

SOUTH EAST TORONTO FAMILY HEALTH TEAM

Summary

South East Toronto Family Health Team (SETFHT) is an academic FHT that has successfully integrated FHT and FHO strategic planning, staffing, benefits, HR policies and procedures, and procurement. As a large FHT with multiple sources of funding, creation of a manager of Human Resources was central to their success.

Background

The South East Toronto Family Health Team (SETFHT) is an academic FHT (affiliated with the University of Toronto Department of Family and Community Medicine and Toronto East General Hospital) located in downtown Toronto. From nine physicians originally, there are now 22 physicians and 24 medical residents operating out of two clinical sites. The Family Health Team has an additional site for administration that also serves as the Executive Lead for the East Toronto Health Link (ETHeL). The FHT is currently a provider-led governance model, with a Board of five Directors. In 2015 it will transition to a mixed model, adding four community Directors.

All staff are employees of the FHT. Staff and the funding for salaries and benefits come from a number of sources:

- MOHLTC, Primary Care Branch – 4 clerical staff, 17.5 IHPs, 1 executive director, 1 HR Manager, 1 Finance Coordinator
- FHO – 6 clerical staff and an IT/O Lead
- University of Toronto Department of Family and Community Medicine teaching unit – 2 clerical staff and a Director of Inter-professional Practice and QI
- Toronto East General Hospital – 6.5 clerical staff

The Motivation for Change

There were three early drivers for the concept of harmonization:

- Principle of equity
- Agreement that the physicians should not be the HR Managers
- Acknowledgement that staff wanted to belong to a team.

The physicians acknowledged that they are not expert in human resource management. They agreed that they did not want to be involved in the management of running a Family Health Team; nor did they want to be held individually accountable for the day-to-day obligations of employing staff. They were clear in their intention to focus on practicing medicine and to delegate such issues as performance reviews, leaves, pension and benefit administration, etc. to the FHT Executive Director and staff. They also articulated a vision of the kind of organization they wanted to build, and agreed that equity would be a basic principle of operation. This meant that all staff should be treated equitably with respect to salary, benefits, policies and procedures.

Staff themselves indicated a preference for belonging to one organization.

Quick Facts:

- Wave 2 academic FHT (incorporated in 2006)
- 22 physicians in a FHO
- Physician-led Board of five, moving to a mixed governance model (Board of nine)
- Urban setting (East York in Toronto)
- 18,000+ rostered patients
- 17.5 IHPs (FHT)
- Multiple sources of funding

SOUTH EAST TORONTO FAMILY HEALTH TEAM

The Process

The first step in the process was moving all staff to employment status with the FHT (including hospital employees). The hospital employees, who were part of a union, were given an option of moving to the FHT, with the knowledge that the benefit plan was less generous than the hospital plan. While some hospital staff were nervous about moving, most liked the additional autonomy they gained. They were unable to maintain their membership in the union, but for some the FHT provided an opportunity to remain with the physicians they had been working with, and possibly more employment stability.

New positions (then and now) are posted using the MOHLTC benchmark salary ranges; in some cases the physicians had to provide funding to close any gaps. However, the physicians were able to look at the big picture (gaining 22 staff for a relatively small cost) that would allow them to create the kind of practice and team environment that they knew would deliver high quality patient care and which would remove the day-to-day responsibility attached to being an employer.

A Memorandum of Agreement was created and signed to guide the sharing of revenues and expenses between the FHO and the FHT, including office supplies and medical supplies. Because the FHT is a not-for-profit entity, it can often access discounts that are not available to physicians; accordingly, the FHT makes these purchases and costs are shared based on an agreed upon formula. This is not an exceptionally detailed legal document; rather, it is built on trusting relationships and shared vision. The document is reviewed every year for relevance, and as importantly to ensure that the FHO lead physicians are aware of the agreement's details. In the early days of the FHT, strategic planning was focused only on the Family Health Team. More recently, strategic planning has included all members of the teaching unit. Once a year, all physicians and FHT staff participate in a planning retreat. The value of this exercise extends beyond simply planning; it is also a valuable exercise in fostering a spirit of team collaboration and engaging the whole team in the ongoing vision for the family health team.

South East Toronto FHT – Summary of Harmonization to Date

Procurement	✓
Strategic Planning	✓
FHT/FHO Staffing	✓
Benefits	✓
HR Policies and Procedures	✓

Success Factors

Strong leadership and vision provided the basis for success at the SETFHT. The critically important relationship between the Board Chair, Lead Physician and Executive Director provided leadership and afforded the opportunity for planning, implementation and troubleshooting. If this group is not in agreement, then the issue under discussion does not proceed.

Other Success Factors Include:

- Having a good relationship with the physicians
- Having a middle management layer
- Having a good relationship between the Board and the Executive Director
- Trust and longevity of the Executive Director.

The Challenges

This model of harmonization was built from scratch, requiring extensive time and effort – there was no roadmap. While it continues to operate smoothly, there are continual challenges that must be dealt with.

The most significant challenge at present is the fact that the team and work continue to grow, but salary scales have been frozen at the FHT for a number of years. Employees whose salaries are being funded from other revenue sources (e.g. the FHO) might technically be eligible for a salary increase; however all salaries are being treated in the same way. This has prompted some staff to leave and some physicians to question why they can't or shouldn't top up salaries for "their" staff.

Questions around the Ministry's commitment to continue to fund FHTs (at all or at a level where they

SOUTH EAST TORONTO FAMILY HEALTH TEAM

can be sustained) causes some physicians to want to be very cautious about co-mingling their staff and funding. Somewhat more basic than this, some physicians fear a loss of control and autonomy by harmonizing their FHO staff with the FHT. These concerns must be managed and addressed to ensure success in optimizing the teams.

From a management perspective, a bigger FHT, with more staff = a FHT with more complexity and more issues to deal with. Bringing staff and physicians together from different backgrounds requires a level of expertise that not all FHTs have access to. SETFHT has a dedicated HR Manager who provides HR support and troubleshooting. The SETFHT has introduced a ticketing system to identify and address issues related to HR, IT, or operations. This system allows anyone to identify an issue and submit a “ticket”, which is then routed to the most appropriate person for attention. This straightforward procedure offers staff and physicians a sense of accountability, it ensures that all issues, large and small, are dealt with expeditiously, and it is a visible demonstration of commitment to continuous quality improvement.

Demands on physician time are great, and physician engagement is an ongoing challenge. From Board and Committee meetings to program meetings, engaging physicians in the design, development and delivery of FHT programs, oversight and stewardship of the FHT, integrated with teaching and office practice requires ongoing attention and effort.

Key Tools

[Memorandum of Agreement](#)

Advice for Other FHTs

Lessons from the SETFHT for other FHTs considering harmonization include the following:

- Pay attention to change management; it is a significant challenge and needs attention
- If the physicians aren't ready for this, wait and prepare the groundwork first
- A physician champion is helpful. If you have a champion, use this individual to influence his/her colleagues and peers, to remind physicians of their obligations, to provide leadership.
- It is important to have the full support of the Board and in particular, strong leadership from your Chair
- It is important to have the necessary infrastructure to support your efforts (e.g. HR expertise, consulting if necessary, planning expertise)
- This exercise is challenging in a physician-led FHT because of the complex relationships (FHT/FHO; physicians and their staff, etc.), and because of the historic nature of autonomous physician practices. Look to other FHTs that have made progress, and learn from them.
- Have an external consultant provide governance and employer training. Often physicians are surprised to learn the extent of their obligations as an employer, and are then more willing to share or move this responsibility to the FHT.

For Further Information:

Executive Director:

Kavita Mehta

kavita.mehta@setfht.on.ca

(416) 423-8800, ext. 222

Board Chair:

Dr. Kevin Workentin

Lead Physician:

Dr. Thuy-Nga (Tia) Pham