing various quoted responses to the question about clinical report requirements.	 A grid of yellow sticky notes containing various quoted responses to the question about grouping medical conditions.	 A grid of yellow sticky notes containing various quoted responses to the question about discretion in entering clinical reports.	 A grid of yellow sticky notes containing various quoted responses to the question about encouraging electronic signatures.	 A grid of yellow sticky notes containing various quoted responses to the question about complex files.	 A grid of yellow sticky notes containing various quoted responses to the question about tab usage.	 A grid of yellow sticky notes containing various quoted responses to the question about efficiency in filing.	 A grid of yellow sticky notes containing various quoted responses to the question about biggest causes.	 A grid of yellow sticky notes containing various quoted responses to the question about MA random reviews.	 A grid of yellow sticky notes containing various quoted responses to the question about common reasons for users.	A grid of yellow sticky notes containing various quoted responses to the question about physical files.	A grid of yellow sticky notes containing various quoted responses to the question about patient refusal.	A grid of yellow sticky notes containing various quoted responses to the question about application rejections.





SME Perspective





E-SME-01

Role

Professor of Social Policy

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights

Interview											
What are your thoughts about the CPP-D?		written a lot about it, including a book!				Some Canadians are disappointed and frustrated				difficult to address less visible impairments because it is so based on physical disability	
E-SME-01	E-SME-01	for those with episodic it is challenging to qualify - they are in and out of the system which is really disappointing and surprising for many	E-SME-01	designed a long time ago - eligibility and definitions are from the 1980's based largely on what was available based on american civil war definitions	E-SME-01	I don't know if we understand the "pre-client" experience, when do canadians see themselves as eligible?	E-SME-01	about half are denied, how do they experience the denial?	E-SME-01	not everyone who is denied reappeals or appeals	E-SME-01
E-SME-01	E-SME-01	awareness of the program, application to the program is a challenge	E-SME-01	I don't think we understand the "pre-client" experience, when do canadians see themselves as eligible?	E-SME-01	"CPP-D had a high rejection rate, it always had"	E-SME-01	automatic reinstatement was a good move - nice feature	E-SME-01	How the program interacts with other provincial programs is also very important	E-SME-01
E-SME-01	E-SME-01	feeling from the 70s was that you were excluded and on the margins, can't do anything, can't participate in the world	E-SME-01	high rejection rate, how does that shape sense of self and ability to apply for others, view of government, view of professionals	E-SME-01	"it's like a rubic's cube"	E-SME-01	CPP-D is a multi dimensional, multi faceted program	E-SME-01	the fact that CPP-D is federally administrated is a positive thing. More consistent	E-SME-01
Paint point: Awareness of the program		"I don't think a lot of people how the disability part of the CPP operates"				Paint point: Bureaucracy				What are your views on the functional capacity assessment?	
E-SME-01	E-SME-01	many canadians don't have a doctor, which is a huge barrier and is getting worse	E-SME-01	appraise the work of the SST trying to be responsive, heading in the right direction and "demystifying the appeals process"	E-SME-01	"biographical disruption" (sense of your biography has suddenly kind of shaken), then trying to approach a huge bureaucracy like CPP-D	E-SME-01	Physicians don't present information or the condition in the best possible light	E-SME-01	"Some doctors don't like to fill out these forms"	E-SME-01
E-SME-01	E-SME-01	Part of it is bureaucracy	E-SME-01	Misinfo administrative errors (exchange of information between the initial decision of rejection)	E-SME-01	Some doctors fill out the form in a harder way because they don't think the client qualify for it	E-SME-01	Some doctors fill out the form in a harder way because they don't think the client qualify for it	E-SME-01	"CPP-D is hard to change"	E-SME-01
E-SME-01	E-SME-01	rely heavily on medical gatekeepers, document presentation of a person's life on a form	E-SME-01	not a role medical practitioners signed up for	E-SME-01	"Doctors didn't sign up to do all of these stuff"	E-SME-01		E-SME-01	don't string people along, don't avoid the no	E-SME-01
Do you think the medical report is important?											
E-SME-01	E-SME-01	In light of like the fact that so many people are without health care and it's hard to speak to that makes it even more of an alternative in terms of adjudication and CPP-D?	E-SME-01	Not the most important part because there is the employment test	E-SME-01	work related social insurance program - which is confusing for many	E-SME-01	very medical model of disability, pressure to move towards a more modern approach	E-SME-01	Some people hate the program because it's a very medical model	E-SME-01
E-SME-01	E-SME-01	Some doctors are good, some are not	E-SME-01	Some doctors charge patients to fill out the medical report	E-SME-01	Disability tax credit has expanded the number of health care specialists who can address functional capacity	E-SME-01	need creativity, need work-arounds, access to medical records	E-SME-01	"A lot of Canadians with disability face a lot of barriers"	E-SME-01
E-SME-01	E-SME-01	Moving into electronic records and empowering the client to be in control	E-SME-01	Another participant also mentioned about the electronic medical reports	E-SME-01	The system had screwed family doctors. We hadn't truly empowered them	E-SME-01	"There are so many Canadians without physicians, and with an aging population"	E-SME-01	transformation of systems/benefits very much tied to health care reform	E-SME-01
E-SME-01	E-SME-01	What according to you is a better way to provide benefits to people with disabilities through this program?	E-SME-01	User needs and challenges from a gender perspective, more inclusive	E-SME-01	Explain to people better how the program works, explains the rejection rate as well	E-SME-01	A lot of people applied because their insurance told them to	E-SME-01	manage expectations around expectations	E-SME-01
E-SME-01	E-SME-01	vocational rehab happens, some return to work adjusted to allow more earnings	E-SME-01	shifting understanding of disability, capacity, aspirations	E-SME-01	how does it interact with other programs, are there other unintended disincentives	E-SME-01	stop thinking about people as unemployable	E-SME-01	It could be done some work in the rejection rate	E-SME-01
E-SME-01	E-SME-01	CPP-D is more a notion of if you have something permanent, longer, prolonged or severe	E-SME-01	There is some conversation about CPP being reformed so people can get a partial benefit	E-SME-01	a lot of european countries offer partial benefit	E-SME-01	People have to wait at least a year before they're likely to be considered that they have a permanent disability	E-SME-01	It has to be some conversation saying the government of Canada isn't abandoning you	E-SME-01

QUESTIONS	How did you get to know about the CPD II Program?	Have you applied to any other disability programs?	Did you apply for the CPD II program?	What was the reason behind your application?	Did you need help or a lawyer to apply for the program?	You think was the longer associated in the process?	When did you receive the program?	How long did you wait to apply after your disability hearing?	What did they say when they denied you?	Did you apply for the program?	Did you apply for the CPD II program?	Did you apply for the CPD II program through email?	Why did you feel the communication was poor?	The communication was terrible through email.	Did you feel the communication was good?	The communication was good through email.	Did you feel the communication was poor?	The communication was terrible through email.	Did you feel the communication was good?	The communication was good through email.
ANSWERS	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes	Yellow sticky notes
QUOTES	Black	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow

Black
Communication
Good
Communication
Poor

Interview											
E-SME-02	Role	How often do applicants reach out to you to fill out the medical report for the CPP-D?	I am not currently in practice	Haven't practiced in last 3 years	Specialist of Spinal Cord Injury	I have done this fairly recently, I was practicing probably once a week filled out the medical report	Once a week on average	How do you submit the medical report?	I usually gave it back to the patient, because that was easiest	Generally I would fill it out, leave it with the nurse on my ward, my administrative assistant	The patient would collect from them
Physician	How do clients reach out to you?	At various points looked at out patients and in patients	Usually when people started thinking about tax returns	If it was someone on the ward that has some injury	They can be there as an in-patient and out-patient	Do you remember any challenges that you face while filling the report or in the process?	What do you do to overcome these situations? for subjective cases	No, not that I ever recall	Again, its just the reflection of the population of my patients	you have the imaging reports, surgical reports, documented physical examination report	It's pretty well laid out, there's not a lot of interpretation in most cases
Interview Transcript	Can you describe the steps you take to fill in the medical report for the CPP-D?	I ask patient or their family to fill out the patient info	So that I don't waste time on address and basic stuff like that	and leave the clinical part blank for me	Because of my very specific patient population	Mental health issues are lot more complicated comparatively	Has anyone from the program ever contacted you for clarification about some medical report?	Yes, usually in the course of this semester, the patients have to wait for a long period of time to see me	Sometimes their family doctors would refer them to me, the patient might not get to see me for 6 or 9 months	Some of those patients, if I knew them - they would call and leave the form with assistant	I would fill out the form based on the previous assessment
Legend	1 fact per post-it	1 key quote per post-it	1 important thought/points per post-it	Insights	How long did it take to fill out one medical report?	Not too long generally	On average about 15 minutes	It would be longer for people who have other conditions, mine were pretty straightforward	Did the patient complain about the process or how difficult it is to connect with the physicians?	This isn't that kind of thing that you wanna take for walk-in clinic, for example	That's a long time to wait for the form.
					Are there any guidelines, that you follow to fill out the medical report?	Again because it was fairly objective and physical	I didn't refer to online guidelines or specific things	All the information I needed was in the form itself because of my patient population			
					For the patients who need other doctors, do you refer them to other physicians?	I would do that, if it was really complicated.	But I don't remember that coming up	If it was really complicated situation and I really wasn't sure, I would refer	It would probably be different for family doctors if it was complex	It would also be different for the specialists	
					What are the supporting evidence/materials needed, if any?	In my situation, I usually had everything I needed.	Every once in a while, I would need some X-rays, CTs, MRIs or that kind of things	Sometimes I would ask copies of those, if I needed more objective evidence	But usually, I would have those in my disposal	In a lot of situations, physicians might need more information but in my situation I had what I needed.	What conditions are considered as difficult?
					What, according to you, is a complete medical report?	As a physician, the clearer the request is, the better	Not just for the disability form but any form	The clearer the specific question and especially the easier for the physician	but also more likely for you to give the information you are looking for	In my context, it was generally quite straightforward	I think, where a lot of doctors struggle, some of these forms are quite open-ended
						How often do you deny patients for filling out their medical report?	Because of my patient population - I wouldn't	None of these are subjective	"You don't wanna ruin the relationship you have with the patient"	It can be very subjective and you don't wanna ruin the relationship. It impacts the future decision that the patient makes.	Its very very difficult to quantify that
					Were all the questions mandatory in medical report?	Yeah.	For a lot of them, depending on the question I might put "Not applicable"	That's why it was little bit straightforward because I was doing a lot of different cases, a lot of different conditions, multiple comorbidities, multiple diagnoses, would take more time	And you might have situation where you might feel that everything is 'complete' but it's 'good enough.'	If you could change anything about the assessment process, what would you change?	Making things available online. That would have been quite helpful.
						Especially in a situation, somehow integrate this in someway working with medical reports.	Gathering medical info, I could cut and paste previous reports that would save ton of times.	"There's a lot of opportunity to streamline the process" - make all the documentation electronically.	You don't have unlimited time to fill these out, as you have got stock of these		

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Page 1

3 per page

10

QUESTIONS	ANSWERS	QUOTES							
<p>What are your thoughts about the CPP-D?</p>	<p>What are the major pain points you see in the CPPD program from the client perspective?</p> <p>What are the common reasons that applicants are being denied and after the appeal they get approved?</p> <p>Do you think the medical report is important?</p> <p>In light of the fact that so many people are without family doctors and it's hard to speak to that individual, is there any alternative in terms of adjudication and CPP-D?</p> <p>What according to you is a better way to provide benefits to people with disabilities through this program?</p> <p>What are your views on the functional capacity assessment?</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>None Canadians are disappointed and frustrated</p> <p>about half of the applicants are denied because they didn't apply</p> <p>not everyone who is denied appeals or applies</p> <p>assessments were a good feature</p> <p>How the program interacts with other programs is also very important</p> <p>getting the right diagnosis and treatment is the most important part of the program</p> <p>High rejection rates, that shape sense of what is entitlement</p> <p>Using the health program to its full potential and in the right direction is important</p> <p>CPP-D is a multi-dimensional, multi-faceted program</p> <p>High rejection rates, that shape sense of what is entitlement</p> <p>Using the health program to its full potential and in the right direction is important</p> <p>CPP-D is a multi-dimensional, multi-faceted program</p> <p>People don't understand the role of the medical practitioner in the process and how important it is to have one</p> <p>assessments of the program, applicants to take a challenge</p> <p>The fact that CPP is federally administered is a challenge and a contradiction with the fact that it's a provincial program</p> <p>many Canadians don't have a doctor which is a huge problem because it's getting worse</p> <p>People don't understand the role of the medical practitioner in the process and how important it is to have one</p> <p>assessments of the program, applicants to take a challenge</p> <p>The fact that CPP is federally administered is a challenge and a contradiction with the fact that it's a provincial program</p> <p>many Canadians don't have a doctor which is a huge problem because it's getting worse</p> <p>Part of it is bureaucracy</p> <p>Physicians don't present information in the easiest possible light</p> <p>Some doctors still can't figure out why because they are not doing their job properly</p> <p>highly technical medical reports are a challenge for patients to read</p> <p>Not the most important part because there is a lot of red tape</p> <p>most related social insurance programs which are not for the elderly</p> <p>Some people hate the program because it's a very medical model</p> <p>Highest source of income for disabled veterans is welfare</p> <p>Some doctors are good, some are not</p> <p>Some doctors charge a fee to fill out the medical report</p> <p>Disability has created the expectation that one operation will be enough to get you back to full capacity</p> <p>most people don't trust doctors, nor the system, so it's based on that</p> <p>Health care reform and medical records</p> <p>Moving into electronic records and trying to keep control</p> <p>The system had to rework itself to keep up with the changes and improvements there</p> <p>transformation of systems/changes very difficult to health care reforms</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	<p>What are your thoughts about the CPP-D?</p> <p>Pain point: Awareness of the program Pain point: Bureaucracy Part of it is bureaucracy</p> <p>not a role medical practitioners signed up for</p> <p>"Some doctors are good, some are not"</p> <p>Health care reform and medical records</p> <p>Be honest and straight with clients</p> <p>It could be done some work in the rejection rate</p>	
<p>Interviewer question</p>	<p>1 foot per post-it</p> <p>1 long quote per post-it</p> <p>1 important point per post-it</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a high rejection rate, it always had."</p> <p>"It's like a rubic's cube"</p> <p>"I don't think a lot of people are thinking out of the CPP bubble."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors don't seem to do all of these stuff."</p> <p>"It's kind of like a disability fact a lot of barriers!"</p> <p>"There are many challenges about the program, about the process."</p>

Legend

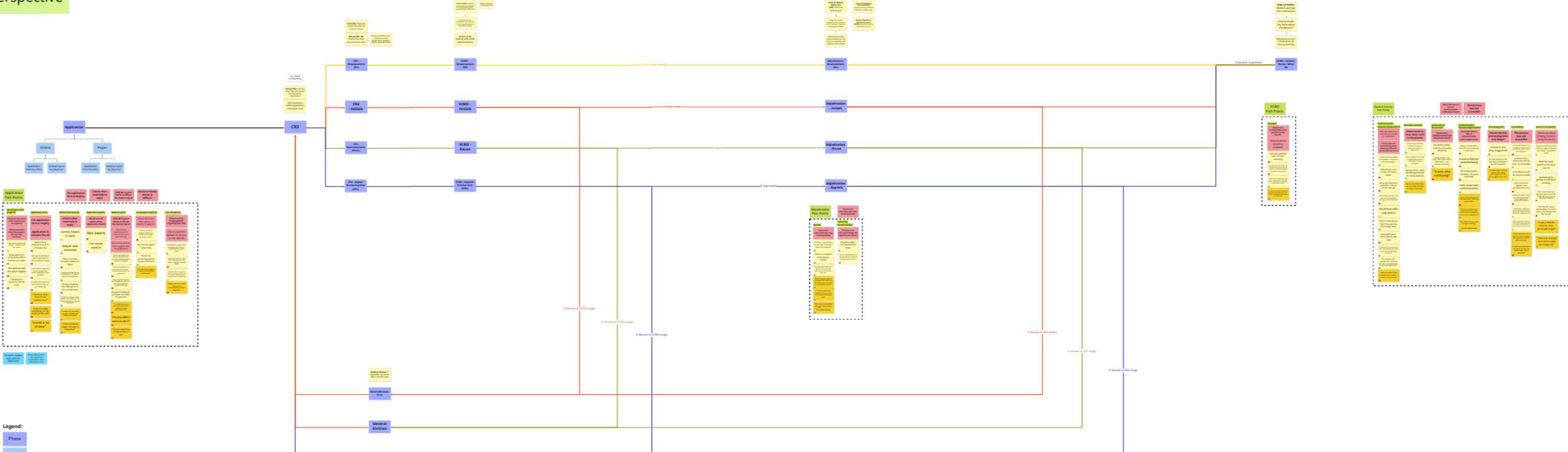
Interviewer question

1 foot per post-it

1 long quote per post-it

1 important point per post-it

Client Perspective



Legend:
 Phase
 Step
 Pain points
 Facts
 Quotes

SMEs

Clients are not aware of the program and the eligibility

Clients only know about the program through their insurance

The application form is lengthy and complex

The functional capacity assessment never had a formal evaluation

Application is one-size fits all

MAs don't like calling to inform clients about a denial

Clients are called multiple times during the process

Clients are not aware of how the process works

Information provided by the doctors are often not enough to make the decision

Sometimes the processing times are longer than expected

Lack of communication when changes are made in the process

There's disconnection between departments

Clients

Clients are not aware of the program and the eligibility

The application form is lengthy

Application is one-size fits all

Clients are not informed through call regarding their denial

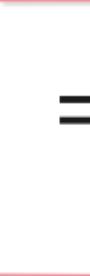
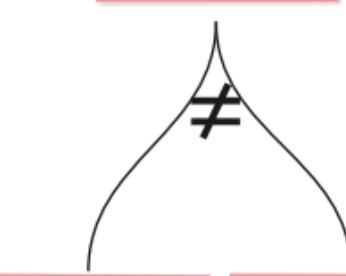
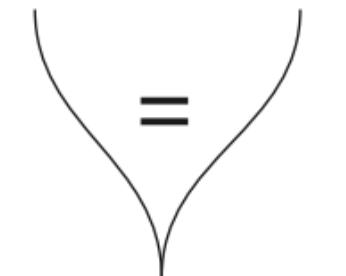
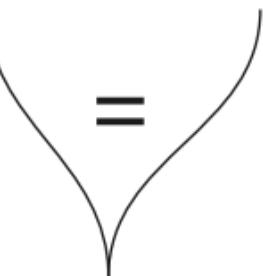
Clients were not contacted by phone, communication was mostly done by letters

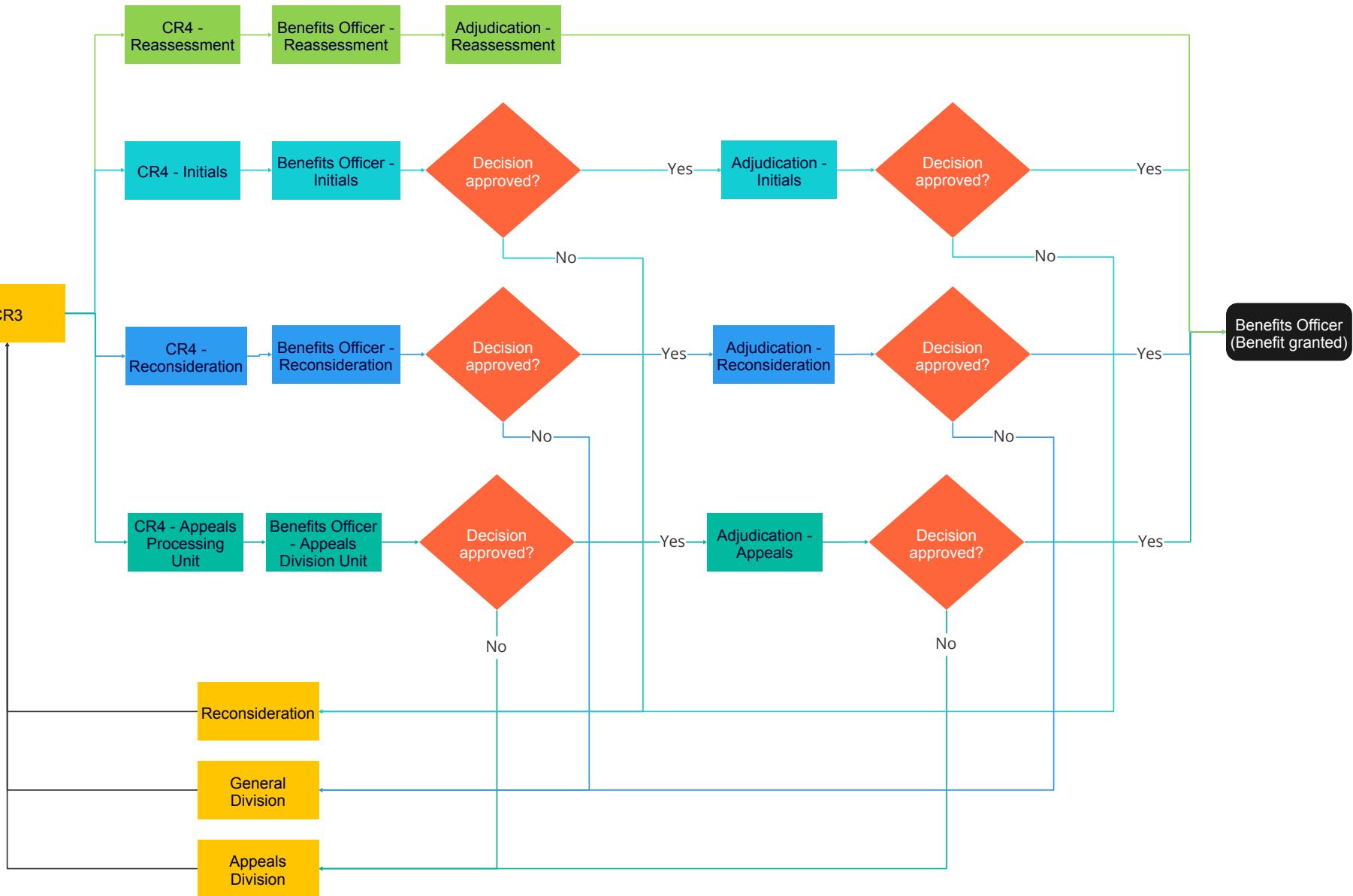
Clients were confused about how the process works

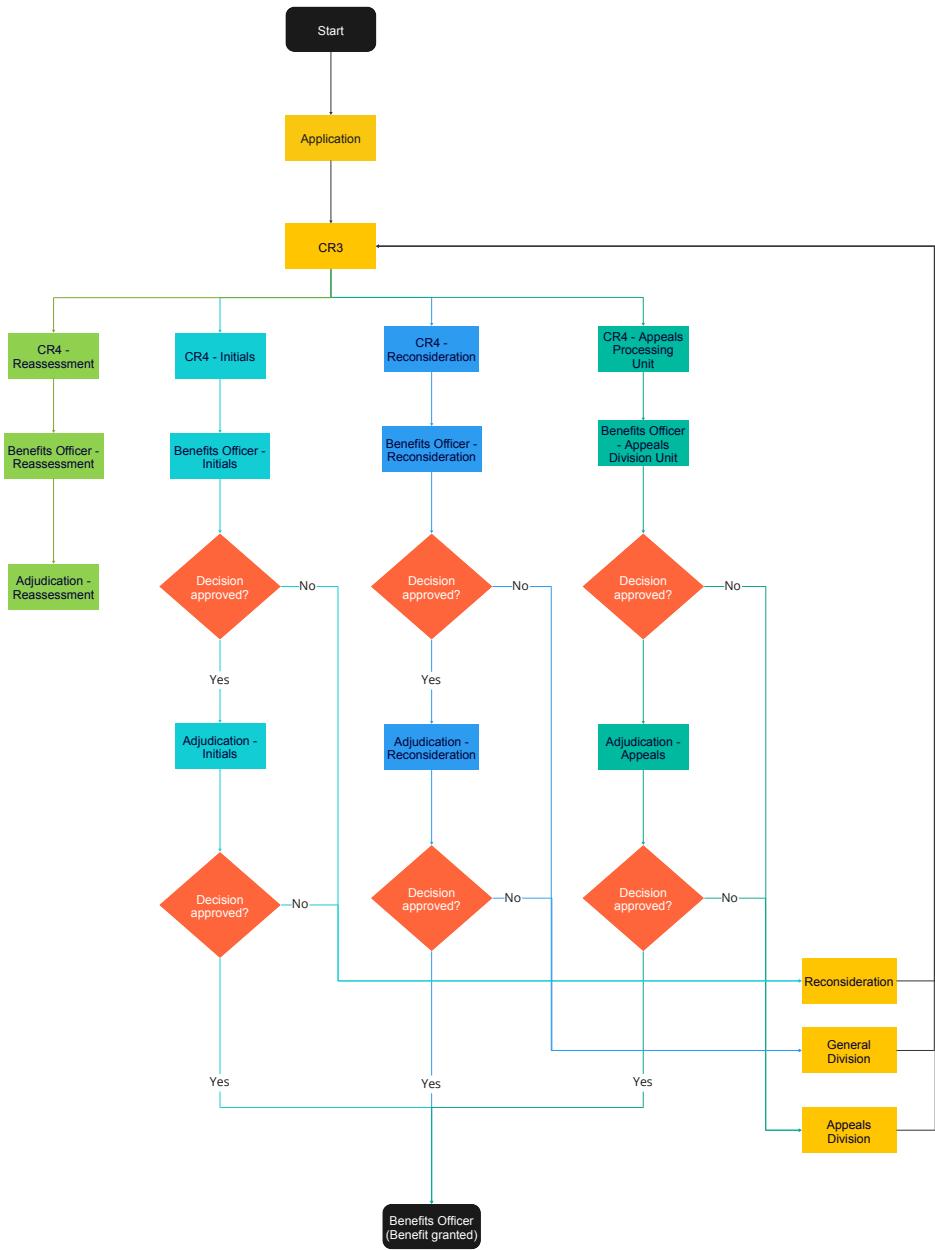
Difficult to get a doctor to fill out the medical report

Clients felt the processing time was longer

Clients felt there's lack of communication within departments







Journey Map

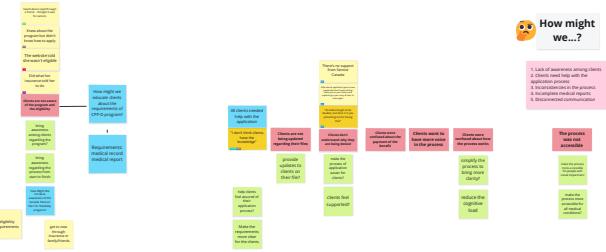
Client who had the application **approved**

Stages	Awareness	Application: Application Form	Application: Medical Report	Waiting Period	Response Received
Key Actions	<ul style="list-style-type: none"> - Get to know about the program through external sources - Discuss with external sources about their expectations 	<ul style="list-style-type: none"> - Reach out to family members or organizations for help - Gather documents for the application - Complete the application form and self assessment 	<ul style="list-style-type: none"> - Reach out to their physician to fill out the medical report - Wait for physicians to submit the report - Compile application form and medical report and mail it to Service Canada 	<ul style="list-style-type: none"> - Check the website for updates - Gets anxious about their file and afraid of being denied - Receive phone call for clarification from Service Canada regarding their file (if necessary) 	<ul style="list-style-type: none"> - Receive a letter confirming their approval - Get confused regarding the amount of the benefit
Emotions	(:)	Confusion	Overwhelmed	Frustration	Neutral
	(:)				Frustration
	(=)				Stress
	(?)				Anxiety
					Nervous
					Happy Relief
					Confusion

Journey Map 2

Client who **first** had the application **denied**, and then applied for **reconsideration**

Stages	Awareness	Application: Application Form	Application: Medical Report	Waiting Period	Response Received
Key Actions	<ul style="list-style-type: none"> - Get to know about the program through external sources - Discuss with external sources about their expectations 	<ul style="list-style-type: none"> - Reach out to family members or organizations for help - Gather documents for the application - Complete the application form and self assessment 	<ul style="list-style-type: none"> - Reach out to their physician to fill out the medical report - Wait for physicians to submit the report - Compile application form and medical report and mail it to Service Canada 	<ul style="list-style-type: none"> - Check the website for updates - Gets anxious about their file and afraid of being denied - Receive phone call for clarification from Service Canada regarding their file (if necessary) 	<ul style="list-style-type: none"> - Receive a denial letter - Get in touch with the lawyer for Reconsideration/Appeal - Get approval - Get confused regarding the amount of the benefit
Emotions	<p>The diagram illustrates the emotional journey of a client through five stages: Awareness, Application (Form), Application (Report), Waiting Period, and Response Received. The emotions experienced are represented by icons and colored dots connected by a winding line. The stages are aligned with the rows of the table.</p> <ul style="list-style-type: none"> Awareness: Confusion (Yellow dot, sad face icon) Application: Application Form: Overwhelmed (Teal dot, neutral face icon) Application: Medical Report: Frustration (Red dot, sad face icon) Waiting Period: Neutral (Yellow dot, neutral face icon) followed by Frustration (Red dot, sad face icon), Stress (Red dot, neutral face icon), Anxiety (Red dot, sad face icon), and Nervous (Red dot, neutral face icon). Response Received: Relief (Green dot, happy face icon) followed by Confusion (Yellow dot, neutral face icon). 				



Disability benefit in Brazil - documents needed:

- Medical certificates and reports;
- Occupational Health Certificate;
- Imaging exams;
- Medical records;
- Proof of hospital admission;
- Clinical evolution form;
- Medical prescriptions with medication use prescription;
- Package insert for medications that can cause side effects.

No self evaluation → Is it really needed?

