



ICBC has received various questions from service providers regarding the shift to a comprehensive care model, Registered Care Advisors (RCA), minor injury, and the Civil Resolution Tribunal. Below are responses to several of the questions that we have received.

WHY CHANGES ARE NEEDED

- Fundamental changes are needed to car insurance in B.C. Despite British Columbians having to pay more for their auto insurance every year, ICBC suffered a \$1.3 billion loss last year – this is not sustainable.
- Changes to how injuries are treated and compensated under B.C.'s auto insurance system is the single biggest action we can take to provide both improved benefits and more affordable rates to British Columbians.
- Putting the details into the regulations will provide flexibility to update specifications, if needed, in future years.
- Changes to ICBC's basic insurance product will save \$1 billion annually, helping put money back into the treatment and recovery for people injured in crashes.
- B.C. is the last province in Canada to introduce some form of restriction on minor injury payments – other provinces have made changes which have helped lower claims costs and insurance rates, while improving care for the injured.
- We're shifting the focus away from maximizing payouts to a care-based system – which makes taking care of people injured in a crash the top priority with more money for the treatments and support they need to get better.

TREATMENT GUIDELINES

- The regulations include treatment guidelines, which are intended to provide more consistent care and support for your recovery. Care is currently self-directed.
- Treatment guidelines are based on current best practices in healthcare for examination, assessment, diagnosis and treatment of minor injuries, including the treatment plan.
- The treatment guidelines were developed following thorough consultations with the medical community. They have been carefully drafted to ensure the appropriate degree of practitioner autonomy and clinical judgement when treating patients is maintained.



- As has been committed to from the beginning, the provincial government has left decisions around medical treatments to the medical professionals.
- Treatment guidelines use the best available evidence to guide treatment plans. The regulations allow room for the protocols to evolve as new medical evidence is available to ensure they remain relevant and help in supporting recovery.

REGISTERED CARE ADVISORS

- The regulation's treatment guidelines introduce the use a Registered Care Advisor (RCA) in the event a patient is not recovering.
- The RCA is a new resource to support treating physicians in the care and recovery of a patient injured in a crash.
- The regulations state the treating physician must consider a RCA at 90 days if a patient is not recovering as expected.
- The RCA will provide independent advice to the treating physicians in the diagnosis and treatment for patients who are not recovering as expected from minor injuries.
- The role of the RCA is to provide expedited medical consultations to patients of motor vehicle crashes, with the intention of advising family physicians on best practice and appropriate diagnosis and treatment pathways. They are available for a second opinion in the following scenarios:
 - Physician is unable to make a clear diagnosis;
 - Patient is not recovering as expected; and/or
 - There are factors complicating the patient's recovery.
- The Ministry of Health and the College of Physicians and Surgeons of British Columbia were consulted in the creation of the RCA role.
- The College may provide information and the Ministry responsible for ICBC will establish and maintain the registry for the role which will be hosted by ICBC.
- Through the upcoming annual medical licence renewal process, the College will verify that registrants interested in becoming RCAs are qualified and otherwise eligible.
 - The following are the prescribed requirements and qualifications for RCAs:
 - a) must be a registrant in good standing with the College and registered in the full class of registration;



- b) must be current for clinical practice (as defined in Appendix 3 of the regulation);
 - c) must provide to the College a declaration in accordance with section 8 of the *Insurance (Vehicle) Regulation*;
 - d) must be registered in the registered care advisor registry; and
 - e) must be competent in one or more of the following relevant disciplines: musculoskeletal injuries, acute and chronic pain, and/or mental health issues and other psychosocial issues.
- o The College will verify that applicants are in the full class of registration in a relevant discipline, and are not otherwise limited in providing assessments due to limits, conditions, undertakings, etc. Registrants in the provisional class or disciplined class of registration are not eligible to apply.
- Today, without a doctor's approval, anyone (whether at-fault or not) can get 20 pre-authorized treatments for chiropractic care and physiotherapy, and 12 treatments for massage. Additional treatments are available following an assessment report and treatment plan from the treating practitioners, if the customer is not recovering.
 - The provincial government led broad consultations with treatment providers and the associations which represent them as well as looked to other jurisdictions who have already made similar changes as part of the development of these changes.

WHO DECIDES IF AN INJURY IS MINOR

- As Minister Eby has committed to since these changes were first announced, diagnosis will remain in the hands of medical experts, not ICBC.
- The customer's doctor - not ICBC - will diagnose their injuries and ICBC will use this to assess whether the injury is minor or not, based on the minor injury definition found in Regulation.
- If a minor injury causes serious impairment beyond 12 months, it will no longer be subject to the limit on pain and suffering.
- In the case of concussions and mental health conditions, there will be no limit on pain and suffering if there is a significant incapacity beyond four months.
 - o The regulations recognize mental health conditions and concussions are much harder to determine on an initial diagnosis whether they are likely treatable within a short period of time. As a result, a limit



on pain and suffering awards for these injuries will not apply if they have incapacity that lasts beyond four months.

- At any point during a customer's recovery, their doctor can determine if their injury diagnosis has changed.
- If a customer disagrees with ICBC's determination, they will be able to take their concerns to a new dispute resolution process through the Civil Resolution Tribunal (CRT) starting April 1, 2019.

CIVIL RESOLUTION TRIBUNAL

- As announced in February, if a customer has concerns about their minor injury claim they will be directed to a new dispute resolution process through the Civil Resolution Tribunal (CRT) for crashes occurring after April 1, 2019.
- The CRT is independent from ICBC and will reduce reliance on the courts to help settle ICBC claims so there are faster decisions for customers.
- Legislation in the *Civil Resolution Tribunal Act* expanded the CRT's scope to include making decisions on the following matters where there is disagreement between the customer and ICBC:
 - The determination that an injury is a minor injury.
 - The entitlement to receive accident benefits claimed.
 - Decisions around who is at-fault for the crash and settlement amounts for all motor vehicle injury claims below a threshold that will not exceed \$50,000.
- The CRT is developing rules, procedures and protocols in preparation for taking on its expanded jurisdiction on April 1, 2019.
 - The CRT is holding consultation meetings with stakeholders, including medical service providers. The CRT regularly posts updates on its website (www.civilresolutionbc.ca) and specific questions can be sent to the CRT at info@crtbc.ca.
- The individual will be required to provide the medical evidence of their severity of injury or extent of disability to the CRT.
 - What this looks like will likely vary with each claim but it could include the CRT appointing an expert to provide a medical opinion.
- Decisions made by the CRT can be reviewed by the Supreme Court of BC.
- The CRT processes are accessible and efficient. They can be navigated without the need for legal representation, meaning the customer's settlement is not subject to lawyer contingency fees.



- However, legislation in the *Civil Resolution Tribunal Act* clearly states customers retain the right to hire a lawyer for motor vehicle claims.
- The CRT is an online process, which is designed to be scalable.
- The use of the CRT will help to reduce the spiralling legal costs ICBC is paying each year which are contributing to the increasing year-over-year cost of auto insurance in B.C., while at the same time, making dispute resolution more accessible to more people.
- One of the main intentions of using the CRT is that ICBC will not be the adjudicator of what is a minor injury; it will ensure a neutral, expert third-party makes these important decisions. Use of the CRT puts people on an even playing field with ICBC.
 - An example of this is the CRT appointing an expert to provide a medical opinion, instead of each party providing their own expert witness.

CONSULTATION

- Over the course of 12 weeks, ICBC met with approximately 120 stakeholders in more than 50 meetings and roundtables around the province to discuss the changes and hear their feedback first-hand.
- ICBC formally consulted with seven stakeholder groups who provide the majority of care for customers injured in crashes.
 - ICBC held more than 20 meetings with the Doctors of BC and their representatives, and many additional meetings with associations representing treatment providers.
- Key areas of the consultation included:
 - diagnosing minor injuries;
 - providing improved access and choice for customers;
 - improved treatment guidelines for healthcare providers;
 - what to do when recovery is atypical;
 - the role of the treatment providers; and
 - how to improve the care for the catastrophically injured.
- ICBC also met with disability groups given their important role supporting catastrophically injured customers.
- Meetings took place across the province to ensure we heard about how care is delivered in the community.
- As a result of the consultation, the treatment protocol guidelines allow for greater practitioner autonomy and judgement when treating patients instead of being highly prescriptive.



building trust. driving confidence.

- ICBC has committed to developing stronger working relationships with healthcare providers as we approach April 2019 and following implementation to continually improve accessibility, recovery outcomes, and customer experience for all injured customers.
- Within ICBC, we will be incorporating roles with an increased focus on care and recovery to support our most injured customers and the medical community treating them.
- In early 2019, ICBC will establish a number of clinical discussion groups with stakeholders from across the medical community, including two special groups focused on mild concussions and mental health conditions.
- These groups will ensure ongoing dialogue including post-implementation on operational issues, continuous improvement, and best practices. They will be able to make recommendations to ICBC.