



Thames Valley

Family Health Team

Relationship Framework for the Thames Valley Family Health Team (TVFHT) Corporation and TVFHT Affiliated Physicians

Philosophy

The Thames Valley Family Health Team is composed of the corporation and affiliated physician groups together with their respective employees.

We, the Thames Valley Family Health Team, consider the patients' needs as paramount. We support the vision, mission and values of TVFHT and work together to carry out our mutual goals and objectives.

Purpose of this document

TVFHT employees (interdisciplinary health professionals [IHPs] and administrative staff) and TVFHT-affiliated physicians and their staff need to understand each other's role as part of a team called the TVFHT. This document will detail the expectations and requirements of TVFHT-affiliated physicians and their staff in relation to the employees and executive of the TVFHT corporation and its board of directors.

Background

The TVFHT corporation has entered into a funding agreement with the Ministry of Health & Long-Term Care (MOHLTC) to receive funds and administer related programs. The corporation must ensure, as part of its responsibilities to the MOHLTC, that the funding is used for its intended purposes as laid out in the funding contract. This framework ensures that the relationship between the TVFHT corporation and affiliated physician groups reflects the accountability requirements for receiving MOHLTC funding.

All physicians party to a TVFHT-affiliated physician group agree to abide by the accountabilities outlined in this document. The relevant text from our current funding agreement is in Appendix 2.

Working together to create a good team structure

One of TVFHT's goals is to create a collaborative environment where all participants are respected for their specific expertise.

Corporate accountabilities:

The corporation commits to:

- Establishing an effective governance model that fulfills the organization's mandate and ensure the TVFHT corporation's viability.
- Establishing an appropriate management structure that
 - Recruits and provides ongoing management of professionals with required licensing for positions.
 - Works collaboratively with the corporation's employees and lead physicians to understand improvements of skills or new skill development required to effectively carry out position responsibilities
 - Ensures that the organization and its professionals meet all necessary legislative requirements on an ongoing basis
- Sharing with affiliated physician groups the tools that the FHT has created to meet legislative or other needs, if those resources also support the FHN/FHOs in their operations.
- Ensuring regular communication with affiliated physician groups regarding TVFHT programs and other services offered to FHNs/FHOs.
- Allocating tangible resources in a manner that balances the needs of each physician group and its practice population with the logistical and operating requirements of the corporation.
- Ensuring that the corporation and its administrative practices are in compliance with the terms and conditions of the funding agreement with MOHLTC.
- Advising affiliated physician groups in a timely manner of legislative or other changes that may affect the terms and conditions of the funding agreement with MOHLTC.

We are committed to continuously building on our past success and improving both the methods and measures of our performance. Maximizing our ability to serve our patients depends upon the performance of our people, adherence to our policies and practices and, quite simply, supporting all participants in our organization to do what is right. We strive to measure, communicate and act on issues that impact on our ability to carry out our mission and reach our vision in a manner which is proactive and responsive to the needs of our stakeholders.

Accountabilities for affiliated physician groups:

As part of TVFHT's requirements for receiving MOHLTC funding, patients must have equal access¹ to TVFHT services where they exist. Each affiliated physician must be aware of the services available at their site or as part of the greater TVFHT, and encourage patients to access those services where appropriate. Where the service is provided in part or in its entirety by an IHP with whom the physician may have a conflict, that conflict must be brought forward to work through a conflict resolution process. For example, actively excluding patients from seeing the IHP with whom the physician has a conflict is not an appropriate resolution.

¹ The Ministry of Health and Long-Term Care provided the TVFHT corporation with a definition of the term "equal access" at our request. They indicated that the "intent behind the inclusion of this clause is to ensure that no family health team patient is actively excluded from FHT services. One of the benefits that FHTs bring to their patients is access to interdisciplinary care. This is a feature that all FHT patients should be able to share. The Ministry understands that there may be resource limitations that may preclude, for example, that all patients at a given site have the same access to services as all other sites and defers to the FHT to determine optimal resource allocation. However, resource allocation decisions should not result in any active exclusion of a patient from access to FHT services, particularly if those services are funded by the Ministry to benefit all the patients of the FHT. The Ministry also acknowledges that the FHT may, from time to time, have pilot projects which by their nature may limit the number of patients that can participate".

Conflict Resolution

We recognize that from time to time, areas of concern or conflicts may occur in the workplace between co-workers, interdisciplinary health professionals or other individuals. The best outcome is usually a negotiated agreement between the parties.

TVFHT will use existing protocols and guidelines created by several well-established healthcare and physician expert organizations when considering situations where there may be questions or concerns regarding how affiliated physicians and their staff interact with the TVFHT corporation's employees (Appendix 3)².

Appendix 4 sets out a process to resolve the concern/conflict between the TVFHT corporation's employees and individuals in affiliated physician groups or their employees through internal mediation. Lead physicians will play an important role in this process.³

² A dispute resolution process is already in place for areas of concern or conflicts between the TVFHT corporation's employees.

³ For a more detailed list of lead physician responsibilities, please see Appendix 5.
Relationship Framework for the Thames Valley Family Health Team
(TVFHT) Corporation and TVFHT-Affiliated Physicians

Glossary of Terms:

Affiliated physician – any physician who is a signatory to a FHN/FHO that is listed in the TVFHT corporation's funding agreement. In exceptional circumstances, TVFHT may determine that a person is a participating physician without being a signatory to a FHN/FHO that is listed in the corporation's funding agreement. This circumstance would require a motion of the Board of Directors.

Conflict – In this context, used to mean disagreements between persons or groups providing care to patients that are enrolled to TVFHT affiliated physicians.

Director – An individual who is elected or appointed to the TVFHT corporation's Board of Directors.

Dispute – In this context, used to mean disagreements between persons or groups providing care to patients that are enrolled to TVFHT affiliated physicians.

Employee of an affiliated physician group – a person who the FHN/FHO presents to the TVFHT corporation as being a member of their staff team (whether it be contract, regular, consultant or other).

Equal access

- The Ministry of Health and Long-Term Care provided the TVFHT corporation with a definition of the term “equal access” at our request. They indicated that the “intent behind the inclusion of this clause is to ensure that no family health team patient is actively excluded from FHT services. One of the benefits that FHTs bring to their patients is access to interdisciplinary care. This is a feature that all FHT patients should be able to share. The Ministry understands that there may be resource limitations that may preclude, for example, that all patients at a given site have the same access to services as all other sites and defers to the FHT to determine optimal resource allocation. However, resource allocation decisions should not result in any active exclusion of a patient from access to FHT services, particularly if those services are funded by the Ministry to benefit all the patients of the FHT. The Ministry also acknowledges that the FHT may, from time to time, have pilot projects which by their nature may limit the number of patients that can participate”.
- TVFHT definition of equal access - to ensure that no TVFHT patient is actively excluded from services provided by the TVFHT corporation. Those services may be delivered by different interdisciplinary health professions depending on resources allocated to individual sites, provided that all patients at a given site have the same access to TVFHT-wide services as all other sites. From time to time, TVFHT may have pilot projects which by their nature may limit the number of patients that can participate. Additionally, TVFHT believes that duplication of services already available in a community is not an effective use of resources, and therefore acknowledges that there will be instances where services delivered by TVFHT at one location may be accessed outside TVFHT for patients in a different location that has different community resources.

FHT employee – a contract or regular employee of the TVFHT corporation. This person would be operating under an employment contract or employment agreement and is bound by all policies and procedures of the corporation.

Lead physician – has signed an agreement with the TVFHT corporation to act in this capacity for their FHN/FHO.

Mediation – an intervention by a third person to resolve conflicts or disputes.

Member – Member of the organization in legal terms. Every Member of the organization is a Director and every Director is a Member.

Team member – any person who works with the TVFHT corporation to support the achievement of our mission and vision is a team member. The term “team member” is inclusive of Board Directors, Members, participating physicians, FHT employees, FHN/FHO employees and TVFHT partner organizations.

TVFHT – umbrella term describing any person who works with the TVFHT corporation to support the achievement of our mission and vision. This includes Board Directors, Members, participating physicians, employees of the TVFHT corporation, FHN/FHO employees and external partner organizations.

“the TVFHT corporation” – the incorporated entity funded by the Ministry of Health and Long-Term
Care

Text from TVFHT's Current Funding Agreement that Pertains to Physician Relationships

TVFHT will ensure that affiliated physician groups are advised in a timely manner of legislative or other changes that may affect the terms and conditions of the funding agreement with MOHLTC.

All items below are direct quotes from TVFHT's current funding agreement:

"Nothing in this agreement precludes a Physician from terminating his or her relationship with any patient in accordance with professional standards. Further, nothing in this agreement shall create obligations for a Physician that go beyond his or her professional competence or that, using the Physician's best efforts, are beyond the reasonable control of the Physician".

"It is a condition of the Ministry's continued funding that all patients of the physicians in an affiliated Primary Enrolment Model to the Family Health Team have equal access⁴ to the Family Health Team services including the services of the interdisciplinary health providers."

"The Recipient⁵ acknowledges and agrees that there shall be no duplication of any direct or indirect funding provided in this agreement with any other funding available from the Ministry for the same or similar items or services ("Duplicate Funding") received by the Recipient or any other individual or group receiving funding pursuant to this agreement"⁶.

"The Recipient agrees that they shall participate in, and co-operate with, evaluation and monitoring activities undertaken by the Ministry or persons designated by the Ministry, following appropriate notice. It is understood that the evaluation and monitoring activities shall be conducted with a view to minimizing disruption to the normal operations of the Recipient's business practices. The Recipient agrees that the results of any evaluations of the Family Health Team may be appropriately published or used."

"The following events shall be deemed to be material breaches of this agreement by the Recipient, which the Ministry shall be entitled at its option to treat as incapable of being cured:

- (a) the Recipient has knowingly provided false or misleading information regarding any aspect of the Family Health Team;
- (b) the Recipient enters into another agreement with the Ministry for the same or similar purposes as those covered in this agreement; or
- (c) the Physician Services Funding Agreement with the Ministry is terminated."

"The Recipient shall develop and maintain its own mechanisms for complaints and dispute resolution for the Board; staff, affiliated FHT physicians, patients and the public. The Recipient acknowledges that internal and external complaints and disputes pertaining to administration and service are the sole responsibility of the Recipient to resolve and manage without the involvement of the Ministry."

⁴ The MOHLTC's intent behind the inclusion of this clause is to ensure that no family health team patient is actively excluded from FHT services. For a more detailed definition, see the Glossary (Appendix 1).

⁵ "The Recipient" is the Thames Valley Family Health Team corporation.

⁶ To clarify, no physician may bill for services provided by a FHT employee.

Existing protocols and guidelines to consider in situations where there may be questions or concerns regarding interaction between affiliated physicians and FHT employees

Physician Behaviour in the Professional Environment (CPSO Policy Statement # 4-07, November 2008)

- Expected to act in a courteous, dignified and civil manner towards patients, colleagues (whether members of a health regulatory college or not) and others involved in the provision of health care.
- Act in the best interests of the individual patient. This includes acting respectfully towards patients and their families, friends and visitors, even under stressful situations.
- To promote the safe and efficient delivery of health care to all, physicians are expected to work respectfully and collaboratively with other members of the health care team. This includes other physicians and colleagues (whether members of a health regulatory college or not), volunteers, students, and all other individuals who contribute to health delivery.
- Take responsibility for their own behaviour.

Putting Patients First: Patient-Centred Collaborative Care – A Discussion Paper

As members of collaborative care teams, all physicians have a responsibility to:

- Collaborate with team members
- Maintain a patient-centred focus of care
- Understand and respect the roles of skills of providers within the team
- Listen to and value the input of team members in the care of a patient
- Communicate effectively with all members of the team
- Enhance intraprofessional collaboration with medicine and interprofessional collaboration with other providers
- Provide leadership in the evolution of collaborative care at all levels
- Encourage and foster personal growth of team members
- Champion ethical practice and work with the health professions to develop a common code of ethics to be used by collaborative care teams.

Practice Guide: Medical Professionalism and College Policies, CPSO, 2007

- Articulates the medical profession's existing values – compassion, service, altruism, and trustworthiness – as well as principles and policies that guide the practice of health care.
- “Collaborating with Other Health Care Professionals: In addition to an individual physician's responsibility to collaborate with other members of a health care team in providing care to individual patients, physicians as a group have a responsibility to collaborate with other health care professionals in order to serve Ontario patients. This kind of collaborative interaction between physicians and others includes the exchange of information; developing collaborative guidelines; fostering positive relationships at the institutional level; sharing decision-making, where appropriate and in the patient's best interest; and developing policies that ensure quality of care.”
- Collaboration is not only about getting along and treating others with respect—although this is extremely important—it is also about recognizing and accepting the unique roles and contributions of other health professionals. The best interests of patients are served when physicians utilize the skills of others, whether they are physicians or other health professionals.
- Good quality health care is often delivered by a team of professionals and individuals who contribute expertise in a variety of ways. Physicians should work respectfully and collaboratively with other members of the health care team to maximize the quality of patients' care.

Conflict Resolution Process⁷

(Note: if at any point in the process the complaint is deemed to contain serious allegations regarding competency or professional misconduct, the issue may be pulled from this normal process.)

- In the case of employees, a direct response by TVFHT to the employee will be made (e.g., disciplinary action, removal from situation until investigation complete, etc.)
 - In the case of physicians, direct referral of the case to the CPSO may be made.)
- 1) Initially, all complainants are encouraged to discuss the concern or complaint directly with the person with whom they have the concern or conflict⁸. Simply bringing the concern to the other party may resolve the issue. The following questions should be used as a guide to resolve the concern/conflict:
 1. What is the issue?
 2. Who has a stake in the issue?
 3. Are there other underlying issues?
 4. What are the unique perspectives of each stakeholder?
 5. What are three potential solutions or action plans?
 6. What resources are needed for the best solution or action plan to work?
 - 2) If the concern/conflict is not resolved during this meeting, the material collected in the above process will constitute the “concern/conflict file” which will be used in the next step of the process.
 - 3) If the parties are unsuccessful in resolving the issues directly, the complainant should discuss his/her concern with the appropriate person listed below, not later than ten (10) days following the incident that gave rise to the concern/conflict:
 - TVFHT employees → Site Coordinator (or where not available, the Clinical Director)
 - FHN/FHO physicians and employees → Lead Physician (for FHT, which may be the same or different than the FHN/FHO Lead Physician)
 - 4) If resolution is not possible with the informal support of these leaders, the complainant may submit the complaint in writing within ten (10) days of completion of the above process:
 - TVFHT employees → submit to Clinical Director
 - FHN/FHO physicians and employees → submit to Medical Director
 - 5) The TVFHT Clinical Director and/or Medical Director will meet with the complainant within ten (10) days of receipt of the complaint. The Clinical and/or Medical Director will take notes about the nature of the complainant’s concerns, the resolution the complainant is seeking and other information needed to investigate the case.
 - 6) The Executive Director and Lead Physician will be apprised of all steps from this point forward and brought into any discussions as appropriate.
 - 7) The Clinical and/or Medical Director will endeavor to arrive at a negotiated agreement between the parties, as this usually provides the best outcome. The Clinical and/or Medical Director will need to verify evidence provided by the complainant, speak to the other party to the conflict, their

⁷ This Conflict Resolution Process is similar to the corporate Dispute Resolution Process followed when a conflict occurs between TVFHT employees.

⁸ In some situations, the complainant may feel that this step is not appropriate and in those cases they may wish to proceed directly to step 3.

supervisor or Lead Physician. The Clinical and/or Medical Director may meet with the parties separately, or together, to find ways to resolve the differences.

8) If no resolution can be negotiated, then as appropriate:

- Any behavior by a staff member deemed to be in violation of the employee's responsibility to the organization or to their professional standards will be dealt with in the normal organizational manner depending on the severity of the violation.
- Any behavior by a physician deemed to be in violation of professional standards and guidance documents referenced previously will be referred to the CPSO either as a complaint or a request for advice depending on the severity of the violation. Each situation will be considered individually (i.e., managing the relationship while waiting for a response from CPSO, and concluding the discussion after receiving the results of the CPSO investigation.)

Lead Physician Responsibilities

When Lead Physicians commit to taking on this role, they agree to fulfill the following responsibilities:

- a. Within 1 month of commencement of this agreement, participate in an orientation meeting led by the medical director. This meeting may include other participants such as the outgoing lead physician, clinical director and executive director.
- b. Attend lead physician meetings (either by teleconference or in person) at the call of the medical director. If unavailable, another physician may represent the FHN/FHN/FHO.
- c. Working collaboratively with TVFHT administration:
 - Ensure a regular forum at your site for formal communication that allows physicians, TVFHT staff, corporate office staff, and FHN/FHN/FHO staff to collaborate and dialogue on issues.
 - Facilitate day to day communication between the physicians within the FHN/FHN/FHO and the TVFHT, both with site TVFHT staff and with corporate office. This includes sharing of correspondence as requested, and supporting open dialogue between the FHN/FHN/FHO and TVFHT on topics of mutual importance.
 - To enable ease of communication, availability by email is essential.
- d. Assist in the hiring of the FHT interdisciplinary health professionals (IHPs) either through personal attendance at interviews or by delegating to a physician representative from the FHN/FHN/FHO.
- e. Provide and receive feedback among the FHT IHPs and stakeholders.
- f. Assist in communication within the FHT.
- g. Assist in the implementation of the TVFHT/Physician Relationship Framework by:
 - Ensuring that all physicians within their FHO have reviewed the Framework and understand the accountabilities listed within it
 - Participating in the conflict resolution process as described in the Framework
- h. Ensure participation of physicians within your FHN/FHN/FHO in the continuous quality improvement process.
- i. Participate, on request, in orientation for successor lead physician at the end of the year.