

**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



**I-SME-01**

**Department**

Policy & Partnerships Senior Policy Analyst	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
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[Interview Transcript](#)

**Legend**

1 fact per post-it

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1 important thought/point per post-it

**Insights**

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	Transmission lines: 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?	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	
Is it pushing paper thing or is it there actual weight given to it?	Decision-makers (MAs) receive training	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 there any kind of evaluation?	Medical Adjudicator Quality Assurance Program					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	
On what basis were the eligibility criteria defined for the CPPD program for the applicants?	Defined by legislation	Legislation is obscured and not client-centred	Legislation is out of date	Legislation is not inclusive	It has to have a better understanding about mental health	Was this questionnaire piloted? What was the client's reaction to the questionnaire?	No, but it had focus groups	Feedback was pretty good		
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	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)	Make the process better for the clients and everyone involved	Move to an attestation-based approach	Remove the MA from the reassessment and use 3 doctors to say that the person is qualified
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	MAs should focus on the client, but it is paperwork	"I don't think MAs are the right people to make decision"	They are running a pilot to remove MAs from the process	MA should not be part of the reassessment process	There is a contradiction between decision MAs are taking
Is it the process more strict than necessary?	Some MAs are more strict than others	It has bias	MAs also want to be productive (due to metrics)			Who would make the decision?	Putting public servants to make the decision	Non medical criteria		
Who is more likely to be denied by disability type?	Pain-based	Chronic pain, fibromyalgia, less traumatic mental health				It would be like the SCBO (Service Canada Benefits Office)?	PMs: people who are program experts, but aren't frontline sort of operational			
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			They have program experience and access to legal, but don't have medical expertise			

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 &amp; 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 met 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 context of work. 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 of the service delivery companies. To have them help in hand in terms of developing policies

In an ideal world, outside of anything else, for designing a policy, having some people have experience with CPPD is a good start based on my knowledge of the roundtable.

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 they can implement what policy and partnerships are actually trying to do

often there are problems when people bring in the best ideas and they're not the ideal. And then when it's proposed, it's not what Service Canada say - No, that's not implementable

It's always like a bit of a tug of war between two sides. I think that the negotiation process 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 longer average 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 off" of the application for that exact situation.

Understanding how to go about applying is very helpful from clients that the application is still complicated.

Despite having it been revised in 2018, it is still very difficult to use when they're applying. They just mentally can't wrap their head around what the requirements are and the things that are asked.

Clients actually hire advocates to help them with the application because they are completely lost in the process. That helps people apply for CPPD, but it's just to understand the steps, processes, and timelines of the program.

Getting medical reports is problem because, of course it's not always available. And access to a doctor and medical practitioner is a challenge with the administrative burden and the time it takes to get those because of the pandemic.

Are there any inconsistencies that you see in the application process?

There are different processing centres, so there's a perception that depending on where the client's application went, the processing will differ.

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) programme is used to eliminate the inconsistencies the regional offices might get.

The program called 'medical adjudication quality assurance' (MAQA) programme is used to eliminate the inconsistencies the regional offices might get.

is there any guideline that the professionals should follow? So they can know what 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

Of course, that's just a perspective but, not everybody has the time to fill out the medical report in the detail required to be eligible potentially to get the approval

From our client and stakeholder roundtable, the better the medical report, the more likely you are to be approved for CPPD.

Despite having it been revised in 2018, it is still very difficult to use when they're applying. They just mentally can't wrap their head around what the requirements are and the things that are asked.

Clients actually hire advocates to help them with the application because they are completely lost in the process. That helps people apply for CPPD, but it's just to understand the steps, processes, and timelines of the program.

Have you noticed a pattern where applications are 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.

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

making more 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

Helping someone through the process could be very effective

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 because the people don't meet the eligibility criteria



**I-SME-03**

**Department**

**Policy & Partnerships**

Senior Program Advisor

**Interview Transcript****Legend**

1 fact per post-it

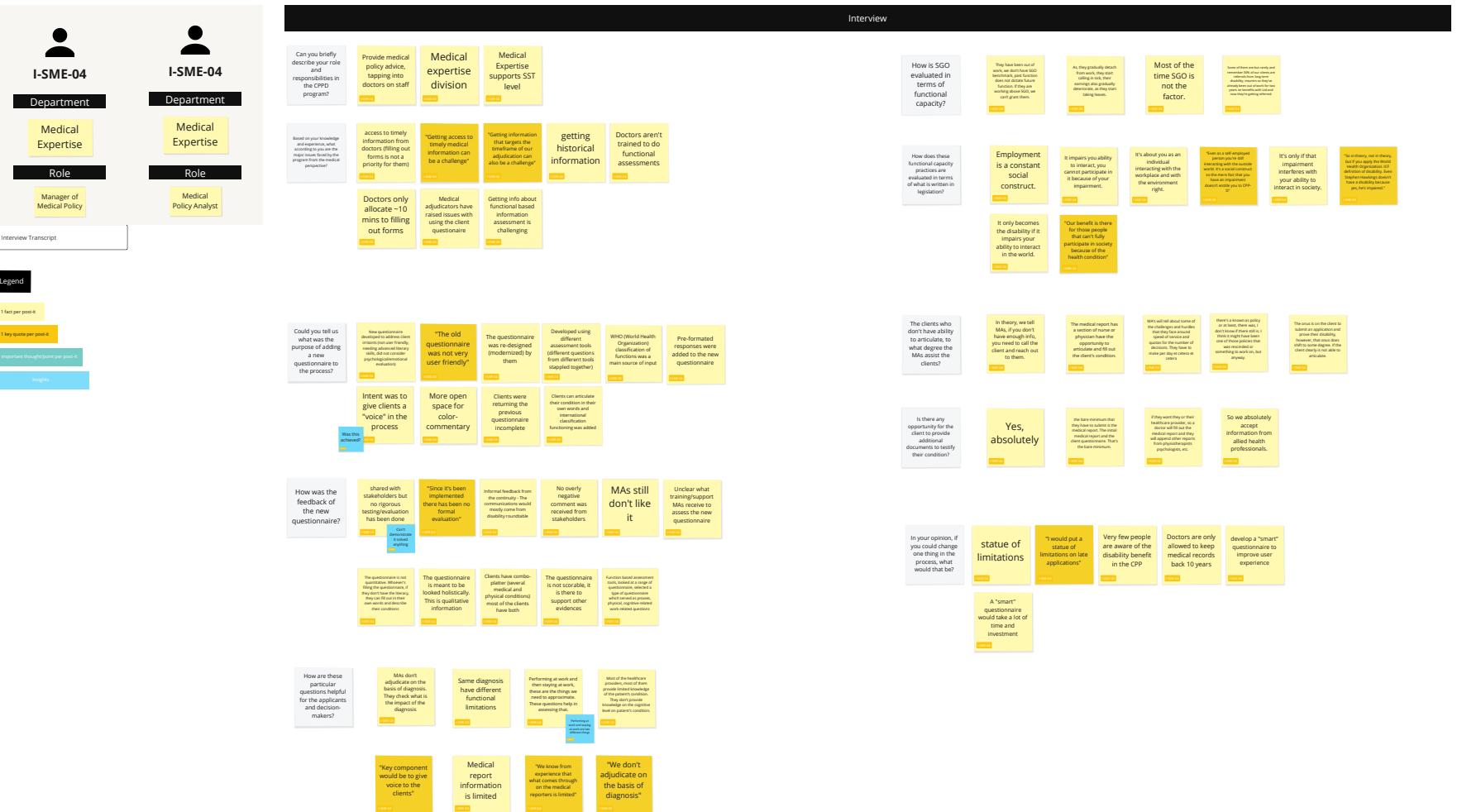
1 key quote per post-it

1 important thought/point per post-it

Insights

Interview									
Can you briefly describe your role and responsibilities in the 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 SGO (general division) appeal cases to help colleagues at Med	Write framework policy to 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 interpretations and changes (little involvement of her)	Are there any guidelines for medical practitioners to follow while submitting the medical report?	Not really
Can you also briefly describe how the roles and responsibilities are divided within the program?	Service Canada are the one that lead the policy 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. It's mostly done in the back end or advance 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 the medical adjudicator has to follow to make a decision regarding the client's application?	Yes
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 complex (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
	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
	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, very client centered. But the laws are not client-centered.	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 centered, who can better 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
	"How is the program going to deal with people that has mental health, but does not have a history of their condition?"								Explain to MAs why things are done the way it is
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							"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 outdated.						
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





I-SME-05

Department

Policy &amp; 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
I-SME-05	I-SME-05	I-SME-05	I-SME-05

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 translating that so Canadians can understand"
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

Legislation is not always written in plain language

I-SME-05

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 remain to a certain outcome when it's longer available for the benefit."	It's a challenge to change the mindset of adjudicators to interpret things differently
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

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"
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

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 that their condition is considered terminal
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

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	Found language inconsistency in Post Retirement Disability Benefit between policy intent and how SGO 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
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

Do you remember when you did something where you needed to make a change in a decision and now your team make a a change happen?	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 with them who are responsible for turning that into operational product	"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 necessarily have to see them all the time"
I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05	I-SME-05

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-05	I-SME-05	I-SME-05

**I-SME-06**

**Department**

Processing agent (Ontario region)

**Role**

SCBO - Initials

**Interview Transcript**

**Interview**

**Process disability applications**

She's an SCBO (Service Canada Benefits Officer)

**Eligibility check**

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

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

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 noncitizen, make it eligible; 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 put in the file is the same as what was in the account

What are the steps taken if an application is rejected?

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

Then client could possibly go to another office that is closer to somebody else who looks at that and lets a letter to the client

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 ESDC, 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. Then it goes to the medical adjudicator for the final decision. So the final decision has really been made by then the release account to reach the client

We get information from the client about their medical history to the medical adjudicator for the final decision. So the final decision has really been made by then the release account to reach the client

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 adjudication, but we do have to get that in

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

"Sometimes they just say don't call me, just send letters. That also cause delay"

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

Earnings and contribution

There are different rules for the last year. Depending how much they contributed, if they have low income, 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 international situation that they are eligible for other country

Clients have to reach out to international operations office



I-SME-07

Department

Quality Assurance

Role

Manager of the MAQA process

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

## Interview

Researcher Notes

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 start working and can't come into a consultation because they 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

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

MAQA don't do the training

MAAs 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 and that is due with funding formula

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

That sometimes there's a lack of investment on the part of 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".

MAA providers functional medicine and are pushing high functioning mode. It's about making sure if it wants to do and doesn't want to do their own mode.

And they have no strong different groups, so it's a very homogenous group within MAAs are there are no different groups that are diverse, that are needed.

So the advice that's being given to MAAs is to be more 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? What's the framework?

Where ever application goes, you can see the log into my working place - and maybe I'm not the right person, if they are not eligible, right, maybe they're not here.

Applicant knows which period of time should be focused (e.g., medical determination of eligibility).

Medical report would be online

Dynamic form (different questions depending of the situation)

Centres of specialization for MAAs - certain conditions require special knowledge

We would have to look as they may have already been assessed or being looked at so they can't be assessed again.

The challenge is the productivity of the MAAs

Don't have a manual that MAAs 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 financial aspect, but they double check with the SCBO

She has 18 years of nursing experience

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"

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

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

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

Applicant that applied now but was qualified in the past, MA's reach out to the doctors to get the clarity

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 most common reasons why an application is rejected?

late applicants who didn't qualify

"Usually call the client twice during the process"

"Usually call to let them know that they haven't qualified and they aren't happy"

most files take a couple of months to adjudicate

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

How 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 differences in practice across MAs from different regions

Some MAs are still using older templates, 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?

Bigest 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

**Interview**

Category	Sub-Category	Content	Tags
Can you briefly describe your role and responsibilities in the CPP-D program?	3rd level of adjudication	So it's not mandatory to follow it?	MA, MAs, clients, SST
	2nd level of the appeal	"I don't feel the pressure from my manager or organization"	MA, MAs, clients, SST
	Doesn't make a decision	I think most of the MA tried to do their best. There are some MAs that have different opinions, but not me	MA, MAs, clients, SST
		Confirms what the MA about it	MA, MAs, clients, SST
Could you take us through the process of evaluating an application?	The process is quite lengthy for clients	MA, MAs, clients, SST	
	There's a 1st level of adjudication	They are more strong.	MA, MAs, clients, SST
		That's hard. Not objective. Physicians report matters, not only the family doctor.	MA, MAs, clients, SST
		A major difference, for example, is that the physician can make multiple medical conditions, whereas the client can only make one. And then there's a differentiation like the client can make a decision based on the evidence, whereas the physician can't.	MA, MAs, clients, SST
What makes the medical report "complete"?	Physical condition, medication, treatment, all those things. They are working or trying to work, working, returning	MA, MAs, clients, SST	
	Rely more on the medical report than what clients says	True medical conditions and fibromyalgia are tricky are difficult cases	MA, MAs, clients, SST
	Mental health: rely on some things, but it needs a psychologist/psychiatrist	Even legally blind people can still do certain things. So it's difficult to see the diagnosis, they may not be able to tell. So I find that difficult too	MA, MAs, clients, SST
		For difficult cases to assess, the kind of evidence will help to make a decision with respect to the client? What are the difficult cases?	MA, MAs, clients, SST
About SGO	In terms of volunteering or adjudication, is there a way? Could I go volunteering, pay you a dollar?	She doesn't think there are differences	MA, MAs, clients, SST
	Yes. If the client is working 15 part-time is considered capacity	"You are all doing mostly the same tasks. So really the same process is how to do it though."	MA, MAs, clients, SST
	There's a lot of other things that they have to look at	Why she doesn't notice this difference?	MA, MAs, clients, SST
	"Volunteer work is not highly weighted"	She doesn't notice this difference	MA, MAs, clients, SST
Is adjudicating a balance of probabilities?	Attendance in school is weighted a little bit higher than volunteer	For Clients	MA, MAs, clients, SST
	There's a lot of other things that they have to look at	Clients get overwhelmed with the paper and process*	MA, MAs, clients, SST
	"We're all try not to use our own subjective feelings"	Number of forms have to fill out and the weight management is really anxious	MA, MAs, clients, SST
	When uncertain, they call the client	The process stops MA from doing their job in a day because it has more time required to be made	MA, MAs, clients, SST
When uncertain, they call the client	There's no point system	I feel like you want to do more things, make more decisions in a day*	MA, MAs, clients, SST
	You have all your evidence and then you make a decision	Feels just wanted to use the briefest way possible, but there is a lot of process	MA, MAs, clients, SST
		Decision letters to clients before the hearing. It's a good idea. The only problem is if we've decided something, we have to go back and change every point on that	MA, MAs, clients, SST
		Ask if others MAs feel this	MA, MAs, clients, SST
Can you talk about the decision summary template and how it is useful to you?	Yes	"We're all try not to use our own subjective feelings"	MA, MAs, clients, SST
	Is adjudicating a balance of probabilities?	When uncertain, they call the client	MA, MAs, clients, SST
		There's no point system	MA, MAs, clients, SST
		You have all your evidence and then you make a decision	MA, MAs, clients, SST
What is the biggest cause that the files get to you?	Decision template is for initial and recon	For MAs	MA, MAs, clients, SST
	Initial template are more detailed	Clients get overwhelmed with the paper and process*	MA, MAs, clients, SST
	"I don't feel it helps me"	Number of forms have to fill out and the weight management is really anxious	MA, MAs, clients, SST
	Forces the adjudicator to be more consistent	The process stops MA from doing their job in a day because it has more time required to be made	MA, MAs, clients, SST
Because 2 decisions were made	Because the same template. There's a recalculation, but they don't go through the whole process. It had already been typed	For Clients	MA, MAs, clients, SST
	A decision can't get from 1st level to 3rd level	I feel like it would be faster the process without phone calls, if it's just filling up the whole process*	MA, MAs, clients, SST
	It's not generally because a file is missing information	If they could simplify the decision-making, would be better	MA, MAs, clients, SST
	At 3rd level, clients tend to get more lawyers and reps	Calling a client for a decision is time consuming. It's very time consuming. It's not fun to give a bad decision	MA, MAs, clients, SST
What is the reason of granting benefit to the client?	She feels like there are so many appeals because of covid. People were not working	"I don't know why we call clients"	MA, MAs, clients, SST
	People with chronic pain and still go through aggressive treatment	"We have to call clients and there's something. I think it's just a bad decision. That's going bad news. That is a bad decision."	MA, MAs, clients, SST
	Generally is legit on that balance of probabilities	MA, MAs, clients, SST	
		MA, MAs, clients, SST	
Which Service Standard is followed by Medical Adjudicators?	I personally do what I can put my signature in my decision	How was the process before covid and after?	MA, MAs, clients, SST
	"I do a service standard, but I don't know if there is any benefit to being productive for MA"	I feel like the number of applications increased. When it happened, they stopped some phone calls.	MA, MAs, clients, SST
	MA's want to make a good impression because their name is in there	We gave the doctor a longer period of time.	MA, MAs, clients, SST
		I feel like the number of applications increased. When it happened, they stopped some phone calls.	MA, MAs, clients, SST
Does that affect you or your performance to review the file in any way?	I'm not worried about the file because I'm a nurse, and we want to provide the best care.	When people appeal to lawyers. Does the chance of getting appeal increase?	MA, MAs, clients, SST
	There is some anxiety involved that is medical or non-medical to get into a certain spot.	MA, MAs, clients, SST	
	"I'm not worried about the file because I'm a nurse, and we want to provide the best care."	"I don't follow nor do I care!"	MA, MAs, clients, SST
		Sometimes clients will get more information, so good for them. But I don't care. I don't follow them down, I don't follow them down, I don't follow them down with my submission.	MA, MAs, clients, SST
Maybe come MAs are more lenient and want to rush things, but for me, the answer is no.	MA, MAs, clients, SST	They are so many factors when you walk into a hearing. Major factors are the client, the doctor, the client, they don't negotiate with the client, they don't negotiate with the client, they don't negotiate with the client.	MA, MAs, clients, SST
	MA, MAs, clients, SST	Lawyers will say that the reason is them, but there are so many factors.	MA, MAs, clients, SST
	MA, MAs, clients, SST	MA, MAs, clients, SST	
		"If we went back to that when we get the file and we write it".	MA, MAs, clients, SST





I-SME-11

Department

Processing agent  
(Ontario region)

Role

SCBO -  
ADU

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?**

benefits officer in the appeals division

review account before it goes to SST for decision

reviewing information on the file to make sure everything is ready for SST

releasing an account - paying the benefit

Maintenance of account and non-medical information that had been updated

reviewing file looking at earnings, contributions, MQP, provisions, have to write non-medical case summary

It takes some time from when clients apply to the time it reaches the SST, as it could have happened some changes

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

What happens if the client has returned to work in the meantime?

She doesn't always have to reach to clients, only if something comes up

The client needs to write or call to inform they had returned to work

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

Once it gets approved by the SST, the application is sent back to them

If everything is good, that decision gets assigned to the benefits officer

We contact the client by telephone to say that we received the decision and to ask the account into pay

We go into any monitoring information if there's any reimbursement that has to be done for medical or social services

We usually confirm their address and check if there are any changes in their payment information

"It can be several years from the time they apply to the day they get the decision"

I informed in the letter sent by mail if there's any retroactive (which usually does)

If the client has any questions on the phone, we can answer them during that conversation

I sent a notification to our support staff and put the file away

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

Earnings and contributions

If the disability is considered severe or prolonged

What is contributing for the high amount of appeals in the SST level that are granted?

Those numbers aren't provided to them

The majority of decision is medical vs non-medical

The non-medical decisions are fairly black and white

majority of decisions are medical which is more complex, takes longer, seems severe and prolonged

Is there a difference in how long it takes you take for an incomplete application or an application that has a mistake versus an application that is complete?

If an application is not complete it takes longer

The client has a 30-21 days to answer (30 days + a reminder of 21 days)

If the MA has to develop some information, it also gets delayed

Is it easier to communicate with the clients? If not, what's the most challenging aspect of communicating with the clients?

can be easier/faster to get information over the phone than filling forms filled out which must be mailed

"It's easier and we get the correct information back faster with the client first on the phone"

can be smoother if we can client to let them know about form and what is required

applications are lengthy, complex and can be overwhelming

"I can see why it's overwhelming"

Do you also reach out to physicians?

Only if there's no medical report provided, so we reach out to the client to explain that we need a medical report

For initial applications, the medical report gets to us

If the application or the medical report is missing, they reach out to clients

If the file is complete, depending on certain criteria, we will directly to MA team or if not the severally prolonged criteria

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

"It's easier when we have all the information we need from the get-go"

causes delays when we don't have the information that we need

"The amount of hands that touch a file from start to finish"

Files go through a lot of people before there is a decision

have been some improvements over the years, working from home means less physical paper

We get backlog quicker

digitizing makes things more efficient, decreases delays

In the appeals division, have you seen any pattern that these particular cases repeat?

Doesn't think so

not really looking at medical information

Staff hasn't been around in the team, just replace the ones that leave

"I feel like we definitely need more staff to help deal with the inventory"

**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?

"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 reviewed if there is any information is missing, they can put on hold for 30 days and then forward on to SCBO for deeper investigation.

**How is the process flow?**

CR3 - intake mat, move it to where it needs to go. What's the priority to collect what is also needed for files, also do a lot of file searching because things are online

CR4 (Initials) → SCBO → MA

Online: 2 a day for myself

Paper: infinite. I accomplish 10 or 12 per day

There's a backlog for online and paper applications

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, application incomplete, takes a long time, often involves letters etc.

Pray on-air-forward tends to be more positive. Clients do worry about having to pay back the date of backlog of applications. Also, clients overpayment they may need to repay money.

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

**SCBO send a letter to the client**

SCBO looks at contributions, initial payment, and then looks at MA looks at disability portion

SCBO: it depends on what's happening with the file financially

Initials is fast because it's just putting a package together and checking if there's anything missing

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?



**I-SME-14**

**Department**

Medical Adjudicator (Ontario Region)

**Role**

Reconsideration

**Interview Transcript**

**Legend**

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

### Interview

**Pain Points for MA**

- Can you briefly describe your role and responsibilities in the CPP-D program?
- Reconsideration level if I'm lost 25 years
- Near her retiring age
- "When I started everything was on paper"
- SCBO determines the claim date qualifying date based on their earnings and contributions paid into CPP
- SCBO provide their medical adjudicator with the client's latest possible date of onset (LPOO)
- MA's take a holistic approach when adjudicating CPPD file
- MA's review the medical objective findings and all subjective information as well as the CPD application
- We review an application to make sure our client's earnings have been missed
- We hold all relevant documents. The application has to be submitted in a timely manner. If it's not done, then we have to wait for the next day to receive the application.
- And if they are not received, then we have to wait for the next day to receive the application.
- #4 is we check on each document to ensure the client's name is on the document and is legible.
- I sometimes like a doctor to sign a document, but they don't necessarily sign it. So I have to make sure that the doctor signs it. And at the reconsideration level, the medical adjudicator must send off the application to the medical committee. They then randomly draw a file from the pool of applications. Somebody else, like a medical committee member, will then review the file and make a decision.
- At the initial level, the medical adjudicator must send off the application to the medical committee. They then randomly draw a file from the pool of applications. Somebody else, like a medical committee member, will then review the file and make a decision.

**Pain Points for clients**

- Could you take us through the process of how you evaluate an application?
- Requirements for applying for CPP
- Ways of applying for the program
- Does the physician needs a wet signature?
- process of evaluating the CPPD application, whether it's initial or reconsideration
- What happens when the client apply for Reconsideration
- We always call everybody.

**RECONSIDERATION ADJUDICATION SUMMARY**

File #	Last Name	First Name	Gender	SIN	Medical Adjudicator by	File Received by
Date of Application (DOA)	Date of file (DOF)	Age at DOA				
Date Disposed (DDO)	Date Disposed (DDF)	Disposition				
Decision	Decision Date	Decision Type				
PPF Received Date	PPF Received Date	PPF Received Date				
Previously Given Date						
Decisions on Previous Applications						
DOA	Decision date	Decision type	DOF	Decision date	Decision type	Previously Approved Board
LPOO	Decision date	Decision type	DOF	Decision date	Decision type	SST - General Division
DOA	Decision date	Decision type	DOF	Decision date	Decision type	SST - Adjudicative
LPOO	Decision date	Decision type	DOF	Decision date	Decision type	Other
Earliest Possible Date of Onset (EPOO)      Current Application						
PPF date	PPF date	PPF date	Valid Earnings after LPOO	PPF Received Date of Onset (EPOO)	Latest Possible Date of Onset (LPOO)	Jurisdictional Window
Info						
Request for Recommendation						
Reviewed						

**Reconsideration Template**

**I-SME-16**

**Department**

Medical Adjudicator (Ontario 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?

Have a nursing background

Make sure all the legislation criteria's are met

Determine from the medical info that severe and prolonged are met

Last stop for disability files before the decision is made

Is there a lot of discretion allowed to come to a decision?

It does have gray areas

If we have to deny a client, we have to explain what we need to try and get ahead of them

The clients has 90 days to appeal the decision, and another medical adjudicator looks at the information

Some clients only apply because their insurance made it do it

How do you use the DS template?

The DS template was created, and it's been used. It has five tabs

First tab:  
There is the name of the applicant, they're sin number

The second tab:  
The second tab is for the client to provide us with information about their work history, and if they've ever worked in a different industry.

Check the date that they stopped working, and the earnings statement, which is to confirm what the SCBO has

MAs receive all the earnings, obviously that's not our area of expertise, but we do have to have an understanding

The biggest thing is to look at the medical information, which is the last time the client saw a doctor, and how long they've been sick for, plus the years of earnings. That's what makes it qualified

Is there any service standard followed by medical Adjudicators? A certain amount of files that they need to assess?

"We're very much production drivers. How many files are making per month?"

It only matters on the decision

If we have to deny a client, we have to explain what we need to try and get ahead of them

The more complex files, the more we have to review. For example, if an application needs to go into info from past and current jobs

Maybe some MAs don't do everything to meet requirements, but MACs, who are medical adjudicator consultants, to look at

"If you're so caught up on numbers, maybe you'll cut corners"

Do you use all the tabs?

since COVID happened, we've been doing what we have to do to tabs 1 and 5

Told by who?  
If MA is developing, it should be documented on tab 4 as well

"We no longer right now are required to fill out tabs two and three"

Some MAs continue to fill all the tabs because it allows them for an easier flow

It depends on the medical adjudicator

What is MAC and what is their role?

MAC are a medical adjudicator consultant

They're the ones that basically do all our training

So what was like a solid six weeks worth of training

And that goes over our legislation. It goes over the how-to's of the job, till the end of DS, how we write reports, how we do our training, how we do our assessments, how we do our QA.

Recent training, training. There's a lot of practice. They're doing a lot of training on like the new legislation, how to do every other area.

They deliver training they used to develop internal training comes down from what they did.

Do you find it's more efficient to fill out only the first and the last tab?

Filling 2 tabs it's enough to make a decision

Regardless if MAs are summarizing the information or not, they still have to read it all

"I still do tabs 2/3 because it's easier for me to write a summary when it's all right there"

I've become a lot more familiar with some of the highlights that Fxot can do

For complex files, would they still do at least one tab? I mean, it's just because you don't want to do a whole bunch of work to make sure everything is covered

It depends on the complexity, especially a straightforward file, they might just do the first and the last. But for complex cases, they prefer to complete all the tabs

It makes it to the point that they can just do the first and the last. So we have to call it a bit of a mix between the two. And then there's also the fact that there's a lot of work involved in doing the first and the last, so it's better to just do the first and the last.

Can you send a complex case to MAC?

They're the ones that basically do all our training

So what was like a solid six weeks worth of training

And that goes over our legislation. It goes over the how-to's of the job, till the end of DS, how we write reports, how we do our training, how we do our assessments, how we do our QA.

Recent training, training. There's a lot of practice. They're doing a lot of training on like the new legislation, how to do every other area.

They deliver training they used to develop internal training comes down from what they did.

which files do you consider as complex?

UpDOD so that date that we have to do as in the file. Those are complex files, because they're not simple right now they will continue to do in the future

Multiple documents they appear in the pass, so we have to look at that decision made by the previous MA

We have to look at the file to see if there's a higher level or go up to the next level of hierarchy, or go up to the SST level

Sometimes you have all provisions in one file

Also have one that had a provision that they didn't put in there, so we have to go through the entire file to make sure that it's correct. Then SCBOs are the ones that do the final review.

It makes it to the point that they can just do the first and the last. So we have to call it a bit of a mix between the two. And then there's also the fact that there's a lot of work involved in doing the first and the last, so it's better to just do the first and the last.

Does the MA receives the files randomly?

It's completely random

If someone works in another country, we try and see if we have an opportunity to come to another country to improve their qualifying period

When there's a big handout, there's a manager, we try and see if the files that are needing to be looked at by an MA

The manager has a list of who and who can only do level 1 files

Is it only accepted wet signature for the medical report?

I don't technically see a wet signature because I see all documents scanned.

Right now everybody we're accepting electronic signatures, I don't see that changing, so we're accepting wet signatures.

"Sometimes, how the MA can receive the file is different. It also depends on MA's background."

Each MA bring their own experience. A lot of it is based on the MA and discuss the file. We seek the other person's opinions

If you had a magic wand and could change anything at all, what would you change in a medical pose of view?

I just do the same thing that I do with everybody else. I'm not really sure what I'm doing the job for a while.

If you have any question that might not be a valid point of view, we can just ignore it. Or if there's something that's not clear, we can just ignore it.

And the other one is I work each day, I'm not really sure what I'm doing the job for a while. I automatically know I have to do my job, and I do it while. If I did that, the year's not over.

Do you notice any difference in how other medical adjudicators evaluate an application?

We are all supposed to be using the same guideline. If it's a simple file, we come to make decisions. We do a lot of training.

"Sometimes, how the MA can receive the file is different. It also depends on MA's background."

Each MA bring their own experience. A lot of it is based on the MA and discuss the file. We seek the other person's opinions

Is the balance of genetics trying to make sure the client is more medically qualified or not to get the benefit?

Yes, it's about the client's disability is meeting the requirements and prolonged, and if the client is more medically qualified than doing any type of work.

Some MAs might be a little bit more inclined to the population that they're dealing with, and they might have a harder time understanding the client's underlying education.

**I-SME-15**

**Department**

**Processing Agent (Ontario Region)**

**Role**

**Reconsideration**

**Interview Transcript**

**Legend**

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

**Insights**

**I-SME-17**

**Department**

Medical Adjudicator (Edmonton Alberta - W/T 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	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 to try to adhere to timelines should be 2.6 decisions a day	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
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	use nursing knowledge to assess medical condition	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		
"CPP-D 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's denied				Are the files that get to you physical files?	Don't deal with physical files since pandemic				
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	Being able to balance quality x quantity / Number of decisions x quality of decisions			
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	Can you call 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
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 different person or person could have submitted multiple times ago	"Multi-apps are a little bit more complex than 1st time application"	Have you ever reached out to MAC?	Multiple times	MAs have training phase, monitoring phase and mental learning phase	MAs have a tool to submit for the MAC to review a complicated file		
What are the most common reason an application is rejected at the 1st level?	Doesn't meet the severe and prolonged criteria				What kind of files do you consider complex?	"I need a second eye"	When is debating between a decision, to do something is missing, clarification regarding a policy			
Have you ever seen cases in that physicians don't provide complete information?	Many times enough information provided by doctor and must be denied because of lack of info	have to go to employees for information sometimes when documents don't provide enough	Sometimes employers don't remember who was the employee (date apply for benefit and for late applicants)	sometimes doc will give a summary report review and makes the file very easy	How long take the MAC to answer you?	Usually not long. Depend on the urgency of the file	You submit all the documents that you reviewed and all the documents that you have touched, including the DS template			
What kind of information would be important for the physicians to provide?	It depends on the case. For late applicants, for example, 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		all of the information we need to make a decision	Something 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"	



## Researcher Notes



Decision Summary Template



Medical Triage Fact Sheets

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

We actually thought about using physicians to make a decision bc that's what they do

she greatly emphasized how rigid and binary the procedures were (referring to checking manually - but then flipped on that regarding the complexity of)

- I partially feel like those comments were made in fear of seeming like she wasn't following the training esp since there was

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

## Interview



I-SME-18

Department

Medical Adjudicator (Atlantic Region)

Role

Initials

Interview Transcript

Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

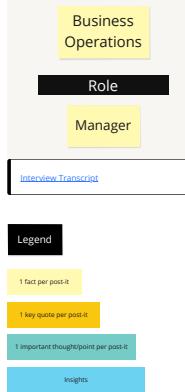
Insights

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	MAS:	What do you think is the biggest pain point for clients and medical adjudicators?	IT issues are biggest pain point, trouble logging in, hard things to upload	Way doctors fill out reports, would prefer a standard report	Sometimes the doctor skip the line application, there could be a better form where the doc can fill the entire application	very common for doctors to send incomplete forms - no date/signature/meds	there is a digital upload option for doctors, but they don't understand the process of uploading	Include down the signature works, include contact info
Do you use the decision summary (DS) template? How is it useful to you?	<b>Use DS template</b>	Triage on regular, grave or terminal	<b>The DS is very useful</b>	<b>It's mandatory to use all the tabs</b>	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				
Both MA of the Atlantic region says they use all of the tabs, whereas from the East and Ontario regions, they seem to be optional	"All the tabs are efficient, effective and necessary"	W/T files seem to have a different process, but most of the time, the MA do the same procedure			Why do doctors don't fill the complete information?	strained health care system - doctors overworked, not everyone has family doc	lack of education around how to complete forms properly/completely					
Do you notice any difference in how other medical adjudicators evaluate an application?	have done files from out of region, seems the process is different				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					
What are the most common reason an application is rejected at the 1st level?	denial based on medical evidence - not supportive of severe impairment and functional limitations				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						
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 (Master file, PWS and MA ready). Requires it takes longer			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			
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"								
Does the service standard followed by the Medical Adjudicators affect your performance to review a file in any way?	<b>Standard 1.5 files each day</b>	Some files are very big, and that doesn't work if you take very long to do the file	They only considered the numbers, not the quality									



I-SME-19

Department



## Searcher 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? If so, what is it?

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 we can help with 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 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"

They don't know what this happens, but they mentioned it

productivity issues are a management issues



## Legend

1 fact per post-it

1 key quote per post-it

1 important thought/point per post-it

Insights



QUESTIONS		Can you briefly describe your role and responsibilities in the CPPD program?	Based on your knowledge and experience, what are the major issues faced by the program from a medical perspective?	Could you tell us what was the purpose of adding a new questionnaire to the process?	How was the feedback of the new questionnaire?	How are these particular questions helpful for the applicants and decision-makers?	How is SGO evaluated in terms of functional capacity?	How does these functional capacity practices are evaluated in terms of what is written in legislation?	The clients who don't have ability to articulate, to what degree the MAS assist the clients?	Is there any opportunity for the client to provide additional documents to testify their condition?	In your opinion, if you could change one thing in the process, what would that be?																		
ANSWERS		Provide medical policy advice, stepping into doctors on staff	Access to timely information from different sources is not a priority for them getting historical information	Medical adjudicators have some difficulty using the client's spontaneous	Gathering info about functional based assessment is challenging	New assessments measure client's functional capacity and also consider the client's social environment	Developed using different measurement tools (different questionnaires, longer questionnaires, simplified questionnaires)	WHO (World Health Organization) has developed a functional scale, a more resource oriented	It's formulated (regulations) were added to the new questionnaire	Intent was to give clients a "voice" in the process	Shared with stakeholders but it's a process, being developed has been done	Informal feedback from the community. The communication should clearly understandable	No overly negative attitude towards the new questionnaire	MAs still don't like it	Unsure what transhipment/MAs relation is going to be with the new questionnaire	If the clients are working above SGO, we can't grant them	Most of the time SGO is not the factor	It only becomes the disability if it's not able to function in the world	In theory, if MAs don't have enough time they receive call the client and ask them to come and talk to them	The medical report fails a medical review or it's not acceptable, then the client goes to another medical professional	The client can't make a decision on their own, they need help from someone else	Yes, absolutely	The same minimum that they have to have is the medical report	If clients have their own medical provider, then the client goes to another medical professional	We absolutely accept MAs' evaluation about health professionals	Very few people are aware of the disability benefit in the CPP	Doctors are only allowed to keep medical records back 10 years.	Describing a "total" questionnaire without a set of rules and measurement	A "what" questionnaire without a set of rules and measurement
QUOTES		"Getting accurate, timely medical information from all sources is a challenge"	"Getting information from all sources is a challenge"	"The old questionnaire was not very user friendly"	"People will be asked to give us the client's history"	"They complained would be given to the client"	"We know how to interpret the medical reports in limited"	"We don't adjudicate on the basis of diagnosis"	"There is a trend for clients to be denied due to fully justifying their functional limitation"	"It's a very complex process, it's not fully justified, and it's very difficult to interpret the medical reports in limited"	"We are not equipped to interpret the medical reports in limited"	"You should put a certain of information on the application"																	

### 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 do the 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 take the application again two weeks after they have been assessed and if they are still not working, then they can't have a disability</p> <p>There's 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 leave the organization if they don't meet service standards</p> <p>Sometimes there's a lack of communication and to make sure that the standards are being achieved</p> <p>MAQ professional standards are very high and it's difficult to achieve them in all regions due to the communication issues in each region</p> <p>Sometimes different groups will think are different things that are similar but are called differently</p>	<p>Clearer governance, accountability framework is needed</p> <p>Where CPP application goes to the local office, it's just making of their own rules</p> <p>Medical report should be online</p> <p>Dynamic form (different questionnaires depending on the situation)</p> <p>Centres of specializations for MA, 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 be provided even if the person is lying"</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?
ANSWERS	<p>Look at service delivery model</p> <p>Focused and based on evaluation methodology</p> <p>Make changes in the CPP-D program based on evidence</p> <p>goal is consistent, appropriate decisions - need training, task</p> <p>Part of CI is writing together all parts of the program</p> <p>CI is all about prototyping</p> <p>CI is about listening and understanding</p>	<p>more feedback provides more room front line up to senior management</p> <p>The denial reason is not intuitive to clients</p> <p>MA is high paying job</p> <p>MA's need to change how we are hiring MA's</p> <p>MA's need to be prompt and testing culturally before developing new processes</p>	<p>The client satisfaction rates receive a score of 20%, but if they receive 20% then it increases to 10%</p> <p>MA's need to change how we are hiring MA's</p> <p>MA's don't like the call because it's hard to give negative news</p> <p>MA's need to be prompt and testing culturally before developing new processes</p>	<p>calls can be volatile</p> <p>It depends on who writes the letter</p> <p>O launched a pilot to simplify and improve the letters</p> <p>don't have robust tools for client feedback</p>	<p>Need to get training right</p> <p>policy team is set up at stewards of the program</p> <p>no check and balances, nobody oversees policy</p>	<p>SGO policy launched in 2014 is one bad policy thing</p> <p>All MACs consistent across the country</p> <p>New trainings launched</p> <p>Update legislation - it's outdated and old</p> <p>change amount on SGO</p>	<p>Change policy, give us policy people who can work with disabilities</p>
QUOTES	<p>"Only 1 out of 1000 clients have been able to have their case resolved."</p> <p>"There is a lot of things that have been done and haven't worked."</p>	<p>"The client satisfaction rate is now better. They feel heard."</p> <p>"It took me a year to learn the legislation, and I'm trained on that."</p> <p>"We aren't setting up our clients for success, we aren't fitting them to the job."</p> <p>"No call should take 2h"</p>	<p>"...the client satisfaction rate is now better. They feel heard."</p> <p>"It took me a year to learn the legislation, and I'm trained on that."</p> <p>"We aren't setting up our clients for success, we aren't fitting them to the job."</p> <p>"No call should take 2h"</p>	<p>"People who represent us are no longer eligible for the program."</p> <p>"We need to look at the legislation and then you give them the cost."</p>			

Legend

Interviewer question
1 foot per post-it
1 key quote per post-it

1 important point per post-it



I-SME-22

## Department

## Medical Expertise

Ro

Medi  
Advis

## Interview Transcri

### Legend

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### 1 important thought/point

insights

Can you briefly describe your role and responsibilities in the CPP-D program?	<b>Advisory Role to SST</b>	Medical advisor and he has 2 roles	1st role is to analyze files that are being transferred to the SST. 2nd role is to consider risk cases	They even the option of a medical person to see if a claim is disabled or not, its temporary or permanent, and does not have a pending	2nd role: analysis files that had been already submitted to the SST by the physician. Review the application	No. We can ask in the adjudicator in the process to get additional information.	That happens very frequently, if there are some specific information is lost or has been omitted, we write a report asking for development to the MAs.	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?	<b>Advisory role. More in people that are appealing in the general division</b>	Once the judgment has been rendered by the General Division, then the option is to go to the Appeal division	This is changing. The appeal process is gonna be a Naval process	Naval Process: We have to review basically the whole file all over again like starting from scratch	have to review the whole file again from scratch. Now they only review the error.	It sounds like a lot of information can be given. Is there a way perhaps the physician can be asked? Can the physician make the decision with less information?	“The amount of information coming from the physician are usually pretty short”	I don't see how you can make it smaller form? If the client insist, usually the physician will do it faster.	They keep writing letters, but sometimes it has no response. It's very difficult to obtain a report from the physician with requests.
Who do you provide advice to? Physicians or Adjudicators?	MAs are separate, will come to us for advice on how we give opinion. MAs decide how to act on it	The physicians are more of an advisory role. So we make the recommendation, 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, they can choose to ignore your advice	Is there any way to make this process easier for physicians?	It takes an average of half an hour to an hour to answer these questions (physician). It depends on the complexity of the case.	It takes a while. It's a physician who is so overwhelmed by medical evidence that as the forms coming up they might forget them.	Usually condition that don't have a diagnostic testing is the one that gets sent to them.
Adjudicators come to you for the advice for some specific case or how does that process work?	<b>The MAs basically come to us</b>	How send us the and then we give our opinion and they give their own opinion, whether or not they will go to the physician and whether they give their own opinion, usually adding in our	It's all in the hands of Service Canada, where the adjudicators work	“Is based a lot on the social circumstances, so certainly personal circumstances are very important in every file”	Training plays a very important role, not just the medical evidence	Is there an opportunity to make the application more tailored to specific cases?	About 70% of the applications we receive from the applicants themselves, they have to do with depression, anxiety.	“Severe conditions usually don't even landed in our desk.” “I'm not sure it would simplify the process that much.”	If you do a physical evaluation in even more expensive. Not only pays for the physician, but also the physician's time. They're extreme long reports, so a simple thing.
What are some things that you've copied up over the years either for you personally and your colleagues?	<b>Have been at CPP for only six months</b>	For now, it's strictly an advisory role. There's no executive decision that we can make	“The idea is not to try to deny everybody and not try to squeeze money out of the clients	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 a lot. It's very expensive to do a psychological evaluation, so a lot of clients can't afford it.	most important 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.”
Has it been anything that caught your eyes in terms of patterns?	<b>It is a very social program</b>	If the client has Grade 8 education and they have not had any formal or post secondary education, then they need to get any job, need to continue adult experience education	It's not just a perspective, have to look at the whole situation. So that's taken in consideration	“Is based a lot on the social circumstances, so certainly personal circumstances are very important in every file”	Training plays a very important role, not just the medical evidence	What happens in case of late applications? What role does a Medical advisor play in it?	It makes very tough. Late applicants has less chance to receive the benefit.	If it's not relevant, it's usually not a big problem, especially if have a functional ability assessment, then we know the case was not improved.	If it's beyond the MOP it doesn't work. The MOP is very strict, especially if the person was disabled.
What kind of training?	<b>Training for the clients</b>	“Government works in silos - communication between different silos is very difficult”	Have never spoken to someone - get a file in inbox or get email	Have to review all the files. Have to go through each file and see if the decision is the proper one	History of earnings can be very important. Often indicate a medical issue if earnings suddenly go down	late applications very tough if the MOP is a long time ago	I think it is. Some people collect from private insurance companies, then they have to apply for CPP and then figure it out later.	The vast majority looks very ignorant. They don't know that their ignorance exists?	Because CPP is basically insurance. So if you're beyond the limits of the insurance, you can't get anything, even though you're genuinely disabled.
Is that related to Villani?	We take into consideration age, education. So it's all Villani factors	Will factor - ruled that you can't just expect people to get any job, need to continue adult experience education	It's not just a perspective, have to look at the whole situation. So that's taken in consideration	“Is based a lot on the social circumstances, so certainly personal circumstances are very important in every file”	Training plays a very important role, not just the medical evidence	Are there medical advisors in other level?	We don't need any other person reviewing for additional information. We need another person reviewing our decision.	For settlement decisions that are usually 2 medical advisors. But only for settlement decisions.	It has to be within the period covered by the CPPD.
How is communication done? Do you think about to you asking for support do you reach out to them before?	<b>Training for the clients</b>	Have never spoken to someone - get a file in inbox or get email	Have to review all the files. Have to go through each file and see if the decision is the proper one	History of earnings can be very important. Often indicate a medical issue if earnings suddenly go down	Training plays a very important role, not just the medical evidence	Is lack of information the major reason why people apply late?	I think it is. Some people collect from private insurance companies, then they have to apply for CPP and then figure it out later.	The very majority looks very ignorant. They don't know that their ignorance exists?	Because CPP is basically insurance. So if you're beyond the limits of the insurance, you can't get anything, even though you're genuinely disabled.
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 - severe and prolonged	technical and analytical job at the same time	“I've never seen a big mistake on that, but it can happen occasionally.”	“I've never seen a big mistake on that, but it can happen occasionally.”	And that happens frequently. It's very common.	there are even some cases that we will present to a few other physicians to get their opinion what should do in that situation.	But it's not an automatic process if you decide whether or not. You need to have like your colleagues who's left it to the individual medical advisor.	So, to be honest with you, I find that from the reports from the medical advisor, they are very good quality and I read them. But I always need to read them through the chart.
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 file”	The functional evaluation is done as part of the client's file	The functional capacity is very important because the client's file is not very important. It's the ability to work that's important	We based our judgment on medical doctors. We don't see the clients. We see if the reports makes sense.	We try to read between the lines, and make sure that every bit of information makes sense	the only thing is, I find that it's very right. You can see that they use a template	there are even some cases that we will present to a few other physicians to get their opinion what should do in that situation.	obviously we would like to see the recommendation we made is being followed?	Oftentimes it gives you a bias if you're already aware of the report. You're not sure about something, you might not be able to read it. But the report will tend to be biased towards the medical advisor, so you have to read it at the last step.
Based on the medical report, what would you say about the quality of the functional evaluation?	problem with physicians is that they will not touch on functional limitations	and unfortunately that's what is the critical area for CPPD	The functional capacity is very important because the client's file is not very important. It's the ability to work that's important	I think that one thing that would be good for the physician to do is to make sure the background should meet the functional limitation is the functional limitations	And not so much on diagnosis or treatment or analysis or prognosis, because that's what affects the prolonged criteria.	and at the decision are really according to that specific template	the physicians report is not based in a template, it's very based in the individual	and if they check all the correct boxes they will come to that conclusion.	So, to be honest with you, I find that from the reports from the medical advisor, they are very good quality and I read them. But I always need to read them through the chart.
The medical report plays a central role in evaluating a file. Is that unfair?	It does in the sense that if it does not support the functional limitations	we start to have some doubts and usually you can see that the medical component appear to be strong, but the functional component is not strong enough.	Most of the time is a pretty good indication.	“Self evaluation helps a lot because it gives a lot more credibility.”	but the functional limitation is really the key.	you can see that there is a template. It's my impression that the MAs are very good at making sure that there is. But I can see that there's a very rigid process.	the physicians report is not based in a template, it's very based in the individual	“But they are very high quality and it's very rare that we disagree with the adjudicator.”	Oftentimes it gives you a bias if you're already aware of the report. You're not sure about something, you might not be able to read it. But the report will tend to be biased towards the medical advisor, so you have to read it at the last step.
						What is your impression of MAs using DS template?	the cases that we disagree is for the Villani factors	I've never checked it with them, I'm just saying that to me it looks like a very mechanical process	I'm sure they have some kind of templates because it is, there is a pattern.
						What are some other reasons for decisions being overturned in the SST?	“I have no idea what the success rate is, that's one of the problems.”	“It seems to me that they are always overturned based on the Villani factors.”	When you read the report, you can see the pattern.
						Is there anything under development to try to account for Villani?	“I can see from the decision the majority of the time the MAs have some severe pain, I can see that they are developed in the SST level.”	Even if the file is not pretty convincing, that carries a lot of weight.	
							“If you had a magic wand and could change anything at all, what would you change about the overall medical process?”	“Would like to see the end of silos and have collaboration between MAs and physicians.”	
							“That way we would have less appeal to the General Division.”	Breaking the silos and having more communication.	
							“It is a social program and have to give more chances to the client compared to another programs.”		





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

## Interview

How did you compile your medical documentation for the application?

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

"Learning from my mistakes, I learned how to deal 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 along I was with medical history, what needs to be submitted.

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

not all questions apply to everyone  
my particular issue - 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 she gave me, 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

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!

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!"  
"I found some questions confusing"

was very frustrating to submit application - wasn't fully 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.

didn'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?

"It was a lot of time"  
onslaught of paperwork that is not expected

"it was too much!"



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 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  
still get letters from cppd - print mail - now have an app to use

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

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

What was the reason behind your application?  
Blindness

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  
doctor send in forms, didn't hear anything until I got a letter saying I was accepted/approved

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







C-03

Location

Newfoundland

## 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?	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 cppd because of heart condition	had medical documentation, had information from cardiologist	feels like cppd system is set up to say no	"the CPP system, I understand, 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?	You said I never take my blood pressure because it doesn't take my blood pressure to go through the restriction of blood flow.	I would never want anybody else to do that to me.	Same again I feel kinda bad on the back pain and just yell my head on, you know, like I'm gonna have to come to some days because my neck aches.	But it's a relative. It's in my family. So I mean, I guess I can't complain much.	It's bad enough that you're accepting that you have become disabled and your life is changing for the worse.	But then when you get these guys telling you that you're not disabled, you think you were. And they're telling you they're doing something wrong when applying for it.
Have you applied to any other disability programs?	There is no provincial program its only CPPD here.											
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, 2017 started having chest pain 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 that put strain on my system would cause these angina attacks.	I'm working at provincial level, which is associated with airports and people's lives is a good situation 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's because it was straightforward or it was straightforward because you got nobody to deal with.	Its when you start dealing with people on the phone that's the problem.	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 I at first there at first 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 saying if this man returns back to work, he will have another massive heart attack that will result in death now.	but the CPP system, they are mandated to say no.	Were you aware of the steps involved in the CPP-D Program?	No, I was learning as I went along. When they send me denial letter, it was explained in the letter.	2 days before tribunal, typed, called, applied, approved benefit	lawyer was essential	new evidence appeared a day before the tribunal - no idea where it came from?	"People ask me how to do it, and I send them to a lawyer."
How long did you wait to apply after your disability was diagnosed?	I give up work, I can't remember, I give up work in 2012 or 2013. I know it was in July and I know I applied for CPP, but I didn't actually get approved for CPP.	It should take that long. You know, you don't even know what to do with it. You don't know what to do with it. You don't know what to do with it.	That's why we are paying to CPP. You know when we were first told we need to death to pay what? poverty income because that's what we get.	only 55% of income, but yet our disability doesn't go away.	The cost of that doesn't seem to be reduced. If anything, it increases.	Now I got a son that's six years old. He's autistic, he's non-verbal. He has a disability, he's autistic, he's non-verbal.	Was it easier to call them?	Yes.	"The communication there needs to be better as well, because these are people's lives that you're dealing with"	He didn't provide any new documentation.	That was there from last year, I don't know if it got overlooked or what.	We just get in contact with your cardiologist. Condition didn't change. My condition hasn't change one bit.
Did you receive any phone call?	No, I just received the letter.	I would be up phoning them and then it wouldn't talk to the person that you're talking to, because you've never gonna get told the name.	The people were understanding what I was saying, they're not the one 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.	When did you receive the denial?	probably by two to three weeks period.	But one person would tell me in the tributes on no, we received no information. The other person on CPP will say, well, we fax it off.	main issues was communication	"The Left don't know what they're right are doing." - re: sst/cpd process	because, I mean, these are people, life that they're dealing with and they don't seem like they care.
What did they say when they denied you?	"You are not disabled enough" that's what they keep saying.	You're not disabled enough, you've become disabled though. Like, when you're disabled enough? A disability is 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 application, then you need to say they need another two weeks to think about it again? They should be instant.	Were there any other challenges?	I mean what they put you through for what type of financial income you're going to receive. But you're applying to get \$1,000,000.	income is low - hard to live on	rates are not enough - indexed but not enough	have to retell story over and over	There has to be a better way I mean, was the person from CPP lying to me or the timer don't know what the timeline from the tribunal lying to me I don't know.	
Did they try to put you into vocational rehabilitation to get you into other occupation. Did they try that at all with you?	"It's bad enough to be disabled, but here it is you punishing me for being that"	And you're basically telling me, well, we really don't care if you get it or not, how you supposed to live.	it's a sham system.	Avail myself like changing. And I'm going to do whatever I can to prove that I'm depressed about it because I can't do the things I used to do.	The final amount was \$94, \$94 dollars was like slap in the face.	Once I was approved, it was all in rush through. They owed me \$25000 by that time.	If you had the magic wand, and if you could change anything at all, what would you change in the application process?	"I wouldn't apply for it", I don't wanna be on it.	The process should be more on the part of participant and not government.	You have to support these people, why would you let a lawyer and pay them to get the benefit.	We are not looked after, after you are tortured going through the process.	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 better off but aren't you \*paraphrase\*

CPP out of touch with reality of people with disabilities

"Never saw me, just saw the paperwork."

tried to put 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, but 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

Did you call Service Canada to clarify this?  
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 just filled 'as noted', as indicated  
"I was worried that it wasn't enough"  
Service Canada asked for a follow-up for the GP

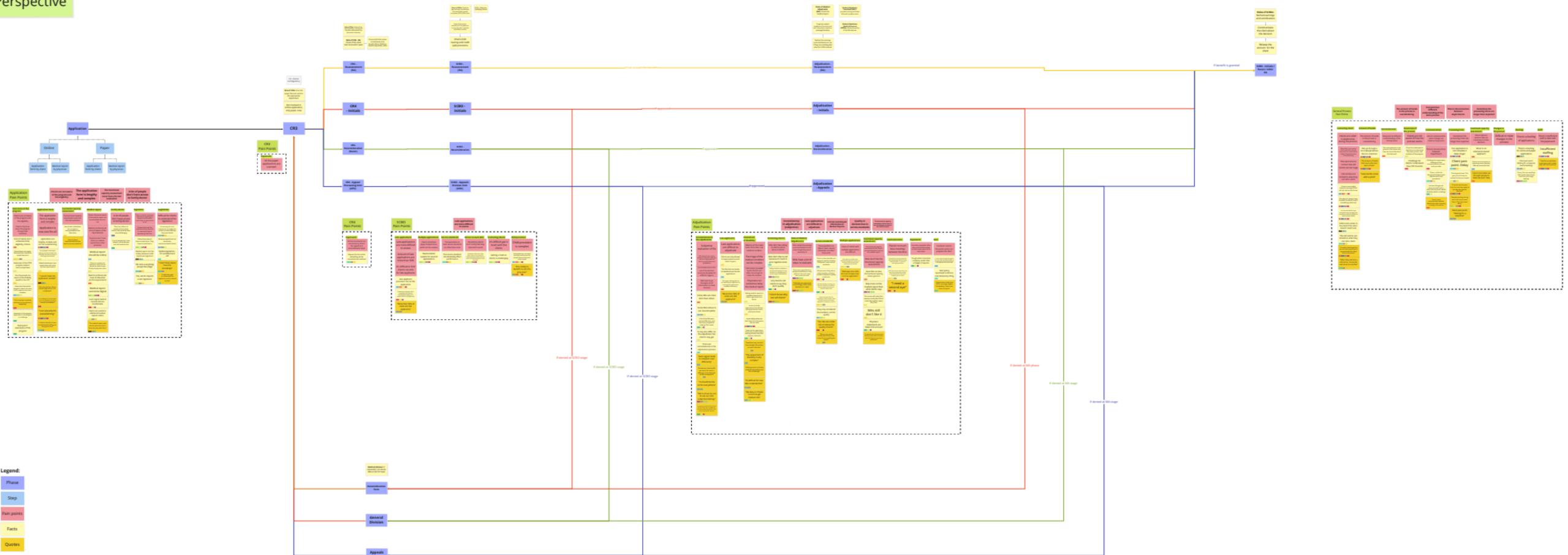
If you had the magic wand, and if you could do anything at all, what would you change in the application process?  
"I think everybody needs a Chantal to help them"  
Someone who helps them with the application and that knows the process  
Having a person that knows that there are nurses that worked 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 to have help to be more confident





## SME Perspective





C-05

Location

Newfoundland

## 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?	Well, I've always known when it takes money out of your account.	But I guess I've always knew what the program. I never used it though. So somebody who was using it.	I just always planned it was something you do when you're not. So I knew about the program and knew how and what it was used for.	but I worked in accounting and payroll and things like that. So I knew about the program and knew how and what it was used for.	how did you feel about having calls about them having to call you or you having to call it back?	Uh, no, everything went fine.	Yeah, much easier than most of the other things I've had to do, yes.	Yep. And I mean, the letters have a have a way to make it seem like it's not remember correctly. I haven't. I'm trying to think now. I'm pretty sure it's again with.	It did have a direct number though or did it just have a a feel like it wasn't because I have trouble again with.	Yeah, I'm trying to feel like I'm more connected to at least the right department.	Not going through right from beginning turn remember and getting lost in the phone.	
Have you applied to any other disability programs?	No, my only other program would be for my pension in regards for my work.	but nothing to do, no other disability program besides my insurance that came through my work.	the application process was online, wasn't too bad	Because the first I had to do disability through my work.	So then I'm pretty sure paperwork online was done with the CPP	which was done when I decided I wasn't gonna make it back through work, then I had to between two years.	Applied 2 years ago, 2018 when I got sick	How was your experience of filling out the questionnaire?	I felt it was good, yeah.	Did you struggle with filling out the questionnaire?	My forms usually somebody with me helping me fill it out and stuff.	
did you apply online like paper based so we made it to service Canada?	so that would have been about two years ago, maybe between 2 two and a bit.	so I'm guessing it was close and closer to a half probably.	so I'm assuming it's been 2 years before work, I've ended a little bit into the third because of covid	I was trying to remember exactly cause which things because I had so much paperwork to do in the beginning.	which was done when I decided I wasn't gonna make it back through work, then I had to between two years.	So in 2018 is when I got sick and then I had two years before work, I've ended a little bit into the third because of covid	So I'm assuming that's why it made it easier because I didn't have to go through communication with CPP than there was with the regular type medical retirement part.	So I have some trouble to remember exactly what happened, which I'm pretty sure the other one was disability and the other one was pension cause? No, I don't think that was you guys.	I feel like this person kind of had a hard time explaining some of it was because their disability part was already done through my insurance.	So I'm sure that they could have been more helpful but they had more terms and questions and I think I'm having trouble filling out.	And I think there's a reason why the physician and doctor names and stuff to that point. So I'm thinking that made it easier to go	
When did you apply?	What was the reason behind your application?	Applied due to aphasia after stroke	And I have trouble with audio processing as well, so I'm reading lips.	I'm going around. If you see me looking around to see who's talking.	And so I have aphasia and I have audio processing.	I mean regards for stroke, for mobility and all that fine. But I had I worked in accounting	And you said that to help with the application, someone was always helping you, right, you didn't do by yourself?	Yes, Yeah, I was something with.	Letter from things were fairly alike I do understand what was going on.	I do it and I did, like I said, I didn't know if I knew or if there was an actual letter telling me that I had to go back to my insurance.	because I knew it belonged back to two years before, so I knew I had to pay back to my insurance.	It was a little bit overwhelming.
have you ever applied for the CPP program before or only one application?	Is it already granted or are you still waiting for a decision?	Just one.	and when you put numbers in the middle of a sentence I brain gets confused	I get stuck on a number and I can't understand a number.	So then I get stuck at the end of the sentence and anything more than two syllables I have to stop and think about.	like I can read. But my mind just my attention to it gets really once I get stuck, I'm stuck.	About the payment that was confusing for you, received the payment instead of your service Canada did you clarify with service Canada in any way?	But it just surprised to me.	Like I knew what had go back, I just put it in a different account until it figured out how to put it back.	I do it and I did, like I said, I didn't know if I knew or if there was an actual letter telling me that I had to go back to my insurance.	So I think I knew that the letter was from the service Canada, but I didn't know if it was a formal or a way it was written or something that I knew that it showed back to me.	Right, but their letter that came back to me I think should have been from when I paid it back to my insurance and then come back made sense
The communication with ESDC was through letters?	Yeah, Your stuff was mostly coming in letters.	It was probably one of the easiest.	There was a little bit of a confusion that I had. I was the last stage of all the other paperwork and stuff	and stuff, and it was the communication between when I worked, I was a federal government employee as well.	So I was really confused about them not communicating to each other.	I was like what you got all that? Can you just see it? Like, so I did find some of that a little bit, I guess.	And I wasn't there on opinion that you could mention that you wanted the money to go directly to the insurance?	I didn't know about the steps involved in the CPPD program?	I didn't know about it.	I do know that it had a level like that. You could do it, yes.	So that was just the way I was at. I was told to try to do it.	had a call about kid/birthplace needed support with forms
And did you receive any phone call from service Canada for clarification?	Yes, yeah, I liked her. Cheers. Nice.	Applying part was was very simple, it was just the confusion of what happened when it would go back.	So all the team and I would get approved as I go right back into so many months after I got sick.	So even the payment part of it was confusing, like, because they give the check to me.	And now even now I have to go back for my 100.	For I still doing my own thing, but then was bigger than me and then the Graham and then the service Canada and things like that. So I just came to the office and just deal with it. I just had deal with it.	Trouble checking in if she has sent her documents or not, she doesn't remember.	did you use the application toolkit?	I've never used it. No, I don't think so.	And I think that I don't even know if that's the way, it was easier to do. That's just the way.	my insurance staff said to do it, so I assumed it makes sense, they said you're going to make it back to work or not first.	need to do a repayment
how many calls did you receive throughout the process? Do you remember?	Two or three tops.	And I don't think it was more of those problems.	Because I kept trying to him, they said in the Doctor's office and they said when I called the service Canada and they said that they didn't get it, but I think it was just a part of emailing something.	if you had any other challenges in the application itself that you wanna share with us?	So yeah. So I do need to call.	have you ever had to call this 800 number before to ask something?	But I it's why I'm avoiding the call. Put it that way.	Because, like, no. So my husband works away for half a month, so I'm gonna have to make sure somebody's with me for that stuff.	So if I get on a community on a phone and I get picked up by a bunch of people, like that, I'm gonna have to just like you should know what I want. I don't want to be a burden to anyone.	And I get posterized with some of that time certain things just because I'm just I do it in here, I just can't	miss the face-to-face contact instead of telephone	
And what was the call for?	What was it about? I have no idea.	Now I called a couple times outside of the actual processing in regards cause I had to remember. Remembering how to log in.	I'm actually still having trouble with that right now and it's not, I mean, I know I have to log in and I'm still having issues in regards to making sure nobody can get in but there's so many steps and for my disability issue, I just locked myself out so many times.	And it and like even just a simple question, where's the account? Well, my first pet I remember, but I had one account and then I logged in, my account seemed like I had to reset.	if you had the magic wand, and if you could change anything at all, what would you change in the application process?	Would allow everyone to have a navigator/applicant support	To be able to have an appointment and go in and say I'm lost, help me.	But I do miss like a simple part of this about the my son just be able to call and say,	So I'll get on a community on a phone and I get picked up by a bunch of people, like that, I'm gonna have to just like you should know what I want. I don't want to be a burden to anyone.	Especially in a lot of that the disability with me too, like just when I don't know what to say at the end of the phone, but I have trouble with accents.		
And I don't remember that being an issue. But so I do have some issues with that, like, it's a little bit harder to try to.	To just remember all your passwords. Look, I've got a lot of them. Like, everything is crazy. There's too much of that.	I like the face thing. Everything should go through the face thing.	To just remember all your passwords. Look, I've got a lot of them. Like, everything is crazy. There's too much of that.	so I have some issues with that. And even right now, there's something I gotta call and I just don't know when I logged in, my account seemed like I had to reset.	I'm spending so much focus on, What I've seen the lips and the communication part of it	it's just so much frustration before I can even get out what I wanna say.	But like I said, for the most part, everything's clear. I haven't had to call a whole lot and I haven't had a lot of that.	So like having a person that can just read with me like the service Canada. Yeah, me even have a like a phone number, like, why do I call? What do I do?	Not going through right from beginning turn remember and getting lost in the phone.	nothing in online system to verify things are happening as they should		

Researcher Notes





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 very disappointing and surprising for many	E-SME-01	Some Canadians are disappointed and frustrated	E-SME-01	designed a long time ago - eligibility and definitions are from the 1980's based largely on US medical models based on american civil war definitions	E-SME-01	difficult to address less visible impairments because it is so based on physical disability	E-SME-01	Not the most important part because there is the employment test	E-SME-01
E-SME-01	E-SME-01	I don't think we understand the "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	"I don't know if we fully understand why it happens the way it does"	E-SME-01	work related social insurance program - which is confusing for many	E-SME-01
E-SME-01	E-SME-01	awareness of the program, application to the program is a challenge	E-SME-01	How the program interacts with other provincial programs is also very important	E-SME-01	high rejection rate, how does that shape sense of self and what does it apply for others, view of government, view of professionals	E-SME-01	"it's like a rubic's cube"	E-SME-01	very medical model of disability, pressure to move towards a more modern approach	E-SME-01
E-SME-01	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	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	Some doctors are good, some are not	E-SME-01	Some people hate the program because it's a very medical model	E-SME-01
E-SME-01	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	participants understand how the CPP-D operates as it is embedded into the existing CPP without CPPD. Wouldn't have launched it am I'm not sure it would have been integrated into CPP	E-SME-01	Moving into electronic records and empowering the client to be in control	E-SME-01	"A lot of Canadians with disability face a lot of barriers"	E-SME-01
E-SME-01	E-SME-01	Paint point: Awareness of the program	E-SME-01	"I don't think a lot of people how the disability part of the CPP operates"	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	Another participant also mentioned about the electronic medical reports	E-SME-01	bigest source of income for disabled canadians is welfare	E-SME-01
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	What according to you is a better way to provide benefits to people with disabilities through this program?	E-SME-01	The system had screwed family doctors. We hadn't truly empowered them	E-SME-01	Health care reform and medical records	E-SME-01
E-SME-01	E-SME-01	Part of it is bureaucracy	E-SME-01	Physicians don't present information or the condition in the best possible light	E-SME-01	What are your views on the functional capacity assessment?	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	rely heavily on medical gatekeepers, documents presentation of a person's life on a form	E-SME-01	"Some doctors don't like to fill out these forms"	E-SME-01	CPP-D is more a notion of if you have something permanent, longer, prolonged or severe	E-SME-01	vocational rehab happens, some return to work adjusted to allow more earnings	E-SME-01	It could be done some work in the rejection rate	E-SME-01
E-SME-01	E-SME-01	not a role medical practitioners signed up for	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	there is some conversation about CPP being reformed so people can get a partial benefit	E-SME-01	shifting understanding of disability, capacity, aspirations	E-SME-01	stop thinking about people as unemployable	E-SME-01
E-SME-01	E-SME-01	"Doctors didn't sign up to do all of these stuff"	E-SME-01	"CPP-D is hard to change"	E-SME-01	a lot of european countries offer partial benefit	E-SME-01	how gap right now between those who are using Employment Insurance Sickness Benefit and needing CPPD	E-SME-01	don't string people along, don't avoid the no	E-SME-01
E-SME-01	E-SME-01		E-SME-01	People have to wait at least a year before officially 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		E-SME-01		E-SME-01



Interview											
 <b>E-SME-02</b> <b>Role</b> <b>Physician</b>  <b>Interview Transcript</b>  <b>Legend</b> <span style="background-color: #FFFFCC; border: 1px solid black; padding: 2px;">1 fact per post-it</span> <span style="background-color: #FFFF99; border: 1px solid black; padding: 2px;">1 key quote per post-it</span> <span style="background-color: #CCFFCC; border: 1px solid black; padding: 2px;">1 important thought/points per post-it</span>  <b>Insights</b>	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 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, or administrative assistant	The patient would collect from them	
	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?	I think, sometimes spinal cord patients have incomplete injuries or some of them have other diagnoses	Some had cancer that had spread to spinal cord or brain tumor, those are the lot more complicated and challenging	But even then, it was at least objective	
	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	What do you do to overcome these situations? for subjective cases	I would usually try to indicate the year of uncertainty and some of them especially isn't of prognosticating	Thinking about what the future might hold for this particular conditioning or disability	Sometimes it's hard to say, so if that's the case, I would try to be clear about that.	
		It was really focused around mobility	It was relatively straightforward and objective, which made my job a lot easier.	I was almost always focused on the mobility part	Sometimes I would fill over activities of daily living or feeding, dressing.	Depending on the level of injury.	No, not that I ever recall	Again, it's 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	
	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 complex conditions, mine were pretty straightforward			Did the patient complain about the process or how difficult it is to connect with the physicians?	Yes, usually in the course of this summer, 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	Except sometimes in terms of whether the person be able to walk, will they regain control? Sometimes that's unclear.	But the current deficits were pretty clear and not very debatable.
	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			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.	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	Maybe that's why there are lots of pushbacks or need of any additional information
	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	In case of late applicants, how do you get the history of their condition?	It's not too complicated for my patients	The documentation is almost always there.	If it was a new patient that I have never seen before, then they'll have to wait	So, there are challenges. And now you have to find people without family doctor, that would be even more challenging
		It wasn't for example very likely for a patient to ask me to weigh in on mental health issues, they will likely ask their psychiatrist	But if you are a family doctor, I assume you get a lot of these				But there were those kinds of patients that would take the benefit and it's hard to navigate those kind of patients.	It takes time, while you're playing detective, you can't see patients, it's kind of challenging.	a lot of physicians also feel stuck	On one hand you want to advocate for your patients, and on the other hand you don't let the ones who will try and take advantage of the system.	Mines were pretty straightforward, these are the patients who qualify and had specific disability
	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?	mental health, chronic pain, chronic fatigue, fibromyalgia	Now, post-covid, blood test, where you cannot do physical exam for the patients.	It all depends on what the patient tells you. Non-specific conditions are lot harder.	
	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 specific question is 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	How often do you navigate those patients, who take advantage of the system?	There's a fundamental ethical principle that says: 'You need to advocate on behalf of your patients.'	That's part of your job as a doctor especially for family doctors and primary care	Most physicians tend to try and believe patients, unless they have reason not to.	Sometimes it's very clear, they know when they are trying to game the system, but there are some cases when you don't know
		And ask for a lot information, the physicians either struggle with having the time to provide the information, about privacy and confidentiality type issues	In terms of providing too much information and especially when its sensitive like mental health issue	For me it's ready to go when I tell our the specific needs for that specific patient and what their condition was			Because of often do you deny patients for filling out their medical report?	"None of these are subjective"	"You don't wanna ruin the relationship you have with the patient"	It's very very difficult to quantify that	But it's also very hard for a doctor to say - the patient says this and it's not something we can believe them'
	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 can't imagine in those specific areas, where a lot of it was not necessarily applicable.	Whereas, for complex cases, a lot of different conditions, multiple comorbidities, multiple diagnosis, would take more time	And you might have situation where you might feel 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.	Gathering medical info, if 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.	

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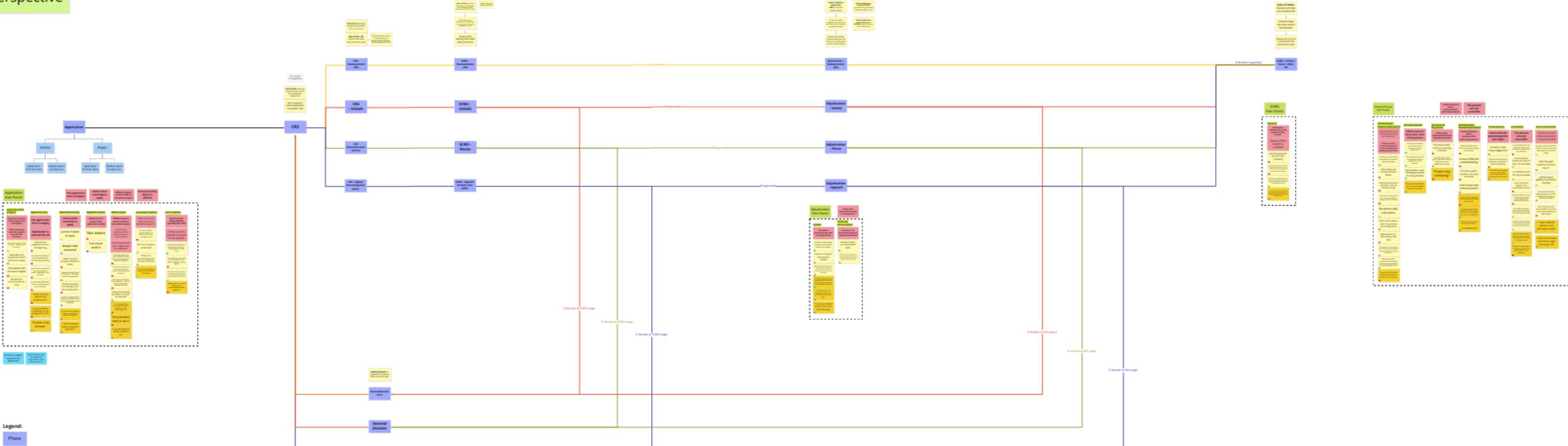
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QUESTIONS	ANSWERS	QUOTES
<p>What are your thoughts about the CPP-D?</p> <p>What are the major pain points you see in the CPPD program from the client perspective?</p> <p>What are the common reasons that applicants are being denied and after the appeal 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, what is the 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><b>Pain point: Awareness of the program</b> People don't understand what the program is and what it does. It's a complicated process.</p> <p><b>Pain point: Bureaucracy</b> many Canadians don't have a doctor which is a huge challenge because it's getting worse.</p> <p><b>Part of it is bureaucracy</b> not a role medical practitioners signed up for</p> <p><b>Health care reform and medical records</b> Moving into electronic records and trying to keep control.</p> <p><b>Some doctors are good, some are not</b> Some doctors have a good reputation while others do not.</p> <p><b>Healthcare professionals</b> Healthcare professionals are underpaid and overworked.</p> <p><b>It could be done some work in the rejection rate</b></p> <p><b>CPP-D is hard to change</b></p> <p><b>Legend</b></p> <ul style="list-style-type: none"> <li>Interviewer question</li> <li>1 fact per post-it</li> <li>1 long quote per post-it</li> <li>1 important point per post-it</li> </ul>	<p>"I don't know if our clients know why it happens the way it does."</p> <p>"CPP-D had a 100% 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 twice of the CPP anymore."</p> <p>"Some clients just like to fill out these forms."</p> <p>"Doctors seem to do all of these stuff."</p> <p>"Is it of any importance that disability fact a lot of barriers?"</p> <p>"There are many conditions which prevent people from working."</p>

## 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

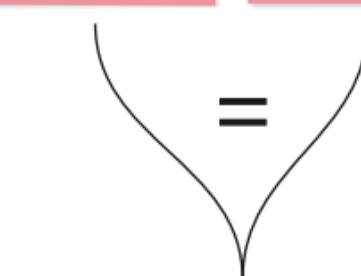
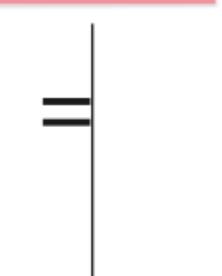
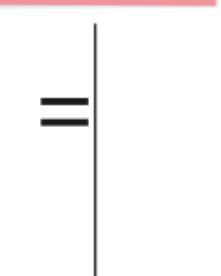
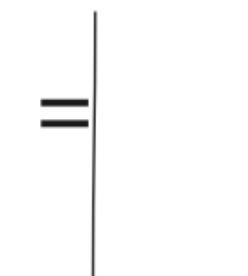
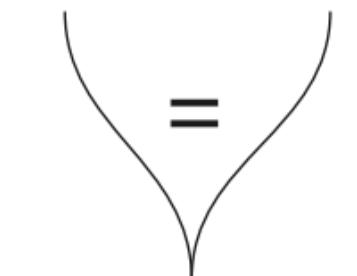
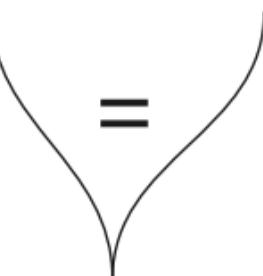
Clients were not contacted by phone, communication was mostly done by letters

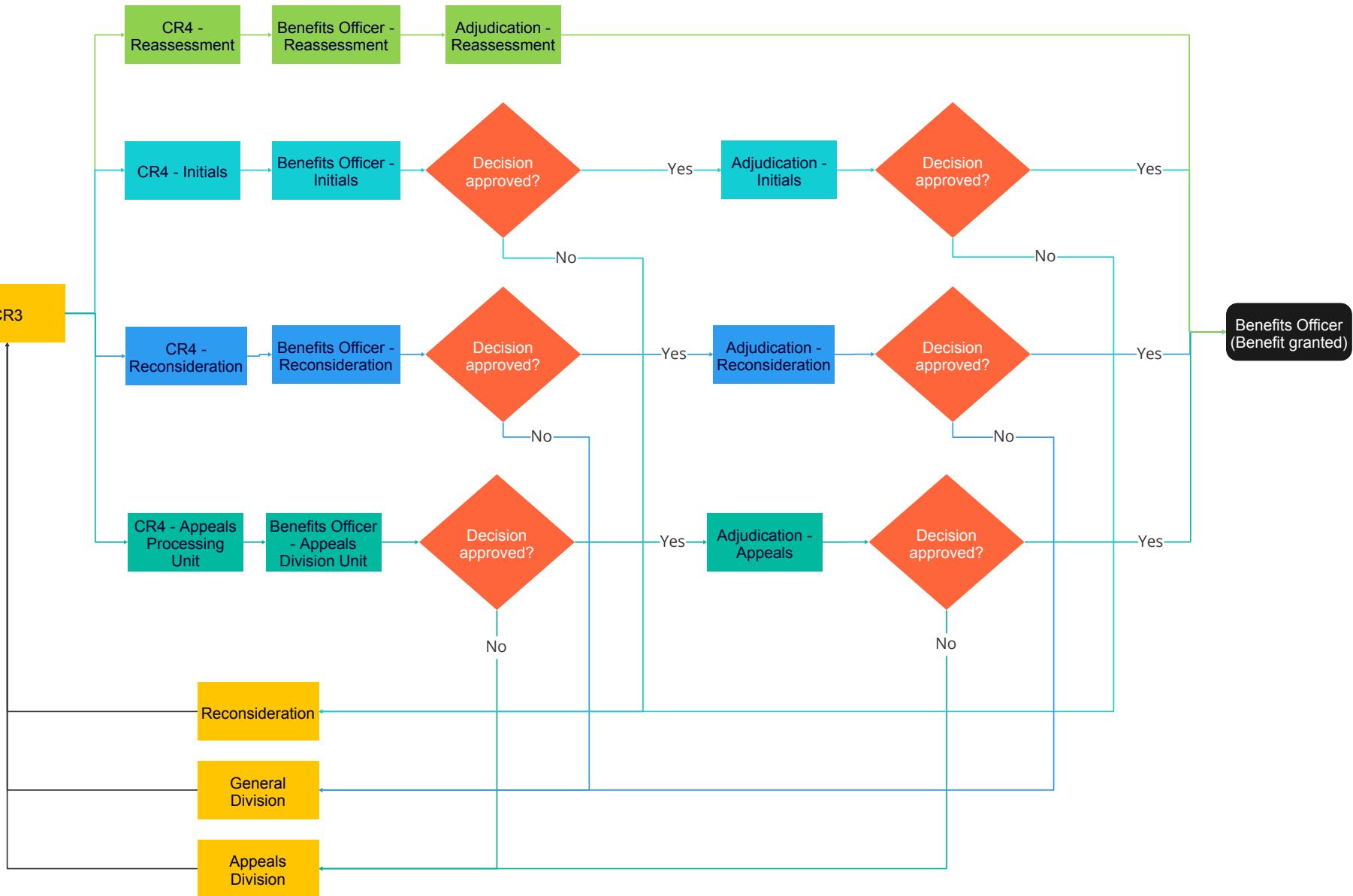
Clients were confused about how the process works

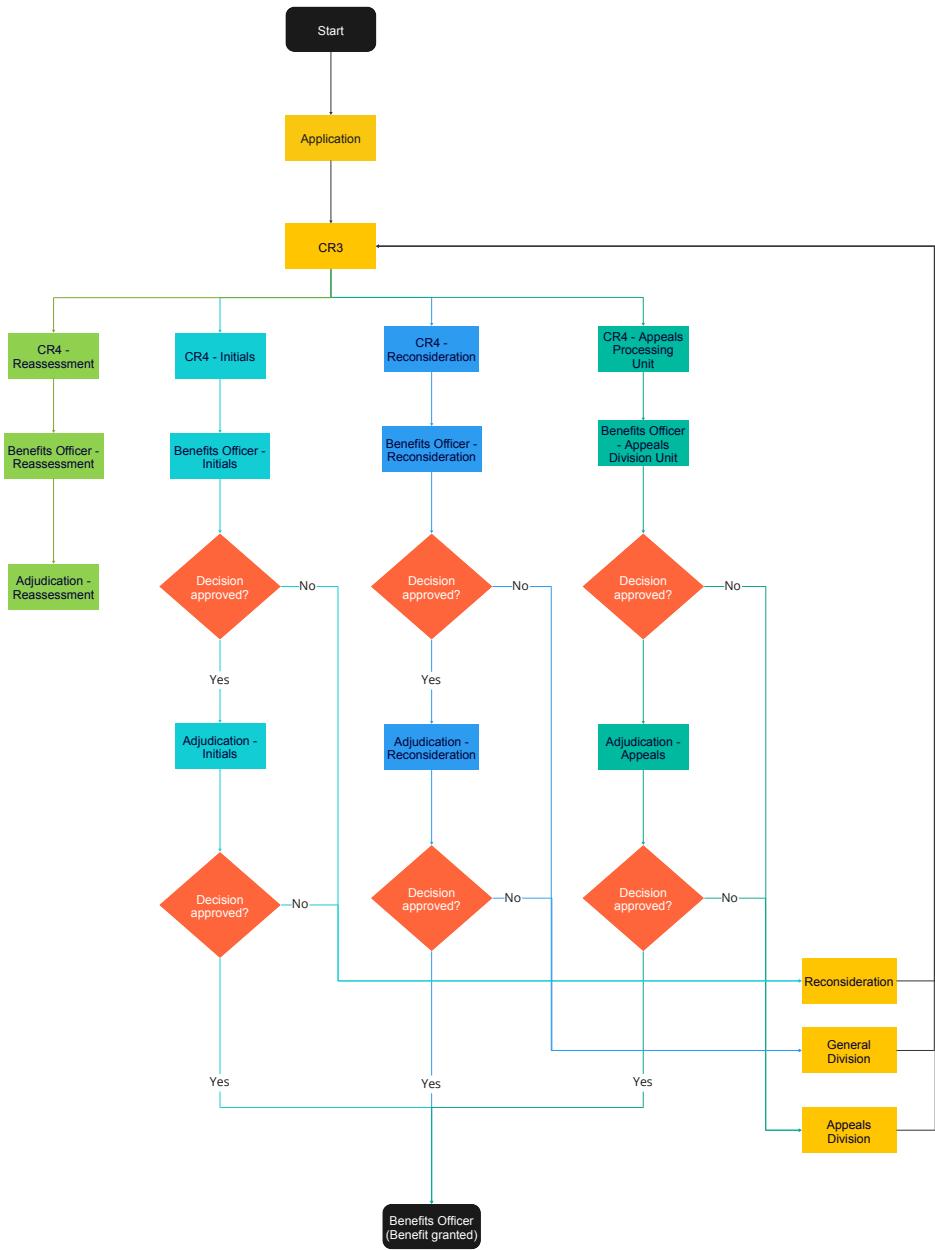
Difficult to get a doctor to fill out the medical report

Clients felt the processing time was longer

Clients felt there's lack of communication within departments







# Journey Map

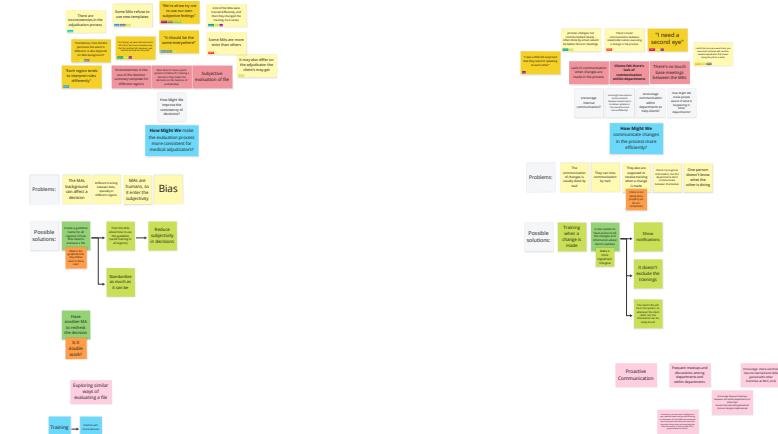
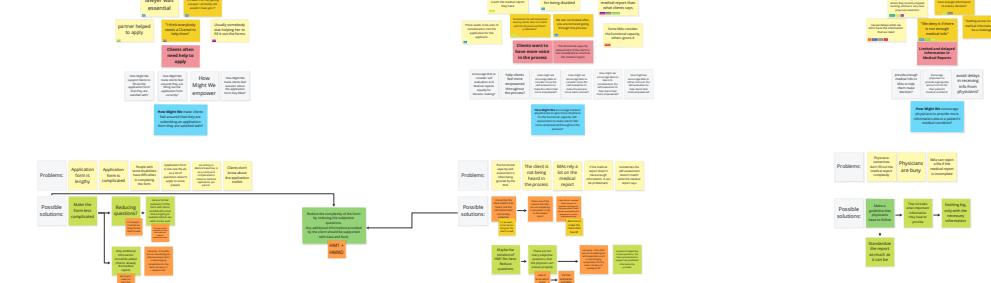
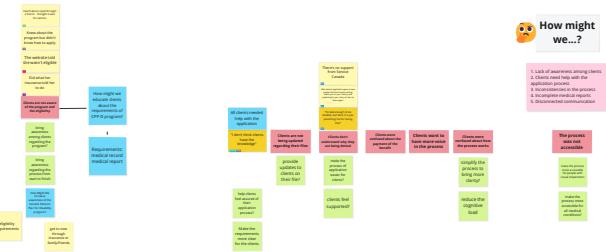
Client who had the application **approved**

Stages	Awareness	Application: Application Form	Application: Medical Report	Waiting Period	Response Received
Key Actions	<ul style="list-style-type: none"> <li>- Get to know about the program through external sources</li> <li>- Discuss with external sources about their expectations</li> </ul>	<ul style="list-style-type: none"> <li>- Reach out to family members or organizations for help</li> <li>- Gather documents for the application</li> <li>- Complete the application form and self assessment</li> </ul>	<ul style="list-style-type: none"> <li>- Reach out to their physician to fill out the medical report</li> <li>- Wait for physicians to submit the report</li> <li>- Compile application form and medical report and mail it to Service Canada</li> </ul>	<ul style="list-style-type: none"> <li>- Check the website for updates</li> <li>- Gets anxious about their file and afraid of being denied</li> <li>- Receive phone call for clarification from Service Canada regarding their file (if necessary)</li> </ul>	<ul style="list-style-type: none"> <li>- Receive a letter confirming their approval</li> <li>- Get confused regarding the amount of the benefit</li> </ul>
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"> <li>- Get to know about the program through external sources</li> <li>- Discuss with external sources about their expectations</li> </ul>	<ul style="list-style-type: none"> <li>- Reach out to family members or organizations for help</li> <li>- Gather documents for the application</li> <li>- Complete the application form and self assessment</li> </ul>	<ul style="list-style-type: none"> <li>- Reach out to their physician to fill out the medical report</li> <li>- Wait for physicians to submit the report</li> <li>- Compile application form and medical report and mail it to Service Canada</li> </ul>	<ul style="list-style-type: none"> <li>- Check the website for updates</li> <li>- Gets anxious about their file and afraid of being denied</li> <li>- Receive phone call for clarification from Service Canada regarding their file (if necessary)</li> </ul>	<ul style="list-style-type: none"> <li>- Receive a denial letter</li> <li>- Get in touch with the lawyer for Reconsideration/Appeal</li> <li>- Get approval</li> <li>- Get confused regarding the amount of the benefit</li> </ul>
Emotions	<p>The emotion journey map illustrates the emotional spectrum of the client throughout the process. It starts at the 'Awareness' stage with a yellow circle labeled 'Confusion'. This leads to the 'Application: Application Form' stage, where the path splits: one branch goes to a teal circle labeled 'Overwhelmed', and the other continues to the 'Application: Medical Report' stage, ending at a yellow circle labeled 'Frustration'. In the 'Waiting Period', the path continues through several red circles labeled 'Frustration', 'Stress', 'Anxiety', and 'Nervous'. Finally, the path leads to the 'Response Received' stage, ending at a green circle labeled 'Relief'.</p>				



## **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.

