

# **Engage. Discuss. Respond.**

Report on Consultation with treatment providers on changes to auto insurance in BC



# Introduction

ICBC is undergoing a major transformation from a **compensation-based** model to a **care-based model**, and our treatment providers play a critical role in our success.

In the spring of 2018, we started talking to our key medical stakeholders to hear their ideas on how ICBC can best support care to the those who've been injured in a crash.

Over the course of twelve weeks, we met with over two hundred members of our stakeholder community to discuss a wide range of changes coming to ICBC.

This document is a summary of what we heard, what we learned, and how we'll continue to engage in the future.



# The Road to Major Change

- In March 2018, we started conversations with stakeholders to better inform ICBC's recommendations to Government as Government planned major change.
- Over 120 people shared their ideas through a series of intensive meetings and round-tables around the province.
- We held over 20 meetings with the Doctors of BC and their representatives.
- We met with 9 different types of treatment providers, associations, and community support providers.
- We spoke with over 30 community support organizations who support those who've suffered a catastrophic injury.
- We provided Government with our recommendations for change in August of 2018.

# Consultation Goals

- **Speak** directly with practitioners about the coming changes and to hear their feedback about the change to a care-based model.
- **Share** our findings with Government as they developed new policy so that the new ICBC would be informed by what we heard from stakeholders.
- **Learn** about diagnosing and assessing common and less serious injuries.
- **Understand** how best to support care when multiple therapists/treaters are involved and to understand the role of each provider.
- **Support** care providers by creating a defined pathway for situations where recovery doesn't go as planned.
- **Better support** those who have experienced a catastrophic injury.

# The Principles that Guided our Consultation Process

- Our stakeholders matter, and as a result, we were open to modifying our approach, strategies, or methods to meet their current or future needs.
- Consultation was the cornerstone, and our Minister and stakeholders were deeply invested in the practice and outcomes of the consultation process.
- The knowledge and expertise of our stakeholders were needed to shape our recommendations to government.
- Timing is critical, as we needed to strike a balance between making recommendations to meet Legislative milestones while giving our stakeholders the time and space for authentic dialogue.

# We Focused our Consultation on the Following Areas:

- Diagnosing and assessing common and less serious injuries.
- The role of the treatment provider in treating injured customers.
- How to best support care when multiple therapists/treaters are involved.
- A defined path for atypical recovery and who needed to be involved.
- Supporting catastrophic injury and how ICBC can improve quality of experience.

# We Engaged With the Following Stakeholders

Our stakeholders were very generous with their time, feedback, and ideas. Whether through intensive consultation or by providing their general feedback, each stakeholder helped shape the new ICBC.

Treatment Providers	Community and Social Support	Regional Support Providers
Doctors of BC Physiotherapists Assn. of BC Registered Massage Therapists Assn. BC Chiropractic Assn. Occupational Therapists Assn. Counsellors of BC BC Psychologists Assn. Association of Traditional Chinese Medicine & Acupuncture BC Association of Kinesiologists Orthopedic Surgeons Assoc. of BC College of Physicians & Surgeons College of Physical Therapists	Association of Injured Motorcyclists B.R.A.I.N. BC Brain Injury Association BC Centre for Ability BrainTrust Canada BC Spinal Cord Injury Resource Centre Coalition of Disability Providers CONNECT Disability Alliance BC GF Strong Planned Lifetime Advocacy Network Rick Hansen Institute Spinal Cord Injury BC Therapeutic BC	Bulkley Valley Brain Injury Association Campbell River Brain Injury Society Comox Valley Head Injury Society Fraser Valley Brain Injury Association Kamloops Brain Injury Association Nanaimo Brain Injury Society North Okanagan Shuswap Brain Injury Society Powel River Brain Injury Society Prince George Brain Injury Group Society South Okanagan Similkameen Brain Injury Society Vancouver Brain Injury Association Victoria Brain Injury Society West Kootenay Brain Injury Society

# What We Heard: Guiding Patient Care



Consultation Topic	What our Stakeholders Told Us	What We Did or Will Do
<p>Would guidelines work with the most common injuries? Which guidelines would be most effective? How can we optimize care delivery?</p>	<p>Stakeholders are open to using guidelines to assist with the diagnoses of common injuries. However, it's important to note that there are a wide range of resources used by practitioners and guidelines may not account for complexity or multiple injuries.</p> <p>Some practitioners would value a greater focus on active rehabilitation and communication amongst practitioners.</p> <p>There are "three rights" needed to get patients back to pre-accident functioning—right treatment, from the right professional, at the right time.</p> <p>Early intervention is critical to promote recovery, particularly with psychiatric injuries.</p>	<p>We used the feedback to make recommendations to Government regarding the language and degree of detail need for the new Legislation and Regulations drafted in May of 2018.</p> <p>We refined our language and proposed internal ICBC policy to ensure that our new ways of doing business reflect the preferences and needs of the medical community.</p> <p>We committed to re-establishing an in-house ICBC Recovery Department so that we have in-house resources dedicated to overseeing the recovery of those most seriously injured.</p>

# What We Heard: Less Serious Injuries



Consultation Topic	What our Stakeholders Told Us	What We Did or Will Do
<p>How should less serious injuries be diagnosed and treated?</p>	<p>Some jurisdictions have created regulations that are simply too prescriptive; it is important to allow treatment providers to use their expertise and knowledge.</p> <p>Language is critical; for example “evidence-informed” language is more accurate than “evidence-based”.</p> <p>Regulations need to incorporate clear principles, while also leaving room for evolving practices</p>	<p>We recommended that when developing the regulations, Government policy-makers would use enabling language that would allow physicians to use their clinical experience and ability to make evidence-informed decisions.</p>

# What We Heard: The Roles of Treatment Providers



Consultation Topic	What our Stakeholders Told Us	What We Did or Will Do
<p>Which providers should diagnose injuries?</p>	<p>The word diagnosis is used differently by different stakeholder groups and has meaning as both a clinical practice term and a legal term.</p> <p>When Doctors see patients too late in the process they are unable to provide continuity of care. It is important for the injured to engage with a GP early in the process if injury recovery is not straightforward.</p> <p>Doctors need to be central in the process so they are prepared to manage the care of those who are not recovering as expected.</p> <p>Some unregulated professionals were clear they don't diagnose and have to work under the supervision of someone who is regulated. At the same time, to deliver care effectively, they conduct a form of assessment.</p>	<p>We changed our initial recommendations to Government regarding diagnosing to better align with the recommendations of the Doctors of BC.</p>

# What We Heard: When Recovery Doesn't Go As Planned



Consultation Topic	What our Stakeholders Told Us	What We Did or Will Do
<p>Would treatment providers support an additional pathway for situations when a patient is not recovering as would be expected?</p> <p>If so, what would the background, training, and regulation be of this group?</p> <p>What should the care pathway look like? What variables should be considered?</p>	<p>Our stakeholders supported the concept and valued a second opinion. They also noted this would be helpful for new doctors or doctors who are new to the region.</p> <p>Specialists in this role would need to include specialists across a wide range of healthcare specialties, including psychosocial and musculoskeletal (MSK) specialties.</p> <p>Many of the sports medicine practitioners who are qualified to treat MSK injuries do not see ICBC patients.</p> <p>Doctor would need to refer and would resume patient care after the assessment. The RCA pathway would not include treatment, but provide an opinion.</p> <p>There may be more than one area of need in complex cases.</p>	<p>We presented an early stage concept and worked with the Doctors of BC to develop the optimal pathway to meet the needs of primary care providers.</p> <p>We also worked with the Doctors of BC to agree the criteria, background, and professional training of this group.</p> <p>We recognized the often iterative nature of recovery and occasional need to see a second RCA should there be further issues arising.</p>

# How We Responded to What We Learned

- We adjusted our recommendations to Government to reflect what Doctors and treatment providers do every day in the course of treating our customers.
- We recommended greater practitioner autonomy and evidence-informed practice when treating patients throughout the patient journey.
- We fine-tuned the proposed RCA role to reflect the needs of the primary medical practitioner given their scope of responsibility.
- At ICBC, we formally reinstated the Care and Recovery Coordinator role so that practitioners and injured customers have a dedicated resource for support.
- We learned the importance of being informed *but not guided* by other jurisdictions in our recommendations to Government.

# Where our Stakeholders Reached Consensus

- Stakeholders supported the proposed pathway for situations when recovery doesn't go as planned
- ICBC needs to simplify patient administration as it can be onerous and repetitive, and as a result, some providers avoid treating ICBC patients.
- They generally agreed that a recommended number of weeks for treatment and pre-approved treatment is reasonable as long as there is flexibility.
- Practitioners need autonomy to choose from a range of treatment modalities when delivering pre-approved treatment.

## Where Stakeholders Reached Consensus - Cont.'

- Whether formalized or not, for each treatment provider, each situation requires some form of assessment prior to providing treatment.
- Primary care providers need flexibility when a recovery pathway shifts in a different direction.
- Treatment providers would like to communicate with each other during the treatment process to ensure they are meeting the needs of the injured.

# What We Learned From Our Stakeholders

- Our stakeholders are committed to the direction of Government in mandating ICBC's new care-based model and they welcomed a system that focuses on recovery and care.
- Our stakeholders are open to sharing their ideas on how to make improvements and are invested in optimizing outcomes for our customers and their patients.
- Our stakeholders want to partner and collaborate with ICBC both early in the process and throughout the process as we implement new Government policy.

# How We'll Keep Talking, Learning and *Engaging*...

- ICBC will share the final decisions of Government as they become available.
- As we get ready for April 1<sup>st</sup>, we're actively collaborating with our stakeholders in the areas of operations, communications, and change management.
- We're meeting weekly with the lead stakeholder, the Doctors of BC, to build and deliver plans throughout the medical network in the months leading up to April 1<sup>st</sup>.
- We'll soon be launching a framework of Liaison Committees and Advisory Groups to ensure we provide our stakeholders with support, information to prepare them to deliver a different type of ICBC experience to our customers, and to keep the conversation going during the change and after April 1<sup>st</sup>, 2019.