

What We Heard

Summary and Findings on ICBC's Enhanced Care Coverage

March 2021



Table of Contents

- 1 Executive Summary 3**
- 2 Introduction 4**
 - 2.1 Background4
- 3 Methodology 6**
 - 3.1 Methods of Engagement6
 - 3.2 Participation by the Numbers7
- 4 What We Heard 8**
 - 4.1 Discussion Topics8
 - 4.2 Emerging Themes9
 - 4.2.1 Advisory Groups9
 - 4.2.2 Road Safety Advocacy Stakeholders.....10
 - 4.2.3 Other Key Stakeholders.....11
- 5 What We Did with What We Heard 12**
 - 5.1 ICBC Review.....12
 - 5.2 Outcomes of Recommendations.....12
 - 5.2.3 Other17
 - 5.2.4 Special initiative18
- 6 The Road Ahead 18**
- Appendix I: Participants in Consultation 19**
- Appendix II: Summary Table of Benefits and Limits..... 22**
- Appendix III: Consultation Questions 24**

This is a summary of input provided by stakeholder organizations during the consultation process on the changes to British Columbia's auto insurance model, as outlined in the B.C. Government intentions paper, [Better benefits, lower rates](#). The feedback received throughout the consultation has been used to inform the development of regulations related to the Insurance Corporation of British Columbia's (ICBC) new Enhanced Care coverage.

The report captures feedback provided between February and August 2020. As set out in the intentions paper, ICBC continues to conduct consultations with stakeholders throughout 2021 to support implementation of the new insurance model.

1 Executive Summary

The move to Enhanced Care on May 1, 2021 will mark a fundamental shift in the delivery of public automobile insurance in British Columbia – one that lowers the cost of insurance for drivers, while providing anyone injured in a crash with access to significantly improved care and recovery benefits, regardless of who is at fault. To support this shift, extensive consultations were conducted with diverse stakeholders to ensure Enhanced Care best reflects the care-based priorities and needs of all British Columbians.

This report provides a summary of what the provincial government and ICBC heard from the province's leading healthcare, disability advocacy and road safety communities as part of the consultations undertaken to inform care and recovery benefits under Enhanced Care.

Between February and August 2020, government and ICBC held more than 50 meetings through a mix of face-to-face and virtual sessions, as well as received a number of written submissions. Informed by the government intentions paper, [Better benefits, lower rates](#), the consultation was conducted in three phases and included topics such as how the changes to care and recovery benefits would work for someone seriously injured and how the new process can be better designed for ICBC customers and their healthcare providers.

In particular, government was seeking stakeholder feedback on specific topics such as the proposed maximum benefit amounts available for care and recovery, which are included in the Enhanced Accident Benefits. Government was also looking for ICBC to gather feedback on core elements of its service design and delivery to help ensure the new model operates successfully and best serves British Columbians.

The consultation process also provided stakeholders an opportunity to raise additional topics including road safety, diverse road users' needs, dispute resolution processes, patient advocacy – along with how ICBC staff can successfully support customers, including through training and development.

Three overarching themes emerged. The need for:

1. Enhanced Accident Benefit amounts tied to the Consumer Price Index to reduce the impact of inflation over time.
2. A customer-focused culture to improve ICBC's ability to support injured customers and their treatment providers.
3. A more straightforward process for injured customers as they navigate the system, and for treatment providers to better focus their time on patient care.

Specific to the proposed benefit amounts, stakeholders proposed changes such as improvements to the scope and amount of funding for the proposed grief counselling benefit and the caregiver benefit. This feedback led government to make a number of improvements to the Enhanced Accident Benefit amounts now established in regulation.

Further, as a result of input from stakeholders, ICBC has already implemented improvements to its staff training and development plans in preparation for May 2021.

Government and ICBC appreciate the considerable time and effort invested by all participating stakeholders to help ensure Enhanced Care delivers the best possible care and support for any British Columbian injured in a crash. While regulations have been finalized, ICBC continues to engage with stakeholders throughout 2021 as part of phase 3 of the consultation to support its implementation of the new insurance model.

2 Introduction

As the name suggests, Enhanced Care is a care-based auto insurance model with an approach to handling injury claims that will give any British Columbian injured in a crash the same access to Enhanced Accident Benefits, regardless of who is responsible. This is a notable change from the current system, which provides modest treatment and recovery benefits, along with the ability to sue for additional compensation, but only if the injured person is not at-fault for a crash.

Enhanced Care is a new way of delivering auto insurance in our province. It will provide British Columbians with significantly better insurance coverage, building on the improvements made in 2019 to care and recovery benefits, so that anyone injured in a crash can have the peace of mind knowing they'll get the care they need, when they need it, for as long as they need it.

This will be especially important for anyone seriously or catastrophically injured in a crash, where their care needs are often more complex and likely to last much longer, potentially extending over a lifetime.

2.1 Background

The objective of the consultations was to fulfill the commitments outlined in the intentions paper and gather input from stakeholders, including healthcare professionals, on ICBC's new Enhanced Care coverage to:

- ❖ inform the development of the Enhanced Accident Benefit regulations;
- ❖ initiate discussions on service design to ensure the proposed Enhanced Accident Benefits optimize the recovery of British Columbians injured in a crash; and
- ❖ better understand stakeholder perspectives on a wide range of issues related to Enhanced Care coverage.

Consultations have been conducted in three distinct phases:

Consultation Phase	Time Frame	Topic Area
Phase 1	February to June 2020	Enhanced Accident Benefit sub-limits, definition of a catastrophic injury and compensation for permanent impairment
Phase 2	May to August 2020	Business design and service delivery
Phase 3	September 2020 to May 2021	Readiness and training for May 2021

This report covers phases 1 and 2. Phase 3 is currently underway and will continue through May 2021.

2.2 Purpose and Scope

The consultations covered a broad range of topics and engagement was conducted expeditiously in three targeted phases to ensure the feedback could be considered within the timelines of the regulatory development and the May 1, 2021, launch of Enhanced Care.

The broad purpose and scope included the following:

- ❖ Gather feedback on the proposed Enhanced Accident Benefits from diverse stakeholders, including B.C.'s leaders in medical treatment and disability advocacy organizations, about whether the proposed benefits would meet the needs of the injured.
- ❖ Hear directly from stakeholders about how policy changes might impact their sector or operating environment, and their proposed recommendations on how to best minimize any disruption and best support care and recovery for injured British Columbians.
- ❖ Validate the Enhanced Care service delivery model and collect feedback on where to make further improvements at all levels of design, including patient care, treatment planning and general operations.
- ❖ Listen to and learn from stakeholders on key topics such as treatment planning, care and recovery, information sharing, communications and training to support a seamless launch and transition to the new model.

3 Methodology

To be as inclusive as possible, participants were offered many ways to provide their input including: group consultation meetings, one-on-one stakeholder meetings and written submissions. All participating stakeholders are listed in [Appendix I](#). Soon after the consultations began, all sessions moved online as a result of the global COVID-19 pandemic, to ensure the safety of everyone involved.

The consultations leveraged ICBC's current Advisory Group framework, which is made up of three groups that meet several times a year to discuss strategic and operational needs. They include:

- ❖ Healthcare Practitioner Advisory Group
- ❖ Disability and Advocacy Advisory Group
- ❖ Doctors of BC ICBC Liaison Committee (governed by the Doctors of BC)

The goal of the Advisory Group framework is to ensure ICBC's many stakeholders in the medical, healthcare and disability advocacy sectors have a regular forum to raise system-wide issues, share concerns, issues or barriers for the ICBC customers they treat and advocate for or represent as an association.

In order to ensure government and ICBC could receive feedback specific to the needs of the seriously and catastrophically injured, ICBC also established the Injury Recovery Design Panel (the Panel) in May 2020 to listen to and learn from those with extensive expertise working with people who have suffered serious and life-altering injuries. The Panel is made up of members from 11 organizations representing the full spectrum of the medical, healthcare and disability advocacy sectors. They provided feedback on the benefit limits that are incorporated in this report.

ICBC's three advisory groups and the Panel participated throughout the first two consultation phases that are now complete.

In addition, government and ICBC met individually with a wide range of stakeholders representing diverse road users and other advocacy groups who brought forward the perspective and priorities of the road safety community, including:

- those advocating for change to wrongful death laws;
- those who practice and have expertise in different public automobile insurance models; and
- those who represent motorcyclists and cyclists.

These meetings were primarily held in small groups with government and ICBC.

3.1 Methods of Engagement

Engagement was conducted between February 15 and August 31, 2020, using the following methods:

- ❖ in-person or virtual sessions via phone or WebEx.
- ❖ written or email submission directly to government or through an intermediary.

3.2 Participation by the Numbers

Table 2 below shows the distribution of comments and submissions for each engagement method.

Table 2. Number of submissions/posts and comments by engagement type.

Discussion Type	Total
Group consultation sessions	43
1:1 meetings	8
Written submissions *Includes both stakeholder correspondence on Enhanced Care and permanent injury submissions	24

Table 3 below shows the number of consultation sessions held for each advisory group or stream.

Discussion Type	Total
Doctors of BC	8
Medical Treatment Providers (by individual practitioner group, including practitioners)	24
Disability Advocacy and Advisory Group	4
Injury Recovery Design Panel	4
Healthcare Practitioner Advisory Group	4
Other groups (road safety, etc.)	7

4 What We Heard

4.1 Discussion Topics

All stakeholders were asked to provide feedback on a range of discussion areas. As well, those stakeholders with clinical expertise in specific areas were consulted on more detailed topics related to their specialties, where appropriate.

Discussions were largely held with representatives from the treatment provider associations and practising treatment providers, including family physicians, specialist physicians, physiotherapists, occupational therapists, psychologists, counsellors, acupuncturists, registered massage therapists, kinesiologists and chiropractors.

Enhanced Accident Benefits

Enhanced Care will help ensure every British Columbian has access to the health care and treatments to support their recovery after a crash – providing all the care they need, when they need it, for as long as they need it. The benefits under Enhanced Care coverage will be available to all British Columbians whether you are a driver, passenger, cyclist or pedestrian.

Enhanced Care will provide an Income Replacement Benefit, at a much higher maximum limit to today, to help cover wage loss for the period of time an injured person is unable to work.

As set out in the intentions paper, stakeholder consultations were important in guiding the development of regulations for Enhanced Accident Benefit sub-limits. Hearing from stakeholders with health-related backgrounds about how the benefits and benefit amounts could best support customers with serious injuries was invaluable.

Under Enhanced Care, British Columbians will have access to Accident Benefits, just like today, but at significantly higher benefit limits. They'll also be able to access some new benefits, including the new compensation for permanent impairments.

The initial benefits proposed in the intentions paper were informed by the experience of other Canadian jurisdictions with similar insurance models. Consultation with stakeholders in B.C. was essential to help validate the proposed amounts and identify specific needs unique to British Columbians.

Design of Service Delivery and Dispute Resolution

The following three topics were explored by all stakeholder groups through a series of specific questions:

- I. **Customer-centric care** – How does ICBC ensure the level of interaction and intervention is based on individual needs, and proportionate to the level of risk? How does ICBC effectively build a culture of evidence-based care? How can ICBC deliver timely access to care so that the customer gets the right care, at the right time?
- II. **Outcome-driven care** – Thinking about care, how does ICBC best establish baselines, communicate to all parties supporting the customer, and support a plan based on the unique needs of the customer?
- III. **Community collaboration** – Based on your expertise, how would you recommend ICBC work with the customer, their family and support persons, and treatment providers towards a unified goal for the patient's recovery?

4.2 Emerging Themes

Along with the planned topics, consultations also provided an opportunity to hear directly from key stakeholders about other related and diverse topics.

4.2.1 Advisory Groups

A summary of findings is outlined below, with stakeholders generally agreeing on six important areas.

Advisory Group members recommended the following:

Review and expand the proposed Enhanced Accident Benefits in the area of grief counselling and caregiver benefits.

Overall, stakeholders were generally supportive of the proposed Enhanced Accident Benefits amounts. However, they noted the proposed benefits for grief counselling were insufficient to meet the needs of the bereaved as they did not afford grief counselling for multiple family members who have suffered a loss. Stakeholders advocated for treating the family as a whole by expanding funding and allowing more family members to access this benefit.

Several stakeholders also identified the proposed funding for the caregiver benefit was inadequate given the hourly wage of caregivers in B.C. and the variability in wage throughout the province. It was recommended this be increased to allow for, as an example, full-time child support for an injured party with two young children, and that this be adjusted to reflect provincial averages.

Build adequate supports for patient system navigation and ensure ease of use for the client and their treatment providers.

Many stakeholders (both treatment providers and advocates for anyone injured) noted the importance of ensuring that there is a clear and easy method for patients to navigate the system and that a diverse range of aids are available or built-in to support patients. Suggestions included: a dedicated advocate outside of ICBC, an app illustrating the patient journey, built-in accessibility options for those with cognitive impairments, and a formal role for local service agencies to assist patients through the process.

Ensure dispute resolution mechanisms are clear, easy to navigate, arms-length from ICBC and accommodate users with a wide range of injuries and abilities.

Several stakeholders noted that, with the transition from a system where many individuals are advocated for through legal representation, Enhanced Care needs to have clear and easy-to-use dispute mechanisms for patients needing to challenge the findings or decisions of ICBC. They noted the dispute mechanisms must be accessible and understandable to those with a wide range of injuries, including cognitive impairment, and that there may still be situations where an injured patient needs additional support to navigate the dispute resolution process.

Disability advocates shared their concern that the transition to Enhanced Care could lead to a loss of advocacy for patients with catastrophic injuries if the recommendations above were not considered and addressed appropriately.

Develop training in consultation with stakeholders; leverage their expertise in trauma-informed training to ensure ICBC claims handlers are attuned to the experience of those they will be supporting.

Various stakeholders identified a need for improved ICBC staff education and training. Many advocated for trauma-informed training for ICBC staff to improve the customer and patient experience, and better education opportunities regarding chronic pain for primary care providers as they are the usual first point of contact.

Others advocated for ICBC staff training to better help people through the emotional part of recovery, as well as the need for specialized training to ensure ICBC's staff understand the depth and diversity of needs injured persons will require.

There were several suggestions of how best to do this, including: utilizing sector agencies to provide training; and, engaging medical, healthcare, disability advocacy or specialised advocacy groups (e.g., Mothers Against Drunk Driving) to collaborate on curriculum design and delivery of education to ICBC staff for dealing with real-life situations that may not fit into ICBC's patient scenarios.

Use a multidisciplinary, team-based approach for patient care and recovery.

The majority of healthcare practitioners independently recommended that a team-based approach be used to address complex injuries. Primary care providers need to consult with other disciplines to build treatment plans, with input from all sub-specialties involved in the care.

Improve communication and information sharing.

A related theme was the need to improve information-sharing across medical disciplines and with ICBC to support customer and patient journeys, especially when recovery does not proceed as expected. Several stakeholders noted that some of their patients or those they advocate for reported having difficulty contacting the ICBC claim representatives. This was seen as an area needing immediate action and essential for patient and treatment provider peace-of-mind.

Focus on building trust to develop and sustain support from stakeholders.

Some stakeholders noted that in order to develop support and credibility for the shift from a more adversarial position to a more proactive case management role for ICBC staff, the organization needs to focus on building trust among its customers, the public, primary care providers, healthcare professionals and community advocacy groups.

Several stakeholder groups and individual stakeholders flagged concerns about the loss of legal advocates for patients under the new system. Treatment providers anticipate a degree of angst among patients and families until the new model is well-established and they feel they can trust ICBC to take care of their needs.

4.2.2 Road Safety Advocacy Stakeholders

Road safety and other stakeholders and advocacy groups met with government or ICBC, or both, to share their perspective, requests and suggestions for the Enhanced Care model.

The topics raised include:

Road use and road safety.

Stakeholders were looking to better understand or provide feedback on a variety of topics, including:

- The rights of cyclists and motorcyclists specifically to sue, and access these road users would have to the Income Replacement Benefit under Enhanced Care.
- A definition for vulnerable road users, greater funding for cycling infrastructure and, under Enhanced Care, the shift away from cash compensation for pain and suffering for cyclists injured in a crash.

The needs of families who have suffered a loss due to impaired driving, including:

- Expanded grief counselling benefits for family members who have suffered a loss.
- Trauma-informed training and sensitivity training for ICBC staff.

Out-of-province experience, with a particular focus on:

- Independent medical examinations in other jurisdictions.
- The role of chiropractic treatment providers in evaluating patients.

4.2.3 Other Key Stakeholders

Government received a number of written submissions from stakeholders with three main areas of interest:

- Stakeholders from the legal and treatment provider communities raised concerns about the general levels of trust in ICBC, the impact of COVID-19 on the timing of the launch of Enhanced Care, and the lack of choice of insurance coverage and providers under Enhanced Care.
- Feedback was received from those advocating for specific needs of individuals under Enhanced Care, including those who have suffered a bereavement, those who had been injured and may need assistance with system navigation and dispute resolution, and those seeking changes to legislation related to wrongful death.
- Further recommendations were made regarding the continued use and the role of treatment providers, with specific attention to the role of Independent Medical Examiners under Enhanced Care.

Special Initiative: Physician Evaluation for the Compensation of Permanent Impairment

Under Enhanced Care, anyone injured in a crash will have access to all the care they need, when they need it, for as long as they need it. Having no overall limit to the care and recovery benefits available under Enhanced Care will be especially important for anyone who is seriously or catastrophically injured in a crash.

As a model built around taking better care of the most seriously injured, Enhanced Care will also provide the most seriously injured with additional coverage, including a new compensation for permanent impairment in the form of a lump sum payment of approximately \$265,000 for anyone catastrophically injured in a crash. Those with serious but non-catastrophic, permanent injuries could also be eligible for cash compensation under this new benefit.

The details of this compensation for permanent impairment are now prescribed in regulations, including how it will be calculated in consideration of the degree of impairment.

To help inform the details of the permanent impairment compensation, the Doctors of BC facilitated an engagement with the 16 different physician section heads representing each sub-specialty, including neurology, orthopedic surgery, plastic surgery, psychiatry, sports medicine, rheumatology and physiatry.

Ten section heads provided recommendations to make technical updates to language and measures. For an overview of the status of recommendations, see [Outcomes of Recommendations](#).

The remaining recommendations revolved around two themes: the absence of some injuries from the permanent impairment schedule and the absence of pain-related syndromes.

Impairments that are not explicitly listed in the Schedule of Permanent Impairments may still be compensated in certain circumstances. The Schedule will be used as a guide to make this determination. With respect to pain-related syndromes, while not listed as stand-alone impairments in the Schedule, will be compensated through the compensation provided for the underlying injury. Of note, the compensation for the Schedule of Permanent Impairments is only one of the many new benefits available under Enhanced Care and nothing precludes someone with chronic pain from accessing any of the other benefits, such as rehabilitation, if required.

5 What We Did with What We Heard

Stakeholder consultations resulted in invaluable feedback from a variety of groups for government to better ensure the proposed Enhanced Care model works for all British Columbians, especially those most impacted after a crash. Before making final decisions and to ensure a fulsome consideration of the issues raised, government asked ICBC to analyze the findings, in the context of its current scope and mandate.

Many of the recommendations collected through these consultations have been implemented and are reflected in the final framework of regulations. ICBC is integrating other recommendations into its operational design and will continue evaluating others following the implementation of Enhanced Care. Consideration of other recommendations will be undertaken by government, including those currently outside the scope of ICBC's mandate.

5.1 ICBC Review

Following the consultations and initial compilation of the findings, government tasked ICBC to review all stakeholder advice, analyze those with financial implications to help inform government's consideration. Findings more operational or outside of the scope of the regulations were either applied or tabled for future consideration after Enhanced Care is launched.

ICBC continues to implement design changes and is continuing to consult in the areas of training and development, supplier readiness, patient care and operational delivery.

5.2 Outcomes of Recommendations

A summary of findings across stakeholder groups is outlined below. General stakeholder alignment exists across four priority areas:

5.2.1 Enhanced Accident Benefits

While there is now no overall limit to the care and recovery benefits under Enhanced Care, sub-limits for certain individual benefit were set following stakeholder consultation. Overall, stakeholders were generally supportive of the benefit amounts, with two exceptions that have now been addressed, as has the recommendation that Enhanced Accident Benefits amounts be tied to the Consumer Price Index to reduce the impact of inflation over time.

Recommendation	Status	Outcome
Increase proposed grief counselling sub-limit of \$3,500 per deceased as it may be too low to reflect the needs of a family that has suffered a loss.	Accepted	Changes were made to the Grief Counselling Benefit to be \$3,818 per eligible bereaved person.
Increase proposed caregiver weekly sub-limits as they may be insufficient for B.C. Caregiver benefit: <ul style="list-style-type: none"> • 1 dependant (\$465/week) • 2 dependants (\$515/week) • 3 dependants (\$565/week) • 4 or more dependants (\$600/week) Reimbursement of care expense: <ul style="list-style-type: none"> • 1 dependent (up to \$120/week) • 2 dependants (up to \$160/week) • 3 dependants (up to \$200/week) • 4 or more dependants (up to \$240/week) 	Accepted	Changes were made to the Caregiver Benefit to reflect the cost of child care in British Columbia. Caregiver benefit: <ul style="list-style-type: none"> • 1 dependant (\$584/week) • 2 dependants (\$634/week) • 3 dependants (\$684/week) • 4 or more dependants (\$719/week) Reimbursement of care expense: <ul style="list-style-type: none"> • 1 dependent (up to \$146/week) • 2 dependants (up to \$186/week) • 3 dependants (up to \$226/week) • 4 or more dependants (up to \$266/week)

At the level of customer and patient care, stakeholders noted the importance of communicating the Enhanced Accident Benefits clearly at the outset of a claim and ensuring they have someone to help them navigate the system, with particular attention to developing patient navigation supports with accessibility for a diverse range of patient situations, including traumatic injuries, differing life circumstances and diverse language requirements.

Following consultation, ICBC began undertaking extensive customer insights work with those with lived experience to ensure that the patient journey under Enhanced Care is easy to navigate. This work is ongoing as part of the phase 3 consultations, and ICBC will continue to work with the Injury Recovery Design Panel to monitor outcomes.

5.2.2 Design of Service Delivery and Dispute Resolution

When it comes to customer and patient care, stakeholders identified a wide range of ICBC operational enhancements that could have a meaningful impact on care delivery while decreasing the workload for practitioners. There was general agreement on the importance of the use of a multi-disciplinary, team-based approach to optimize communication and consensus across treatments providers.

There were also suggestions that ICBC could improve communication during the recovery process by sharing patient information with primary treatment providers and by creating standards and mechanisms for better communication among allied health providers. At this time, an individual's medical records are confidential and there is limited ability for the sharing of patient information.

While there was understanding of and acceptance of the methods for dispute resolution under Enhanced Care, stakeholders were in agreement that they would need to see the new Enhanced Care model delivering on its promise before fully trusting that the changes at ICBC are meeting the needs of the injured at an acceptable level before removing their call for a role for advocacy and assistance with dispute resolution.

Customer-centric care

Stakeholders spoke of the need to be able to trust ICBC to make the best decisions in the interests of injured British Columbians, and for ICBC to understand the many limitations and challenges facing an injured person when dealing with a large organization. Trust among the disability advocacy, medical and healthcare communities is improving with steady and productive engagement since 2018. It was identified that there is a broader need for ICBC to make operational improvements that are focused on its customers, and that are also responsive and individualized.

Recommendation	Status	Outcome
Review the pace of care planning for patients.	Tabled	Once the Enhanced Care model is launched, ICBC will work with the Healthcare Practitioners Advisory Group and Doctors of B.C. Liaison Committee to gather feedback on pace of care planning.
Prepare a resource for British Columbians without a primary care provider.	Accepted, in progress	ICBC will identify how best to establish a list of relevant resources and how to inform customers of it.
Provide ICBC staff training that acknowledges and is sensitive to trauma.	Accepted, in progress	ICBC is working with leading disability advocacy stakeholders to identify appropriate content and curriculum to build into staff training materials for May 2021.
Build additional safeguards to support those who are unemployed at the time of the accident.	Accepted, complete	The Income Replacement Benefit is designed to provide replacement income to those who are employable and plan to work, irrespective of employment status at the time of the accident.
Consider a patient navigator to support patient post-recovery.	Accepted, complete	Patient navigation is the core function of the new role of the ICBC Recovery Specialist.
Integrate trauma-informed approach.	Accepted, in progress	ICBC will develop training and learning materials that are trauma-informed, with input directly from key stakeholders.
Consider online central repository for patient data.	Tabled	For future evaluation given the cost implications and privacy limitations on patient data at this time.

Outcome-driven care

Healthcare and medical stakeholders are looking for opportunities to focus on their patient’s care and recovery, rather than administrative work.

Recommendation	Status	Outcome
Primary care providers need to consult with other disciplines to build a care and treatment plan.	Accepted, complete	ICBC has designed processes to obtain consent to share appropriate information.

Community collaboration

There was demonstrated stakeholder interest in not only observing the change to Enhanced Care, but also contributing their knowledge and insights to work together to help build a better ICBC. Many stakeholders offered to lend their own expertise in delivering specialized training to those who will be supporting ICBC customers and patients.

Recommendation	Status	Outcome
Provide a training module for healthcare practitioners.	Accepted, in progress	ICBC will adopt this recommendation as part of change management and readiness for May 2021.
Educational opportunities to be reciprocal.	Accepted, in progress	ICBC will adopt this recommendation as part of change management and readiness for May 2021.
Use the term “primary contact” to be more inclusive.	Tabled	At this time “primary care provider” is the agreed terminology for a general practitioner and “treatment provider” is the term for all other members of allied health.
Ensure Independent Medical Examiners continue to be a core element of Enhanced Care.	Accepted, complete	ICBC will continue to rely on the primary care provider and medical experts to inform recovery recommendations and guide insurance decisions.

5.2.3 Other

Recommendation	Status	Outcome
Develop a working definition for vulnerable road users.	Tabled	Referred to the Ministry of Transportation and Infrastructure as outside of the mandate of Enhanced Care.

5.2.4 Special initiative

Recommendation	Status	Outcome
<p>Ensure there is a mechanism to address injuries not included in the Schedule of Permanent Impairments.</p>	<p>Accepted, complete</p>	<p>The regulate states that if any permanent injury is not list in the permanent impairment scheduled, they will use similar injuries contained in other schedules as a guideline.</p>
<p>Ensure there is a pathway for those with pain-related syndromes not addressed in the Schedule of Permanent Impairments to receive Enhanced Care accident benefits.</p>	<p>Accepted, complete</p>	<p>Confirmed that nothing would preclude someone with chronic pain from accessing any of the other Enhanced Care benefits if required. They would have the full availability of medical, rehabilitation and indemnities.</p>

6 The Road Ahead

Government has now published the regulations to support the introduction of Enhanced Care in B.C. for May 1, 2021. B.C.'s leading healthcare partners, disability advocacy groups and other key stakeholders have helped support the development and improvement of those regulations to ensure that the care and recovery benefits reflect the needs of British Columbians.

The vast majority of feedback received from stakeholders on the Enhanced Accident Benefit amounts has now been incorporated into the regulations, with further evaluation planned for any additional recommendations once Enhanced Care is implemented.

Moving forward, ICBC is continuing to strengthen relationships and create transparent and open lines of communication with medical and healthcare communities. This will be key to support a successful transition to Enhanced Care and beyond.

Government's expectation is that ICBC continues to move forward on delivering improvements under the new care-based insurance system resulting from the accepted recommendations detailed in this report, and that it continues to review and implement the others if or when possible.

ICBC's journey towards a care-based insurance model will continue in close consultation with doctors, healthcare and disability advocacy partners. The final consultation phase began in September 2020 and is currently underway as ICBC is working with these key stakeholders to ensure operational readiness and provide necessary training in advance of May 1, 2021.

Appendix I: Participants in Consultation

Doctors of BC – ICBC Liaison Committee Membership

- Dr. Tahmeena Ali, Family Physician
- Dr. Matthew Chow, Psychiatrist and DoBC President-Elect
- Dr. Jean Clarke, Retired Family Physician (former Executive Director, BC Family Doctors)
- Rheanna Corpuz, Coordinator, Economics, Advocacy and Negotiations
- Dr. Smeeta Desai-Ranchod, Family Physician
- Rob Hulyk, Director, Physician Advocacy
- Ranique Sekhon, Senior Analyst, Physician and External Affairs
- Dr. Carl Shearer, Sport and Exercise Medicine Physician
- Dr. Kevin Wing, Orthopedic Surgeon
- Dr. Andrew Yu, Anesthesiologist

ICBC Disability Advocacy & Advisory Group

- Mia Burgess, Chief Executive Officer (incoming), Braintrust Canada
- Shelley Howard, Executive Director, Campbell River Head Injury Support Society
- David Johnson, Executive Director, Kamloops Brain Injury Association
- Katryna Koenig, Director, BC Brain Injury Association
- Justina Loh, Executive Director, Disability Alliance BC
- Chris McBride, Executive Director, Spinal Cord Injury BC
- Sarah McCrea, Executive Director, Prince George Brain Injured Group Society
- Carol Paetkau, Executive Director, Fraser Valley Brain Injury Association
- Penny Clarke-Richardson, Director, Praxis Spinal Cord Institute
- Gary Richardson, Board Member, Association for Injured Motorcyclists
- Linda Sankey, Executive Director, South Okanagan Similkameen Brain Injury Society
- Tina Suter, Member Services, Brain Resource, Advocacy & Information Network
- Kathryn Sutton, Director of Communications, Pain BC
- Nanaimo Brain Injury Society

ICBC Healthcare Practitioners Advisory Group

- Ted Altar, BC Psychological Association
- Christine Bradstock, Chief Executive Officer, Physiotherapy Association of BC
- Daryl Reynolds, Executive Director, BC Association of Kinesiologists
- Carolyn Fast, Executive Director, BC Association of Clinical Counsellors
- Tanya Fawkes-Kirby, Managing Director, Canadian Association of Occupational Therapists of BC
- Bodhi Haraldsson, RMT, Registered Massage Therapists' Association of BC
- Moezin Baloo, Professional Affairs Advisor, BC Chiropractic Association
- Ranique Sekhon, Senior Analyst, Doctors of British Columbia
- Jason Tutt, President, Association Traditional Chinese Medicine and Acupuncture Practitioners

Injury Recovery Design Panel

- Jane Dyson, Chair
- Katryna Koenig, BC Brain Injury Association
- Carol Petkau, Executive Director, Fraser Valley Brain Injury Association
- Peggy Clarke-Richardson, Director, Praxis Spinal Cord Institute
- Chris McBride, Executive Director, Spinal Cord Injury BC
- Maria Hudspith, Executive Director, PainBC
- Justina Loh, Executive Director, Disability Alliance BC
- Tanya Fawkes-Kirby, Managing Director, Canadian Association of Occupational Therapists BC
- Chris Palmer, Outpatient Manager, GF Strong
- Jonathan Morris, CEO BC Division, Canadian Mental Health Association, BC Division
- Christine Bradstock, CEO, Physiotherapists Association of BC

Mothers Against Drunk Driving

- Steve Sullivan, Director, Victims Services, Canada
- Tracy Crawford, Chapter Services Manager, British Columbia

BC Coalition of Motorcyclists

- Tara Briscoe, Operations Manager
- Chris Bayliss, Provincial Coordinator

Wrongful Death Society

- Michael-James Pennie, President

BC Coalition of Cyclists

- Melanie Hyde, Board Chair
- Bill Yearwood, Vice-Chair
- Colin Stein, Executive Director
- Erin Waugh, Executive Director

Association of Independent Assessment Centres (AIAC)

- Dr. Rocco Guerriero, DC, Executive Director

Appendix II: Enhanced Accident Benefits, Key Benefits Comparison

Accident Benefits	Today's model	Enhanced Accident Benefits proposed in February 2020 Intentions Paper	Final Enhanced Accident Benefits* *Limits are inclusive of indexing for 2021, where applicable
Overall care and recovery benefits	\$300,000	\$7.5 million	No limit
Income replacement	75% of gross income, up to \$740 per week	Up to 90% of net income based on a maximum of \$93,400 in gross income, with option to purchase higher limits	Up to 90% of net income based on a maximum of \$100,000 in gross income, with option to purchase higher limits
Family enterprise	N/A	\$800/week	\$837/week
Loss of studies			
Kindergarten to grade 8	N/A	\$5,000	\$5,693
Grade 9 – 12	N/A	\$10,000	\$10,550
Select post-secondary studies	N/A	\$20,000	\$21,100
Permanent impairment compensation			
Catastrophic	N/A	\$250,000	\$264,430
Non-catastrophic	N/A	\$800 to \$160,000	\$836 to \$167,465 (depending on severity of impairment)
Assistance with activities of daily living benefit			
Not-catastrophic	Attendant care part of \$300,000 limit. Primary homemaker benefit up to \$280/week.	\$4,800/month	\$5,033/month
Catastrophic	Same as above.	\$5,700/month	\$6,018/month
Catastrophic - 24/hr care	Same as above.	\$10,000/month	\$10,000/month

Reimbursement of care expense benefit			
1 person	N/A	\$120/week	\$146/week
2 people	N/A	\$160/week	\$186/week
3 people	N/A	\$200/week	\$226/week
4 or more people	N/A	\$240/week	\$266/week
Caregiver benefit			
1 person	N/A	\$465/week	\$584/week
2 people	N/A	\$515/week	\$634/week
3 people	N/A	\$565/week	\$684/week
4 or more people	N/A	\$600/week	\$719/week
Recreation benefit	N/A	\$500 to \$4,000/2 years (depending on severity of impairment)	\$500 to \$4,000/2 years (depending on severity of impairment)
Transitional expense	N/A	\$1,200,000	\$1,229,910
Death Benefits			
Spouse	\$30,000	\$60,000 - \$500,000	\$66,987 - \$500,000
Dependant	\$6,000 each	\$30,000 to \$60,000 each	\$31,817 to \$60,000 each
Dependant with disabilities (additional amount)	N/A	\$28,000	\$29,306
Non-dependant child or parent	N/A	\$14,000 each	\$14,918 each
Funeral expenses	\$7,500	\$7,500	\$9,130
Grief counselling	N/A	\$3,500 total (per deceased)	\$3,818 per eligible person per deceased
Travel expenses to attend insured in critical care	N/A	\$4,600	\$4,974 if 1 individual \$2,487 per individual if 2

Note: This table highlights many of the key Enhanced Accident Benefits available under Enhanced Care. For details on all of the Enhanced Accident Benefits, refer to the regulations.

Appendix III: Consultation Questions

Enhanced Accident Benefits

After providing a detailed overview and explanation of the proposed Enhanced Accident Benefits, the following questions were asked during consultation:

- ❖ Do the proposed Enhanced Accident Benefits meet the needs of those injured in a crash?
- ❖ Where do you see gaps or areas where an ICBC customer would need more than is proposed? Why?
- ❖ What changes need to be made to ensure all customers receive the care they need under different scenarios that you may have encountered?
- ❖ Based on your experience supporting the injured, where do you see ICBC needing to make changes to what has been proposed? Why?

Design of Service Delivery and Dispute Resolution

To further understand stakeholder perspectives on the above topics, we asked the following questions as part of service design and delivery:

Patient recovery journey

- ❖ Looking at the patient recovery journey, where and how do you see those you support being best cared for under Enhanced Care coverage?
- ❖ Where do you see areas where patients may need more support?

Information sharing

- ❖ What are the current challenges you face with information sharing?
- ❖ What information might enhance the treatment plan?
- ❖ Are there other processes that work well for you that ICBC could adopt?

Treatment planning

- ❖ What are the considerations we need to be made aware of in the assessment process?
- ❖ How might we address issues where the treatment is not aligned to evidence-based care and achieving desired outcomes?
- ❖ When a patient is not progressing, what are the right questions to ask?
- ❖ When your patient is injured and is seeking treatment which may not be beneficial, what resources would help you?

Return to function

- ❖ What information and support is required by the physician to determine if and when patients can safely return to work?
- ❖ What level of involvement do they want in reviewing a graduated Return to Function Plan?
- ❖ When recovery doesn't go as planned
- ❖ What kind of support or intervention could ICBC develop that would help physicians? What would you prefer?
- ❖ How might we ensure that any assessments the client is referred to are trusted and supported by both the physician and client?

Care plan meeting

- ❖ What do you see as the role of treatment providers in these interdisciplinary meetings?
- ❖ Do you envision being able to attend and, if not, how best might we share information or outcomes from those meetings?

Additional topics regarding patient care and treatment

- ❖ Alternative scenarios where recommended treatment is not supported
- ❖ What are we missing?
- ❖ What currently works well for you and those you support?
- ❖ What changes are needed to optimize the recovery or best possible outcome for your patients and those you support?
- ❖ Are there any challenges or opportunities listed that concern you? Why?

Exploring situations where the evidence does not support a recommendation

- ❖ How would you like to learn about the process leading up to making a decision?
- ❖ What can ICBC do to make this process clearer and better for you in the infrequent occasions that a recommendation by a treatment provider is not aligned with the evidence?
- ❖ What else can be done to make this process clear and fair for practitioners and clients?

