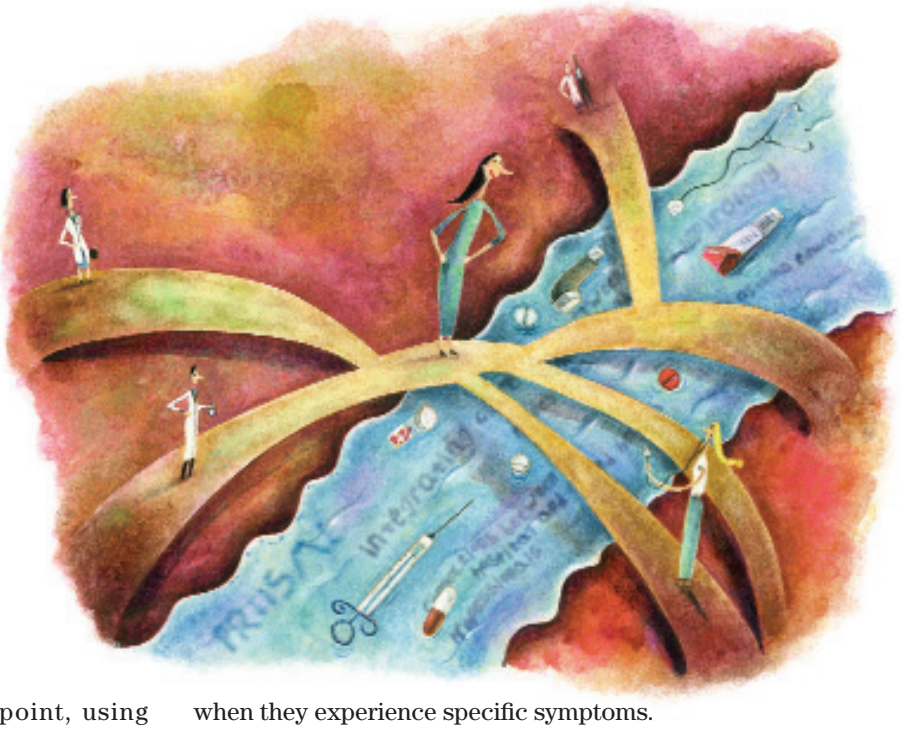
BY ALISON MACALPINE

Border Crossing

A made-in-Quebec disease management program takes up residence in Ontario.

When Ontario pharmacist Koko Saar first heard about the PRIISME (Programs to Integrate Information Services and Manage Education) healthcare program, she misunderstood the acronym, thinking it was about prison care. It was soon clear that the Quebec-based disease management program—which offers integrated care for chronic diseases like asthma, pulmonary disease and diabetes—was about accessibility, not confinement. Earlier this year it became even more accessible, crossing the provincial border into five Ontario hospitals.



The program's arrival is well timed. A 2003 Leger Marketing poll revealed that 45% of patients find dealing with the healthcare system more challenging than coping with their disease. Mississauga's Trillium Health Centre is one of the new facilities hoping to change that viewpoint, using PRIISME to build connections between the hospital and allied health professionals, ultimately integrating care and reducing ER visits and hospital admissions. "For all the disease processes, the project allows us to move beyond the walls of the hospital and link with those people that are out there providing the care on the front lines," says Sandy Haist, the project manager assigned to PRIISME at Trillium.

The Trillium program is still preparing for a September 2004 launch, which Haist says will revolve around two strategies: the first focuses on education. An educator will speak to patients in the emergency room, in hospital rooms, in family physicians' offices and perhaps even at pharmacy counter clinics. Patients will be taught how to manage their disease more effectively and how to use devices like inhalers properly. They will also learn how to use caregivers effectively—an action plan will explain what to do and who to see when they experience specific symptoms.

The second phase focuses on education for professionals, which will ensure that everyone from primary care doctors and ER nurses and pharmacists deliver consistent messages to patients—and refers them to appropriate community caregivers or organizations for support.

A similar model is underway at Credit Valley Hospital, where the PRIISME program will initially focus on asthma. Dr. Diane Flood, the hospital's head of respirology, chairs the steering committee there. "In our ER, we see 80 asthma patients a month. That's a lot. Of those, the current number of admissions for asthma is 30 a month—which is one a day," she says. "This is the situation we have to tackle."

A full-time asthma educator is already on staff, thanks to the PRIISME grant, and the doors to the hospital's pediatric asthma education centre are open to adults. At Credit Valley, in-house data suggests that

ILLUSTRATION: MARC MONGEAU

asthma patients who take the hospital's education program experience a 60 per cent drop in emergency room visits and an 80 per cent drop in hospital admissions.

"We've got an overburdened healthcare system and frequent users are patients with chronic diseases," says Dr. Flood. "We need innovative, new ideas of how to help patients have consistent, good medical care to lessen the number of times they present to acute care hospitals to manage chronic diseases."

At the Ottawa Hospital, the focus will also be on asthma. "It's very difficult to start a whole new institution to look after asthma, but within the community there are a lot of people involved with asthma care now. I think if we can efficiently link them together, we can avoid redundancy and we can also identify where people are falling through the cracks," says Dr. Robert Dales, head of respirology.

Quotable

Trillium's Sandy Haist: **Patients aren't getting consistent messaging.**

Back at Trillium, Haist has set up a steering committee that includes a patient, a community pharmacist, a primary care physician, a public health representative, a director of community care access centres, and a range of hospital employees—from specialists in each disease to senior administrative staff. Casting a wide net helps Haist identify cracks in the continuum of care for asthma, COPD and diabetes.

"One of the biggest gaps identified by patients," says Haist, "is that they're not getting consistent messaging." The Leger Marketing poll drew similar conclusions, finding that more than one in five chronic disease patients in Ontario say that they or a family member received conflicting information from healthcare providers. That may simply mean that the same concept was explained differently by two professionals—but the end result was still patient confusion.

"Another difficulty is that there doesn't seem to be common knowledge, even among healthcare providers, of what everybody else is doing," Haist points out. "A lot depends on what your healthcare provider refers you to, and if they don't

Quotable

Chronic disease needs a different approach than acute care, says Dr. June Kingston.

know what's out there or they forget then the patient may be losing out."

PRIISME is meant to change all that. COPD patient Kerry Adams is the patient representative on Trillium's steering committee. "I have no criticism of the healthcare system as it exists," he says. "I just think it's fragmented, and what they hope to do with PRIISME—and I hope to be part of it—is to create the linkages between these wonderful bits of care."

From the community pharmacist's perspective, Saar is excited about the role her profession could play as the "last link in the chain." She's busy planning educational sessions for her colleagues to teach them about the PRIISME diseases and devices, and about strategies pharmacists can use to talk to and teach their clients.

It is estimated that proper education could prevent 80 per cent of asthma deaths, help to reduce the severe consequences of COPD—which Health Canada says is the fifth most common cause of death in Canada—and lessen the health complications associated with diabetes, which is responsible for about one in three heart attacks and strokes and two out of three amputations.

The experience in Quebec is promising, with a $9 million investment in 25 projects contributing to declining emergency room visits, hospitalizations and days missed from work or school.

"Chronic disease has not had a clear mandate for how to do it and fund it, and it is different from acute care," Trillium's Dr. June Kingston points out. "You can be stable at various levels with your chronic disease, but you may want to be stable at a higher level. My long-term goals are to optimize communication and integration to allow for an increased level of function for patients with chronic disease and better control of their disease to enhance their life experience." **CHM**

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