

Partners in Care: Q & A for participants

Claims related questions

1. If a patient gets into an accident while at work, does this become a WorkSafeBC claim or an ICBC claim?

On May 1, 2021, the Insurance Corporation of British Columbia (ICBC) moved to a no-fault insurance model called [Enhanced Care](#). Under the new model, if a worker is injured in a motor vehicle accident in the course of employment, the worker should apply for coverage with WorkSafeBC.

2. When and how is the decision made to retrain a worker?

Workers may receive vocational rehabilitation services if they've lost their job as a result of their injury or are unable to fulfill their pre-injury job because of permanent limitations and restrictions caused by the injury. If a worker is unable to return to work, our goal is to restore the worker's earnings to their pre-injury level. To determine how to best support the worker, we assess the worker's qualifications, interests, aptitudes, goals, and interests; as well as labour market opportunities. Our first priority is to help workers return to the pre-injury employer. When that isn't possible, our vocational rehabilitation team explores employment opportunities with alternate employers. Formal training can be considered if it's deemed necessary to restore the worker's earnings.

3. Are your services only offered to injured workers or could they be offered to post-op patients who need to return to their workplace?

Under the *Workers Compensation Act*, our services can be offered only to workers who have been injured in the course of their employment and whose claims have been accepted by WorkSafeBC.

4. Fairly commonly, patients report very negative, toxic work environments. That is a disincentive for them to return to work early. The boss may not observe the requirement for modified duties. What to do?

The worker's case manager can liaise with both the employer and the worker to ensure the worker's rehabilitation at work is respectful and includes meaningful duties. If necessary, we can intervene on behalf of the worker and consider other options — such as an occupational rehabilitation program.

5. To your earlier point about the requirement to report, employers have access to the patient's file. What is done to keep the client/patient's reported concerns about workplace safety/bullying?

Under the *Freedom of Information and Protection of Privacy Act*, an employer's access to a worker's personal information is limited. That said, under the *Workers Compensation Act*, our Prevention department can follow-up on safety concerns or reports related to harassment and bullying.

6. When is it appropriate to refer to a WorkSafeBC rehabilitation program?

If rehabilitation at work is not available and the patient needs additional support, the patient can be referred to a WorkSafeBC rehabilitation program.

7. Not uncommonly, workers have negative attitudes towards WorkSafeBC, and do not regard it as a "friend". Why is this? Has an injured worker satisfaction survey been done by WorkSafeBC to find out?

Our organization is required to adjudicate a worker's entitlement to services based on the terms set out by the provincial government and policy, and this can lead to negative decisions. That said, through our Voice of the Customer program, we survey workers and employers on a regular basis. In 2020, 82 percent of workers rated their service as good or very good. Nonetheless, we continuously explore opportunities to enhance our services. For more information, please refer to page 62 of our [2020 annual report](#).

8. Does the legislation not clearly state the obligation of health providers to report?

Yes, under the *Workers Compensation Act*, certain health care providers, such as physicians and qualified practitioners, are required to report workplace injuries that require medical attention.

Medical related questions

1. What should we do if we believe there is a psychosocial overlay? Patients have access to our 8/11 reports, and these are often very sensitive issues.

Your example provides a great opportunity to reach out to a medical advisor to discuss your concerns. Simply call the RACE line at 604.696.2131 or toll-free at 1.877.696.2131 and a medical advisor will return your call promptly.

2. Can you go through the practical steps on how to access the support you are offering (i.e., going through the WorkSafeBC form and explaining what it means)?

Feel free to connect with one of our medical advisors to discuss your specific needs and how we can help. As for forms, we host a number of CME accredited sessions, including one that describes how to complete Form 8/11. Visit the [UBC CPD](#) website for updates on these sessions. You can also refer to our [Physician Form 8/11 Reference Guide](#).

3. Does it matter if a WorkSafeBC physician assessment is done by a locum, then by the worker's own GP, and then picked up again by a locum?

Reports from all physicians who see the worker are included in the worker's claim file along with medical forms. As much as possible, we encourage workers to remain with the same physician or clinic for follow-ups and other services. Therefore, the locum/GP/locum scenario as described is fine.

4. Clinical issues are easy to determine, but how do you communicate to a case manager the balance of graduated return-to-work to avoid reinjury?

A worker may experience ups and downs all through recovery. Nonetheless, a gradual increase in physical activity is the expected norm. If the worker is experiencing symptoms related to ongoing pain, it presents a great opportunity to connect with one of our medical advisors.

5. How often should we submit form 11 for patients who have longer claims?

Whenever there's a change to a worker's treatment — including medication, return-to-work goals, or other changes — treatment providers should submit Form 11.

6. For new MDs, I believe WorkSafeBC does provide a special fee for FPs to work with physiotherapists to create a proactive rehabilitation plan. Is that not so?

Yes, we have a return-to-work fee that physicians can use to invoice us — providing they describe the return-to-work plan and liaise with the worker's employer.

7. Can WorkSafeBC provide an MD for clients who don't have one but require one to get services such as diagnostic testing?

We can provide only those services that are within the scope of our legislated mandate. Unfortunately, it's not part of our mandate to provide medical doctors for injured workers.

Insurance related question

1. As MDs can get injured as part of their work (e.g., needle-stick injuries), do most of them obtain WorkSafeBC coverage? How should they get it?

We do not track whether most physicians obtain coverage. However, physicians who hire workers in B.C. are required to register with WorkSafeBC. If a physician is a partner in a registered partnership or a proprietor, they can also apply for optional coverage for the business owners. For more information, please visit worksafebc.com and select [Insurance](#) from the home page.

Form related question

1. Is there a word limit on your forms?

Yes, all sections of our forms have space limitations, which vary depending on the form and information requirements. For example, under the Clinical information section on form [F8/11](#) users can enter up to seven lines of text.