

NE MANITOULIN FHT – CLOSE WORKING RELATIONSHIPS

Quick Facts:

- Established 2006
- Little Current, ON
- 1 RNPGA; 6 fulltime & 2 contract MDs
- Care delivery sites:
 - o Manitoulin Health Centre
 - o Aboriginal Health Access Centre (AHAC)
 - o 3 First Nations Health Authorities
 - o 2 First Nations Health Centres
 - o 2 First Nations home care programs
 - o 2 Long term care facilities
- 7.4 IHPs, 8 Admin
- Physician-led Board
- 7,200+ patients

Summary

The Northeastern Manitoulin Family Health Team (NEMFHT) is a northern Ontario FHT. It encompasses a Rural and Northern Physician Group Agreement (RNPGA) managed by the Little Current Medical Association (LCMA), which consists of a small, tightly-knit group of physicians and staff who have worked together to serve the region for a long time. Upon establishment, the FHT was mindful of this existing close working relationship and was careful to maintain this dynamic of trust and collaboration. The FHT executive worked to reinforce this network, and integrated new FHT staff slowly and purposefully to address identified gaps and needs in services to better deliver care to the community.

Background

The NEMFHT is a rural FHT located on Manitoulin Island (one of three on the Island), established in 2006, providing primary health care to local residents and to five First Nations communities. NEMFHT's catchment area is large, with the main clinic site located in Little Current as part of the Manitoulin Health Centre hospital facilities. Six family physicians currently practice in a RNPGA. The physician associates have been in existence for over 35 years. Under the LCMA umbrella, the physicians provide emergency care, inpatient care, home visits and clinic care to anyone in the catchment area. The FHT has a physician-led Board, with a Community Advisory Committee comprising ten individuals who are also patients of the FHT. The current Executive Director was the founding Executive Director.

At the time the FHT was formed, the LCMA had their own administrative staff, including three clinical staff as well as a nurse practitioner funded through underserved area funding.

Motivation for Change

As in many rural northern communities, many of the practicing physicians in the region had worked together for decades as the LCMA, at the time that the FHT was introduced. Joining the FHT was seen as an opportunity to better coordinate their provision of care to their catchment region, and relieve some of the strain on their already stretched resources through the addition of IHPs and subsequent introduction of more efficient streams of care.

“Six physicians is an impractical number for the demographic served, so IHPs are critical. A much higher level of care has been developed and delivered than was previously possible, particularly with respect to preventative care.”

– Dieter Poenn, Lead Physician

The Process

Purposeful FHT Growth

Upon establishment and prior to the FHT becoming operational, the Executive Director spent six months working closely with LCMA staff to understand their unique environment, challenges and needs. Once the FHT began hiring staff and building up its capacity, it did so in an informed, strategic manner, addressing gaps identified by the existing LCMA staff. LCMA staff could see the direct benefit with each new FHT staff addition, and so remained confident that the FHT was bringing value to both the LCMA and the community it serves. The FHT leveraged the existing close and well-established working relationships and the associated goodwill and trust to implement unique collaborative arrangements that mutually benefited the physicians and the FHT.

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Success Factors

RNPGA Staff Engagement

NEMFHT recognizes the importance of engaging all parties in developing operational policies and procedures. Recommendations, suggestions and input are actively sought and encouraged from staff at all levels.

“The culture and philosophy of our team are that we work together no matter who pays you. What we do for staff in one group we do for all.”

– Judy Miller, FHT Executive Director

Integrated Management Team

NEMFHT has an integrated Management Team that includes the NEMFHT Executive Director, the Lead Physician and the LCMA Business Manager. Integration of the FHT and LCMA at the leadership level supports a unified and collaborative dynamic. Each month there are sequential meetings; first with all of the FHT staff, followed by the NEMFHT Board, and then the LCMA physicians group. Items raised at the FHT staff meeting that warrant further action can be brought forth to the Management Team by the Executive Director, and likewise can be brought before the Board by the Lead Physician. This process allows for proper usage of organizational communication channels, and can quickly bring issues to the appropriate level. Further, the Management Team actively deals with risks and issues as they arise between monthly meetings.

The Challenges

Change Management

A common challenge in implementing or expanding a new FHT is the perceived pressure to get the FHT staffed and operational as soon as possible. This can create uncertainty and may create barriers between the new FHT staff and existing medical staff. NEMFHT's Executive Director took the time to understand the actual needs and worked closely with the existing LCMA staff, so that the new FHT relationship with the medical staff was a strong and collaborative dynamic.

Travel in the Delivery of Care

There is a concerted effort to involve community partners, yet, because much of the care is being delivered outside the immediate physical location of the FHT - for example, in the hospital, the First Nations communities and nursing homes - there is a considerable drain on the administrative/management team to coordinate that care effectively. This does strain the FHT's resources considerably.

The Benefits

NEMFHT's close and collaborative working relationship with the LCMA allow them to implement unique collaborative arrangements that benefit the physicians, the FHT and most critically, the community they serve. Benefits they achieve include:

- / Flexible working arrangements
- / Effective organizational communication channels
- / Engaged staff at all levels and communal representation for oversight
- / Willingness by staff and physicians to improve services
- / More efficient delivery of care
- / Timely action to matters
- / Enhanced integration of health care needs at all levels and areas of the FHT's involvement
- / Greater physician satisfaction and willingness to lead
- / Following a strategic plan, the team develops program and quality improvement plans together

“What's critical in our culture is the flexibility between the [physicians and FHT] and the willingness to do what's best for both.”

– Dieter Poenn, Lead Physician