

Creating & Implementing the Markham FHT Lead Physician Performance Review: An exercise in accountability and transparency



AFHTO Annual Conference

Wednesday, October 28, 2015; 3:30-4:15

Concurrent Session B: Leadership & governance for accountable care

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Presenter Disclosure

- ◆ **Presenter:** Dr. Parm Singh
- ◆ **Relationships with commercial interests:**
 - *Grants/Research Support*
 - None
 - *Speakers Bureau/Honoraria*
 - None
 - *Consulting Fees*
 - None
 - *Other*
 - Hospital privileges at Markham Stouffville Hospital, Markham, ON

Disclosure of Commercial Support

- **This program has not received any financial support from an external organization**
- **This program has not received in-kind support from an external organization**

Role of the Markham Family Health Team Governance Committee:

- ◆ Build and maintain a comprehensive and effective governance structure that guides and supports the organization
- ◆ Accountable to the FHT Board of Directors
 - ◆ meets & reports quarterly
- ◆ Keeps the FHT's Strategic Plan and QIP as standing items on the agenda
- ◆ Membership includes (at least):
 - ◆ 1 board member, 1 FHO member, the Chair, a community partner, the ED (ex officio member) and the Board Chair (ex officio member)

Lead Physician Performance Review: Rationale

- ◆ In order for complex organizations (e.g. FHTs) to succeed, strong leadership is required
- ◆ The Markham FHT feels strongly that leadership positions be held accountable in terms of performance
- ◆ The MOHLTC expects accountability to be linked to performance
- ◆ Evaluating the performance of individuals holding leadership positions within FHTs is crucial
- ◆ Feedback from peers and colleagues creates opportunity for leadership growth and organizational maturity
- ◆ Sets a positive example for the entire organization

Lead Physician Performance Review: Process

- ◆ Uses a 360 degree format to provide constructive feedback
- ◆ Designed to determine if LP has met their deliverables
- ◆ Implemented in 2013 – conducted every other year
- ◆ Evaluation of inaugural LP review tool led to revisions (QI)

Lead Physician Performance Review: Lessons Learned

- ◆ LP job description required an update
 - ◆ Dr. Tom Filosa played a pivotal role
 - ◆ Workload not sustainable
- ◆ Modify the evaluation survey to better capture the various roles of the LP
- ◆ Conduct the survey in electronic format
 - ◆ Saves time re: data analysis
- ◆ Select an appropriate mix of individuals to evaluate the LP

Lead Physician Performance Review: Selected Participants

FHO Lead (MD)

IHP Lead (NP)

Executive Director

FHO Physician x 2 - Random
selection

Clinical Program Manager
(RN)

IHP – Random selection

Past Lead Physician

Regular admin. assistants

FHT Board Chair (MD)

Admin. staff – Random selection

Ensures inclusivity

Interaction with LP

Board member (MD)

Lead Physician Performance Review: Important Considerations

- ◆ Governance committee's role in gathering and analyzing the data
- ◆ Communicating the survey results to the Board Chair
- ◆ The Role of the Board Chair in reviewing the LP Performance Review on a one to one basis
 - ◆ LP received a copy of the raw data

Presenter Disclosure

◆ **Presenter:** David Marriott

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 - None
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 - None
- *Consulting Fees*
 - None

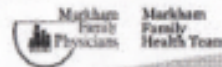
Lead Physician Performance Review: Executive Director's Role

- Background: Management; HR
 - Researched appropriate tools to help design survey
- Member of the FHT Governance Committee
- Setting the stage for FHT staff performance reviews

Lead Physician Performance Review: FHT Core Values

- ◆ Latest strategic plan identified several core values shared by FHT members:
 - ◆ Integrity
 - ◆ Caring and Respect
 - ◆ Teamwork and Collaboration
 - ◆ Innovation and Quality Improvement
 - ◆ Patient Centred Care
- ◆ ED recommended these values be incorporated into the LP evaluation
 - ◆ Speaks to accountability

MFHT Accountability and Performance Management Framework



Markham Family Health Team

Accountability And Performance Management Framework

Introduction

This includes key areas of accountability:

Leadership

Administration, Operations and Organizational Responsibilities

Patient Care and Service Delivery

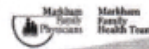
Learning, Professional Development and Collaboration

Within each of these key areas of accountability there are a number of required skills. Not all of these skills will be relevant for every staff position. In designing a 360 performance appraisal questionnaire, select the most important skills for the position being appraised. Then select 4 – 5 key questions (or alternative questions) for each skill.

In this way the evaluation can be tailored to suit the position being evaluated. However, to avoid bias, all of the questions for a set of staff should be the same (ie., all clerical positions or all clinical positions should be evaluated using the same set of questions).

Key Accountability	Skill/Capability Element	Performance Questions (change phraseology to be a question in a survey)
Leadership & Culture	Motivation	Is an effective motivator to achieve team work and results
		Encourages staff and physicians to contribute ideas and to participate in FHT activities
		Creates a passion for excellence in others
	Supervision	Is an effective supervisor to achieve team work and results
	Delegation	Delegates tasks and responsibilities appropriately
	Problem Solving	Is able to solve problems when they arise

MFHT 360 Degree Feedback Policy



360 Degree Feedback for Development Policy

Intent

Markham FHT has adopted this policy to ensure that all staff members are provided with accurate and appropriate feedback regarding their role within the organization. By providing 360 degree feedback, the Markham FHT gains the opportunity to provide its employees and management team with an understanding of how they are perceived throughout the course of their work environment.

Scope

All employees and management staff will be subject to 360 degree feedback (date to be determined re: full implementation).

Definitions

360 Degree Feedback – is feedback that may come from a variety of different sources including: subordinates, supervisors/management, peers, customers, suppliers and self evaluation. The accumulation of feedback from all the aforementioned sources is then used to determine the areas of strength of an employee and areas of focus and development for their work in the coming year(s).

Guidelines

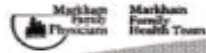
Confidentiality

All information gathered from the results of the 360 Degree Feedback process will remain confidential. A summary of results only will be distributed to the employee and their supervisor/manager.

Procedures

1. Supply all participating reviewers with appropriate resources (survey, questionnaire, etc.) to provide feedback.
2. Collect all feedback to be used for evaluation and compile results.
3. Review the feedback against goals and objectives set out at the beginning of the review period.
4. Discuss the assessments made during the review, and identify new goals and objectives that will improve performance and assist in the development of the employee.
5. Identify actions required to meet new goals and objectives, the time frame that these must be completed within, and any new forms of training that will be required.
6. Prepare a written report of review and recommendations made, including newly established goals and objectives.

LP Individual Development Plan



Individual Development Plan (IDP)

Name: _____

Date: _____

Developmental Goals / Pertinent Actions for the Next Year	Relationship of goal to the Organization's Goals	Knowledge, Skills, Abilities to be developed	Developmental Activity	Resources	Date for Completion	Updates / milestones achieved towards meeting goals
Goal 1:						Updates: Milestones achieved:
Goal 2:						Updates: Milestones achieved:
Goal 3:						Updates: Milestones achieved:

Employee's Signature

Date

Manager's Signature

Date

Acknowledgements

- ◆ Resources:
 - ◆ HR Downloads
 - ◆ The Osborne Group
 - ◆ AFHTO
- ◆ Markham FHT Governance committee
- ◆ Tony Pallaria – IT Manager

Lead Physician Performance Review: A time to ACT



Presenter Disclosure

- ◆ **Presenter:** Dr. Allan Grill
- ◆ **Relationships with commercial interests:**
 - *Grants / Research Support*
 - None
 - *Speakers Bureau / Honoraria*
 - Humber River Regional Hospital, Lakeridge Health
 - *Consulting Fees*
 - Ontario Renal Network
 - Ontario MOHLTC Committee to Evaluate Drugs
 - Pan-Canadian Oncology Drug Review Expert Review Committee
 - *Other*
 - Hospital privileges at Markham Stouffville Hospital, Markham, ON & Sunnybrook Health Sciences Centre, Toronto, ON
 - AFHTO Board member

Figure 1: The birth, growth, destruction, and renewal of a forest. Adapted from Holling (1987)



Schumpeter Paradox: destruction → development

- ◆ Schumpeter coined the term “Creative Destruction”
- ◆ Paradox: long-term viability of an organization & its leadership requires destruction (not devastation)
 - ◆ Should be a natural process just like in a forest
- ◆ Resilience = capacity to experience change but still maintaining original essence/integrity
- ◆ Good FHT governance should use the Adaptive Cycle model as a tool for ongoing leadership improvement

Objectives

- 💧 **Accountability** – To discuss the qualities/responsibilities that should be evaluated in a LP performance review
- 💧 **Communication** – To suggest methods of sharing the results of this evaluation with the respective FHT
- 💧 **Transparency** – To emphasize the importance of a fair and clear process by which the review is conducted

Accountability - Survey Design

2014

- 6 broad categories:
 - clinical requirements
 - achievement of results
 - people management
 - program management
 - operations management
 - board relationship
- 6 questions
- Strengths; areas for improvement; unique characteristics
- No identified category of reviewer

2015

- 4 broad categories:
 - leadership & culture
 - administration/operations/organizational responsibilities
 - patient care/service delivery
 - learning/professional development
- 25 questions (AFHTO)
- Strengths; areas for improvement; additional comments re: performance
- MD/Board member/IHP/Admin/Management

Section 3: PERSONAL CHARACTERISTICS

(Applicable to all board members)

Available to participate in Board meetings and committees	Has sufficient availability to prepare for and attend meetings
Collegial	Able to work well with others, able to provide critique in a respectful manner, able to listen to those whose opinions differ from one's own
Committed to Continuous Improvement	Knowledgeable about the principles of change management; Experience with business transformation; (e.g. Lean, implementation of mergers and acquisitions)
Committed to the success of the Association	Knowledgeable about and dedicated to the Association's vision, mission and values
Collaborator / Consensus Builder	Able to see different perspectives and assist in identifying the common ground
Community Oriented	Has a history of reaching out beyond self and team to consider, assess and work toward meeting needs of broader communities.
Creative / Innovative	Able to discern and propose responses or approaches to issues that are different from those already identified
Demonstrated continuous learning	Has undertaken specific activities in the recent past that show a commitment to life-long learning
Effective Communicator	Able to articulate in a manner consistent with the requirements of the situation
Integrity	Ability to act consistently in accordance with a value system
Leader/Motivator	Experience enabling a group to meet its objectives
Respects, and relates well to, people of diverse backgrounds	Demonstrated ability to act appropriately with people from different perspectives, backgrounds, sectors, education levels, etc.
Sound Judgement	Demonstrated analytical ability applied appropriately in a variety of situations
Strategic Thinker	Demonstrated ability to think critically about systemic issues
Visibly takes ownership of and supports decisions of the Board	Outside Board meetings, speaks and acts in support of the actions taken by the Board, even when not in agreement with the specific decisions

Accountability - Scores

- ◆ Rating system:
 - ◆ Strongly agree: an outstanding strength (5)
 - ◆ Agree: a strength (4)
 - ◆ Neutral: is competent (3)
 - ◆ Disagree: needs some improvement (2)
 - ◆ Strongly disagree: needs significant improvement (1)
 - ◆ Not applicable

Accountability - Scores

- ◆ Highest score: 4.8/5
 - ◆ Commitment to continuous learning re: leadership skills
- ◆ Lowest score: 3.6/5
 - ◆ Flexible & adaptable in meeting team needs (teamwork, collaboration)
- ◆ Overall average score: 4.12/5
- ◆ Note: raw scores don't tell the whole story – comments provide additional information

Communication - The Good

- ◆ “has his finger on the pulse of primary care...sees the big picture”
- ◆ “networks well w/in health care sector...to help w/ effective decision making”
- ◆ “excellent insight into areas he feels he could improve...always striving to improve skills”
- ◆ “generally quite available and visible”
- ◆ “great leader...positive attitude...adopted a great culture @ the FHT
- ◆ “not afraid to take on issues that might be uncomfortable”

Communication - The Good

- ◆ “listens to concerns...approachable & open to communication... is sure to follow-up afterwards”
- ◆ “has a strong sense of values and communicates them regularly”
- ◆ “holds the bar high for care provided at the FHT, and QI is a high priority”
- ◆ “shows genuine interest in the operations of clinical programs... seeks opportunities to showcase FHT successes @ conferences”
- ◆ “makes effort to provide acknowledgement & praise to FHT members...championed other FHT members to take on more responsibility”

Communication - The Constructive

- ◆ “often late for meetings which can be disruptive for the group...has improved recently”
- ◆ “I don’t have intimate detail on the day to day operations” (? example)
- ◆ “visible & active in role on committees, less visible in specific programs” (? example)
- ◆ “closing the gap b/w MDs & IHPs/Admin staff... getting MDs to be more supportive of FHT initiatives...holding MD group accountable as the rest of the FHT members...biggest factor impacting work culture”

Communication - The Surprising

- ◆ “could increase engagement w/ admin staff...encouraged to look for methods of resolving conflict”
- ◆ “focused more on his areas of responsibility vs. other organizational initiatives going on outside his scope as LP”
- ◆ After hours clinic story

Communication – The Conflicting

- ◆ “feedback is not always received in a friendly & professional manner”
- ◆ “encouraged to foster relationships within all levels of the organization, not just providers”
- ◆ “sometimes other commitments take him away from FHT activities”

- ◆ “is very open to feedback and is very professional in his response”
- ◆ “actively involves all members of the team”
- ◆ “very accessible considering his many commitments – always answers emails/texts in a timely manner”

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Communication - Lessons Learned

- ◆ Be on time for meetings – adjust schedule if required
- ◆ Increase focus on direct engagement
 - ◆ Quarterly attendance at IHP/Admin. meetings goes a long way
- ◆ Support FHT program leads prn
- ◆ Remind colleagues of LP role
 - ◆ Important to set limits
 - ◆ Post an organizational chart

Communication – Lessons Learned

- ◆ Remind colleagues re: open door policy
- ◆ FHO vs. FHT conflicts
 - ◆ support appropriate referrals to IHPs and respect for maintaining scope of practice
 - ◆ QI projects underway focusing on MD accountability (e.g. allergy/BP documentation; updated meds lists); FHO lead to play larger role
 - ◆ Continue staff performance reviews with focus on improving patient care

Communication - Next Steps

- ◆ Presented to Markham FHT Board
- ◆ 'FHT 2 Print' newsletter
- ◆ Scheduled to speak at the FHO physician meeting, IHP meeting, Administration meeting
 - ◆ This also gives others a chance to provide feedback
- ◆ AFHTO conference 2015
 - ◆ Promote this as a best practice

Transparency

- ◆ Governance committee recommendation to the BOD → approved
 - ◆ Minutes reflect process
- ◆ Reviewers contacted by email and reminders sent
- ◆ Data reviewed first by 2 governance committee members, then shared with Chair of the FHT Board; Chair met with LP
- ◆ LP to develop a performance plan based on feedback, with deliverables to be reviewed by the FHT Board in 1 year
- ◆ a unique initiative among FHTs – sharing LP feedback publicly
 - ◆ Foster a culture of accountability, communication & transparency

A Final Thought...

“Unless someone like you cares a whole awful lot,
Nothing is going to get better. It’s not”.

Dr. Suess

Thank You

