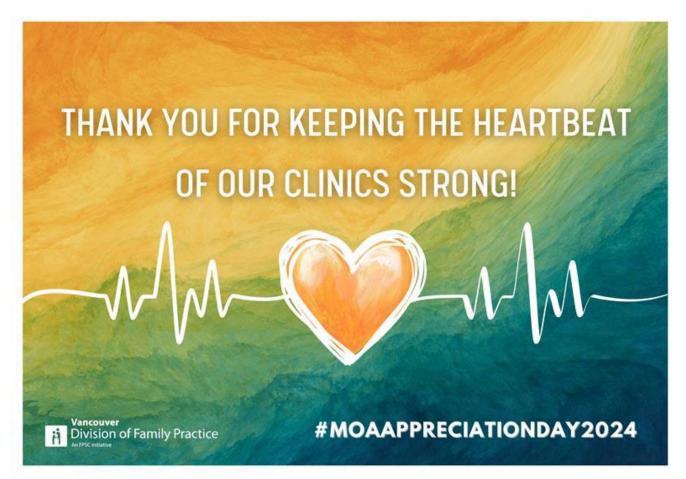# MOA Reference Group Summary Report

Date: November 12, 2024

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Background

Medical Office Assistants & Clinic Managers play a key role in Patient Medical Homes to support staff, prioritize tasks, manage workflows and clinic operations, and care for patients. Engaging MOAs has been identified as an key priority as the Vancouver Division supports clinics on a day-to-day basis and manages change through the development of Primary Care Networks (PCNs). In this summary report, I will use the term "MOAs" to refer collectively to both Medical Office Assistants and Clinic Managers.

After receiving results from the 2023 MOA Day Survey, the Primary Care Networks (PCN) Team and Clinic Business Solutions (CBS) Team collaborated to build an MOA Engagement Strategy, with goals to develop a more robust MOA Program and engagement pathway at the Vancouver Division. One of the first parts of the strategy that was rolled out was to implement an MOA working group.

How we engaged

In March of 2024 we selected 6 MOAs and Clinic Managers to be part of our MOA Reference Group. We conducted 8 interviews and selected 6 final participants. The selection process was based on MOAs who had completed the 2023 MOA Day Survey, and CNMs who had identified potential candidates.

We met monthly with the MOA Reference Group over 6 months between the early summer and fall of 2024.

We identified five key areas from the MOA Day Survey that we needed to explore, to further support the development of this work with the help of our MOA Reference Group. To address these effectively, we also collaborated with other Teams including, the Recruitment and Retention (R&R) Team and the Patient Attachment Initiative (PAI) Team to build out our content.

1) MOA Networking
The MOA Champions discussed their personal experiences and what they know about other clinics. We found out that some clinics host regular meetings, birthday celebrations and various other events that involve all staff & providers to create a good team environment. As shown in the MOA Day survey, this team involvement boosts job satisfaction and enhances collaboration. The group highlighted that there is not much awareness of what other clinics do and it would be good to be connected to the wider community, so ideas can be shared. The CBS team went on to discuss different platforms we could use.

Currently, Slack amongst other platforms is not widely recognized, so the group decided it may be more effective to begin community building on a more familiar platform like WhatsApp. This is something they will pilot and once the community grows, we may need to look at our options to better assist the need.

2) MOA Newsletters & Web Page
Monthly newsletters through an MOA lens, is something the MOA Champions seemed very

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interested in. Currently, communications predominantly target physicians, and sometimes this information doesn't get to MOAs and it can be overwhelming to seek information from multiple sources.

Creating a centralized landing page to store resources and past newsletters would also provide a comprehensive information hub. There was also a discussion on utilizing various social media platforms to help engage a wider audience.

3) MOA Recruitment

This session highlighted the need for increased advertising and diverse job postings. The main sources for MOA candidates seem to be schools and colleges, with LinkedIn providing more qualified applicants than Indeed, which requires more filtering. To become an MOA you need more than just the resume and healthcare experience, but it's also about personality fit, and communication skills.

We also heard that it is important to provide cross-training programs, which enhance staff flexibility and engagement, as well as creating clinic manuals to support new hires. Best practices for retention involve incentivizing further education, fostering collaboration between providers and MOAs, and recognizing the contributions of MOAs.

"Recognition is huge for retention."

4) Primary Care Networks & the Interprofessional Teams

We learned that MOA involvement in the Interprofessional Teams (IPT) varies across clinics, and a clearer understanding of the IPT program and the MOA's role in the referral process would help clinic managers optimize workflows. We also heard that both the providers and clinic staff don't often have time to read through multipage guides or info sheets. Therefore, it would be best to have short 1-pagers and easy to read materials that providers and MOAs can review.

For patients, and specifically elderly patients, they may also not be as comfortable setting up virtual appointments but also due to mobility issues may not be able to attend in-person appointments. The MOA champions suggested having guides or instructions on how to set up for a virtual appointment that patients can take home.

5) Provincial Attachment System (PAS) and Patient Attachment

Overall, there was positive feedback about the ongoing PAS tech support and the webinars for those MOAs who had attended, although workflows for accessing PAS do need to be simplified as it is not intuitive to use right now especially on the physician side.

There was some apprehension about having clinics committing to take patients through the Health Connect Registry and what their obligation was once attached, as the individual profiles do not hold much patient data.

We also heard that clinics do still have their own internal waitlists and therefore choose not to use HCR. Other

"Really happy that there's support being developed for MOAs"

communities have merged these clinic waitlists into HCR so this is also possible for us to support with.

Key feedback & takeaways from MOA Reference Group Input:

- MOA Champions have advocated for MOA **networking** amongst peers in the community.
- They have highlighted the need for a centralized landing page and newsletters tailored for MOAs to streamline **communications**.
- It is important to incentivize MOAs and provide training, and ongoing education opportunities to aid **retention.**

Evaluation

We received very positive qualitative and quantitative data on our evaluation of the reference group.

- **100%** of respondents said that they felt engaged in the working group.
- **100%** said their views were respected and listened to.
- **100%** understood the role of the working group and felt supported.

"Thank you for your support, I am thankful to get this opportunity"

What are we doing next?

On November 5th, with the help of our MOA Reference Group we organized and hosted a successful MOA Networking Event. 85 MOAs and Clinic Managers attended. The event led to connection, allowed us to gather valuable feedback and helped us to expand the MOA network to over 100 members. This event marked an important step in shaping our future initiatives to better support and connect MOAs.

"I would love this group to continue with work and will be more than flattered to continue participating

Looking ahead, we are focusing on strengthening communication and professional development within the MOA community. Plans include creating a newsletter, developing a centralized platform for resources, enhancing peer support, and exploring opportunities for education and skill development through partnerships. These efforts aim to foster collaboration and provide tools that support MOAs in their roles. We will continue to work with our MOA Reference Group to support ongoing engagement as we grow the program.

We want to sincerely thank the MOA Reference Group for guiding us, for their passion in supporting connection and collaboration in Vancouver.

Thanks to our MOA Reference Group for their continued support

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