



Chronic disease sufferers find navigating the health-care system more daunting than the disease itself, says new poll

First program of its kind launched in Ontario to enable more coordinated care

TORONTO, ON, February 4, 2004 – Five health-care sites in Ontario are responding today to the need to improve chronic disease management in the province through an initiative called PRIISME™.

“PRIISME will enable health-care professionals to deliver more integrated and coordinated care to patients with chronic disease and will empower patients to take greater control of the management of their illness,” says Dr. Diane Flood, Head of Respiriology at The Credit Valley Hospital in Mississauga.

New research released today demonstrates the challenges patients with chronic disease and their families face in accessing Ontario’s health-care system. The findings include:

- 36 per cent of Ontarians report either themselves or a family member suffers from a chronic disease;
- 45 per cent of Ontarians find navigating the health-care system for either themselves or their family members to be more daunting than the disease itself; and,
- 22 per cent of Ontarians with a chronic disease report either themselves or a family member receiving conflicting information from their various health-care providers.

The PRIISME program will begin in Ottawa, London, Mississauga and Kingston, enabling local regions to coordinate the care they provide to patients with asthma, diabetes and COPD (chronic obstructive pulmonary disease). Participating hospitals include The Ottawa Hospital, St. Joseph’s Healthcare London, The Kingston General Hospital, and both the Trillium Health Centre and The Credit Valley Hospital in Mississauga.

“Health-care professionals work very hard to provide excellent care for their patients,” says Dr. Flood. “The statistics clearly indicate the problems patients and their families have in identifying appropriate resources to help them manage the disease. PRIISME will enable us to better manage the way we provide care for patients with chronic disease, and help our patients understand and use the information we give them.”

The survey found that close to half (47 per cent) of those suffering with a chronic disease, or having a family member who does, either strongly or somewhat agree they need help finding their way through the health-care system and accessing the various services that are available.

“PRIISME is designed to help health-care professionals be more consistent and integrated in how we manage chronic diseases like diabetes,” says Dr. Terri Paul, Endocrinologist and Assistant Professor, Endocrinology and Metabolism, St. Joseph’s Healthcare London, Ontario. “Perhaps even more importantly, it helps our patients take charge of their disease to the greatest extent possible and improve the quality of their lives.”

Patients receive care from many different parts of the system

On average, over the past six months, those in Ontario with a chronic disease or a family member suffering from a chronic disease consulted with 2.8 different health-care services, as compared to the national average of 2.5. People with chronic disease in Ontario received care from many different parts of the health-care system, such as: family physicians at 87 per cent; specialists at 52 per cent; the emergency room of a hospital at 24 per cent; a nurse, nurse practitioner or nurse educator at 26 per cent; an after-hours/walk-in clinic at 19 per cent; a community group such as The Asthma Society or Canadian Diabetes Association at 10 per cent; and a community care access centre at 10 per cent.

“Ontario patients suffering from chronic disease receive care from multiple health-care providers,” adds Dr. Paul. “What’s needed by many patients is more effective, coordinated care involving multi-disciplinary health teams.”

“If primary care providers and their patients receive the tools and information they need to effectively manage chronic illness, it will become the exception for patients with chronic illness to be treated in acute care settings, leaving hospitals and their emergency rooms more time and resources to handle acute needs.”

How PRIISME will help

From prevention to diagnosis, treatment, lifestyle management, drug adherence and follow-up, the program includes personalized education for patients and evidence-based training for health professionals based on clinical practice guidelines.

PRIISME was initiated in Quebec in 1999 to improve the management of asthma. Based on its success, it was recently expanded to help manage diabetes and COPD. There are currently 25 PRIISME projects in Quebec. More than 3,000 health professionals have been educated and 30,000 patients have received personalized education about managing their disease.

Evaluation of PRIISME projects in asthma have demonstrated an increase in patients' quality of life, a decrease in emergency room visits and hospitalizations, a reduction in absenteeism rates, and more appropriate use of medications.

Chronic disease requires careful management

Asthma is the number one cause of hospital emergency visits¹, sending on average 146,000 Canadians to emergency rooms each year.² More than 450 people die each year from asthma.³ About 80 per cent of these deaths could have been prevented by proper education.⁴

In Ontario, people with diabetes represent about six per cent of the province's population, yet account for 32 per cent of heart attacks, 43 per cent of heart failure cases, 30 per cent of strokes, 51 per cent of new dialysis cases, and 70 per cent of amputations.⁵

COPD is an irreversible and disabling lung disease. It is the fifth most common cause of death in Canada, killing more than 9,000 people each year.⁶ It is the only leading cause of death other than lung cancer that is on the rise. Death rates have quadrupled since 1971.⁷

PRIISME is made possible through an unrestricted grant provided by GlaxoSmithKline Inc.

The survey of 1,504 Canadian adults (including 607 in Ontario) was conducted across Canada by Leger Marketing between November 4 and 12, 2003. It is accurate within plus/minus 2.5 per cent, 19 times out of 20 nationally and plus/minus 3.98 per cent, 19 times out of 20 in Ontario.

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¹ Laboratory Centre for Disease Control (LCDC). Unpublished tabulations from the Canadian Mortality Database, 1998.

² Statistics Canada. National Population Health Survey, 1996-97 (Health Share File).

³ Canadian Institute for Health Information. Respiratory Disease in Canada, September 2001; pg. 41.

⁴ Harrison, B.W.D. and M.G. Pearson. "Audit in acute severe asthma – who benefits?" Journal of Royal College of Physicians of London, 1992, 27: 387-90.

⁵ Diabetes Resource Guide. 2003

⁶ Health Canada, Respiratory Disease in Canada, 2001

⁷ Canadian Lung Association, Living with COPD, 1998