

Flexibility is Key to Family Health Team Governance

by Marsha Barnes



Family Health Teams are as varied as the communities in which they serve. Recognizing that each community has unique needs and different resources available, there is no one ideal governance model for structuring a Family Health Team.

We believe that each model of governance can be successful in its own way – whether it is physician-led, community-based, or a “mixed” model involving the community and health care providers. In this edition of the Family Health Team *e-News*, we profile four very different Family Health Teams, each having followed a different approach to governance.

No matter what the governance structure, the goal of putting the patient first is at the heart of it. All three approaches to governing a Family Health

Team can be successful as long as there is a strong commitment to build solutions for health care.

At the Ministry of Health and Long-Term Care, we are equally committed to helping you successfully implement and operate your Family Health Team. Please continue to consult with us and communicate your needs so that we can assist you through the process, and work together to improve the health care system in Ontario.

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Espanola and Area FHT: Building On Existing Strengths

Espanola General Hospital was the primary sponsor for the Espanola and Area Family Health Team (FHT). In the mixed governance model for the FHT, physicians and the hospital are represented, and so are Espanola and surrounding communities.

Built in 1988, the Espanola General Hospital is a hub for health care in the Espanola area. The multi-care complex houses primary health care services, ambulance services, 24-hour emergency, 15 inpatient care beds, 30 seniors apartments, 18 assisted living units, 62 nursing home beds, and six chronic care beds. Ambulatory care programs include x-ray, ultra-sound, physiotherapy and occupational therapy, while outpatient services include chemotherapy, minor surgery and a cardiac laboratory. And yet, despite this impressive inventory of health care services, there was a missing link.

Where was family practice? Out in the parking lot. In a clinic located next to the hospital, six family doctors operated a practice that was unconnected to the hospital. The hospital and its community partners believed that a new Family Health Team would be the missing link and close the gap in health care for the Espanola area. To build the FHT, the hospital worked with family physicians and their staff, the Ministry of Health and Long-Term Care, the Town of Espanola, Non-Profit Housing, the Ontario Telemedicine Network, the Northern Diabetes Network and the Espanola General Hospital Foundation.

Gisèle Guénard, CEO of Espanola General Hospital, said, “For the small team of administrators and physicians of Espanola, the added task of developing the FHT was a daunting one. We could not have done it without strong partnerships, sharing services with Espanola General Hospital, and, above all, staying committed to our objective of keeping patients first. We chose the FHT model because

it provides more patients with access to a wider spectrum of health care. In a small community such as ours, the average person would not normally have access to a dietitian, a social worker, or a psychotherapist.”

The FHT proposal, which was submitted in March 2005, had strong backing from the community, and was accompanied by 40 signed letters of support from local politicians, service organizations, local industries, physicians, specialists, health care partners and the like. In April 2005, the Ministry of Health and Long-Term Care approved a Family Health Team for Espanola and surrounding communities, and has since provided start-up funding of \$500,000.

The Espanola and Area Family Health Team (E&A FHT) became operational in January 2006 and will soon take up residence in a newly-renovated family health centre. Construction is underway to connect the centre to the hospital complex. The FHT staff resources currently include three physicians, two nurse practitioners, two registered nurses, a dietitian and a social worker. In addition, a pharmacist is funded for one day a week. Eventually, an additional RN and a chiropodist (one day a week) will also be hired.

Managing Governance by the Book

The E&A FHT chose a mixed governance model because it was the most inclusive for all stakeholders, including physicians, the hospital and the community. Prior to incorporation in 2006, the Board of Directors for Espanola General Hospital acted as the governing body in order to facilitate the launch. Hospital board members are skilled in governance, and they leaned heavily on the *Guide to Good Governance*, which is the “Bible” of governance developed by the Ontario Hospital

Association Governance Centre of Excellence.

The document of incorporation for the E&A FHT as a “Corporation Without Share Capital” is only four pages long, and simply states that the object of incorporation is: “To maintain and improve the health of the people it serves by providing increased and timely access to primary health care.” The bylaws are under development, led by the Managing Director of the E&A FHT, and with the participation of the entire board.

The E&A FHT board, which meets once a month, has nine positions: the Chair, who also holds the position of Chair of the hospital; three family physicians; one community member from Domtar, the area’s largest employer; one community member representing the area’s Community Care Access

Centre, and three other community members.

The E&A FHT has hired a Managing Director to handle administrative and reporting functions for HR and Finance, as well as day-to-day operations. The hospital has provided support by building the new facility, and will provide ongoing maintenance, and financial and administrative support as required. To ensure coordination between the hospital and the FHT, the Managing Director reports jointly to the FHT board, and to the CEO of the hospital.

Gisèle Guénard summed it up: “Building a Family Health Team is a huge commitment because of the increased workload in meetings, planning, and document production. What drives the success is the passion you bring to the cause of providing better health care to the patient. When you’re working with dedicated individuals who all agree on that, you can build the governance to fit.”

Advice for Organizers of Family Health Teams

The Ministry approval process for the Espanola and Area FHT went so smoothly that Gisèle Guénard has received numerous calls from newer FHTs, seeking advice about how to frame their own proposals and planning documents. She has obliged them by sharing documents that could be used as a template, and welcomed their visits to the Espanola site.

Gisèle Guénard offers this advice to those in the early stages:

- Booking physicians’ time is challenging, but it is important to get everyone together in the same room to participate in discussions and iron out details.
- Conflicts are normal in any startup and during the stabilization phase. When disagreements occur, always refer back to the strategic plan, which is the roadmap that guides decision-making. If you reach an impasse, it can be useful to bring in a neutral third party to guide the discussion.
- If possible, hire a consultant with governance experience to help with the strategic planning process – someone familiar with the local landscape, and well versed in the Ontario health care system. The hospital engaged Dave Paquette, of Summit Consulting in Sudbury, to help craft the Strategic, Business and Operating Plans for the E&A FHT.
- Recruit board members that are well versed in governance. Leverage the strengths in your community, such as a hospital board.
- When in doubt about a decision, ask yourself: “Does this put patients first? Does this improve access to health care? Does this keep patients healthy and out of the emergency room?”
- Show appreciation for the immeasurable contribution of all health care providers and others involved in the project. Recognize that it takes many ideas, much work, and untold hours to transform the health care system.

Get More: For further information about E&A FHT, visit www.esphosp.on.ca

PrimaCare FHT: Governance is a Work in Progress

The PrimaCare FHT in Paris has a flexible mixed governance structure, involving members of the community and health care providers. This FHT views governance as a work in progress because it must continually change in response to community needs.

Typically, when a Family Health Team is in the start-up phase, human resources are stretched, there are many patients on the waiting list for primary health care, everything is an urgent priority, and there is not enough time to accomplish all the tasks. Wading through governance issues can be another source of stress, but Dr. John McDonald says that need not be the case.

Dr. McDonald is lead physician for the PrimaCare Community Family Health Team in Paris, now in its first year of operation. He said, “Since we began, we have viewed our governance as a work in progress rather than a done deal. Particularly in the first year, we knew we could not possibly anticipate all the issues that would arise, so we didn’t try to finalize our governance. The important thing was to get the process started and enable the team to operate as a legal entity.” Accordingly, PrimaCare FHT established a mixed community-based and provider-based governance structure, with letters patent, a set of bylaws, position descriptions, and a governing board.

The governance structure reflects the involvement of two groups involved in launching the PrimaCare FHT: Watch Action, a citizens’ group that aims to improve health services in Paris; and PrimaCare

Physicians, a group of physicians located at four different sites in Paris, St. George and Ayre. Another important partner is the Willett Hospital, which provides urgent and ambulatory care, extends access to a broad range of programs, and provides continuity in all areas of health care.

The PrimaCare FHT is presently hiring staff now that its interim funding plan has been approved. The staff will be composed of five doctors, three family practice RNs, one mental health professional, a part-time pharmacist, a dietitian and an administrative assistant. They also plan to hire two nurse practitioners, a full-time administrator and two clerks.

Governance: Factors to Consider

Based on the experience and learning of the PrimaCare FHT, here are some governance factors to consider.

Keep Bylaws Simple

In designing a governance structure, there's no need to start "from scratch." PrimaCare freely borrowed the governance structures already developed by other successful community-based health organizations. To assist in the incorporation process and drafting the bylaws, the team enlisted the volunteer services of a local lawyer who is active in community health organizations.

Dr. McDonald noted, "If you start with simple bylaws, the bare bones, you can continue to flesh them out during your first year of operation." PrimaCare FHT intends to finalize its bylaws early in 2007, in time for the official end of their first year in operation, March 31, 2007.

One policy yet to be finalized and currently under discussion is the FHT process to enroll new patients. The discussions consider the need to increase access, balanced by the capacity of the FHT to provide programs and services.

Build in Flexibility

Dr. McDonald advised, "Make it an easy process to change the bylaws, especially during the first year. Allow room to maneuver, because you don't know everything at the beginning of the process."

Moving forward, as the FHT changes and grows, governance can easily change to accommodate needs. Dr. McDonald cited an example, "Our board composition is presently two physicians and five community-based members. As our team expands, we may want to change that ratio of composition to include more health care providers in order to function more efficiently."

Review Governance Annually

Make one board member responsible for reviewing bylaws on an annual basis. PrimaCare FHT intends to have an annual 360-degree look at all services, personnel, board of governors, and the governance structure. The board will then review the policies on the basis of goals and objectives, addressing areas for improvements.

At any time, the FHT board should be ready to reopen the discussion on the bylaws. Dr. McDonald notes, "Governance is based on a top-down corporate model, but our Family Health Team is not a corporate structure. Patients are at the centre, within the context of a community. People and their needs are not always predictable, so the FHT governance model should be adaptable to serve the purposes of the people it is serving."

Recruit Team Players for the Board

Governing a Family Health Team takes tremendous commitment and teamwork. Dr. McDonald advises, "Recruit board members who are willing to spend time together and discuss all the issues in a respectful, collaborative process. Select a chairperson with the ability to control the meetings and balance the effect of the more forceful personalities. There must be a sense of trust between all board members, so deal right away with any conflicts of interest, and operate with a commitment to the principles of transparency, honesty and openness."

Get More: For more information about PrimaCare FHT, visit www.primacare.ca

Petawawa Centennial FHT: Dedicated Volunteers Launch a New Venture

In Petawawa, the decision to establish a community-based FHT grew out of an urgent need to increase access to primary health care. The Petawawa Centennial Family Health Team has a community-based governance model, reflecting the strong ownership of the community stakeholders.

In 2003, there was only one family physician left practicing in Petawawa and the physician's caseload was full. It was estimated that approximately one quarter of the 16,000 people living in the town and local area did not have access to a family doctor. With no other health care available for at least 20 km, and no public transportation, access to primary health care was clearly an issue.

Canadian Forces Base (CFB) Petawawa was adding to the local demand for health care. Although enlisted personnel receive medical care at the base, provided by the Department of National Defence, their dependants do not. Dependants have significant health care needs since they are primarily female adults of childbearing age and young children. Not surprisingly, surveys of military personnel identified "quality health care for dependants" as a major quality of life issue.

Late in 2004, a group of five volunteers decided to address the situation by launching a proposal for Petawawa Centennial Family Health Team. Two volunteers were from the military base, including Base Commander Lieutenant-Colonel Dave Rundle, while three were members of local town council, including Petawawa's mayor, Bob Sweet, and Treena Lemay, now the president of Petawawa Centennial FHT. The volunteer board needed to build the proposal for the FHT before funding for administrative support could be obtained. To get started, they borrowed \$30,000 from the town and began local fundraising activities.

Outstanding Volunteer Commitment

The board met weekly for over two years, and managed the entire startup. Since many of the board members had experience in volunteer organizations, they were familiar with the governance requirements, from writing a purchasing policy to designating signing authority. The group used a do-it-yourself online legal service to file articles of non-profit incorporation. Individual board members were assigned responsibility to write policies, bylaws, and position descriptions. The board sought legal advice where necessary, and hired an auditor to review financial statements.

Treena Lemay notes, "We were fortunate to have some extremely experienced board members who generously put their expertise to work on this project." With backgrounds in business, hospital administration, and engineering, each board member took on a specific role: Director of Operations, Director of Programs, Director of HR and Recruiting, Director of Finance, Director of IT and Director of Infrastructure.

In February 2005, the FHT proposal was approved, and the group received a \$94,000 development grant to assist in planning their FHT and preparing their business plan. The board of directors then wrote the five-year business plan and submitted it in December 2005. When the plan was approved, they received "early win" funding to commence hiring staff. In June 2006, full funding came through for the approved FHT positions. To date, the team has hired two nurse practitioners, two registered practical nurses, two part-time physicians, and two full-time physicians. Recruitment of additional health care providers is underway.

Ready to Pass the Torch

The pressure has eased on the board now that the FHT has hired a full-time Executive Director who is responsible for all the regulatory reporting and operating functions. Accordingly, the board has changed to a more conventional structure, with a president, treasurer, secretary, plus three other board members, and two ex-officio board members. The Executive Director attends each board meeting and a prominent part of the agenda is reserved for her report. To provide input to the board, the nurse practitioners and the physicians will form a Clinical Program Advisory Committee. This committee will assist with program planning and monitor the success of the FHT programs in addressing the gaps in health care.

The volunteers that launched the FHT are still serving on the board, but that is expected to change soon. Treena Lemay says, “Our role was mainly to get this FHT established and to structure it correctly to ensure successful operation. With superb support from the Ministry of Health, we plan to open a second site very soon and make additional hires. When all that is in place, some of the original board members, if not all of us, will step aside to welcome more community members on to the board. We’re ready to pass the torch. We firmly believe that this FHT belongs to the local community and it should reflect the specific needs of our geographic area.”

Peterborough FHT: Physicians Unite to Benefit Their Community

A group of 67 local physicians was behind the efforts to establish the Peterborough Family Health Team. The provider-based model of governance reflects the group’s vision to unite existing family practice physicians, attract more physicians to family practice, and provide primary care to unattached patients.

In the fall of 2002, the City and County of Peterborough was facing a predicament shared by many other smaller urban and rural centres. Physicians were leaving family practice, moving away, or retiring. By the fall of 2005, the number of patients without access to a family physician had grown from 10,000 to a high of roughly 27,000. The physicians that remained in family practice were overworked and increasingly frustrated in trying to serve a population of approximately 125,000 in the Greater Peterborough community.

The shortage of family physicians was straining the resources of other health care providers in the community; namely, the Peterborough Regional Health Centre, the Peterborough County City Health Unit and Peterborough Community Care Access Centre. Local family physicians and all health care providers were in agreement that an innovative solution was needed to address primary health care.

The Start-Up Phase

In May 2003, under the leadership of Dr. Donald J. Harterre, the Greater Peterborough Healthcare Alliance (Alliance) was formed. It was a steering committee with a mandate to look for solutions to resolve the crisis in family medicine, with participants that included physicians, the Medical Officer of Health from the Peterborough County-City Health Unit, the Chief Executive Officer of the Peterborough Regional Health Centre and the Chief Executive Officer of the Peterborough Community Care Access Centre, and a representative from Peterborough County Council and Peterborough City Council. The Peterborough Regional Health Centre provided administrative support to the committee through their Manager of Public and Corporate Affairs, Bill Casey.

The Alliance developed a strategy to establish a Family Health Team under the stewardship of a non-profit corporation that would respect individual

physician practices. The vision was to effectively “network” together five existing family practice teams in the Peterborough area and enable them to add allied health professionals to their teams in order to meet patient needs and take on unassigned patients. In September 2005, the Alliance filed papers to become a non-profit corporation with three initial directors: Dr. Donald J. Harterre, former Chief of Staff, Peterborough Regional Health Centre, Bill Casey, and Randy Northey, a local lawyer.

The FHT was granted letters patent on October 13, 2005, and began working with community partners and the Ministry of Health and Long-Term Care to develop and fund five Family Health Teams to service the Greater Peterborough Community. The Peterborough Family Health Team was born. On November 10, 2005, all 67 FHT physicians joined as members of the corporation. With a provider-based model of governance, the new board of directors was selected, with Dr. Harterre serving as chair and a board member representing each of the five Family Health Teams in the network.

The Peterborough FHT obtained ministry funding in January 2006 and set to work recruiting and hiring allied health professionals to work in physician practices throughout the Greater Peterborough Community. In addition to the physicians and their administrative staff, the FHT staff now includes one Executive Director, 5.0 full-time equivalent (FTE) managers, 4.2 FTE social workers, 3.0 FTE mental health workers, 4.2 FTE Dietitians, 7.0 FTE registered nurses and 11.8 FTE nurse practitioners.

Managing Governance Issues

The fledgling Peterborough FHT began operations with a standard set of bylaws for a non-profit corporation. When issues arise, they are brought before the board at the monthly meeting. Just as the services offered by the FHT will change to meet community needs, the governance will evolve to help the FHT reach its objectives.

Bill Casey said, “Initially we were very focused on what impact the addition of allied health professionals would have on the existing physician practices. We wanted to see how patients would react to alternate care providers working with

their family physician. Now, as we add more allied health professionals to our team, it becomes important to ensure that they are represented in board discussions. To that end, we are in the process of amending our bylaws to add ex-officio board members to assist us in ensuring their acceptance and successful integration.”

The “networked” organizational structure enables each of the five teams to be self-governing to a large extent. Each team makes its own hiring decisions and manages its own billing and office services. The Peterborough FHT administration handles the government funding and reporting function, standardizes policies and procedures, and provides a unified approach to the provision of family health care services. In addition, Peterborough FHT administration has standardized HR policies and practices, and assists in recruiting and hiring allied health professionals.

Impact on the Future of Family Medicine

Dr. Harterre observed, “The Family Health Team makes family medicine a more attractive proposition. Our physicians appreciate being part of a professional team and working with allied health professionals. Not only does it redistribute the load, it opens the possibility of a lot more variety in the practice. Within the group family practice, physicians have an opportunity to increase their knowledge and specialize in certain areas, whether that is geriatrics, pediatrics or psychotherapy.”

So far, in its first year of operation, the FHT has placed over 7,000 new patients with physicians, which is having an impact on the way health care is delivered in the community. For example, the volume of patients visiting hospital ER has dropped because more patients are choosing to seek care at the FHT during extended hours. The FHT solution is working, according to Dr. Harterre, who added, “This is the best thing to happen to health care in 30 years.”

Visual Identity Tip

Did you know...

Family Health Teams are required to use the designation “Family Health Team” in their name and on all official printed materials (i.e., letterhead, signage, etc.) and are encouraged (but not obligated) to use the official Family Health Team font and colour in the design of their materials.

Do you have questions about visual identity?

We can help. Please refer to the Guides section of our website at:
www.health.gov.on.ca/transformation/fht/fht_guides.html

The Family Health Team Guide to Visual Identity and visual identity letter that accompanied the graphics CD sent last year are now posted there for easy access.

If you can't find the answer to your question online, please contact your FHT Coordinator for assistance.

Improving Access with New Diabetes Education Programs

On February 6, 2007, the McGuinty government announced a \$9.8 million investment in 44 new diabetes education programs across the province to help support people with diabetes. Sixteen Family Health Teams (see list below) received funding for diabetes programs in communities where they are needed. The diabetes programs are a natural fit with FHTs since they share the goal of assisting patients to better manage chronic conditions.

LHIN	FHT
Central	Carefirst (Richmond Hill) FHT
Central West	Mel Lloyd (Shelburne) FHT
Champlain	Bruyere Academic FHT
	Eastern Ottawa FHT
	Ottawa Hospital Academic FHT
Erie St. Clair	Chatham-Kent FHT
Hamilton Niagara Haldimand Brant	Niagara Medical Group FHT
	Six Nations FHT
Mississauga Halton	Credit Valley FHT
South East	Prince Edward FHT
	Queen's FHT
	Sharbot Lake FHT
Toronto Central	Mount Sinai FHT
	Sherbourne FHT
	Taddle Creek FHT
	Two Rivers FHT

In total, seventy-seven new diabetes teams have been created over the past year as part of the government's \$53 million diabetes strategy that focuses on diabetes education, early intervention and effective prevention of complications. The strategy is part of the government's plan for innovation in public health care, building a system that delivers on three priorities – keeping Ontarians healthy, reducing wait times and providing better access to doctors and nurses.

Family Health Team e-News is posted on the ministry's website at http://www.health.gov.on.ca/transformation/fht/fht_bul.html and e-mailed.

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Are you starting to form or working in a Family Health Team?

Do you have a question or experience to share? Please send it to your ministry Family Health Team coordinator.