Submission on ICBC's Enhanced Care Model Consultation

doctors of bc

June 25, 2026

Special Committee to Review Provisions of the Insurance (Vehicle) Act
Parliament Buildings
Victoria, BC V8V 1X4

RE: Written Submission on Parts 10 and 11 of the *Insurance (Vehicle) Act* and Bill M 237

Dear Chair and Members of the Special Committee,

Introduction

Doctors of BC is a voluntary association that acts as the official representative of the medical profession in British Columbia, representing more than 18,000 physician members. Our mission is to support BC's doctors to be leaders in delivering and improving patient care. We negotiate the Physician Main Agreement with the government and collaborate with the Ministry of Health and health authorities on initiatives to improve health care in BC. We also have a collaborative relationship with ICBC through an established Liaison Working Group, which includes ICBC staff and both family physician and specialist representatives from Doctors of BC.

Physicians play a critical role in the care and recovery of patients injured in motor vehicle accidents. Family doctors are typically the first point of contact in the health care system and support patients throughout their recovery, while specialists are integral to the care of more serious injuries and to assessing permanent impairment for compensation and benefits. Within ICBC's Enhanced Care model, physician involvement and input are vital to delivering patient care and to providing the medical information necessary to ensure fair and timely adjudication of claims through their medical reports. ICBC has clearly stated that treatment plans and medical care are developed and led by physicians and other health care professionals, not by ICBC.

Doctors of BC's Role in Informing Enhanced Care

In 2018, at the government's request, Doctors of BC agreed to collaborate with ICBC in its shift towards a care-based model. Doctors of BC has been an integral partner in advising on how to improve Enhanced Care. Through collaborative efforts, we partnered on those initial changes before 2021 to co-create a suite of report templates to facilitate the sharing of medical information between family physicians and ICBC, supporting early recovery for what ICBC says are up to 80% of its claims. The provincial

government supported this by incorporating fair fees for these reports in section 19 of the *Enhanced Accident Benefits Regulation*. As a result of our collaborative efforts with ICBC and the provincial government, we encouraged significant improvements in how family physicians inform, organize, and deliver care to patients impacted by motor vehicle accidents. Prior to these changes, ICBC patients were often among the last physicians wanted to see because of the administrative burden, legal requirements, and payment issues pervasive in ICBC claims.

In 2021, with the shift to the new Enhanced Care model, the BC government ensured physicians were included in its consultation process through the Doctors of BC and ICBC Liaison Working Group. During this time, Doctors of BC identified a significant gap in the adjudication of ICBC claims: medical information provided by specialists was not shared with ICBC, except for Comprehensive Medical Assessments (CMAs) and Independent Medical Examinations (IMEs), both of which fall outside the medical services plan. A pilot for a Specialist Services Report was proposed and developed in collaboration between Doctors of BC and ICBC.

Overall, the work to inform the Enhanced Care model has re-energized the relationship with ICBC, and the positive working relationship continues today through our Working Group. We meet regularly to raise issues with the current process, identify administrative burdens, and develop mutually beneficial solutions. The value and impact of this work have resulted in a significant decrease since 2018 in the number of complaints raised by members about ICBC-related work.

Doctors of BC 2024 Review of Enhanced Care

In 2024, Doctors of BC commissioned a third party to conduct a review of the ICBC Enhanced Care Model from the physician perspective. The review identified areas that were working well, challenges within the system, and opportunities for improvement.

Areas identified as working well within Enhanced Care include:

- Timely access to care and treatment for patients, including extended coverage of allied health services,
- The significant decrease in both paperwork and the time physicians spend supporting litigation efforts for their patients, and
- The new suite of regulated reports and associated fees for family physicians.

Some identified challenges include:

- High administrative burdens, such as navigating static PDF report templates that are not integrated with Electronic Medical Records,

- Gaps in communication pathways with allied health providers and ICBC,
    - e.g. physicians are not copied on physiotherapy reports, and
- Unpaid time and accessibility barriers to communicating medical updates or escalating benefit and treatment approval concerns with ICBC.

Specialists face specific challenges. In addition to treating patients with serious initial injuries, they also treat those who are not recovering as expected. ICBC estimates that these patients account for approximately 25-30% of claims. Most of these cases are more complex, may involve catastrophic injuries, and often result in very lengthy claims, with patients remaining off work for prolonged periods. Aside from the pilot mentioned above, it is unclear when or how often specialists are expected to share medical information with ICBC.

There are no specific services within the Enhanced Care model (outside those provided by the medical services plan) to help support and manage direct patient care for these patients. This needs to be addressed not only to best support these patients but also to enable ICBC to manage claims associated with them more effectively.

Discussion

There are three prominent focus areas we would like to raise with the Committee: 1) Specialist services options; 2) Permanent injury and catastrophic injury definitions; 3) Improving communications between clinicians.

1) Specialist services options

Specialists have identified critical gaps in specialist services under Enhanced Care. These gaps are negatively impacting patient outcomes, diminishing opportunities for early recovery, and slowing ICBC's claims adjudication process. The current suite of services includes the pilot Specialist Services Report, the CMA, and IMEs.

The CMA (and similarly, IMEs) create an additional administrative burden when results are shared with family physicians and do not enhance direct patient care. They are insurance-benefit assessments, and while necessary for ICBC, they require further review with respect to what information they provide to ICBC and what should be shared with the patient's treating team.

Specialists treating ICBC patients routinely have medical information that would be valuable to ICBC but isn't shared. Unlike family physicians' reports, there is no regulated report template or associated fee for specialist services. As a result, the information ICBC receives from specialists is ad hoc and inconsistent.

For fiscal 2025, ICBC indicated they received a total of 18,980 Family Physician Extended Medical Reports and only 892 Specialist Services Reports. Although we expect there to be more family physician reports than specialist reports, the current Specialist Services Report pilot has low uptake because its fee is under-market relative to the Extended Report and to a comparable WorkSafeBC fee for Specialists (which covers similar work). We have heard from ICBC that the information received through the current pilot, however limited, has been very valuable to date.

2) Permanent injury and catastrophic injury definitions

The benefits, compensation, and scope of injuries under the *Permanent Injury Regulation* for patients who are not recovering as expected or who have complex/catastrophic injuries appear to fall short in supporting patient care. Physicians have shared many examples in this regard. For instance, a patient with a severe spinal cord injury living in a remote community may require specialized treatment available solely in urban centres, so travel benefits are needed. Another gap is that the current monthly benefit for an individual requiring 24/7 nursing care is less than BC's minimum wage. These nuances appear not to be supported by the definition of catastrophic injury and should be reviewed.

Bill M237's proposed amendment to reduce the number of amputations required for an insured to sustain a catastrophic injury seems fair. However, there may be other conditions that fall outside the current definition and result in a functionally severe case and disability. Specialist input to help inform these thresholds is recommended.

3) Improving communications between clinicians

There is also an opportunity to improve communication and information sharing among physicians, allied health providers, and ICBC. Physicians often advocate on behalf of their patients when ICBC denies benefits for specific care or treatment. Currently, there are no regulatory mechanisms that allow physicians to proactively escalate issues with ICBC to discuss treatment plans. ICBC has an internal clinical advisory group that supports its staff and helps inform claim decisions; however, physicians are not supported in engaging with this group to inform and advise patients about medical treatment options. It would be reasonable to explore ways to support physician-to-physician communication.

Recommendations

1. **Amend the Enhanced Accident Benefits Regulation to include reporting options for specialists and fair compensation for this work.**

- In collaboration with Doctors of BC and ICBC, develop tiered report/payment options for specialists based on the type and/or amount of information that would benefit ICBC regarding the claim.
- This will enable timely and appropriate sharing of medical information between specialists and ICBC to help inform and provide status updates on more complex claims, while also ensuring fair and appropriate compensation for specialists completing this work.
- Regulated reports that compensate specialists for medical information will help patients move forward in the public health care system while also informing ICBC of the information needed to adjudicate claims.

2. **Consider redefining the purpose and scope of the CMA as per the Enhanced Accident Benefits Regulation.**
    - Review the efficacy and efficiency of the CMA service in how it serves both ICBC and patients injured in motor vehicle accidents.
    - Solicit input from CMA providers, physicians with patients who have received the service, and CMA patients themselves, on which aspects of the CMA are redundant and how the reporting templates can be optimized.
    - Consider whether the purpose of the CMA can be fulfilled through alternative service options, such as tiered specialist report templates for specialist services or an IME.
3. **Amend the Enhanced Accident Benefits Regulation to include physician communication services that support timely verbal and written communication between family physicians and specialists and with ICBC.**
    - This type of service will authorize physicians to raise concerns about patient care and to communicate with ICBC.
    - It will also enable shorter updates regarding ongoing care between assessments and regulated reports, providing ICBC with higher-quality information to support claim adjudication.
4. **Review and reconsider the definition of a catastrophic injury under the Permanent Injury Regulation.**

- To ensure that appropriate benefits and compensation are available under a broader definition of catastrophic injury.
- Review existing benefit amounts against the real-world costs of severe catastrophic injuries to ensure coverage for ICBC patients who require additional travel, specialized equipment, and home/nursing care.

Conclusion

British Columbians have benefited from the collaboration between ICBC and Doctors of BC to improve care and coordination for ICBC patients. Doctors of BC's experience informing and shaping Enhanced Care has demonstrated the value of collaborative engagement among ICBC, Doctors of BC, and the provincial government in improving patient recovery and ensuring fair processes for claims adjudication. Our 2024 review highlighted the progress achieved, as well as the ongoing challenges and gaps that must be addressed to better support patients, physicians, and the overall system.

We strongly believe that meaningful reforms to specialist services, communication pathways, the CMA process, and the definition of catastrophic injuries are essential to improving Enhanced Care outcomes. These reforms will ensure that physicians can provide timely, high-quality care and that ICBC receives the medical information required to make informed decisions.

Doctors of BC respectfully requests the opportunity to present in person to the Special Committee, accompanied by practicing physicians who can speak directly to the challenges highlighted in this submission and provide examples from their experience.

We look forward to collaborating with you to ensure that Enhanced Care continues to evolve in a way that best serves patients, supports physicians, and advances the goals of the Enhanced Care model.

Sincerely,

Doctors of BC