CFPC Canada Pension Plan Disability Benefit Form Survey: Results

February 2025

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

Data Collection

- January-February 2025
- Survey emailed to ~7,500 CFPC members
- 782 respondents

Highlights

90+% of family physicians fill in the CPPD Benefit form themselves.

Almost all (99%) indicate that the form contributes to their overall administrative burden.

On average, respondents estimated it takes **51 minutes** to complete the form.

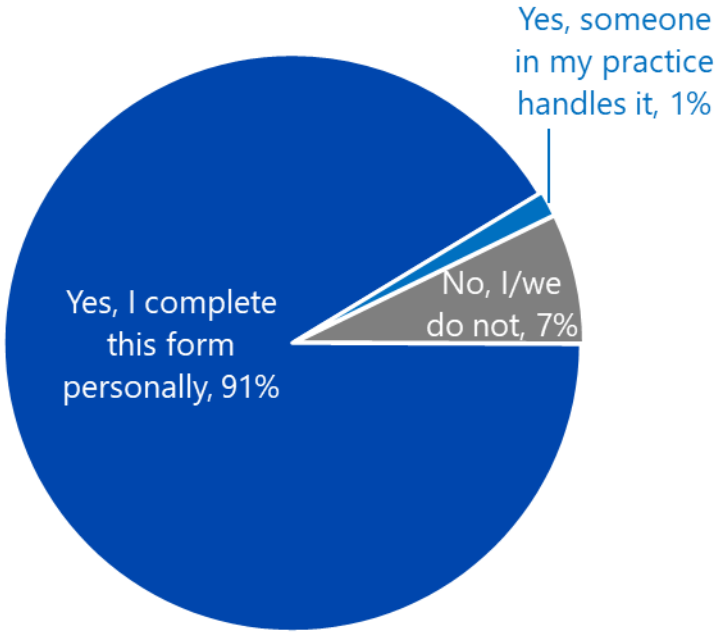
- This is equivalent to **3.4 patient visits lost per form**, or **238,000 patient visits lost per year** (based on an estimate of 70,000 CPPD Benefit applications per year)

There are multiple opportunities to streamline the form by eliminating low-value questions and adding a level of automation to the form.

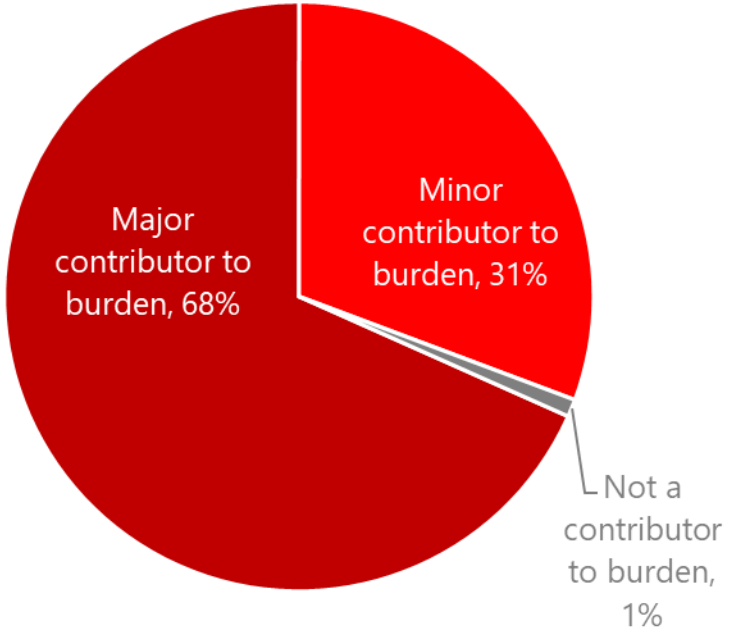
Employment and Social Development Canada is urged to apply stringent criteria to information collected and only focus on minimum data that's absolutely necessary for core purposes.

Results

Do you or someone in your practice fill in the Canadian Pension Plan Disability Benefit (CPPD) form?



How would you rate the contribution of this form to your overall administrative burden as a family physician?



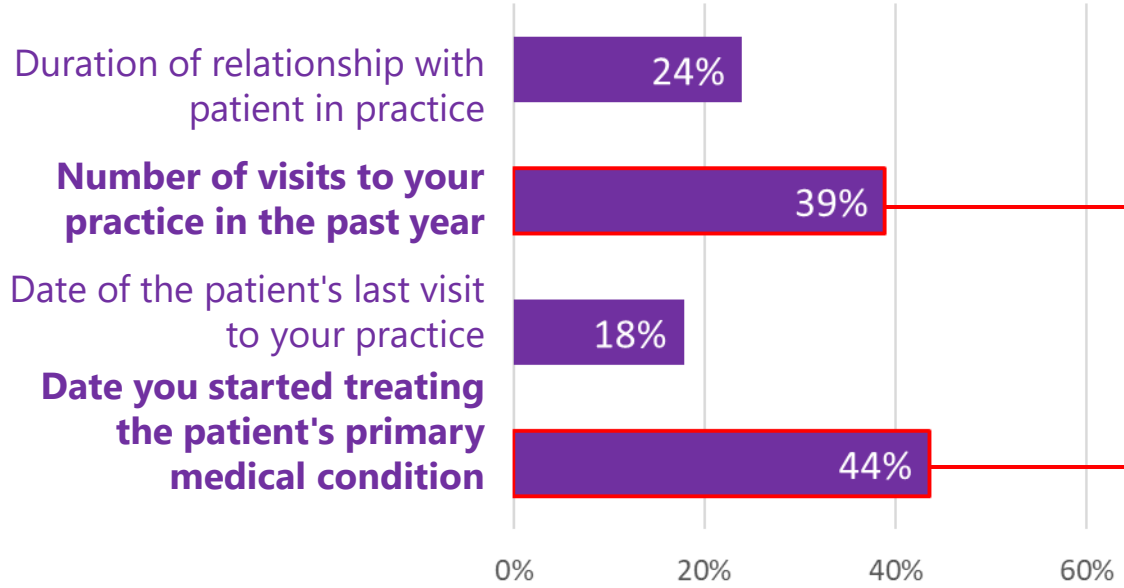
How much time, on average, do you estimate you spend filling out one CPPD form (including gathering required information)?

Average:
51 minutes

Maximum:
6 hours

Results – Section 3: Duration of relationship

Percent of respondents who flagged specific areas as a concern



"Why did you flag this as an area of concern?"

Information difficult to obtain	Time-consuming	Irrelevant for eligibility	Unnecessary level of detail	Should not be filled by physician
21%	**74%**	**53%**	**57%**	**28%**
57%	**61%**	**25%**	**33%**	**15%**

What respondents said... Narrowing down a specific dates and numbers is not easy or even possible in many cases.

"In higher complexity patients, often this requires sifting through individual chart notes. Some information would be better if it is in more broad time frame, weeks / months / years."

"Often there is not an actual DATE. I can often narrow it down to a year, but I make up actual dates if asked. Also, it's possible that I have inherited these patients from another practitioner so records may be incomplete."

Respondents were invited to select all that apply; values do not sum to 100%

Recommendations – Section 3: Duration of relationship

Number of visits to your practice in the past year

Time-consuming and irrelevant

- **Prime candidate for elimination for a simplified, streamlined form**

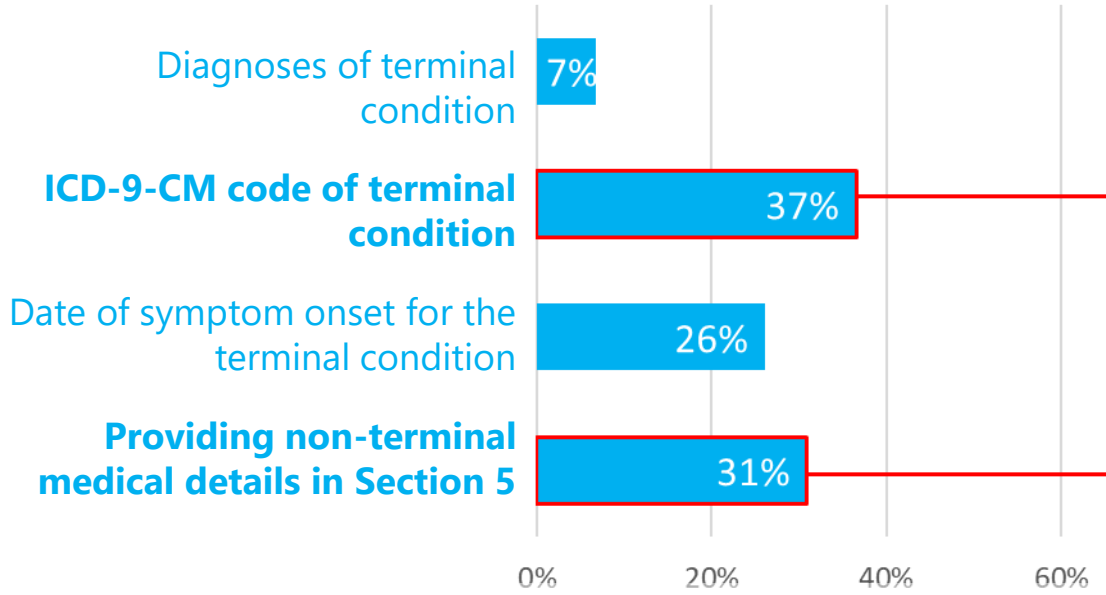
Date you started treating the patient's primary medical condition

Unnecessary level of detail that drives the form's complexity

- **Limit this data collection to year rather than specific date**

Results – Section 4: Terminal and grave conditions

Percent of who flagged specific areas as a concern



"Why did you flag this as an area of concern?"

Information difficult to obtain	Time-consuming	Irrelevant for eligibility	Unnecessary level of detail	Should not be filled by physician
51%	**65%**	**40%**	**60%**	**22%**
33%	**77%**	**44%**	**47%**	**19%**

What respondents said… ICD-9-codes are frustrating and a terminal diagnosis should not require further detail.

"ICD-9-CM codes are not routinely used in practice, I always need to look these up."

"ICD-10 more up to date; also ICD codes rarely explain or match the appropriate diagnosis."

Regarding providing non-terminal medical details: "Patients cry through these forms even without terminal diagnoses. Honestly it is relatively cruel. Isn't the terminal diagnoses enough?"

Respondents were invited to select all that apply; values do not sum to 100%

Recommendations – Section 4: Terminal and grave conditions

ICD-9-CM code of terminal condition

Time-consuming and perceived as irrelevant (also flagged as a concern in Section 5 of form)

- **Consider removing this field** or, at least, implement an automated process (ie, algorithm) to assign a code.

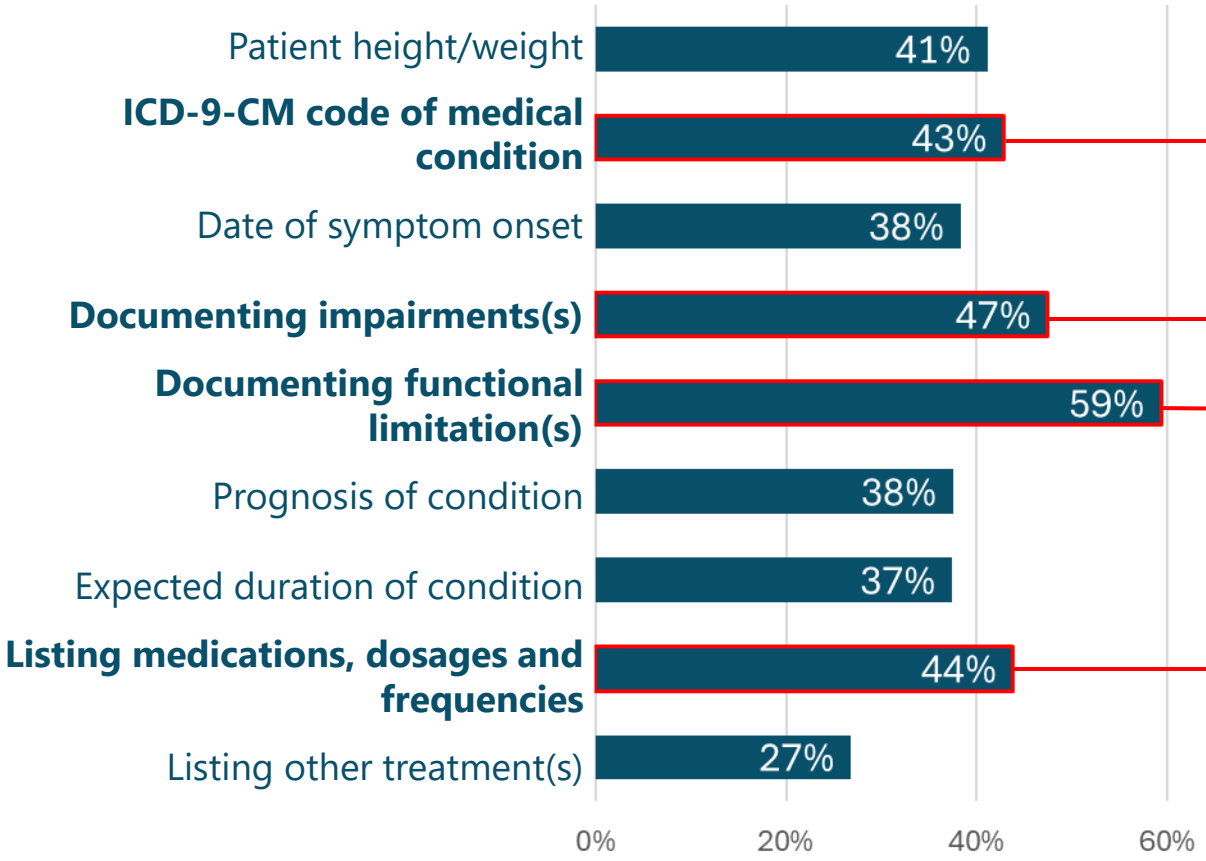
Providing non-terminal medical details in Section 5

A need to expedite the process for Terminal and Grave Conditions was expressed through written feedback

- **Remove requirement to list non-terminal medical conditions if patient has a qualifying terminal diagnosis**

Results – Section 5: Medical conditions, impairments, functional limitations and treatment

Percent of respondents who flagged specific areas as a concern



"Why did you flag this as an area of concern?"

Information difficult to obtain	Time-consuming	Irrelevant for eligibility	Unnecessary level of detail	Should not be filled by physician
51%	67%	46%	59%	30%
44%	74%	8%	25%	40%
46%	68%	8%	24%	47%
25%	84%	31%	49%	26%

Respondents were invited to select all that apply; values do not sum to 100%

Results – Section 5: Medical conditions, impairments, functional limitations and treatment

What respondents said…

Content being "Time-consuming" most selected reason of concern (67%-84%) in all subsections:

-ICD-9-CM code of medical condition

"Looking up ICD-9 codes is a waste of time and many times there is no accurate code. It is [a] guessing game."

-Listing medications, dosages and frequencies

"Going back historically what has been tried, side effects and outcome[s] is tedious especially as patients see walk in doctors or leave one practice to another due to retirement."

The information is difficult to obtain:

-Documenting functional limitations(s)

"Most family physicians are not trained in, nor have the equipment to do a functional assessment. We can only use what the patient tells us, unless there is a glaring disability (e.g., unable to walk at all)."

-Documenting impairments(s)

"Often this is subjective and simply just what patient claims to be true…. This is particularly true for patients with severe anxiety, depression or chronic pain."

Recommendations – Section 5: Medical conditions, impairments, functional limitations and treatment

Documenting impairments / functional disabilities

While relevant to the form's purpose, physicians report these sections are time-consuming and that they are not best positioned to provide this information. CFPC urges ESDC to:

- **Leverage alternate sources for this information:** Others can pre-populate these parts of the form (e.g., patient, other health professionals for functional assessments)
- **Obtain information in the most streamlined way possible:** Information can be auto-populated based on existing options rather than written in open-ended format

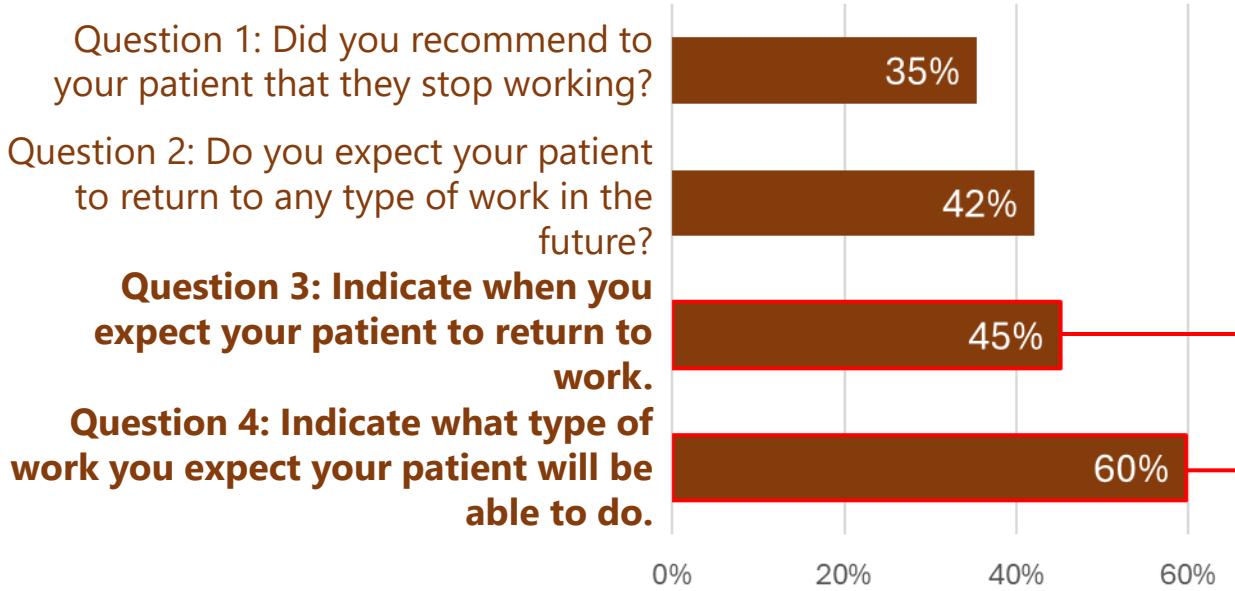
Listing medications, dosages and frequencies

Flagged as time-intensive, while scoring low on relevance, high on unnecessary level of detail

- **Recommend removing the medications question completely to streamline information collected**
  - If deemed essential, limit documentation by only requiring a list of **current** medications/treatment.

Results – Section 6: Patient's employment situation

Percent of respondents who flagged specific areas as a concern



"Why did you flag this as an area of concern?"

Information difficult to obtain	Time-consuming	Irrelevant for eligibility	Unnecessary level of detail	Should not be filled by physician
58%	**23%**	**12%**	**16%**	**36%**
43%	**20%**	**13%**	**20%**	**59%**

What respondents said... Employment assessment information falls outside the scope of a family physician's clinical expertise.

"We are not occupational experts. Asking physicians to gatekeep patients work ability is unfair to us and the patients and outside our specific scope."

"I rarely fully understand the requirements of my patients' jobs -- it is generally not for me to tell them they cannot complete their job requirements"

"Our role as MDs is not to recommend that patients stop working. This question should be eliminated."

"In a patient centered care model within a multi-disciplinary team, the physician is not the only one to recommend or decide on work time."

Respondents were invited to select all that apply; values do not sum to 100%

Recommendations – Section 6: Patient's employment situation

Indicate when you expect your patient to return to work / Indicate what type of work you expect your patient will be able to do

While relevant and not overly time-consuming, physicians report that they are not best positioned to provide this information. **Strongly consider alternate sources of this information**:

- **Automatic determination of type of work through algorithms** using impairments / functional disabilities as inputs
- **Health professionals with training specific occupational health** (e.g., occupational therapists, or physicians with expertise in occupational medicine)

Netherlands example:

Dedicated physicians employed by the government agency (UWV) are responsible for providing medical assessment during the disability benefits process