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Key note presentation

Forty years of integration of health and social services in the province of Québec (Canada)

Rejean Hebert, Professor, MD, MPhil, Research Center on Aging Sherbrooke University, Québec, Canada

Correspondence to: Réjean Hébert, Université de Sherbrooke, 1036 Belvédère Sud, Sherbrooke, Québec, J1H 4C4, Canada, Phone: +001-819-572-2481. E-mail: Rejean.Hebert@USherbrooke.ca

Abstract

Québec is the only province in Canada to have integrated health and social services since 1971. A single ministry is responsible for health and social services and this integration is also effective at regional and local agencies. The Local Community Services Centres (*Centre locaux de services communautaires*—CLSC) were created to provide preventive and primary care and services for a borough in large cities, a medium-size town or many villages in a rural area. In 2003, a major reform created the Health and Social Service Centres (*Centre de santé et de services sociaux*—CSSS) by merging hospitals, nursing homes and CLSC in 95 areas over the province.

This structural integration has taken place at the same time that the PRISMA model of coordination-type integration for frail older people was being implemented. Integration improves efficiency of the system, but underfunding of long-term care still hampers the provision of adequate home care services. It is now time for moving the Beveridge-type funding system to a long-term care public insurance covering the needs of community-dwelling older people with disabilities.

Keywords

PRISMA, integrated health and social services, Canada, public insurance, long-term care, structural integration

Powerpoint presentation available at <http://www.integratedcare.org> at congresses – San Marino – programme.