Advancing integrated care for older people through EU policy & a European research agenda on integrated care for older people

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Integrated care has taken center stage internationally as a promising set of strategies to improve coordination, continuity, quality, and efficiency in the delivery of health and social services to vulnerable populations with chronic conditions and disabilities, particularly in meeting the complex needs of frail older people.

Serious interest in the provision of integrated care has proliferated in North America, United Kingdom, Western Europe and Australia since the late-1980s, with the United States taking an early lead in the demonstration of integrated care models first focusing on the elderly.

An ambitious cross-national European effort to reflect on, and improve integrated care for older people in EU Member States was undertaken between March 2001 and June 2004 under the management of the European Health Management Association (EHMA). Supported with funding from the European Commission, CARMEN—the acronym for ‘Care and Management of Services for Older People in Europe Network’—brought together 40 organizations from 11 European countries to develop best practices in integrated care.

The successful diffusion and widespread acceptance of integrated care—whether on the inter-organizational, inter-professional, clinical and/or financing levels—depends on putting a supportive policy agenda in place and building a sound scientific base. These ingredients for success are the subjects of two companion reports from EHMA, both outcomes of the CARMEN project.

Advancing integrated care for older people through EU policy
Nicoline Tamsma

A European research agenda on integrated care for older people
Henk Nies

What makes this policy document unusual—at least from this American’s point of view—is the unique EU policy context it addresses. Under the principle of subsidiarity, no European health and social policy exists. The financing, organization and delivery of health and social care are the responsibility of individual EU Member States. However, as the report points out, there are several EU arenas—the most important being internal market policy, employment, social inclusion, pensions, and social protection—which could end up directly or indirectly impacting the future development of integrated care on the European landscape. For example, the Community’s long-standing commitment to ensuring a high level of social protection would seem to comfortably embrace the values and principles behind integrated care for older people provided its interpretation goes beyond the traditional emphasis on acute care.

Though comprehensive and well-written, the report—so broad and general in its scope—still leaves the reader wondering what concrete, pragmatic measures are needed at the European level to advance the integrated care agenda, and how these steps should connect with action-oriented national efforts. Perhaps EHMA could play a lead role in helping to flesh out these all-important details; this would be a valuable public service.

A European Research Agenda on Integrated Care for Older People by Henk Nies of NIZW, presents a comprehensive research agenda to EU-based governments and research bodies. Researchers will be
pleased to know that the document reflects up-to-date thinking on knowledge gaps and methodological issues in the relatively new, multidisciplinary field of integrated care.

The document covers six research themes (self determination, integration, and participation; quality of life and quality of care; support for carers; labour force and qualifications of professionals and non-professionals; technology; and, policy development), two methodological issues (research conceptualization and operationalisation; and, comparative research), and, four research support requirements (development and funding of research infrastructure; use of ‘Open Method of Coordination’; dissemination of research findings; and, role of older people and carers in research). Included are 35 of the most important questions for further investigation. These questions more or less echo the emerging international consensus in integrated care research.

Aside from putting forth key research questions, the report makes several important suggestions regarding the research enterprise itself. One major proposal is to launch an EU-wide initiative with adequate financial resources to undertake multisciplinary research, demonstrations, and research dissemination activities. Apparently this will be difficult to achieve in the current European funding environment, because the field is not “recognised” as part of current EU and national priorities in bio-medical research. To remedy this, the report astutely calls for making health and social service research an established field, as in the US and Canada. Another important recommendation is to include older people and carers in the research process. That service users are not involved in a major way in defining research in this new and promising field is a fundamental shortcoming internationally. Implementation of this strategy would not only improve the quality of integrated care research, but also its usefulness.

Students of European health and social policy will find Advancing Integrated Care for Older People through EU Policy most interesting. The companion volume, A European Research Agenda on Integrated Care for Older People, will appeal especially to planners, program administrators, policy analysts, and researchers with an interest in establishing a sound evidence base for integrated care.

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