

INTEGRATION PROPOSED SYNOPSIS OF BETTER PRACTICE

PRISMA (Canada)

Section I: Summary

PRISMA (Program of Research to Integrate the Services for the Maintenance of Autonomy) in Canada has proven effective in integrating care for frail seniors with chronic conditions living in the community and maintaining their independence in the community.

The components that have made this model of care successful thus far include:

- Co-ordination between decision makers and managers at the regional and local levels;
- Single point of entry to services and co-ordination;
- Case management services;
- Individual service plans;
- Single assessment instrument coupled with a case mix management system; and
- Computerized clinical chart.

Section II: Statement of purpose

Due to the aging of their population and increased demand on the health care system by the frail elderly, Canada wanted to implement pilots and programs to improve the health, empowerment and satisfaction of older people. In addition, they wanted to modify the health and social service utilization of the frail elderly living in the community while reducing the burden for their caregivers.

PRISMA was based on pilots implemented in other regions of the country from 1997 to 2000. The pilots included seniors 75 years and older, including an experimental and non-experimental group. The outcomes of the pilots indicated a decline in the trend of institutionalization, frailer clients became more autonomous, and there was a reduced burden for caregivers. Due to the success of these pilots, PRISMA was implemented in July 2001 in three regions of Quebec, Canada.

The goal of PRISMA is to create a structure with a single point of entry that can assess, coordinate, monitor, and evaluate multidisciplinary services being delivered by practitioners, public service providers, and volunteer organizations. Participating organizations retain their operational structure but adopt their coordination to meet established program goals, requirements, and processes. Unique features of PRISMA include a focus on documenting, governance, process and outcomes of the

system changes being implemented as well as allowing the program to be flexible enough to be responsive and adaptable to changes by outside forces.

The success of PRISMA thus far is attributed to:

- Proceeding with an extended implementation date due to challenges in modifying existing delivery system features;
- Involving stakeholders from every level of government and private sector impacted by this program, including decision makers, management at every level, and those in the operational level such as clinicians;
- Establishing a resource utilization group (RUG) type to use across sites;
- Designing reliable and valid tools for measuring and monitoring clients;
- Ability to generate reports and analyze data and impacts to the health care system.

Section III: Outcomes

The impact of health and social service integration in Canada has led to the following outcomes for seniors in Quebec living in the community:

- Reduction of handicap levels;
- Functional decline was 6.3 percent lower than the non-experimental group;
- Incidence of functional decline was 14 percent lower than the non-experimental group;
- Positive effect on satisfaction and empowerment levels;
- 20 percent reduction of visits to the emergency room; and
- Overall health care costs were not higher for experimental group.

In addition to its current success with frail elderly in the community, Canada is considering adopting this model for patient populations with mental health and physical and mental disabilities.

Finally, other countries, such as France, are contemplating rolling out this type of program in their country.

Section IV: Contact Information and References

Source of Information

PRISMA website accessed at http://www.prismaquebec.ca/cgi_cs.waframe.index?lang=2 on January 10, 2009.

Additional Resources

Hebert, Rejean, Anne Veil, Michael Raiche, Marie-France Dubois, Nicole Dubuc, Michael Tousignant (The PRISMA-Estrie Group). "Evaluation of the Implementation

of PRISMA, a coordination-Type Integrated Service Delivery System for Frail Older People in Quebec." *Journal of Integrated Care*, Volume 16 (6), December 2008. Accessed at <http://www.pavpub.com/pavpub/journals/jic/samples/1208sample.pdf>. on December 10, 2009.

Margaret MacAdam and Stephanie MacKenzie. "System Integration in Quebec: The PRISMA Project." *Health Policy Monitor*, October 2008. Accessed at <http://www.hpm.org/survey/ca/a12/12> on December 10, 2009.