

## Canada: Improving care for the frail elderly – the PRISMA project

The Canadian province of Quebec has made a commitment to improving the quality of care for individuals with chronic conditions. A successful model developed in the province is the PRISMA project, an integrated service delivery system that targets the frail elderly living in the community.

### Why PRISMA?

- The frail elderly and their carers have multiple healthcare and psychosocial needs
- Finding and choosing the right care is often difficult for the elderly and their carers due to fragmented health and social care services
- Accessing and receiving appropriate services is integral to managing frailty and disability and sustaining autonomy in the community

### What does PRISMA want to achieve?

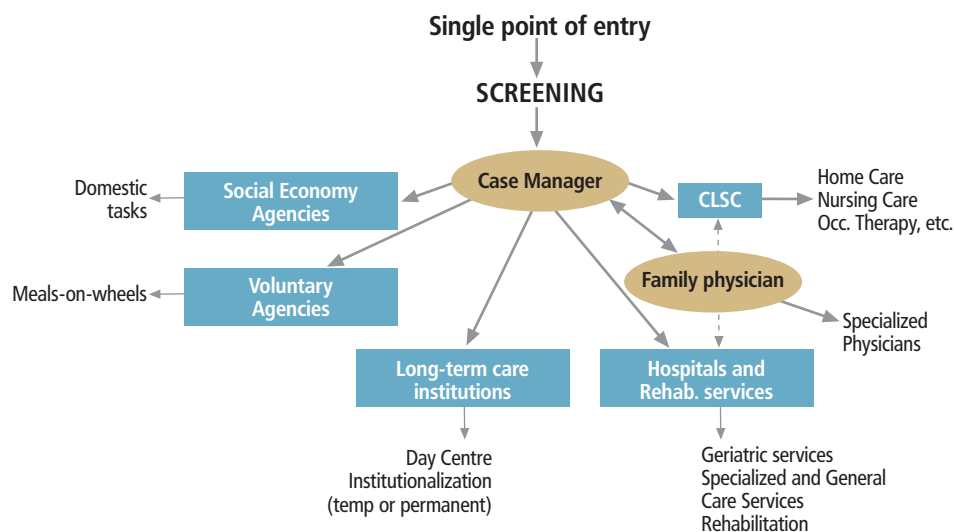
- Improve health, empowerment and satisfaction of older people
- Modify their health and social service utilization without increasing the burden on caregivers

### The PRISMA idea: a single point of entry

In the PRISMA model, patients enter the system through a single point of entry that

- assesses
- coordinates
- monitors and
- evaluates

multidisciplinary services being delivered by practitioners, public service providers and volunteer organizations (see figure). Participating institutions retain their structure, but adapt their resources and operations to meet the established requirements and processes.



Source: Hébert et al. "PRISMA: a new model of integrated service delivery for the frail older people in Canada". International Journal of Integrated Care, 18 March 2003.

### PRISMA works – evaluation shows positive results

PRISMA systematically documents governance, process and outcome of the system changes being implemented. An evaluation of the four-year project showed positive effects on the frail elderly and their carers\*:

- significant reduction in handicap levels
- functional decline 6.3 % lower in experimental group in year 4
- positive and significant effect on satisfaction levels
- positive and significant effect on empowerment levels
- 20% reduction of visits to emergency rooms
- overall cost not higher in experimental group, even when implementation cost was included

\* 728 experimental and 773 control group participants

Source: Hébert et al. (2008). PRISMA Volume II. Integration of services for disabled people: Research leading to action. Québec: Edisem.



### PRISMA success factors – a role model for chronic care organization elsewhere

- **Solid evidence base:** PRISMA is modelled after a quasi-experimental pilot study (1997–2000) that showed positive results.
- **Participants from all levels:** The project involves the Quebec Ministry of Health and Social Services, the Regional Health and Social Service Boards, university researchers, individual providers.
- **Systematic monitoring:** Involved actors meet frequently to monitor and analyze implementation progress and results, discuss problems, plan future research, etc.

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#### Full report:

Margaret MacAdam, Stephanie MacKenzie: "System Integration in Quebec: The Prisma Project". HealthPolicyMonitor, October 2008. Available at [www.hpm.org/survey/ca/a12/2](http://www.hpm.org/survey/ca/a12/2)

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Contact the HealthPolicyMonitor Team at +49 (0)5241 81-81226 or [info@hpm.org](mailto:info@hpm.org)