Book Review / Compte rendu

Réjean Hébert, André Tourigny, and Maxime Gagnon (Eds.). *Integrated Service Delivery to Ensure Persons' Functional Autonomy*. Saint-Hyacinthe, QC: Edisem, 2005.

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RÉSUMÉ

Cet ouvrage porte sur PRISMA, un programme de recherche sur l'intégration des services de maintien de l'autonomie. S'appuyant sur un partenariat entre chercheurs, gestionnaires et cliniciens, PRISMA a permis de développer, d'implanter et d'évaluer un modèle organisationnel original visant à assurer l'intégration des soins aux personnes âgées en perte d'autonomie. Les mécanismes et outils inhérents au programme incluent, entre autres, une porte d'entrée unique, un processus de gestion par cas; un plan de service individualisé et un ensemble de mécanismes de gouvernance. En plus de fournir une gamme d'options pour renforcer l'intégration, cet ouvrage illustre comment une action concertée entre chercheurs et praticiens peut faciliter des changements organisationnels.

Over the last few decades, the idea of health services integration has been drawn into mainstream policy and decision-making discussions. In part, this has been due to increased awareness of gaps and fragmentation in the provision of health services and to a sense of the urgent need for a more coordinated approach to care in order to address the needs of an increased number of elderly, chronically ill people. *Integrated Service Delivery to Ensure Persons' Functional Autonomy* makes a valuable contribution to the ongoing debate about the opportunities integrated care approaches offer for rationalizing health care delivery and improving cooperation and coordination among health care providers over time and across various settings. More specifically, it provides an exhaustive report of the results of PRISMA (Program of Research to Integrate the Services for the Maintenance of Autonomy), a collaborative research project designed to develop, implement, and evaluate mechanisms and tools to improve care continuity and to integrate services for frail older people in Canada.

The group involved in PRISMA represents a partnership of researchers, policy makers, managers, and clinical practitioners. Researchers from two geriatric research teams worked with directors and managers of a health and social services network—representatives from the Quebec Ministère de la Santé et des Services sociaux (MSSS), the Institut national de santé publique du Québec, five regional health and social services boards, and a university institute of geriatrics—to define PRISMA's research activities, to design and carry out its protocols, and to implement its results through innovative services and programs.

PRISMA was an original initiative to improve care for elderly people. It drew on opportunities offered by integration to address access, continuity, and patient outcomes—some of the main challenges facing the providers of health services for this population. In the book's first chapter, Réjean Hébert and the other members of the research team describe in detail PRISMA's innovative organizational model of health services. This model was created in an effort to respond more adequately to the needs of older people experiencing loss of independence in their daily lives. Unlike other integration models, which are often based on a service system operating parallel to the main health care system, the PRISMA model plugs into that system through several mechanisms that combine all the public, private, and volunteer organizations providing care and services to frail seniors. These mechanisms are integrated into an organizational framework so as to foster better service coordination and continuity of care. The PRISMA model includes deliberative interaction processes among decision makers, managers, and professionals at regional and local levels; implementation of a single entry point through which the target population can access a comprehensive set of services; case management processes; and channels of communication between professionals and between services that span multiple team and organizational boundaries.

Care continuity and enhanced efficiency are common objectives of many integration efforts, and they often appear in various forms of organizational system. A key feature of the PRISMA model, however, is its departure from the dominant structural approach. Structural integration aims to change organizational boundaries and to integrate previously separate providers and functions in order to form integrated systems (horizontal or vertical) in which independent units are pooled to create a new and

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larger organization. A major problem with such structures is that it is difficult for a single organization to have sufficient size, financial independence, or organizational capability to deliver something as complex as health services. The PRISMA model is distinguished by its focus on a form of integration through which legally separate entities, bound together by shared objectives, are able to form a network of mutually dependent organizations that share information and make joint decisions to coordinate and synchronize services. The model includes all public, private, and volunteer health and social service organizations involved in care for frail elderly people in a given area. Each constituent organization maintains its own structure but agrees to cooperate in adapting its operations and resources to mutually agreed requirements and processes. From this perspective, integration relies more on organizational processes than on organizational structures. The PRISMA model is less invested in building a structure than in coordinating information management, material flow, operations, and resource and provider allocations through a common set of principles, strategies, policies, and activities.

Another strength of the PRISMA integration model proposed in this book is that it accounts for three main dimensions of continuity: informational continuity, relational continuity, and management continuity (Haggerty et al., 2003). Informational continuity refers to the use of information about past events and personal circumstances to make current care appropriate for each individual. Networked forms of health care organizations, such as the one proposed in the PRISMA model, are communication-intensive and can succeed only if their dispersed nodes can maintain communication links. Considerable efforts have been made to develop organizational processes that ensure the effective transfer of information across the continuum of care, the consistency of information given to patients, and the harmonization of data management.

Relational continuity points to the levers offered through the ongoing relationship between providers and patients to bridge discontinuous health care events and to facilitate care recipients' transitions among services and providers. The PRISMA approach has been to develop a common and standardized set of activities, tools, and processes that sustains contact between individuals and providers across time and settings. Case management, individualized service plans, and individualized assessment instruments are all part of a series of mechanisms and operational processes created and implemented to ensure that providers can share information, synchronize their activities, and achieve greater responsiveness to the needs of frail seniors.

Management continuity refers to an approach to managing a health condition through which independent units that are structurally dispersed and devoted to different tasks come together to maintain a cluster of organizations and to provide a coherent and coordinated set of services. Although the project's focus was not on creating new structures, the PRISMA model's integration process involves institutionalizing a form of referral that offers channels for governance, administrative organization, and resource sharing. Deliberative structures that include representatives of all health care and social service organizations and community agencies play a key role in defining the policies and orientations, monitoring service coordination, and facilitating adaptation of the service continuum.

As part of the overall process of developing a new integrated service delivery model, another component of the PRISMA project described in this book aims at validating clinical and management tools that support the functioning of an integrated service system and that facilitate organizational change and a shift to new professional practices. A series of tools was developed with the potential to improve care recipients' navigation through the health system, to facilitate the provision of services best suited to the needs of different clienteles, to allow users more timely and coordinated access to assistance, and to ensure continued monitoring of the resources used. These tools—for which the authors describe the development and validation processes in chapters 8, 9, 10, and 15—notably include a functional autonomy measurement system, a case-mix classification system for persons experiencing a decline in their functional autonomy, a computerized clinical chart that has a disability scale used for clinical assessment, and various other computerized tools designed to improve communications among health service providers, to ensure follow-up by care recipients, and to support resource and financial management.

The contribution this book makes to the field is not restricted to the development of an integration model. The authors were, in fact, ambitious enough to test the PRISMA model in several jurisdictions, and their research focused both on implementation processes and their impact on several outcomes. Seven chapters (2, 3, 5, 6, 7, 13, 17) are devoted to describing the methods of and results emerging from studies that sought to evaluate the model's application in different contexts and from various perspectives (e.g., frail seniors, their caregivers, their support networks, and their case managers). Although some of these chapters

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could have been pared down to avoid redundancies, the results of these studies highlight both the conditions that facilitate and those that impede the implementation of integrated care systems. The authors focus particular attention on the many practical difficulties associated with implementing changes of such complexity within an already complex system. While a substantial part of the book focuses on tools that can foster integration, the seven chapters dealing with the studies' methods and results draw attention to the processes for institutionalizing these tools and integrating them into professional and management practices. In chapter 17, the authors draw on a socio-political framework to demonstrate that the deployment of an effective service coordination system is a social innovation that could not have taken place without the action and interaction of people committed to creating such a system. This highly original chapter provides readers with a thorough understanding of how, why, and by whom an integrated network can be deployed successfully. It also warns against transposing PRISMA's results without taking into account a new situation's context-specific factors and the crucial role social actors play in implementing such changes.

The PRISMA project also included an evaluative component aimed at demonstrating the extent to which the integration model resulted in health gains for individuals, improvement in their experiences with the system, and a more effective use of human and material resources. Five chapters (4, 11, 12, 14, 16) present specific frameworks, methods, and original tools developed, validated, and applied to the measurement of the impact of the integrated service delivery network. These tools offer means to measure the quality and continuity of services, evaluate their costs, and assess the impact of the new organizational model on professional practices and on frail seniors and their immediate caregivers.

Integrated Service Delivery to Ensure Persons' Functional Autonomy comes at an opportune time and appeals to several audiences. In particular, for health care decision makers looking for innovative ways to deliver services to particular clienteles, this book will shed light on the importance of inter-organizational issues and on tools that can be used to foster coordination, not only between organizations but also between clinical practitioners and managers. The implementation of the PRISMA model also offers decision makers a good illustration of how research can successfully be combined with grounded interventions to transform research data into new ways of delivering services. This book is likewise highly relevant for scholars and students in health services research, offering them conceptual frameworks, methods, and tools that may be useful in evaluating the implementation and outcomes of new care-delivery models.

Reference

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