



Certified Life Planner Details Health Care System Impact on Legal and Insurance Communities - Episode # 110

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Guest Expert: Dan Thompson of [DeeGee Rehabilitation Technologies, Ltd.](#)

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John Czuba: Welcome to the *Insurance Law Podcast*, the broadcast about timely and important legal issues affecting the insurance industry. I'm John Czuba, Managing Editor of *Best's Directory of Recommend Insurance Attorneys, including Expert Service Providers*. We're pleased to have with us today Dan Thompson, the owner of [DeeGee Rehabilitation Technologies Ltd.](#) with offices in Arizona and Canada.

Dan's company provides life care plans, vocational assessment, rehabilitation and motivational speaking services to insurers, attorneys and medical practitioners to improve the quality of life for those with life altering disabilities. Dan himself is a registered rehabilitation professional, registered vocational professional and also a certified life planner.

Dan, we're very pleased to have you with us today.

Dan Thompson: Thank you, John. I really appreciate you having me.

John: Today's topic is on healthcare system reform in the US and Canada and the impact on the US insurance industry and the legal community. Dan, first off, what exactly is a life care planner and vocational expert? More importantly, what impact do they have on the insurance industry?

Dan: John, as a life care planner and a vocational expert, it's my job or duty to inform the court system as to what reasonable compensation an individual might need after an accident and/or in a litigation setting.

For example, if someone was working, let's say, as a construction worker, and heaven forbid they were to sustain a catastrophic injury by means either an amputation, a spinal cord injury similar to what I have or some other catastrophic injury, what type of job could they do going forward? In essence, it's my job, I guess, to make those recommendations and try to look at ways of mitigating what those costs will be going forward and try to also improve the quality of life for that individual.

The way it affects the insurance industry, in particular, is that obviously insurance premiums are in place for individuals to receive some type of compensation, but as one insurance leader told me, it's not there as a lottery. It's there as a means of a gap or a bridge to get them back in the lifestyle in which they had before.

John: Dan, how do you interact with the lawyers, the court system, other interested parties, and more importantly, the insurance industry?

Dan: Basically, in the case of an insurance company, a lot of times, as I'm sure you can appreciate, when you have a catastrophic injury, you could be talking about millions of dollars for this individual. They may require housing renovations. They may require van renovations or vehicle renovations to get them back into their "pre accident lifestyle." They may require attendant care to get them up and dressed and do the things they need to do.

The way I would interact with the insurance companies is that in a lot of times, they would earmark what the cost would be, and then of course they would work with their own re insurance company to ensure that they have the money set aside to cover those costs.

The way I would work with either the lawyers and/or the court system is that I would be retained as an expert, either on the plaintiff and/or the defense side. It would be my job to read all the medical information, both pre accident and post , to try to come up with a reasonable amount that isn't what I'd call greedy and over the top, something that's going to allow that individual to assume their pre accident lifestyle as much as possible.

Then the way I would interact in the court was that I would be retained as an expert to provide evidence to the court system. Hopefully, the jurors, or in the case of a workers' compensation case, the judge would deem my evidence to be worthy so that in essence I would make those recommendations to the court.

Because it is an adversarial process, typically there would be another life care planner and/or vocational expert on the other side commenting on what they feel the damages are.

John: Dan, there's a lot of controversy and uncertainties regarding Obamacare. How do you see that impacting the damages that plaintiffs or claimants receive?

Dan: For sure, especially here in the United States, there is a rule called the "collateral source rule." It's my understanding, John, that typically, that rule is set up and in place to ensure that the defense does not get a windfall.

In other words, if that individual has insurance, and basically what the rule indicates is that you're not supposed to consider any type of collateral source that's going to cover those costs because for whatever reason that insurance policy may dry out. They may not be able to receive government subsidies or any type of other costs that are going to cover the care.

In essence, what Obamacare is now talking about is what we've had in Canada for numerous years, and that's a universal healthcare system. Now, I think it's in beginning stages. By my numbers, what I've seen is that you've got 15 million people supporting 350 million people. At this stage, I think we've got a long ways to go before that reform is in place.

The theory is that when you have Obamacare, in essence, you should have at least basic coverage for hospital stays and everything else. When we write a life care plan, our job is to try to take into consideration all costs necessary to help mitigate that claim. That'll include future hospital visits. That will include MRIs and diagnostic testing. That will include doctor visits and everything else.

In essence, what you're talking about is a duplication of that. The implications going forward, John, are the fact that you really are only then talking about threshold items. In essence, basic care should be in place. Most people should get that so that the role of the life care planner, or the role of the adversarial process between defense and plaintiffs, then will only look at those threshold items, such as van modifications, housing modifications, excess dependent care and that sort of thing.

Having said that, as I'm sure you can appreciate, each plan for each individual's going to be different. Even though you're talking about universal healthcare through Obamacare, each state may have different rules. Each policy may have different rules. As such, each individual has to be looked at on a case by case basis.

The way I see it going forward, John, is that my role as a life care planner if anything else is going to become more entrenched in the legal system, because obviously they're going to need our expertise to advise the courts accordingly.

John: Dan, can you comment on some of the coverage differences you've seen and experienced between the US and Canada?

Dan: Sure. As an example, here in the United States, I'm just working on at least four or five spinal cord injury cases up in the Northwest area. In those cases, we still have the same individual who's looking at attendant care, housing modifications, the whole bit.

The difference is here in the United States you have to cover all those hospital stays. You have to cover the attendant care necessary. You have to cover the transportation costs, the whole bit. In Canada, that same individual would not be subjected to any kind of segregated claim from the catastrophic injury.

As such, when they receive their settlement, the coverages are going to be in place, and they can still go to their local ER if they're having an issue down the road without having to pay for that. They would still be able to get their local primary care physician costs covered and the whole gamut. That's really, I think, the primary difference between US and Canada, at least the way I see it, John.

John: Can you tell us about some of your other interesting cases?

Dan: Sure. That's the nice thing, I guess, about the type of work that I do is that it's very diversified and varied. Fortunate or unfortunate, depending on how you look at it, when someone sustains a catastrophic injury, it doesn't have a bias in terms of demographics. It doesn't have a bias in terms of the income level of that individual.

I've had cases with people who have been borderline poverty cases. I've also had individuals who are quite successful. I've had cases where people have been bankers, people who have been sports figures and people that have been quite prominent, as in politicians and that sort of thing. The nice thing about this is that each case, as I said before, is very individualized.

The important thing, having gone through this myself I broke my neck way back in 1980 I understand the importance and the impact that my reports are going to have on these people's lives going forward. You want to make sure that they get what is reasonable and necessary, and not what's greedy and over the top.

As an example, people with burns. I got a huge case down in South Carolina. Burns, as I'm sure you can appreciate, would have all the costs or most of the costs front end loaded. That's where people were to require skin surgeries, like debridement, skin grafting, all that. With today's advancements in medicine, typically, once those burns have been treated, and once they have been recovered, they don't have a lot of costs down the road.

Whereas, someone with an acquired brain injury, or someone with a spinal cord injury, at least the rules go as they get older, they're going to need even more costs. Coverage is even more important to ensure that they're going to be able to meet their needs, both now and in the future.

John: Dan, what do you see for the future or for life care planners and for vocational experts?

Dan: As I indicated before, I would say that if anything else, at least from a defense perspective, life care planners are in their fledgling stage. There's going to be more emphasis on relying on experts, such as myself, where we can provide the court system similar to Medicare's set asides.

Where we can ensure a reasonable amount is going to be given to those individuals to make sure that they can rebuild their lives and make sure that they can become bona fide women and men in our society, and become full participants if they choose to do so.

After all, North America is the land of opportunity. I see our role as life care planners in insurance that we can provide the court system, which is an adversarial system, with the information they need to make informed decisions going forward.

John: Dan, thanks so much. It was a pleasure having you with us today.

Dan: Thank you.

John: That was Dan Thompson, the owner of [DeeGee Rehabilitation Technologies, Ltd.](#) with offices in Arizona and Canada. Special thanks to today's producer, Brian Cohen. Thank you all for joining us for the Insurance Law podcast. To subscribe to this audio program, visit [Podcast.InsuranceAttorneySearch.com](#) or go to online directory, such as iTunes or Google, or Yahoo's podcast directory.

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