

## CONFERENCE ABSTRACT

### Preliminary report of unmet needs in persons living with physical deficiencies in Quebec, Canada: a target for service integration

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Michel Raiche<sup>1,2,3</sup>, Nathalie Delli-Colli<sup>1,3</sup>, Joanne Guilbeault<sup>2</sup>, Isabelle Labrecque<sup>4</sup>, Felix Dugas<sup>4</sup>, Yves Couturier<sup>1,3</sup>

1: Research Centre on Aging, CIUSSS-Estrie CHUS, Québec, Canada;

2: Sherbrooke Health Expertise Centre, Québec, Canada;

3: Faculty of Arts, Humanities and Social Sciences, Université de Sherbrooke, Canada;

4: Ministry of Health and Social Services, Québec, Canada

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**Introduction:** To better integrate the services with a population approach, one of the first step is to have a good knowledge of needs and unmet needs of the clientele. The continuum of services should tend to fill the gaps where unmet needs are identified both at population and individual-level. In Quebec, Canada, the standardized clinical assessments (quasi-mandatory) of persons living with physical deficiencies and receiving public services are compiled into an integrated software allowing to measure the disabilities and handicaps. In order to have a picture of the population's unmet needs and target the development required, we conducted a descriptive analysis of the disabilities and handicap (unmet needs) of the clientele receiving public services at home.

**Methods:** The population studied included the persons receiving at least one public service at home for physical deficiencies, during 1 year (April 2014 to March 2015). Disabilities were evaluated with the 29-item SMAF (French acronym for Functional Autonomy Measurement System) covering five sectors of activity: ADLs [7 items], mobility [6], communication [3], mental functions [5], and IADLs [8]. Each item was scored on a 5-level scale from 0 (independent) and 0.5 (with difficulty) to 3 (dependent). For each disability item, available resources to compensate for it were evaluated and a handicap score representing unmet needs was deducted. The percentage of persons having unmet needs by items is examined.

**Results:** A total of 24 250 users were assessed during the period (81% of the total clients). The non-assessed received very few services. Disabilities (having a disability score different than zero) were more frequent in IADL disabilities (42-98% of persons for the 8 IADL), followed by mobility (23-93%) and ADL (26-87%). The unmet needs were more frequent in mobility and mental functions. The highest rates of persons with unmet needs were for the items walking inside, with 11.6%, followed by behavior (9.9%), washing (8.6%), housekeeping (8.2%), getting around outside (8.1%) and judgment (7.9%).

**Discussion:** While the higher rates of disabilities were IADL as expected, the unmet needs were high in items related to mental functions and mobility. If the latest might appear at least "logical" with persons with physical deficiencies, the unmet needs in mental functioning tend to indicate an under-consideration of this aspect in organisation of services for the clientele. The two items related to

mobility (walking inside and getting around outside) indicate high unmet needs that might affect other aspects (ex. social functioning) that could be more deeply studied in link with other component of the standardized clinical assessment. These results could help to target the different aspects of services requiring better integration, since they were not expected. A limitation of the study is the magnitude of unmet needs at individual-level by item, not captured by studying the percentage of people having unmet needs by item. The next steps will be to describe the magnitude and understand why and how the current services lead to such unmet needs in these dimensions of functioning.

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**Keywords:** unmet needs; physical deficiencies; gaps in coordination

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