

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 one region of 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

The PRISMA idea: a single point of entry

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

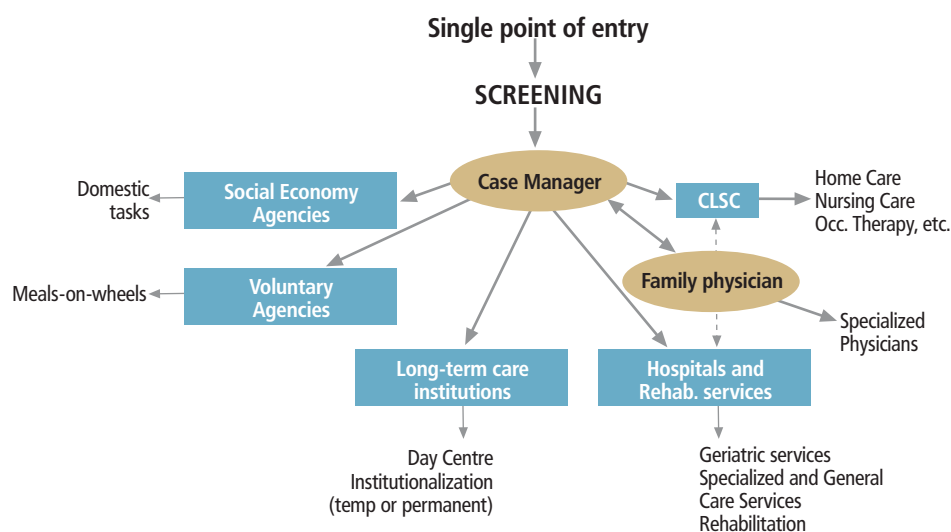
- assesses
- coordinates
- monitors and
- evaluates

multidisciplinary services being delivered by practitioners, public service providers and volunteer organizations (see figure).

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

Participating institutions retain their structure, but adapt their resources and operations to meet the established requirements and processes of PRISMA.



PRISMA works – evaluation shows positive results

PRISMA systematically documents governance, process and outcome of the system changes being implemented. In 2009, the results of a four year quasi-experimental evaluation of PRISMA found that:

- functional decline and unmet needs of participants declined compared to those in the comparison group*
- satisfaction and empowerment scores increased
- significantly fewer visits to emergency rooms
- but no differences on rates of hospitalizations, length of stay, or readmissions

As a result of the promising results of PRISMA, the Government of Quebec Ministry of Health and Social Services has decided to generalize the model to the entire province.

* 501 experimental and 419 comparison group participants

Source: Hébert et al (2009). Impact of PRISMA, a Coordination-Type Integrated Service Delivery System for Frail Older People in Quebec (Canada): A Quasi-Experimental Study. *J of Gerontology: Social Sciences*. May. Forthcoming



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

- **Solid evidence base:** PRISMA was expanded in the Eastern Townships Region after a quasi-experimental pilot study (1997 – 2000) that showed positive results. It is being expanded throughout Quebec after a second evaluation was conducted (2001 – 2004). The PRISMA model is also being implemented in France.
- **Participants from all levels:** The project involves the Quebec Ministry of Health and Social Services, the Regional Health and Social Service Boards, university researchers, health and social service providers.
- **Systematic monitoring:** Involved actors meet frequently to monitor and analyze implementation progress and results, discuss problems, plan future research, etc.

Full report:

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

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