

THAMESVIEW FAMILY HEALTH TEAM

Summary

Thamesview Family Health Team is a physician-led FHT that has begun the process of integrating aspects of the FHT and FHO. To date they have successfully integrated FHT and FHO strategic planning, HR policies and procedures, and procurement. A plan has been developed (and is being implemented) to fully integrate staff over time.

Background

Thamesview Family Health Team is a Wave 4, physician-led FHT. Thirteen physicians operate out of three locations. All are Board members. All of the physicians are well connected to health care services in the community (Chatham-Kent); they provide services to the local hospital (Emergency, inpatient care, oncology, obstetrics), and long term care homes. They are a teaching site for the University of Western Ontario, and assume leadership roles in the teaching program. New physicians who join this FHO are expected to participate in the design and delivery of comprehensive health services to the community.

The physicians are organized in pods that reflect the way they were organized prior to them becoming a Family Health Organization and Family Health Team. All of these pods had existing nursing staff and administrative staff.

The physician pods were unique. Staff salaries were different, as were practice styles and operational procedures. In some cases the salary differentials were significant. Administrative and reception duties across the pods were different; for example, some administrative staff did billing, while others did not. (This is a key point that we will return to.) The groups were tied, however, by a shared vision of a high performing practice and a commitment to quality care.

The Motivation for Change

The FHO physicians (who were also the FHT Board) shared a vision of what the Family Health Team could be, and what it could offer to patients. They recognized that a smooth, well functioning, single entity would produce the best results.

There were several motivating factors in attempting to harmonize staffing and policy between the FHT and the FHO:

- Patient care. Creation of one team of staff and physicians who know they are being treated equally and fairly will produce a high performing team. Variable compensation of providers and administrative staff working under one roof was a source of discontent among providers.
- Physician recruitment and succession planning. New physicians are looking for a turnkey operation, one that runs smoothly, and which has clear expectations, policies, procedures and support. Some physicians could see the benefit of having someone else take care of all of the legislative requirements involved in being an employer.
- Team building. FHO staff want to feel part of the team. Staff want consistency and standardization. This approach has allowed all staff to be team members, regardless of where their pay cheque comes from.

Quick Facts:

- Wave 4 FHT
- 13 physicians, 1 FHO
- Physician-led Board
- Urban/rural setting
- 21 FHT staff
- Roster approximately 23,000
- 25 staff employed by physicians

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The Process

The physicians made a decision, very early on, to create a team-based approach to care in which everyone, FHT staff and FHO staff, would feel part of one organization. All physicians, FHT and FHO staff see themselves as part of the Family Health Team. The physicians mapped out a strategy to begin harmonizing their human resource and other administrative practices. The process began several years ago and is ongoing.

Harmonization began with procurement. All physicians and the FHT agreed to a cost-sharing formula for the purchase of supplies. The actual purchasing was done by the FHT. Cost savings, by buying carefully and in bulk, were achieved. This was an important first step in the building of trust, and a better understanding of how the groups could work together.

With the help of the FHT Executive Director, the physicians then undertook a review of all of the physician-funded positions and their salaries and benefits to determine how large a differential there was and what would be required to bring all salaries into alignment (with one another and with the FHT salary scales).

Achieving salary parity all at once was unrealistic. Accordingly, the physicians agreed to a process by which any new staff recruited to the clinic, funded by the physicians, would be brought in at a competitive rate based on an agreed-upon salary scale. This salary grid is closely aligned with the FHT salary ranges. Over time, all staff will be paid based on the same salary scale and until then, wages are frozen.

The physicians further recommended that pay raises over wage limits, should any be awarded (e.g. cost of living), would be coordinated across all physician staff – same amount and at the same time. This has caused some frustration among staff who might have expected a raise and who did not get what they expected. However, the physicians are working together to introduce standardization.

Physician staff currently do not receive benefits; the physicians are currently assessing the options for adding a benefit plan and have agreed to act together.

The physicians further agreed that all policies and procedures for the FHT would be applied to physician staff. Rather than creating a policy and procedures manual for each of the employers, the FHT and

physicians are creating and will sign an agreement acknowledging the status of the FHT Policy and Procedures Manual as covering all employers and employees.

The FHT ED provides payroll and other HR services to some of the physician pods.

Staff in some pods that are more integrated report to the FHT Executive Director for HR and operations issues, rather than reporting directly to their doctors for these issues.

The FHT has a Strategic Plan that the FHO has fully endorsed. In essence, the FHT's strategic plan represents the broad vision of both the physician group and the FHT. This has been an important factor in achieving a strategy for building an integrated team.

Thamesview FHT – Summary of Harmonization to Date

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

*Note: integration of staffing is in progress.

Success Factors

A number of factors are responsible for success to date:

- Active and involved physicians
- Willingness of the physicians to have honest, frank conversations
- A commitment to respect decisions of the group
- Keeping the patient as the focus and the motivator for change
- An agreed-upon plan for implementing strategy
- Shared vision
- Trust – among the physicians, and between the FHO and the FHT Executive Director
- Having a few physicians move forward first and act as champions. Others see the success, and the benefits (e.g. assistance from the FHT with human resource issues – hiring and firing, recruitment, performance management, etc.)

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- The ED has moved forward on initiatives with those physicians who are ready (i.e. the early adopters). It has been a classic PDSA approach that is being rolled out over time while assessing impact
- Detailed job descriptions that are used to determine the correct salary grade
- A reasonable amount of FHO staff turnover has allowed salaries to rise to a common level
- The FHT ED is knowledgeable about and involved in the operation of the FHO, which helps to ensure consistent communication and alignment of the two bodies
- Sensitivity to physician expenses and overhead

The Challenges

Efforts to align multiple existing physician practices with the new Family Health Team have, not unexpectedly, presented a number of challenges.

- Physicians have different ideas of what harmonization looks like
- Fear of the unknown
- Fear of losing control and autonomy
- Fear that integration of staff will be more expensive
- The physicians and staff have had to grapple with differences in roles and responsibilities, and have acknowledged and shared that each job is distinct. Clinic nurses have an important but different role from FHT nurses. Clerical jobs may differ depending on the level of responsibility and scope of the job. These distinctions must be acknowledged and understood, as a way of matching responsibilities with pay scales.
- Compliance - it is sometimes challenging for the physicians to remain on course when they have longstanding relationships with their office staff.

Key Tools

[Cost-sharing agreement between the physicians and the FHT for clinical and office supplies](#)

Data sharing and privacy agreement **

**** Confidential documents. For more information contact the individual FHT for details**

Advice for Other FHTs

Integration is being accomplished over time in a slower but deliberate manner; results have been positive. Advice to other teams includes:

- It's a matter of building trust and communicating – between physicians, with the FHT, with all staff
- Get a few physicians on board first and build from there
- Use a gradual approach
- Demonstrate the benefits and continue to move forward
- Look at different integration models and find the one that works for you. One model will not fit all.

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