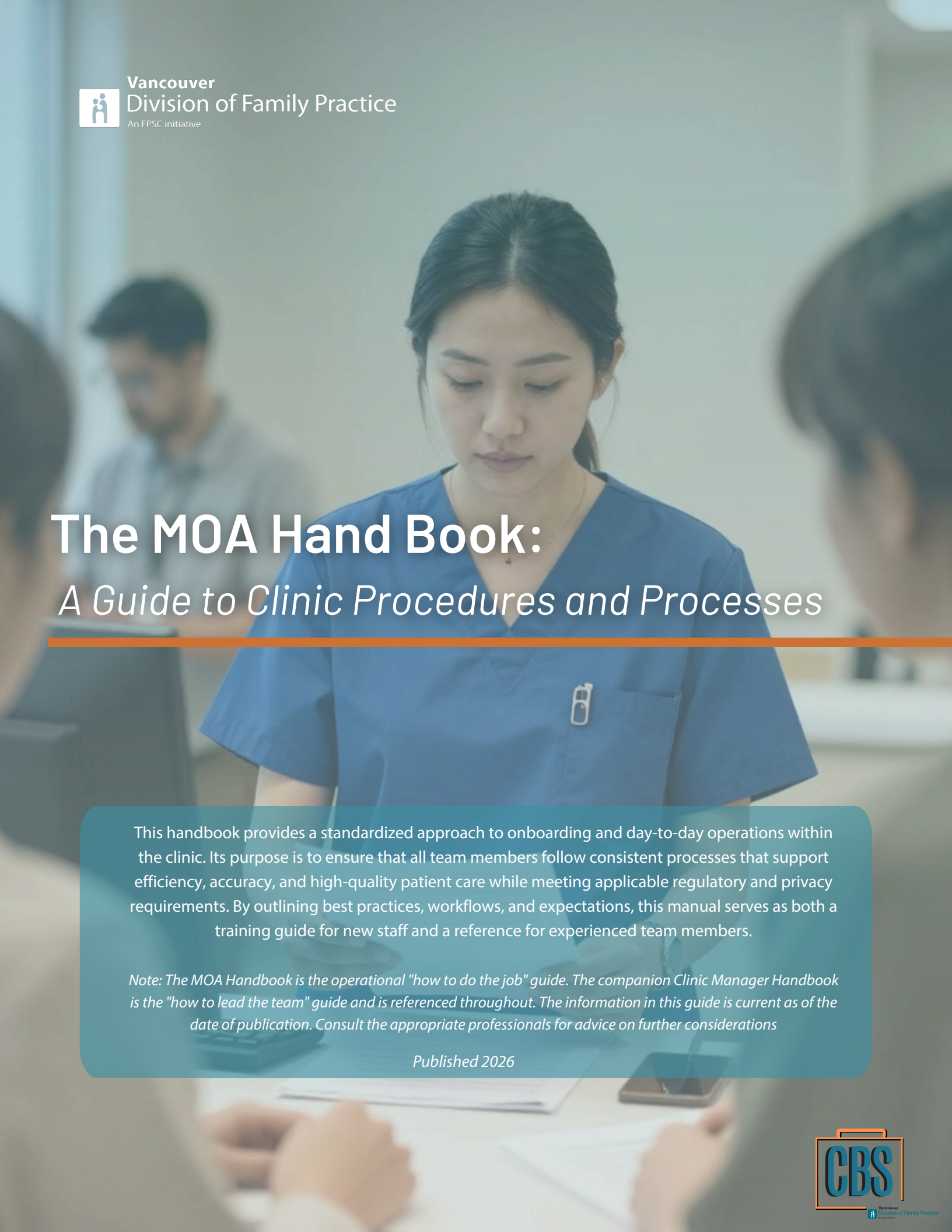
Vancouver
Division of Family Practice
An FPSC initiative



The MOA Hand Book:

A Guide to Clinic Procedures and Processes

This handbook provides a standardized approach to onboarding and day-to-day operations within the clinic. Its purpose is to ensure that all team members follow consistent processes that support efficiency, accuracy, and high-quality patient care while meeting applicable regulatory and privacy requirements. By outlining best practices, workflows, and expectations, this manual serves as both a training guide for new staff and a reference for experienced team members.

Note: The MOA Handbook is the operational "how to do the job" guide. The companion Clinic Manager Handbook is the "how to lead the team" guide and is referenced throughout. The information in this guide is current as of the date of publication. Consult the appropriate professionals for advice on further considerations

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Vancouver Division of Family Practice

Since our beginning in 2010, the Vancouver Division has grown to become a leader and facilitator of primary care, working to create an engaged physician community and a collaborative healthcare system in Vancouver. We are a not-for-profit society funded by the Government of BC and Doctors of BC, and work in partnership with the BC Ministry of Health, Vancouver Coastal Health, Providence Health Care, and other community organizations.

For the past 10 years, the Vancouver Division has grown and developed to lead, adapt, and respond to the needs of our community and healthcare system. As a member-driven organization our mandate has remained the same, to support and advocate for FPs.

As the largest division in the province, we represent more than 1,300 family physician members, including more than 1,200 actively practising physicians — accounting for approximately 95% of the locally practising family physicians in Vancouver and 24% of actively practising family physicians across British Columbia.

Our Mission

Vancouver Division will improve the primary care system in Vancouver for the benefit of our patients and members alike.

Our Goal

Building off the rich and diverse ways that FPs provide primary care, the overarching goal of the Vancouver Division is to support our physician members and advocate that they get the necessary tools to look after their patients. We strive to ensure that FPs remain central to system change in this community.

Click here to learn more about the Vancouver Division of Family Practice

General Inquires:

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Introduction: Office Procedures

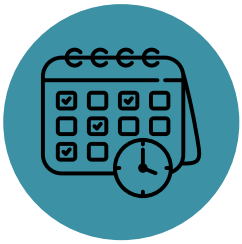
General office procedures form the backbone of a well-run medical office. Established routines support organization, consistency, and high-quality patient care. Clear procedures reduce errors, maintain regulatory compliance, secure clinic operations, and prepare staff to handle any situation. Defined guidelines enable staff to perform tasks confidently and ensure that patients feel well-cared for and respected.

Daily Opening Procedures

Opening procedures prepare equipment and supplies for the day's operations and coordinate staff for an efficient workflow that supports patient care.

Steps

- Unlock the office
  - Arrive 15 minutes before the first scheduled appointment.
  - Turn off the security alarm (if applicable) and unlock all doors.
- Turn on office equipment
  - Power on computers, printers, fax machines, and other necessary devices.
  - Log in to the Electronic Medical Records (EMR) system (e.g., OSCAR, Med Access).
- Check voicemail, email, and faxes
  - Retrieve messages from the previous evening and flag urgent items.
  - Forward messages to the appropriate staff or physicians.
- Prepare for patient appointments
  - Review the day's schedule and note any special instructions or urgent cases.
  - Verify MSP coverage and personal information for new and returning patients, updating records as needed.
  - Prepare examination rooms by restocking medical supplies, sanitizing surfaces, and ensuring instruments are ready.
  - Print consent forms, intake forms, or other paperwork required for specific appointments.
  - Coordinate with healthcare providers to relay important information about the day's appointments.



Daily Opening Procedures (cont.)

- Sanitize workstations and waiting area
  - Wipe down common areas, reception desks, and examination rooms.
  - Sanitize the patient waiting area.
  - Ensure masks, hand sanitizers, and disinfectant wipes are available.

Daily Closing Procedures

Closing procedures wrap up the day by updating patient records, cleaning and storing equipment, and preparing the clinic for a smooth start the next day, while ensuring the premises are secure and compliant with regulations.

Steps

- Check for pending tasks
  - Confirm that all patient calls have been returned.
  - Ensure that all documentation is completed in the EMR.
- Secure patient records
  - Log out of the EMR and shut down computers.
  - Lock file cabinets that contain confidential information.
- Prepare for the next day
  - Review the next day's schedule.
  - Restock supplies and ensure cleanliness.
- Turn off equipment and lights
  - Shut down computers, printers, and other office equipment.
  - Turn off all lights and appliances.
- Lock the office
  - Lock all doors and windows.
  - Set the security alarm before leaving.

General Office Procedures

Managing office supplies and equipment

Effective supply and equipment management supports smooth operations and a comfortable experience for staff and patients. It ensures the availability of appropriate medical tools, office materials, and equipment so that physicians and staff can perform their work efficiently without delay.

- Inventory management
  - Track office and medical supplies using an inventory list (Excel or Word document).
  - Conduct a weekly or bi-weekly supply check.
- Ordering supplies
  - Notify the supervisor or designated staff when supplies are running low.
  - Place orders through approved vendors following clinic protocols.
- Equipment maintenance
  - Clean and sterilize equipment according to established guidelines.
  - Report malfunctioning equipment to the manager immediately.
  - Schedule routine maintenance for printers, scanners, and medical devices.

Handling incoming and outgoing mail

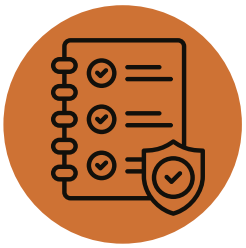
Standardized mail handling ensures that communications are processed quickly and accurately so that patients, healthcare providers, and other contacts receive information on time.

- Incoming mail
  - Collect mail daily and distribute it to the appropriate recipient.
  - Open and sort mail according to clinic protocol.
  - Scan important documents (e.g., specialist consultations, lab results) into the EMR.
- Outgoing mail
  - Prepare outgoing letters, invoices, or patient documents.
  - Apply correct postage.
  - Drop off outgoing mail at the designated mailbox or postal service.

Policies and procedure manuals

Reviewing policies and maintaining access to procedure manuals supports the accurate performance of tasks such as patient check-ins, scheduling, billing, and safeguarding patient information. Familiarity with clinic policies reduces errors and supports regulatory compliance.

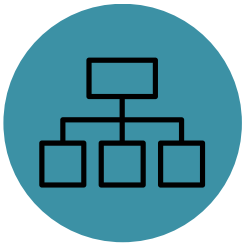
- Policy manual access
  - Keep a copy of the office policy and procedure manual at the workstation.
  - Maintain working knowledge of privacy legislation (BC's Personal Information Protection Act (PIPA) and the federal Personal Information Protection and Electronic Documents Act (PIPEDA)) and workplace policies.
- Training and compliance
  - Complete mandatory training in areas such as sterilization, infection control, Workplace Hazardous Materials Information System (WHMIS), MSP billing, and patient privacy.
  - Remain current with any policy changes.



Key contacts and the organizational chart

A maintained contact list and organizational chart provide a clear reference for communication and reporting within the clinic.

- Maintain a list of key contacts
  - Keep a directory of physicians, specialists, labs, health authorities, and emergency contacts.
  - Update the contact list regularly.
- Review the organizational chart
  - Understand reporting structures within the clinic.
  - Identify the appropriate contact for specific issues (e.g., IT support, manager, MSP billing inquiries).



Patient Management

Effective patient management supports efficient clinical operations, patient satisfaction, and healthcare outcomes. Core activities include scheduling appointments, maintaining accurate medical records, and ensuring clear communication between patients and healthcare providers. Managing these tasks well reduces wait times, minimizes errors, and creates a structured environment that enhances both patient care and operational efficiency.

Standard operating procedures for scheduling appointments

A consistent scheduling process supports efficient, accurate, and patient-friendly bookings, optimizes provider availability, and minimizes miscommunication and disruption.

- Gather patient information
  - Confirm patient details before scheduling (name, date of birth, contact information, reason for visit).

> **Example:** When calling a patient to book an appointment, verify and update details before proceeding.

- Determine appointment type and duration
  - Assign appropriate time slots based on visit type (e.g., routine check-up, follow-up, clinical procedure).

> **Example:** A patient with flu symptoms may need a 15-minute slot, while a new patient consultation may require 30 minutes.

- Check insurance and eligibility
  - Confirm patient coverage before the visit to reduce billing issues.

> **Example:** Check MSP coverage for eligibility while both scheduling appointments and checking in patients.

- Offer appointment options and confirm
  - Provide flexibility for the patient while making efficient use of the physician's time.

> **Example:** "Dr. Smith is available at 10:00 AM or 2:30 PM. Which time works best for you?"

- Send appointment reminders
  - Reduce no-shows and last-minute cancellations through reminders.

> **Example:** Send automated reminders 72 and 48 hours before the appointment.

- Manage cancellations and rescheduling
  - Ensure smooth transitions for cancelled or rescheduled appointments without double-booking.

> **Example:** When a patient cancels, prioritize urgent cases on the waitlist first.

Patient check-in and check-out

A consistent check-in and check-out process creates an organized and welcoming patient flow, ensuring that documentation, payments, and follow-up steps are completed efficiently.

Check-in process

- Greet patients and confirm identity
  - Use a warm greeting and verify identification before checking the patient in.

> **Example:** "Good morning, Mr. Johnson! How are you today? Can I see your health card or ID for verification?"

- Verify and update records
  - Maintain accurate medical and contact information.

> **Example:** Update a changed address or phone number in the system before proceeding.

- Collect required forms and signatures
  - Ensure legal compliance and up-to-date documentation.

> **Example:** New patients complete a PIPEDA consent form and medical history questionnaire.

- Direct the patient to the waiting area
  - Maintain orderly patient flow and timely provider access.

> **Example:** "Please take a seat, and the doctor will call you shortly."

Check-out process

- Confirm completion of services
  - Ensure that necessary tests, prescriptions, and referrals are addressed.

> **Example:** Provide the patient with a printed prescription and/or lab order before they leave.
>
> 

- Schedule follow-up appointments
  - Book follow-up appointments at check-out to prevent gaps in care.

> **Example:** "Dr. Smith would like to see you again in six weeks. Let's find a convenient date for you."
>
> 

Managing patient records and confidentiality

Records management procedures support the accuracy, security, and accessibility of patient information while maintaining compliance with privacy regulations, including BC PIPA and PIPEDA.

- Create and maintain accurate records
  - Document patient details, medical history, and visit notes correctly.

> **Example:** Ensure that the patient file is electronically updated with the provider's notes after each visit.
>
> 

- Maintain confidentiality and BC PIPA/PIPEDA compliance
  - Protect patient information from unauthorized access.

> **Example:** Staff should not discuss patient details in public areas or leave charts unattended.
>
> 

- Manage records requests properly
  - Release records only with appropriate consent.

> **Example:** If a patient requests their records, they must complete a signed authorization form before records are provided. Records must be provided within 30 days of receiving a request.
>
> 

- Securely store and dispose of records
  - Prevent unauthorized access and comply with retention policies.

> **Example:** Example: Old paper records can be shredded after the legally required retention period.
>
> 

Communication Protocols

Effective communication is essential when interacting with patients, healthcare providers, and staff. Communication should be professional and courteous, patient identity must be verified before sensitive information is discussed, and privacy regulations must be observed. Urgent patient matters require prompt escalation to the appropriate healthcare provider. Internal communication should be clear and documented in the electronic health records (EHR), by email, or by phone as appropriate. Standardized protocols maintain accuracy, confidentiality, and professionalism in all interactions.

Phone and email etiquette

Phone and email standards ensure that all communications are professional, clear, and PIPEDA-compliant while maintaining confidentiality and providing efficient service.

Phone etiquette

- **Answering calls professionally**
  - Answer within three rings when available.
  - Use a polite greeting: *"Good morning, [clinic name]; this is [name]. How may I assist you?"*
  - Speak clearly, avoid jargon, and maintain a calm, reassuring tone.
- **Transferring calls**
  - Inform the caller before transferring: "Let me transfer you to the appropriate person. Please hold for a moment."
  - Stay on the line until the transfer is complete.
- **Taking messages**
  - Record the caller's name, phone number, and reason for calling.
  - Repeat information for accuracy: "*To confirm, you're calling about an appointment with Dr. Smith on Tuesday at 2 PM?*"
  - Deliver the message promptly to the appropriate person.
- **Managing difficult callers**
  - Slow down and listen actively to the caller's concerns.
  - Remain calm, professional, and empathetic: "*I understand the concern. Let me see how I can assist.*"
  - Escalate the call to a manager or physician when necessary.

Email etiquette

- **Writing professional emails**
  - Use a clear subject line. Example: "Appointment Confirmation – Dr. Smith – March 5 at 2 PM."
  - Address the recipient formally (e.g., "Dear Mr. Johnson").
  - Keep emails concise and structured; use bullet points where appropriate.
- **Confidentiality and PIPEDA compliance**
  - Do not include personal health information unless encrypted and approved for email communication.
  - Use disclaimers: "This email contains confidential information intended for the recipient only."
- **Responding promptly**
  - Reply within one business day.
  - When more time is needed, send an acknowledgement: "We are reviewing your request and will get back to you shortly."

Internal and external communications

These guidelines maintain consistency, professionalism, and confidentiality in both internal (within the clinic) and external (patients, insurance providers, vendors) communications.

Internal communication

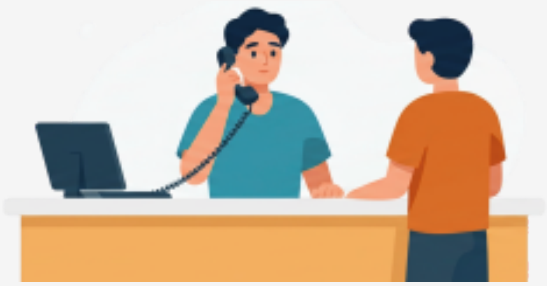
- **Team coordination**
  - Use respectful, concise language in verbal and written communication.
  - Confirm understanding to avoid errors. Example: "Just to clarify, you need me to send the referral to Mrs. Adams today?"
- **Meetings and documentation**
  - Keep meeting notes and share key takeaways with relevant staff.
  - Document all significant patient interactions in the system for reference.

Internal communication (cont.)

- **Use of messaging systems**
  - Use approved platforms (e.g., EMR notes, OSCAR messages, Microsoft Teams) for clinic communication.
  - Keep messages professional and patient-focused.
  - Avoid personal texting for clinic matters.

External communication

- **Communicating with patients**
  - Use a polite and reassuring tone in person and over the phone.
  - Provide clear instructions regarding appointments, billing, and medical procedures.
- **Interacting with vendors and insurance providers**
  - Be professional and organized when discussing billing, authorizations, or supply orders.
  - Maintain confidentiality in all external interactions.



Handling Patient Inquiries and Complaints

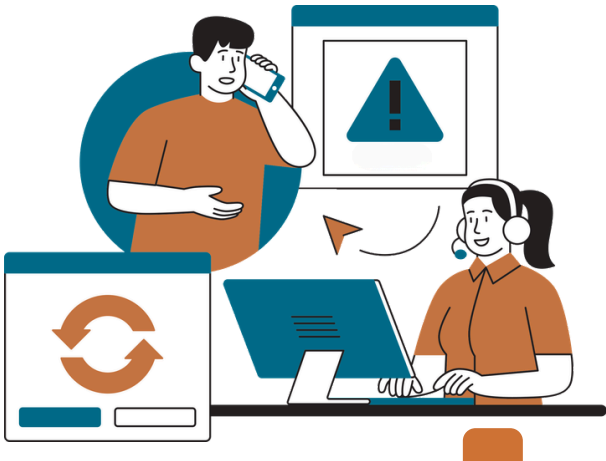
These procedures support efficient and compassionate handling of patient concerns while maintaining professionalism and adhering to clinic policies.

General inquiries

- Listen actively and confirm understanding: "You're requesting a prescription refill. Let me check your records."
- Provide accurate information or escalate the inquiry when necessary.
- When an immediate answer is not possible, follow up within the stated timeframe.

Patient complaints

- Remain calm and empathetic
  - Example response: "I'm sorry to hear that you had this experience. Let's see how we can resolve this."
- Gather information
  - Ask open-ended questions to understand the issue fully.
  - Take detailed notes for documentation.
- Provide a resolution or escalate
  - Resolve minor issues immediately (e.g., rescheduling an appointment or arranging a prescription refill).
  - Escalate complex or unresolved complaints to a supervisor or manager.
- Follow up
  - When a resolution takes time, provide updates: "We are reviewing your concern and will get back to you within 24 hours."
- Document everything
  - Log all complaints and resolutions in the system for record-keeping.



Billing and Financial Procedures

Accurate and efficient billing supports steady cash flow, financial stability, and a reduction in errors and disputes. Consistent procedures form the backbone of a well-organized medical clinic and enable seamless operations and high-quality patient care.

For comprehensive billing reference materials, including simplified billing guides and libraries, consult the BC Family Doctors website.

Processing payments and insurance claims

These procedures establish a standardized, transparent process for handling patient payments and insurance claims, supporting accurate billing, timely MSP claim submission, and compliance with healthcare regulations.

Patient registration

- Verify patient information, including personal details, MSP coverage, and eligibility.
- Keep patient records in the EMR system accurate and up to date.

Service documentation

- Document services provided with dates, service codes, and descriptions.
- Review documentation for accuracy before submission.

Claim submission

- Submit claims electronically through the MSP Teleplan system.
- Apply the correct codes for services and procedures.
- Confirm that claims are successfully transmitted and acknowledged by MSP.

Payment reconciliation

- Monitor remittance statements to verify payments and identify discrepancies.
- Reconcile payments received against submitted claims.

Follow-up

- Address rejected or denied claims, correct errors, and resubmit when necessary.
- Keep patients informed about payment status and any balances owing.

Managing financial records

These guidelines support financial transparency, compliance with legal and regulatory requirements, and effective financial decision-making, while safeguarding patient confidentiality and clinic resources.

- Patient financial records
  - Maintain comprehensive financial records for each patient.
  - Update records in real time and store them securely.
- Confidentiality
  - Protect patient financial information in accordance with provincial privacy regulations.
  - Limit access to financial records to authorized personnel.
- Financial reporting
  - Generate and review monthly reports tracking income, expenses, and outstanding payments.
  - Identify and address discrepancies promptly.

Billing inquiries and disputes

These procedures address patient concerns professionally and support prompt resolution, accurate communication, and patient satisfaction, fostering trust and transparency in financial transactions.

Billing inquiries

- Customer service
  - Provide clear, accurate billing information, including invoices.
  - Address inquiries promptly and courteously.
- Information access
  - Make billing information easily accessible to patients.
  - Ensure transparency in billing practices.

Billing disputes

- Investigation
  - Investigate disputes thoroughly and review relevant records.
  - Communicate with the patient to understand the dispute and gather information.
- Resolution
  - Resolve disputes fairly and promptly, offering options such as payment plans where appropriate.
  - Document all steps taken to resolve the dispute.
- Follow-up
  - Confirm with the patient that the concern has been addressed.
  - Implement changes to prevent similar issues in the future.

Following these procedures supports smooth billing operations, accurate financial records, and effective handling of patient inquiries and disputes. The Medical Office Assistant Billing Guide provides additional support for MSP billing issues.

Emergency Procedures

In the event of an emergency, all staff must remain calm and follow established protocols to ensure patient and staff safety. Regular emergency drills support preparedness.

Medical Emergencies

These protocols ensure immediate, appropriate, and efficient responses to medical emergencies, prioritizing patient safety and supporting coordination with healthcare providers and emergency responders.

Recognizing common medical emergencies

- **Cardiac arrest:** patient collapses, is unresponsive, and is not breathing.
- **Severe allergic reaction (anaphylaxis):** difficulty breathing, swelling, hives.
- **Seizures:** uncontrolled movements, loss of consciousness.
- **Stroke symptoms:** sudden weakness, facial drooping, slurred speech.

Immediate actions

- Stay calm and assess the situation. Is the patient breathing? Conscious?
- Call for help immediately. Notify the physician or nurse on duty.
- Call 911 when necessary and provide:
  - Location: "[Clinic name], [address]."
  - Patient details: "65-year-old male experiencing chest pain and shortness of breath."
  - Symptoms and medical history, where known.
- Begin first aid or CPR if trained while waiting for emergency services.
- Locate emergency equipment: AED, oxygen tanks, EpiPens, or first aid supplies.

Fire safety and evacuation

Fire safety procedures support the safe and efficient evacuation of all staff and patients during a fire or other emergency, while minimizing risk.

Fire prevention and awareness

- Keep fire exits clear at all times.
- Do not overload electrical outlets or use damaged wires.
- Know the locations of fire extinguishers and alarms.

Responding to a fire (R.A.C.E. protocol)

- **Rescue:** assist anyone in immediate danger when safe to do so.
- **Alarm:** activate the nearest fire alarm and call 911.
- **Contain**: close doors and windows to prevent the fire from spreading.
- **Extinguish or evacuate:** use a fire extinguisher if trained and safe; otherwise, evacuate.

Evacuation procedures

- Follow the clinic's evacuation plan and direct patients to the nearest safe exit.
- Do not use elevators; use stairs instead.
- Guide patients with mobility challenges to designated safety areas.
- Conduct a head count at the assembly point to confirm all individuals are accounted for.

For comprehensive emergency preparedness information aligned with WorkSafeBC requirements, consult the SWITCH BC Emergency Preparedness Plan and Response modules.

Reporting and handling workplace accidents

These procedures ensure that workplace accidents are properly reported, documented, and addressed in compliance with workplace safety regulations.

Immediate response

- Assess the injury
  - Minor injuries (e.g., small cuts, bruises): provide first aid.
  - Severe injuries (e.g., falls, head injuries): call 911 when necessary.
- Secure the area to prevent further incidents.
- Assist the injured person while awaiting medical evaluation.

Incident reporting and documentation

- Complete an incident report immediately, including:
  - Date, time, and location of the accident.
  - Description of what happened.
  - Witness statements, where applicable.
  - Actions taken and response measures.
- Notify the appropriate supervisor or manager for further investigation.
- Follow up with the injured party to confirm that proper medical care has been received.

For detailed health and safety information, resources, and forms, and to understand roles and responsibilities under the Workers Compensation Act and the Occupational Health and Safety Regulation, consult SWITCH BC.

Reporting and handling workplace violence

The SWITCH BC Violence Prevention module and MOA Patient De-Escalation Tools provide a framework for developing violence prevention policies and responding to situations involving violence or threatening behaviour.

The HEARD+D Tool

- **Hear:** listen actively and model calmness.
- **Empathize:** acknowledge and validate the individual's feelings and experiences.
- **Assess:** assess the situation and personal emotional state; recognize biases and ask for help when needed.
- **Resolve:** provide information and offer solutions.
- **Defuse**: set clear boundaries and protect personal safety.
- **Document:** notify the manager and chart the incident.

Clinic Technology and Cybersecurity

Clinics rely on secure digital tools to manage patient information, coordinate care, and support efficient workflows. MOAs play a key role in protecting sensitive data while using systems that store or transmit patient information. Strong cybersecurity practices are essential for patient safety, privacy, and compliance with clinic policies. For more comprehensive information on managing your clinic's security refer to the Physician Office IT Security Guide and Doctors of BC Guide to Enhancing Your Clinic's Security

Secure access and daily use

- Always log in using unique credentials and never share usernames or passwords.
- Log out or lock the workstation when stepping away, even briefly.
    - These are a few commonly used templates but to ensure you are meeting PIPA obligations explore the full Doctors of BC Privacy Toolkit and CMPA Risk Management Toolbox.

Password management

- Create strong passwords with a mix of letters, numbers, and symbols (at least 12 characters).
- Avoid personal information (e.g., birthdays, names).
- Use a different password for each system.
- Change passwords regularly and immediately when compromise is suspected.
- Enable multi-factor authentication (MFA) where available.

Recognizing phishing attempts

Cyber threats often arrive as emails or messages designed to elicit sensitive information.

- Watch for:
    - Unexpected emails requesting login details or urgent action.
    - Misspellings, unusual sender addresses, or suspicious links.
    - Unexpected attachments.
- When uncertain:
    - Do not click links or download attachments.
    - Verify the request with the sender through a trusted method (e.g., phone call).
    - Report the message according to clinic policy or to a supervisor.

Responding to a suspected data breach

A data breach may involve lost devices, unauthorized access, or accidental disclosure of patient information.

- When a breach is suspected:
  - Act immediately; do not ignore the issue.
  - Notify the supervisor or clinic manager without delay.
  - Disconnect affected devices from the network if instructed.
  - Document what happened (time, system, type of information involved).
  - Follow clinic protocols for reporting and containment.

Prompt action reduces risk and supports compliance with legal and privacy obligations.

Accessing provincial systems

MOAs frequently access provincial systems that support the delivery of primary care. Common examples include:

- **Pathways BC:** an online directory of BC healthcare providers, services, and clinical resources. It supports referrals by providing wait times, virtual care services information, and details on conditions or procedures that consultants accept. Pathways BC also provides secure provider to provider messaging.
- **CareConnect:** a secure, view-only Electronic Health Record that provides authorized care providers with access to encounters, provincial and community lab results, diagnostic imaging, clinical documents from both non health authority and health authority sources, and provincial immunization records for patients within BC.
- **PharmaNet:** an optional integration with CareConnect that provides a more complete consolidated patient record, including medications dispensed from BC community pharmacies over the past 14 months, the prescribing physician and more.

For support accessing provincial systems or enhancing clinic cybersecurity, contact the Vancouver Division.

Pathways
www.pathwaysbc.ca

CareConnect

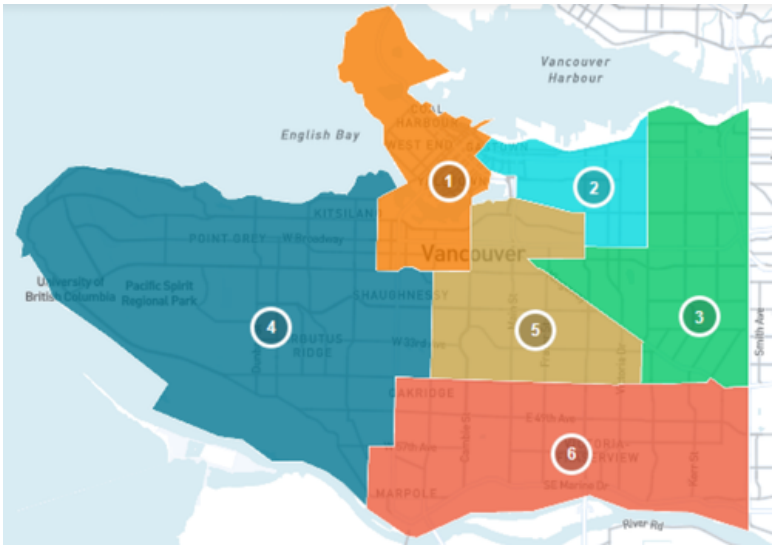
Patient Medical Home and Primary Care Networks

The Vancouver Division of Family Practice provides education and resources to support MOAs working within the Patient Medical Home (PMH) and Primary Care Network (PCN) models of care. Strengthening skills in clinic operations, patient flow management, and quality improvement enables MOAs to support coordinated, patient-centred care. Education, technology integration, and workflow optimization also help mitigate burnout while improving practice efficiency and patient outcomes.

Overview of PCNs and PMHs

A Primary Care Network (PCN) is a clinical network of providers, including family doctors, nurses, and allied health professionals, working together within a defined geographic area to improve access to care and better support A Primary Care Network (PCN) is a clinical network of providers, including family doctors, nurses, and allied health professionals, working together within a defined geographic area to improve access to care and better support patients. PCNs are designed to wrap services around patients and introduce more integrated, team-based care into primary care in the community. For MOAs, this typically means working in a more team-based environment where coordination, communication, and patient navigation are central to the role, including connecting patients with additional services such as the PCN Interprofessional Team.

A Patient Medical Home (PMH) is a family practice clinic that provides longitudinal primary care. Many clinics within PCNs operate as PMHs, where care is delivered through a team-based model. In these settings, MOAs work closely with a broader care team, including nurse practitioners, registered nurses, and allied health professionals, and play an important role in managing patient flow, supporting continuity of care, and helping patients access the right services at the right time.



Accessing PCN and PMH support

- Community Network Managers (CNMs)
  - The first point of contact for information or support regarding PCNs and PMHs.
  - CNMs facilitate access to PCN resources (e.g., the Interprofessional Team or PCN RNs), provide team-based care resources, and connect clinics to other Divisions and broader services.

- Additional resources and printable materials
  - Integrated System of Care – Patient Medical Home and Primary Care Networks Video
  - PMH and PCN: The Big Picture
  - Patient Medical Homes
  - Primary Care Networks
  - PMH and PCN: The Difference

For questions about PCN supports and how they can support the clinic, contact your CNM.

Vancouver MOA Network

The Vancouver MOA Network is a dedicated space where MOAs and Clinic Managers can connect, collaborate, and access essential resources. Network members have access to programs and supports developed to meet their needs.

MOA Network supports

- **MOA Webpage:** a platform for resources relevant to clinic staff, including patient-facing materials and guides for navigating provincial platforms.
- **Quarterly Newsletters:** updates on the latest news and developments for MOAs.
- **Annual MOA Events:** in-person events celebrating yearly successes and providing opportunities to network with clinic staff across Vancouver.
- **MOA Peer Platform WhatsApp Group:** an interactive space for peers to connect, collaborate, ask questions, and share resources.
- **Education sessions:** a series of sessions on topics identified by clinic staff as priorities for additional support, with opportunities to engage with subject matter experts.

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Thank You