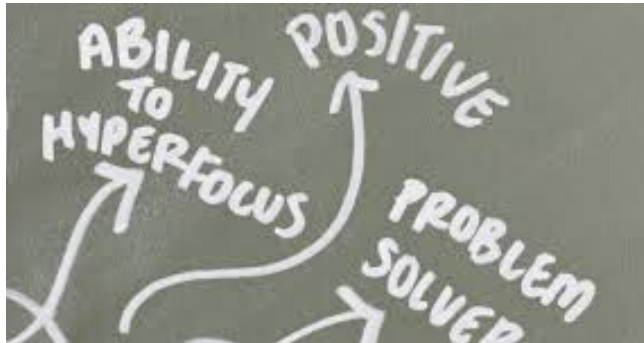


MOA QUARTERLY NEWSLETTER



Positive
interactions

Positive
outcomes

THE UNSUNG HEROES OF HEALTHCARE

BY DR. OONA HAYES, MD'S CORNER HDC

Dr. Hayes is working on a project about increasing the “joy in work” of Medical Office Assistant (MOA) as part of her Physician Quality Improvement (PQI) level 3 training. MOAs play a vital role in primary care provision, and they experience the storm of the primary care crisis along with the rest of us. She knows clinicians reading this appreciate the value MOAs bring to their teams. She is devoting this instalment of the Health Data Coalition MD Corner series to the value of the MOA in the primary care team.

MOAs are the first point of contact for patients; as such, they set the tone for the patient experience. Remember that people seeking health care are often vulnerable, “on edge,” and sometimes express themselves in challenging ways. Multiple times a day, MOAs guide patients through triage, information exchange (e.g., appointment reminders, updates from care team members), and interact with other offices (e.g., medical, educational, insurance, police, pharmacies) and the care team. Their role is like that of air-traffic controllers, who balance multiple competing priorities while making decisions on the fly. MOAs relay an impressive amount of information, all while witnessing and managing a range of human experiences. Recruitment and retention of MOAs is a challenge in many primary care practices, and training new staff adds pressure to an already stressful job.

When I asked my MOA about her days, she said she is in crisis air-traffic controller mode every day, frustrated that she can't do her other tasks. She wants time to balance her roles and communicate with the rest of the team. Crisis mode is not sustainable, and she has insights about patients and team function that could help transform how our team delivers care. She's excited to partner on this project. We aim to reduce her daily phone time to increase her task completion and allow her to liaise with the rest of the care team. We want to mitigate tedious, low-value work and increase work which improves the quality of care (promoting accessible, effective, efficient and equitable care). The PQI program supports non-clinician staff, such as MOAs, to learn about QI through an online course or by attending a seminar.

I suspect most MOAs have ideas on how teams can adapt their work to meet patient needs and improve care delivery to the practice population. MOAs can help with patient panel management and participate in proactive patient recalls. Part of this work is deciding what conditions to prioritize and whom to recall. The HDC Discover platform can provide MOAs with valuable data about your practice's proactive care and chronic disease management compared to others in the community and province. For example, the data may show that the practice is doing a great job at recalling people for cervical cancer screening but has low numbers of people with diabetes coming in for care. Physicians and teams who choose to invest in panel management have multiple financial and practical supports to do this work.

One of the truisms about quality improvement is that it's a team sport.

MOAs are valuable team members, and I encourage all providers to nurture the relationships with their MOAs and listen to their insights.

The HDC team would love to connect you with tools to help your MOA participate in practice management. Email info@hdcbc.ca if you're interested in getting HDC Discover access for your MOA.



COACH'S CORNER

THOMPSON REGION DIVISION OF FAMILY PRACTICE.

We are a diverse community of family physicians, general practitioners, and nurse practitioners who provide primary care in Kamloops, Barriere, Scotch Creek, Chase, Logan Lake, and Sun Peaks. Our membership also includes retired physicians, medical residents, specialists, and midwives.

We work collaboratively to pursue excellence in family medicine in our region, to improve physician and patient satisfaction and wellness, sustainably and cost-effectively. Join us as we create a model community for the delivery of family medicine and primary health care in British Columbia.

[Read More](#)

[MEET THE TEAM](#)

DOCTORS OF BC

Working together, we make a difference for BC's doctors so that they can make a difference for patients. Our Goals is to promote a social, economic, and political climate in which members can provide British Columbians with the highest standard of health care, while achieving maximum professional satisfaction and fair economic reward . Advocacy – for our doctors, through negotiations, influencing health care system policy, helping doctors navigate professional issues that impact their ability to provide a high standard of care. Serving our doctors by providing them with services, benefits and supports to improve their professional experience and make a positive difference for patients.

[MORE INFO](#)



FPSC

GPSC's new name is the Family Practice Services Committee (FPSC). They work on behalf of doctors to strengthen full-service family practice and patient care in BC.

It is one of four joint collaborative committees that represent a partnership of the government of BC and Doctors of BC. Their mission is to strengthen longitudinal family practice as the foundation of an integrated system of care.

The FPSC supports doctors to take leadership and influence the delivery of primary care in BC by:

- enriching doctor and patient experiences,
- empowering doctors to enhance patient care, and
- contributing to a sustainable health care system.

The FPSC has representation from doctors, Ministry of Health, Doctors of BC, BC Family Doctors (formerly the Society of General Practitioners of BC), and health authorities.

[READ MORE](#)

MOA ACCESS TO DOCTORS OF BC WEBSITE

The Doctors of BC Website contains a lot of useful information. Not all the information is available to the public. However MOAs are granted access to the resource centre! Go to the [login tab](#). The username is **moadoc** and the password is **moa4docs** These are both case sensitive. Once you're logged in you'll find access to the Resource Centre which covers benefit forms, insurance forms, other useful forms, handbooks and guides, billing and audits.

MOA LOUNGE

PODCASTS /WEBINARS/YOUTUBE

10 HEALTHCARE & MEDICAL PODCASTS

Powered by brainlab

CLIMATE CHANGE AND OUR HEALTH

youtube series:

Canadian public health association

WELLNESS 101

youtube

how to improve your overall health



WORD JUMBLE

MY DEAR WATSON, THIS IS WHAT YOU CALL THE PATH THAT FOOD TAKES THROUGH THE BODY.

		M					
	N						

**RLAIATNYME
NALAC**

CLUE: Also called a tract.

© 2016 MedTerm Instructional Design

answer on last page of news letter

EDUCATION OPPORTUNITIES

Panel management training for medical office staff: Applications open
 FPSC is accepting applications for medical office staff to take the Panel Management for Family Practice program through the University of Fraser Valley. Consisting of seven modules with a final quality improvement project implemented in practice, the program provides skills-based panel management training that includes:

- Basics of patient medical homes and primary care networks.
- Empanelment.
- Registry-based care.
- Proactive and preventative care.

The next course runs January 10 to April 18, 2023 (Tuesday evenings) but the application closed December 12.

Check back to apply for the next course!



PHYSICIAN'S ALLEY

NEW AND UPCOMING

NEW PHYSICIAN PAYMENT MODEL

Nov 7th, 2022 The province announced a new payment model that it says will allow for more time with patients and compensate doctors for the work they do outside the examination room.

In partnership with Doctors of BC, we have been advocating for a payment model that reflects what you told us, that family physician compensation needs to:

- Ensure physician autonomy and choice
- Increase family physician compensation
- Value spending time with patients
- Pay for time spent on indirect care and clinical administration
- Recognize the complexity of longitudinal care
- Address rising overhead and business costs

READ MORE



NEW CERVICAL SCREENING

[Read the news bulletin here](#)

A rapid transition to liquid based cytology for Pap tests is underway The Cervical Cancer Screening Laboratory (CCSL) is transitioning all clinics/providers from conventional cytology collection method to liquid based cytology (LBC). This transition began in May 2022, with a focus on highest-volume clinics. This phase is complete and we are now moving to convert all incoming Pap samples to LBC

Questions?

Monday - Friday, 8am - 4pm
(except statutory holidays)

1-877-PHSA-LAB, option 2
(1-877-747-2522)

CCSLClerical@bccancer.bc.ca



PHYSICIANS COMING & GOING



Dr. Rita Chuang (OBGYN) & Dr. Trevor Champagne (Dermatologist)

have opened their practice and are located at #204-595 Columbia Street West. Kamloops, BC V2C 1K7.

Phone number is (236) 218-2330.

fax (250) 434-1328.

Dr Champagne:

Email: erin@cdrinc.org

billing number is 62085

receiving referrals via fax or email

Dr Chuang:

Email is drrchuang.moa@gmail.com.

billing number is J0325

referrals through "Kamloops OBGYN Associates"

Dr. Stephanie Lim has joined the General Surgeons in the Nicola Building 321 Nicola St, Kamloops, BC V2C 6G6

Ph: (250)-828-2848

Fax: (250)-828-2948

Dr. Adeosun has now opened her practice, and has taken over Dr. Malan's Practice, in Tudor Village. Dr. Malan's patient charts remain with Dr Adeosun.

Dr Kevin Zhao has joined Thompson Rivers Otolaryngology (Aug 2022)

Reminder: Check Pathways for updated info!

KAMLOOPS MEDICAL ASSOCIATES

Kamloops Obstetrics and Gynecology

Dr. Erin Adams
Dr. Hilary Baikie
Dr. Rita Chuang
Dr. Michael Hsaio
Dr. Jennifer Kozic
Dr. Paula Lott
Dr. Pamela Sproule
Dr. Mark Treissman

[info](#)

Kamloops Orthopedics

Dr. Derek Butterwick
Dr. David Cruickshank
Dr. Chris Dusik
Dr. Scott Hughes
Dr. Tyler MacGregor
Dr. Ross Outerbridge
Dr. Andrew Porter
Dr. Laura Zeznik

[Info](#)

Kamloops Gastroenterologists

Dr. Twila Burgmann
Dr. Joel Emery
Dr. Muhammad Laghari
Dr. Eugene Lee
Dr. Joshua Nero
Dr. Taralyn Picton

[Info](#)



Kamloops Internal Medicine Associates

Dr. Sigrid Svarta
Dr. Kiley Cindrach
Dr. Dayne Ortved
Dr. Paul Campsall
Dr. Amanda Hak
Dr. Erik Lauder

[Info](#)

Thompson Rivers Otolaryngology

Dr. Cleland,
Dr. Kramer,
Dr. Janusz, Dr. Zhao;
Dr. Davey - Paediatrician
PH: (250)374-1488
FAX: (250)374-1482

PATIENT CHART RETRIEVAL

- Dr. Anders - medrecords
- Dr. Julie Anderson - medrecords
- Dr. Burris - Mail - 1-2030 Van Horne Dr Kamloops BC V1S 1P6
- Dr. Gorman, Peter - Pt to Email: gormanpeter56@gmail.com - w/Full name and current address
- Dr. Haughin - Patient MUST send \$35.00 with the request to 1813 Cathedral Ct Kamloops BC V2E 2A9
- Dr. Howie - Fax request to : 250-376-2282
- Dr. Junkin - Interior Vault Dr. Koochin - medrecords
- Dr. Dick Lewis - Interior Vault
- Dr. Ritenburg - Interior Vault Dr. Simpson - Mail request to
- Dr. Stinson - Fax to RIH (250-314-2354) Dr. Wilson - Mail request to:
Dr. Zsigmond - fax to RIH (250-314-2354)
- Dr. Visser -
- Dr. Wroz - Interior Vault
- Babylon Telus Health - Fax request to 1-604-259-3247 (they will fax individual consults immediately, if a full chart is requested, they will have the patient sign a release prior to sending to you)

Northshore Walk In - Interior Vault
Urgent Care Walk In Clinic - Medrecords

- **INTERIOR VAULT:** PH: 250-372-1897
FAX: 250-372-2019
- **MEDRECORDS:** medrecords.ca
(pt is to go directly to the webpage to request their own charts)

For additional information and to find Physicians' charts, not listed here, contact the College of Physicians and Surgeons.

BILLING BITS

The billing cycle in British Columbia* runs twice monthly and follows this general pattern:

- **cut-off date:** varies every month, but is generally during the first and third week. The official cut-off time is 7:00 p.m. PST. Claims received before cut-off will be assessed and included in the next remittance file posted.
- **remittance posted:** generally within 7-10 days after cut-off, the remittance file is posted. The file is accessible as of 5:00 a.m. PST on the remittance date.
- **payment date:** claims sent in before cut-off will be assessed and paid out within a few days after the remittance file has been posted (usually around the 15th and 30th of the month).

BUT , did you know you can Zap Claims that were Submitted in Error?

If you discover that your Teleplan submission contains incorrect billings, you can arrange to have the submission returned to you for correction before it is processed if you notify the Teleplan Support Centre by 5:00 pm on the same business day that you made the submission.

The entire submission will be "zapped" and returned the next day with the explanatory code FC. You can correct and re-submit the claims immediately. If you discover an incorrect submission after the transmission day but before MSP closes off a claims period to process payments, you may still contact the Teleplan Support Centre for assistance. You will be asked to identify the specific claims by Data Centre, Payee Number and Sequence Number. These records will then be rejected, but will not be returned until after MSP has issued your next remittance statement. Again, the explanatory code FC will be used for the returned claims.

CLAIMS 2023 Close-off and Remittance Schedule

Month	Close-off	Remittance Available	Payment Date
January 2023	3th & 19th	11th & 27th	13th & 31st
February 2023	3rd & 15th	13th & 24th	15th & 28th
March 2023	3rd & 21st	13th & 29th	15th & 31st
April 2023	Mar 31st & Apr 18th	12th & 26th	14th & 28th
May 2023	3rd & 18th	11th & 29th	15th & 31st
June 2023	5th & 20th	13th & 28th	15th & 30th
July 2023	4th & 19th	12th & 27th	14th & 31st
August 2023	2nd & 21st	11th & 29th	15th & 31st
September 2023	5th & 19th	13th & 27th	15th & 29th
October 2023	Sep 29th & Oct 19th	11th & 27th	13th & 31st
November 2023	2nd & 20th	10th & 28th	15th & 30th
December 2023	5th & 15th	13th & 27th	15th & 29th



DESIGNATED HOLIDAYS 2023

.....AND PIECES

WORKSAFE:

MSP is currently processing claims on behalf of WorkSafeBC as an agent. It is mandatory for physicians to submit WorkSafeBC claims through MSP unless specifically exempted by WorkSafeBC. Therefore, MSP will access the claim, and may reject it BEFORE WCB ever sees it.

Download a copy of the: [Physicians and Surgeons' WorkSafeBC Services Reference Guide](#)

Includes everything you need to understand and bill WCB

ICBC:

Are you aware that medical visits for injuries sustained in motor vehicle accidents (MVAs) are paid for by ICBC and not the Medical Services Plan of BC. However, MSP facilitates these fees and ICBC reimburse MSP.

The only way MSP can know that a visit is related to MVA injuries is if there is an "X" in the check box beside MVA on your billing report. It is important that your staff mark this box electronically every time a patient is seen for MVA-related injuries. If the box is not checked the billing is taken from the MSP funds and not reimbursed by ICBC.

more info: [BCMJ](#) [Check the ICBC Site](#)

BILLING SITES that may be useful

[BC FAMILY DOCTORS 5 BILLING TIPS TO AVOID REJECTIONS](#)

[DOCTOR CARE BILLING CODE BASICS](#)



BC FAMILY DOCTORS

Represents physicians at tables where the voices of family doctors need to be heard. We update the family medicine fee schedule. Most importantly, we work to improve the system of care for patients and physicians.

**Check out their site and ask you physician to as well. You will see all the benefits to joining as well as
PHYSICIAN MEMBERS CAN REGISTER ONE MOA OR OFFICE STAFF.**



The **Simplified Guide to Fees and Uninsured Services Billing Package** simplify your billing, so that you can optimize your income as a family doctor.



Our **Billing Alerts and Billing Questions Team** provide up-to-date information and answer billing questions as only strategically placed family doctors can do.

IN THE NEWS

Incentives bringing physicians to family practices

In June 2022, the Ministry of Health offered new incentives to recent family medicine graduates through a new-to-practice family physician contract program. New family physicians who sign the contract will earn \$295,457 for the first year, plus a \$25,000 signing bonus, medical training debt forgiveness of up to \$50,000 for the first year and up to \$20,000 for years two to five. In addition, the doctor will receive a \$75,000 payment that will be used as a contribution toward overhead costs for their host clinic.

BC GOV NEWS

Family Medicine Resident and New to Practice Family Physician Longitudinal Practice

- [OVERVIEW OF INCENTIVES](#)
- [ELIGIBILITY](#)

Ted Patterson Assistant Deputy Minister Primary Care Division
Ministry of Health

Canada Dental Benefit

The interim Canada Dental Benefit is intended to help lower dental costs for eligible families earning less than \$90,000 per year. Parents and guardians can apply if the child receiving dental care is under 12 years old and does not have access to a private dental insurance plan. Depending on your adjusted family net income, a tax-free payment of \$260, \$390, or \$650 is available for each eligible child. This interim dental benefit is only available for 2 periods. You can get a maximum of 2 payments for each eligible child. Benefit payments are administered by the Canada Revenue Agency (CRA).

The first benefit period is for children under 12 years old as of December 1, 2022 who receive dental care between October 1, 2022 and June 30, 2023.

[Read all about it!](#)

Pharmacists to prescribe medications by spring 2023

Pharmacists, will soon play a far greater role in people's health care. As of Oct. 14, B.C.'s 6,500 pharmacists have the power to renew a wider range of medications for up to 24 months and administer a greater number of drugs. The biggest change will come next spring, though, when pharmacists will be allowed to prescribe medications for common issues like acne, allergies and urinary tract infections, as well as contraceptives.

[Castlegar News](#)



BENEFITS OF VITAMINS



B12 linked to Depression

Vitamin B12 plays a role in serotonin production, so a deficiency may be connected with clinical depression. In one study, disabled older women with a B12 deficiency were found to have double the risk of severe depression as those without a deficiency. In addition, high levels of vitamin B12 have been associated with better chances of recovery from major depressive disorder.

Links of interest : [Healthline](#) / [Mayo Clinic](#) / [Brainsway](#)

Vitamin E, linked to infertility

Vitamin E is an essential fat-soluble nutrient found in many foods and supplements. In the body, it acts as an antioxidant by protecting cells from damage caused by free radicals. It is also important for good vision and the health of your brain, skin, and blood. While vitamin E has countless benefits, most people are not aware of how the substance affects the reproductive system. Taking vitamin E can help increase a couple's odds of conceiving as it increases cervical mucus in women, allowing sperm to stay alive longer. It also enhances the efficiency of male reproductive systems. Vitamin E can also be advantageous for men and women who are undergoing fertility treatment [FERTILITY](#) & [INFERTILITY](#)

Low levels of vitamin D in the brain linked to increased dementia risk

- For the first time, a new study explored vitamin D levels in the human brain and the potential effect on cognitive outcomes.
- Researchers found that higher levels of vitamin D are associated with a lower risk of dementia in older adults.
- Despite the findings, the exact role of vitamin D in cognitive function is not yet fully understood.

"A number of studies reported higher blood vitamin D levels were associated with less cognitive decline or lower risk of dementia. Even though these studies suggested associations, it was possible the blood levels were markers of something else because we did not know if vitamin D was even present in the human brain."

Medical News Today

[Bed time Reading, click here](#)



RESOURCE CENTRE

MSP BILLING SCHEDULE

WORKSAFE BC

ICBC

PUBLIC HEALTH

BCCDC

PATHWAYS

PATHWAYS MEDICAL
DIRECTORY



NEWS

CBC HEALTH NEWS

BC GOV HEALTH NEWS

MEDICAL PRESS

MEDICAL NEWS TODAY

MEDICAL NEWS BULLETIN

VIRTUAL CLINICS

VIVACARE

ONLINE WALKIN CLINIC

MAPLE

BABYLON-TELUS

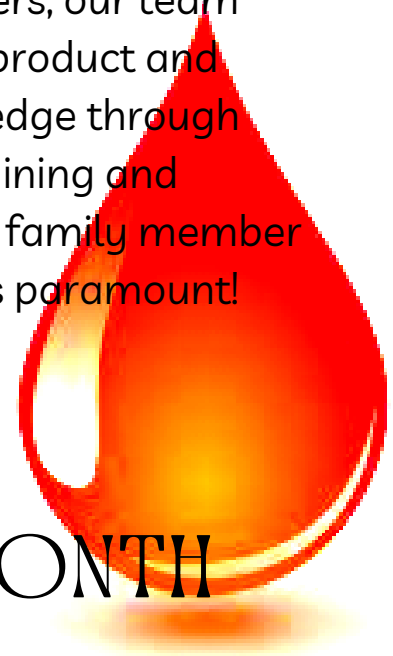
JANUARY HEALTH MONTH

Blood Donation

Canadian Blood Services drives world-class innovation in blood transfusion, cellular therapy, and transplantation — bringing clarity and insight to an increasingly complex health care future. In collaboration with an extended network of partners, our team fosters discovery and clinical research, conducts product and process development research, translates knowledge through leading practices, and builds capacity through training and education. 52 percent of Canadians say they or a family member have needed blood or blood products. Donation is paramount!

learn more @ Canadian Blood Services

FACEBOOK



FEBRUARY HEALTH MONTH

Heart Month

Is a time when all people can focus on their cardiovascular health. The Division for Heart Disease and Stroke Prevention is shining a light on hypertension (high blood pressure), a leading risk factor for heart disease and stroke.

Heart disease affects approximately 2.4 million Canadian adults, and is the second leading cause of death in Canada. We can all reduce our risk of heart disease by making healthy lifestyle choices.

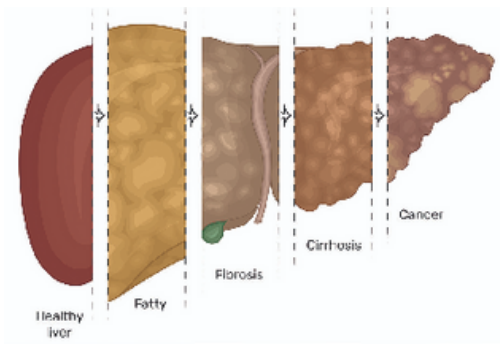
sites of interest : Health Canada / The Beat / Canadian Heart Association



MARCH HEALTH MONTH

Liver Health Awareness

The liver is a resilient organ that's easy to ignore – until something goes wrong. Because of its wide-ranging responsibilities, your healthy liver can come under attack by viruses, toxic substances, contaminants



and diseases. However, even when under siege, the liver is very slow to complain. People who have problems with their liver are frequently unaware because they may have few, if any, symptoms. Your liver is such a determined organ that it will continue working even when two-thirds of it has been damaged.

sites of interest : [facts/myths](#) / [risk & prevention](#) / [about your liver](#)

APRIL HEALTH MONTH

World Autism Awareness

Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech and nonverbal communication

It is estimated that 1 in 66 Canadian children and youth ages 5-17 have been diagnosed with autism. It is estimated that males are diagnosed with autism four times more frequently than females. There is not one autism but many subtypes, most influenced by a combination of genetic and environmental factors.

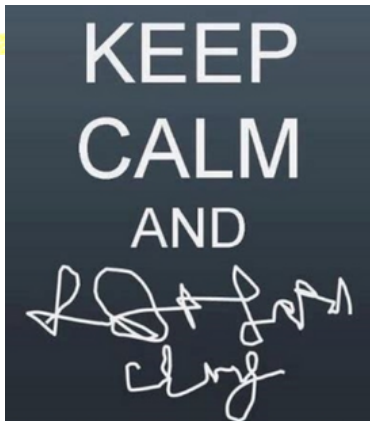
sites of interest:

[Autism Canada](#) / [Frequent Questions](#) / [Gov't of BC](#)

JUST BECAUSE

MEDICAL TERMINOLOGY NEW TERMS

FOR
CHRONIC FATIGUE SYNDROME
OBESITY
ADDICTION
& MANY MORE



Misspelled Medical Terms quiz



INCREDIBLE HUMAN BODY FACTS


THERE ARE 100,000 MILES OF
BLOOD VESSELS
IN AN ADULT HUMAN BODY

NAILS GROW ABOUT ONE-TENTH
OF AN INCH EACH MONTH

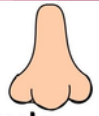


Every day an adult body
produces 300 billion new cells

**YOUR BRAIN
IS 80%
WATER**



Your nose can
remember
50,000 different scents



IT TAKES 17 MUSCLES TO SMILE
BUT 43 TO FROWN



THE AVERAGE PERSON FALLS ASLEEP
IN SEVEN MINUTES



A HUMAN HAS MORE
THAN 600 INDIVIDUAL
SKELETAL MUSCLES



WE MAKE AROUND
30 TO 55 OUNCES
OF SALIVA A DAY

BONES ARE COMPOSED OF
31 PERCENT WATER



Answer to Word Jumbo #1

The **alimentary canal**, (originating from a Latin term meaning nourishment), is also known as the digestive tract or gastrointestinal tract. It begins at the mouth, ends at the anus, and includes all of the structures in between including:

- pharynx
- esophagus
- stomach
- small intestine (duodenum, jejunum, ileum)
- large intestine (transverse cecum, ascending colon, transverse colon, descending colon, sigmoid colon, rectum)



This path is approximately 30 feet in length.