

Book review

Integration of services for disabled people: research leading to action. Volume II

*Edited by Réjean Hébert, André Tourigny, Michel Raïche
Québec: Edisem, 2008, pp 542
ISBN 978 2 89130 215 9*

This book is the second volume of the Program of Research on the Integration of Services for the Maintenance of Autonomy or PRISMA. Whereas the first book—Integrated Service Delivery to Ensure Persons' Functional Autonomy—presented the principles of integration, the PRISMA coordination model and the preliminary assessment of its implementation, this second volume pulls together the outcomes of many studies carried out on the model over the last three years.

This extensive project, with the intention to integrate services for disabled elderly in three communities in Canada, was funded by the Canadian Health Services Research Foundation.

The book represents the process of implementation and evaluation of an integrated care model for disabled elderly in a health care system in three communities in Canada. The many studies presented reflect the struggle to implement a care model based on a changed vision on organizing healthcare (from service-oriented to patient-centred) and to find evidence for the effectiveness of the integrated care model while it was still in the process of implementation.

Key-components of the PRISMA model are: 1) coordination between institutions at the strategic, tactical and clinical level; 2) the case management process; 3) the single entry point to care and services; 4) a single standardized assessment instrument with classification system (Iso-SMAF); 5) the use of individualized service plans; and 6) a multidisciplinary information system.

The 27 chapters are divided into four sections. The first section (Chapters 1 to 10) is dedicated to the model implementation and reports on the impact of the model on the existing health care system (Chapter 1); the results of measures of the progress of the implementation process of the model (Chapters 2 and 4); the perceptions among managers, service providers, case managed recipients and family physicians of relevant aspects of the model (Chapters 3, 6, 7 and 8); analysis of the Individualized Service Plans (Chapter 9); and the implementation and operation costs of the model (Chapter 10).

The second section (Chapters 11 to 13) reports on the assessment of the model impact: preliminary results (Chapter 11); findings for the four years of the study for variables in relation to both the elderly and their caregivers (Chapter 12) and the model impact on service use, costs and efficiency (Chapter 13).

The third section (Chapters 14 to 24) is dedicated to the instruments supporting the model implementation: evaluation and perception of professional users and frail seniors of a shared interdisciplinary electronic health record (EHR) (Chapters 14 and 15); measuring and improving quality and continuity of health care (Chapter 16); validation of process quality indicators for the integrated care of vulnerable elders (Chapter 17); selection of variables essential for creating a portrait of the psychological and social needs of frail elderly (Chapter 18); the integration of research data and administrative data (Chapter 19); comparison of the functional independency of elderly in private and public facilities (Chapter 20); determining the health costs of the integrated services network, taking a societal perspective (Chapter 21); case-finding of older persons with moderate to severe disabilities by means of the PRISMA-7 questionnaire (Chapter 22); a method to estimate optimal case load and the number of case managers required (Chapter 23); and the use of research data for management purposes (Chapter 24).

Finally the fourth section (Chapters 25 to 27) gives suggestions about the transfer and application of the PRISMA model to other target groups: application of Iso-SMAF (PRISMA measure and classification system based on functional autonomy) in physically and intellectually disabled target groups (Chapter 25); adaptation of the PRISMA in France (Chapter 26); and comparison of French and Canadian classification systems based on functional autonomy (Chapter 27).

What is good?

The development of the model and the research protocols are based on extensive literature studies, and validated measurement instruments were used when available. Furthermore, the researchers applied a broad variety of qualitative and quantitative research methods. Many book chapters are published before in scientific journals.

What can be better?

The accessibility of the information could be better. Maybe a scheme or matrix reflecting the structure of both the integrated care model in combination with the research model could help.

The PRISMA-model and studies could pay more attention to the support of caregiver's of frail elderly, because they are essential factors in the care for disabled elderly.

This book is a must for all persons who are involved in, or are thinking about, integrated care. The complete and transparent presentation of the integrated care model, the systematic implementation and structural evaluation with good quality of research on almost all crucial aspects of the model are very inspiring and are a good example of 'integrated re-organization' of a health care system.

Although the model is developed for disabled elderly it seems possible to use (parts of) this integrated care model for similar vulnerable and complex target groups, like the chronically ill.

I would give the book five stars out of five.

This book is an excellent and inspiring handbook for professionals, managers and researchers involved in, or interested in, integrated care.

K.Wynia, *PhD*
University Medical Center Groningen (UMCG),
University of Groningen,
Department of Neurology and Wenckebach Institute,
PO box 30.001, 9700 RB Groningen,
The Netherlands
E-mail: k.wynia@neuro.umcg.nl