

MVA REHAB: HOW MANITOBA COMPARES TO BC

A Glimpse of our Future

Members of the OT Alliance of British Columbia recently had the opportunity to interview several OT's who provide occupational therapy services for motor vehicle injured clients, funded through Manitoba Public Insurance (MPI). As it has been made public knowledge that ICBC will be following a model similar to that used in the Province of Manitoba it was felt that a comparison of services available in the two provinces would be helpful.

In conducting a brief review of the demographics, the population of Manitoba is 1.36M (2019 population data) and there are only 5 clinics in the Province which provide OT services for clients injured in motor vehicle accidents. The owners of the OT clinics work full-time and most of the OT's who work in private practice in that province primarily work in the public system and only do part-time private work in the evenings or on weekends. There are very few Rehab Assistants who work in private practice.

All Return to Work programs are managed by the Case Managers at MPI. The role of the RTW Coordinator is assumed by the MPI case manager, who coordinates all aspects of a client's return to work. OT referrals are often made if the client is unsuccessful with their first RTW attempt under the MPI case manager's directive and determined to be more complicated.

OT's are retained for clients who have sustained traumatic brain injury or spinal cord injuries to provide community-based rehabilitation. TBI and SCI rehabilitation referrals are initiated by the MPI file handler and OT services are approved or discontinued by the file handler based on their determination of client need. One of the clinics has a couple of RA's who carry out treatment plans.

OT's are retained to do Personal Care Assistance assessments (PCA) for clients with soft tissue injuries and other non catastrophic injuries. These assessments are requested as needed and distributed through a centralized desk on a rotational basis amongst the clinics. The rotation depends on the number of FTE equivalents that each company has on their roster. An injured individual may get an assessment every six months, every one year or up to every two years but usually receives little intervention in between assessments.

Referrals for clients with concussions are infrequent. Concussion is not typically recognized by MPI unless someone registers lower on the Glasgow Coma Scale (GCS). For example, a high functioning professional was in/out of hospital with vomiting and many other concussion symptoms and yet had scored a normal GCS. An inexperienced OT did a PCA Assessment and said she did not need much Personal Care or intervention. When a more experienced OT reassessed the individual, there were many needs noted and OT intervention was recommended with many functional goals. Case managers often use aggressive behaviour with therapists and claimants demonstrating a "deny and defend mentality", and limiting or denying funding for personal care.

Chronic pain: There is minimal OT work with referrals made to OT's who are certified in PGAP training. However, referrals for chronic pain clients are extremely limited. Furthermore, the determination of impairment and eligibility for access to services is at the full discretion of MPI.

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Housing assessments are primarily referred through a home renovation/construction company who consults with the Occupational Therapist on the file.

According to the MPI website *“Soft tissue injuries which will eventually heal do not result in a payment as there has not been a permanent loss of function that will last for the duration of your life”*.

There is no occupational therapy coverage stipulated into the legislation or the rehabilitation team. According to the MPI website *“The composition of your medical/rehab team depends on the type of injuries you have and the type of treatment you're receiving. Your medical/rehab team usually includes the health care practitioners who are working most closely with you, such as your doctor, chiropractor, physiotherapist, rehabilitation counselor and nurse practitioner, as well as your case manager, other MPI employees, members of your family and yourself.”*

Comparison Table

	Manitoba (No-Fault)	BC (current ICBC model)
Population:	1.36 million	5.1 million
Number of OT's in private practice:	<30	700
Total number of OT's in Province:	802 – 3.74 % of OT's in private practice 30 self employed as of 2019 stats There are approximately four private OT companies who work with adults in Manitoba as there is little work for them.	2649—26% of therapists in private practice 217 self employed as of 2019 stats There are many different OT companies in a variety of areas in BC. There are a large number of funders for private OT assessment and intervention. ICBC is a large user of this service.
Number of OT's per capita	1 OT per 43,333	1 OT per 7, 285.71
Use of Rehab Assistants	Very limited use in Manitoba	Many rehab assistants working for OT companies.
OT intervention	OT intervention focuses on catastrophic injuries.	OT intervention provided for all different kinds of injuries and diagnoses.
OT billing rates	Different practices charge different amounts depending on their experience.	OT rate is determined by ICBC.
OT Travel	Travel is provided across the province as the population is scattered widely. Air travel is	Limited travel time allowed. In more rural or remote areas travel time is negotiated depending on where OT is travelling from.

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Return to Work Intervention	often used for more remote locations. Little RTW intervention provided as wage loss is paid to most catastrophically injured clients.	OT's focus on Return to work with all clients.
Appeal Process	Internal and external appeal boards	Advocacy through the legal system.

Summary:

Comparison of occupational therapy services within the Manitoba Public Insurance system versus the current ICBC Model reveals that under the current system British Columbians have greater access to care and overall benefits. Some of the differences are as follows:

- Within the current ICBC model, clients have the right to retain counsel to advocate for them and ensure that they receive an award which is commensurate with their injuries. Within the MPI system, a fixed award is determined based on percentages awarded and is calculated by an MPI employee using a specific formula.
- Within the current ICBC model, return to work planning and management is carried out and coordinated by the treating OT, whereas in Manitoba, return to work management is under the authority of the MPI Case Manager. This person may or may not have the appropriate education to provide this service.
- Many people with non-catastrophic injuries are refused therapy in Manitoba as their injuries are felt to not be significant enough to interfere with their daily function. OT's may not see these individuals and even if they are referred for a PCA the OT may not perform a functional assessment to ensure that the individual is actually managing.
- In both systems adjusters have control over interventions, however if interventions are denied in BC, at this time the claimant can retain a lawyer to represent them and ensure they receive the appropriate therapy. Claimants do not have that option in Manitoba and will not have that option in BC should No Fault be implemented as it has been laid out.
- When the No Fault model is accepted in BC, the first level of appeal is to the proposed "Fairness Office" appointed by the BC Government. The Fairness Office will make recommendations to ICBC about individual complaints. Another option available to claimants if the Fairness Office does not result in resolution of the claimant's complaint is the Civic Resolution Tribunal. There is a process and associated costs for individuals to appeal and they can hire a "helper" who could be a lawyer; however, the claimant would be responsible for legal fees. It is not clear if there would be any medical expertise involved in determining either of these appeal processes. ICBC can hire their own Resident Care Advisors (RCA's) to speak to medical issues and it is unknown if the client's medical specialist opinions would outweigh those of ICBC-appointed RCA's. In contrast, MPI's first appeal is to MPI employees, but the second appeal is made to an external board. Over the last few years MPI has added a mediation service and all of the mediators are MPI employees and former MPI case managers.