



Clinic Leaders Educational Modules – Needs Assessment Summary

October 2024



Project Introduction

Based on various engagement efforts over the past two years, the division and its physician champions have identified a need to deliver a CME-accredited educational series for Vancouver's primary care clinic leaders on the following three topics:

- **Clinic Technology and Optimization:** this module addresses practice management topics that explore technological advancements and opportunities for integration in primary care, with the goal of enhancing business operations and patient experience.
- **Business Models & Financial Structures:** this module is designed to increase physician knowledge of various business models and financial structures prevalent in primary care. This theme will also cover best practices for business operations from domain experts.
- **Clinic Culture, HR, Recruitment & Retention:** this module is focused on hiring and retention best practices of clinic staff, as well as promoting a healthy and compelling clinic culture.

These sessions will be led by leading industry experts, with the goal of supporting primary care clinics to remain competitive and viable in the long term. The audience of these sessions are physicians or non-physician clinic owners and those in charge of clinic operations. These courses are CME-accredited with MainPro+ for physician attendees. Non-physician attendees can bank these educational hours with their respective licensing bodies.



Campaign Statistics

- Sent to **209** qualified members
- Open rate: **73.4%**
- Completed surveys: **43**

Ownership/leadership experience ranges exhibit a bimodal distribution between groups 1-5 years and 20+ years.

How long have you been a clinic owner or in a clinic leadership position?

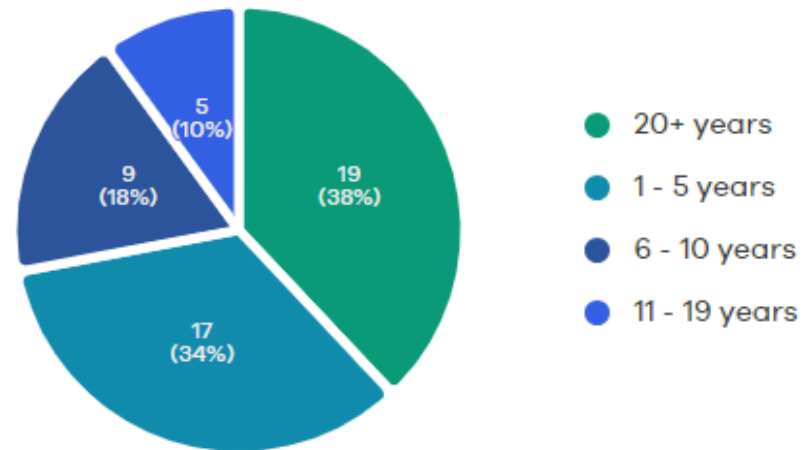


Figure 1: Distribution of Clinic Leadership Experience



To ensure smooth operations in your clinic, who do you include in your management team:

-
- A non-physician clinic manger/business partner who oversees all non-clinical aspects
 - A physician-owner partner(s) who shares the management workload with me
 - As the managing partner, I rely heavily on my senior MOA to manage the clinic's day-to-day operations outside of my clinical- practice
 - I manage everything myself

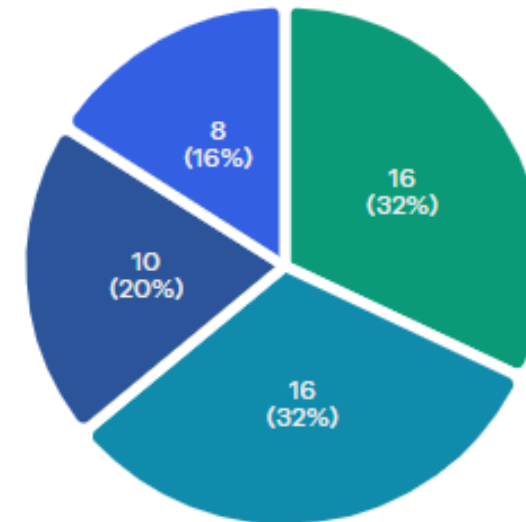


Figure 2: Composition of Clinic Management Teams



Survey response to ranking key operational challenges in clinics:



Financial Pressures



Management of Administrative Staff



Technological Integration



Management of clinical staff

*Challenges were ranked from highest (top), to lowest (bottom)

To what degree do you experience burnout when it comes to managing your practice?



Figure 3: Extent of Burnout Experienced in Practice Management



Broadly speaking, what educational topics would you most benefit from when thinking about business operation and financial structures of your clinic?

Feedback was collected as open-ended responses, with the most requested topics being:

Staff Recruitment and Retention

– How to attract and keep talent for MOAs, associates, and physicians.

9 Mentions

Financial Education and Cost Management

– Interpreting financial statements, tax deductions, and reducing overhead costs.

8 Mentions

Human Resources and Employment Law

– Hiring practices, contracts, and compensation negotiation.

7 Mentions

Comparing Clinic Models

– Benchmarking against other clinics to improve efficiency.

3 Mentions

Technology Integration

– Choosing tools to optimize clinic operations and reduce costs.

4 Mentions

Overhead Management and Funding

– Negotiating overhead agreements and finding grants or funding.

5 Mentions



If you could receive a crash course in any of the following topics, what would be your top 3 choices?

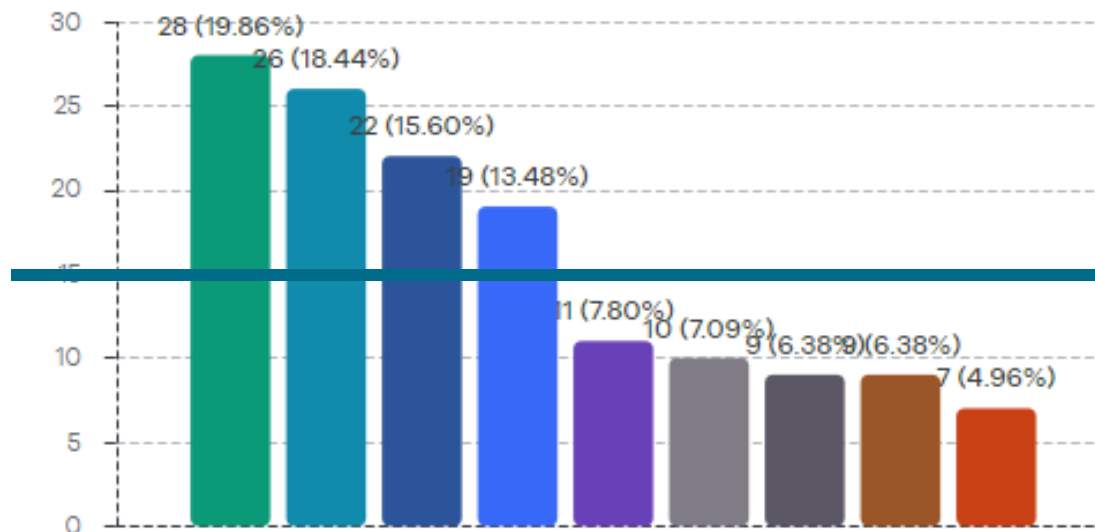


Figure 4: Top 3 Desired Business Topics for a Crash Course.

Top 4 voted crash course topics:

1. Operation best-practices & technology-driven processes

2. Long-term business planning

3. Tax optimization

4. Succession planning & wealth preservation



Which of the following professionals have you gone to for advice regarding the business side of running your clinic:

- 35 % Accountant/financial controller
- 23 % Lawyer
- 18 % Financial advisor
- 12 % Banker
- 9 % None Of The Above
- 3 % Business analyst

* % is distribution of total votes, participants could select as many professionals as they had worked with.



Who else do you go to for business advice?

1. Colleagues/Peers – 17 Mentions




2. Spouse/Family Members – 10 Mentions

3. VDoFP & DoBC – 6 mentions

4. Senior/Retired Clinic Partners – 4 Mentions

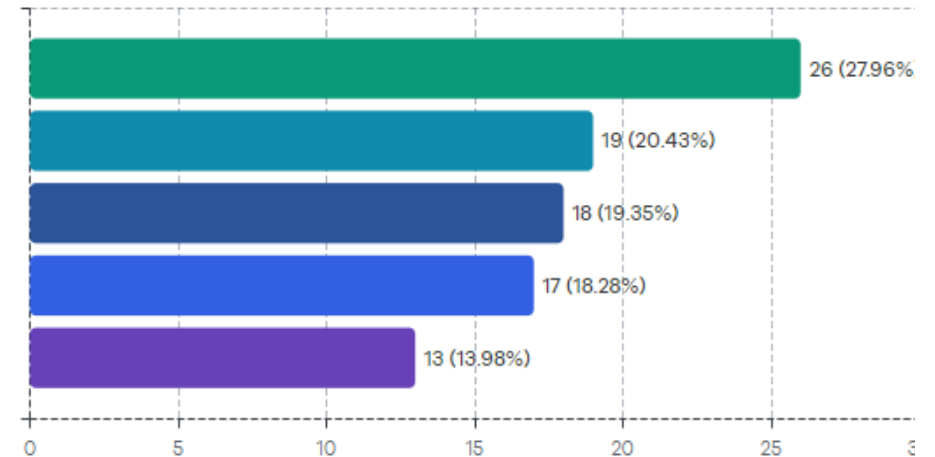


How proficient are you in being able to independently evaluate your business and strategize based on data compiled from sources such as financial statements?

Score range 1-10	# of members in range
0-6 	33
7-8 	11
9-10 	3

Top Knowledge Gaps to be Addressed for better Collaboration with Business Professionals:

-  Revenue optimization and tax strategies
-  Long-term outcomes of various business models
-  Analyzing financial reports and applying business ratios
-  Contracts: employment, wills, and property
-  Succession planning



*Participants could pick up to 3 topics

Figure 5. Top professional/training needs to improve communication & understanding with professional partners (listed on previous slide).



Thinking about the current state of primary care in Vancouver, what gaps do you see in the business operation of clinics that you think clinic owners should receive education on?

Feedback was collected as open-ended responses, with the most requested topics being:

Staffing Challenges

- Covering staff absences and addressing challenges in hiring reliable clinical & administrative staff.

20 Mentions

Financial Management & Viability

- Managing overhead, profit margins, tax strategies, budgeting, and financial viability in a competitive market.

16 Mentions

Business Operations & Efficiency

- Achieving overhead optimization, efficiency in clinic operations, integrating technology, and streamlining administrative tasks.

14 Mentions

Lease & Real Estate Management

- Negotiating leases, finding affordable office spaces, understanding ownership vs leasing options & managing rent pressures.

10 Mentions

Collaboration & knowledge sharing

- Improving collaboration with other clinics, sharing resources & understanding different business models

8 Mentions

Succession & Retirement Planning

- Planning for Retiring physicians, attracting successors, strategizing ownership transitions.

6 Mentions



Broadly speaking, what would you like to receive education on when thinking about clinic technology?

**The following presents a quote from the most common themes.*

AI Scribe: "...something that allows us to see what else is out there, what it can do and how hard it is to switch."

Security & Privacy: "Security, including which specific software are recommended and IT professional recommendations."

Workflow Efficiency & Task Management: "New technologies and integration opportunities, atomization and workflow management/efficiency."

Remote Assistance:
"Virtual MOAs"

Patient Portals:
"Guidance on streamlining the use of online bookings, and electronic communications with patients."

Reducing Dependency on Fax and Enhancing E-referrals: "How to move away from fax and learning about Ocean E-referrals"



Survey response to ranking most to least (1-5)
Familiarity with technological adoptions in primary care:



1. Telemedicine



2. E-Booking



3. Scheduling Software



4. Artificial Intelligence Scribe



5. Virtual MOAS

How would you rate the technological advancement of your clinic in terms of electronic health records (EHR), telemedicine, and other digital health tools?

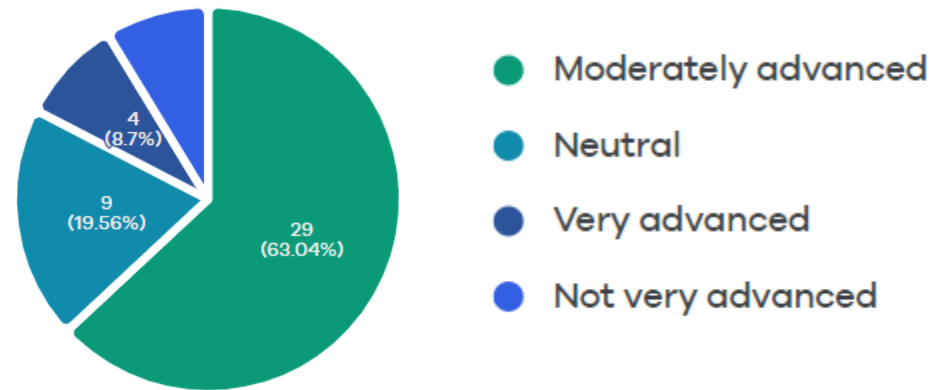


Figure 6: Clinic Technological Advancement in EHR, Telemedicine, and Digital Health Tools.



How confident are you in understanding and navigating Artificial Intelligence (such as AI Scribe, AI in telemedicine, etc) as it becomes more prevalent in healthcare?

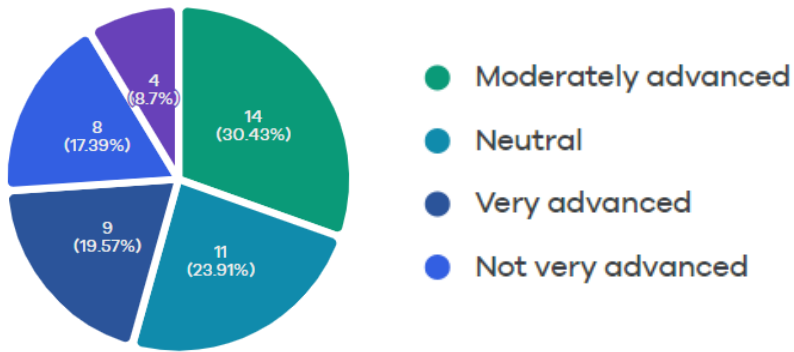


Figure 7: Confidence Levels in Understanding and Navigating Artificial Intelligence.

How prepared are you to implement AI into your practice?

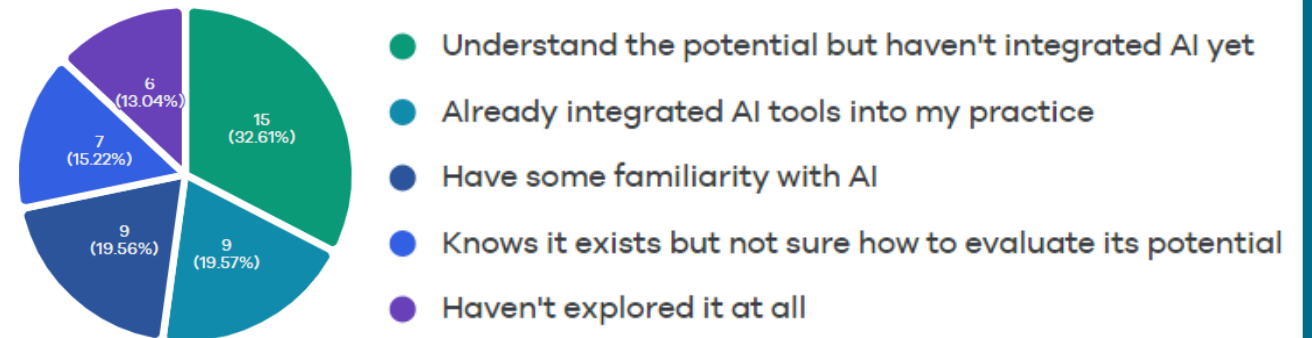


Figure 8: Preparedness for Implementing Artificial Intelligence (AI) in Clinical Practice.



*Top identified areas technology can reduce the administrative burden in a practice? *Select all that apply*



AI Scribe:
SOAP notes
& EMRS

33
Selections

Honorable mentions: all with 24-25 selections

Billing &
Financial
Reporting

Patient &
Workflow
Management

Scheduling &
HR
Management

Telemedicine

How can clinics better connect with BC's Acute Care and Community Care systems to improve healthcare delivery?

Note: Most responses fell outside the scope of our current learning modules and suggested broader system changes. However, some educational topics that align with these initiatives include:

- **CareConnect & PharmaNet:** Understanding their value and how to use them effectively.
- **Improving EMR Integration:** Practical steps for better electronic medical record interoperability.
- **Workflow Optimization:** Streamlining integration with public acute and community care systems.



Broadly speaking, what would you like to receive education on when thinking about clinic HR and recruitment/retention?

**The following presents a quote from the most common themes.*

Recruitment & Retention: “Finding good staff (in competition against bigger businesses) is the most challenging, especially with high turnover.”

Training & Professional Development: “Standardizing training programs for MOAs would help ensure consistency and quality in staff performance.”

Employment Law and HR Policy: “Education on labor laws, especially with respect to overtime hours and vacation pay, would be helpful for managing payroll and deductions”.

Compensation & Benefits: “Our main issue is finding out what the *going rate* is for MOAs to ensure we remain competitive.”

Resource Awareness & Peer Support: “I wonder if there are resources we are not aware of? We’ve used all the usual places, but I suspect there are better ways.”



*Which team management topics do you believe will help you build and retain a healthy culture boosting retention? *Select all that apply*

Topic	Count
How to provide non-monetary benefits for staff	34
How to structure, support, and strategize your human capital	24
How to most effectively and cost-efficiently train staff	23
Clinic operations: Have your team work for you, not against you	21
How to choose the right professional development for your team	18

How effective do you consider your current recruitment (and negotiation) strategies for hiring qualified staff members?

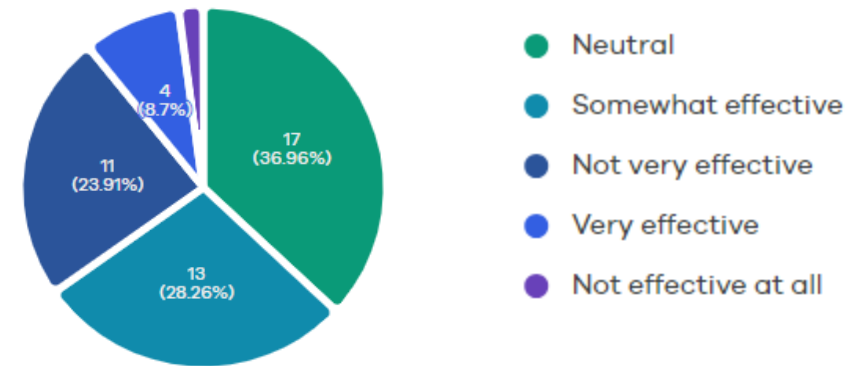


Figure 9: Perceived Effectiveness of Current Recruitment and Negotiation Strategies for Qualified Staffing.



What successful methods have you tried in attracting physicians or staff to your clinic?



Word of Mouth & Networking

"I think word of mouth and exposure to UBC teaching has helped us with MD recruiting."

Positive & Innovative Work Environment

"Providing an academic, engaged environment that embraces new technology that also helps prevent burnout."

Flexibility & Continuous Improvement

"Focusing on experience of work and learning; flexibility in schedule."

Support & Engagement

"Staff good pay, provide them support - check in with them all the time, provide food regularly, support on difficult/busy days - destress."



What challenges do you face in retaining skilled employees within your clinic?

**Select all that apply*

- Compensation and benefits
- Competitive job market
- Employee burnout
- Other (please specify):
- Work environment

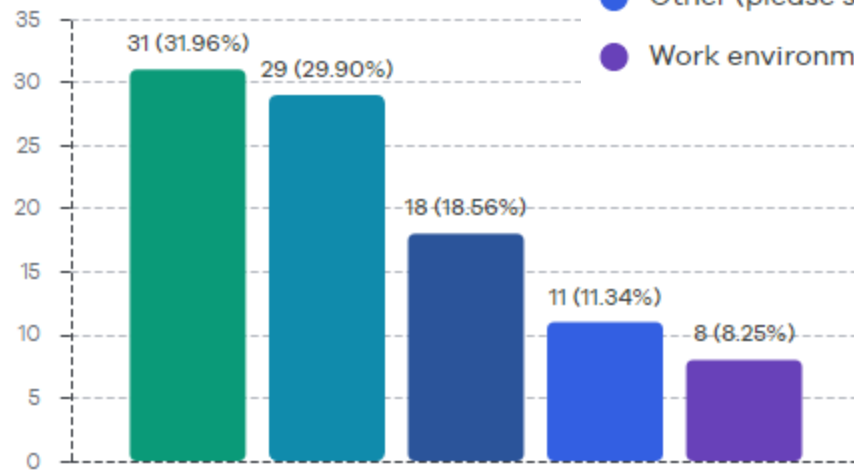


Figure 10: Challenges Faced by Clinics in Retaining Skilled Employees.

Which of the following areas do you need the most support in?

**Select 1 or more*

- Optimizing your workflow: knowing where you need an employee vs where you can leverage technology?
- Understanding the job market and how to stay competitive
- The technicalities: contracts, negotiations, employee benefits
- Management & leadership

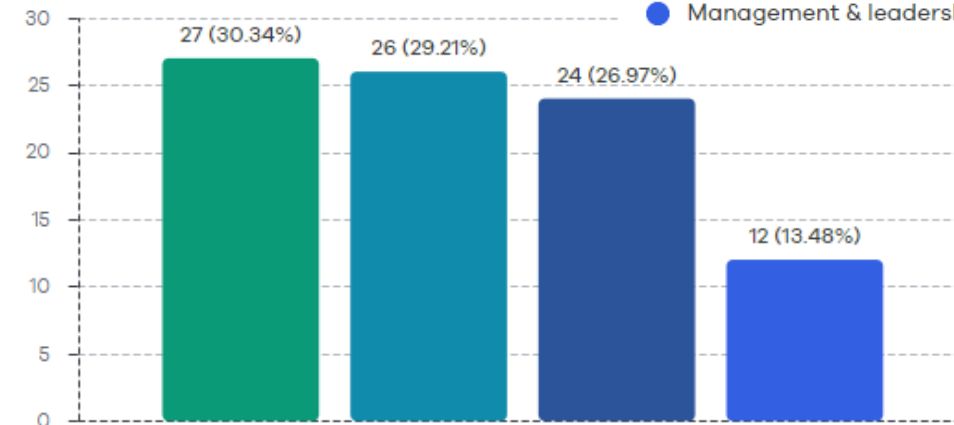


Figure 11: HR Areas requiring the most Support from VDoFP.



Thinking on a large scale about the state of office support in BC's primary care clinics, what major barriers do you see facing clinic owners when it comes to hiring and retaining capable staff?

Feedback was collected as open-ended responses, with the most requested topics being:

Competitive Salaries & Cost of Living

-High living costs in Vancouver and inability to offer competitive salaries compared to government-funded clinics and hospitals.

14 Mentions

Competition from Larger Institutions

- Difficulty competing with larger organizations (e.g., hospitals, health authorities) that offer better wages, benefits, and job security.

10 Mentions

High Turnover & Transient Workforce

- Frequent turnover rates and the transient nature of good office staff, often pursuing other career opportunities.

8 Mentions

Insufficient Funding

-Insufficient funding for independent clinics, making it hard to maintain staff and control costs.

7 Mentions

Lack of Skilled Workers & Training

- Few qualified candidates with healthcare experience and education. Hard to expand job roles without proper training opportunities.

6 Mentions

Administrative Burdens & Time Constraints

- Limited time for HR tasks and challenges in effectively advertising for staff amidst busy schedules and high demands.

5 Mentions



Broadly speaking, what would you like to receive education on when thinking about clinic HR and recruitment/retention?

**The following presents a quote from the most common themes.*

HR Strategies & Employment Law:

"An HR strategy - how to keep and organize employee files, document, coach, discipline and terminate people... that is fair to the person, follows the law, but also moves at a pace that is reasonable."

Business Development:

"Learning about different business models, and how to consider adding associates vs. partners."

Technology & Workflow:

"How to incorporate technology to streamline processes, reduce workload for MOAs and physicians."

Financial Benchmarks:

"Please make some financial benchmarks (e.g. like in dentistry) so we know how to maintain a viable business."

Succession Planning: "How to downsize a practice to achieve a better work-life balance."

&

"How to motivate junior physicians to take ownership roles."



How interested are you in attending these learning modules?

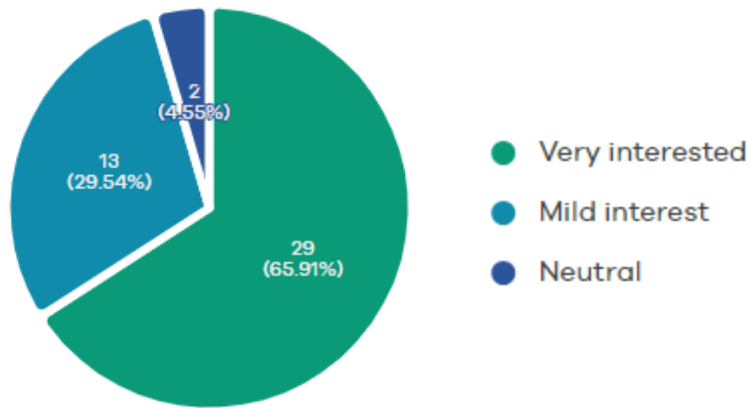


Figure 12: Interest of VDoFP members attending modules.

Who from your clinic management team do you think could benefit outside of yourself in attending these modules to enhance clinic management:

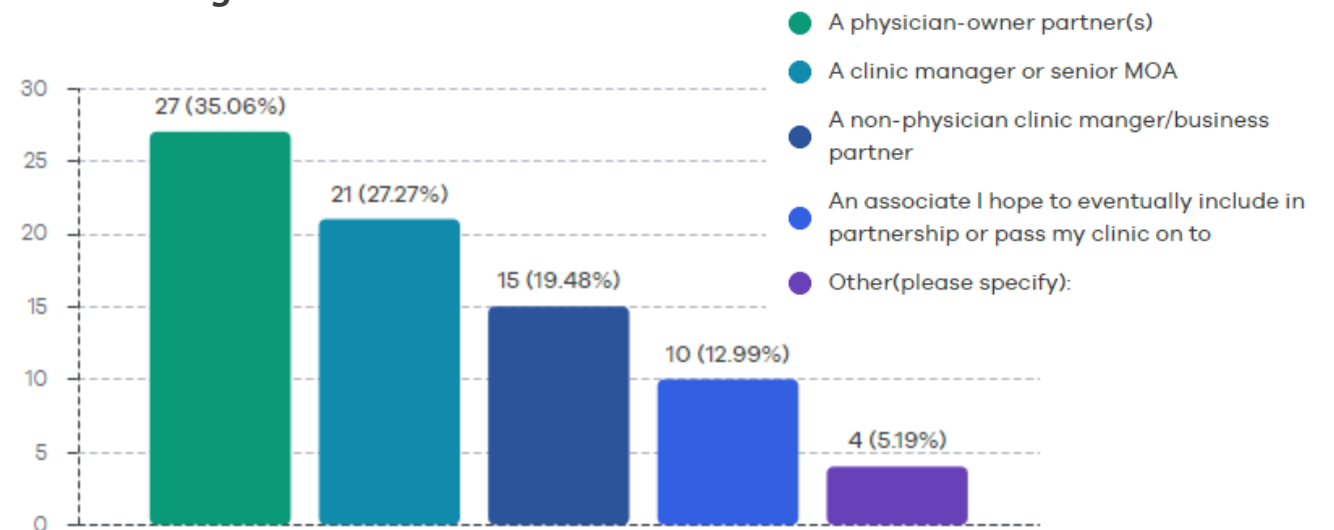


Figure 13: Clinic team members the modules would benefit.



What is one thing, whether a topic discussed, or skill you can take away from these sessions that would increase your interest in attendance?

- *How to encourage the younger generation to be interested in being clinic owners - how to inspire them - how to have a different voice instead of one that says don't bother running a business*
- *Hearing from different clinic owners of their experiences of what works and what doesn't.*
- *I would like be comfortable taking off my MD hat and putting on my owner/administrator hat, telling everyone else to do the same and to 'talk shop' about the business comfortably in a protected environment - no medicine discussed!*
- *I want to hear examples from a clinic (either hypothetical or real).*

Final Thoughts, Comments, Feedback:

- *If you can get this off the ground and have it run in a sustainable, long term manner with sessions being accessible to us after the fact (recorded modules) I think this program could be a game-changer for private clinics. We have to keep this system alive or our provincial health care costs will escalate to the point where it becomes untenable economically.*
- *Well, done on being so proactive on this. We have to solve the problem in terms of locum availability with every practice, receiving a stipend for that in the form of both finance and availability through a well managed possibly virtual locum call service - physicians employed by the service would have access to the EMR of which of practices they were covering in the new era we have, with digital and remote management. The primary care centers could pick up the slack on patients needing to be seen as opposed to over the phone by the locum service.*
- *Overall Looking forward to this education ,as when I had started out -had to do a lot of research on my own ,and some support from Doctors of BC documents available online+ college documents. These modules appears to be of value in enhancing skills + also would be good for any new doctors who come in to build their confidence to start and run clinic etc*