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A European Research Agenda on Integrated Care for Older People

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EHMA
European Health Management Association

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CARMEN is the acronym for the 'Care and Management of Services for Older People in Europe Network' . This thematic network has been managed by the European Health Management Association (EHMA) and has been funded by the European Commission under the RTD programme 'Quality of Life and Management of Living Resources 1998-2002, Key Action: Ageing', project number QLK6 -2000-00584.

The Author has written this document on behalf of the CARMEN network.

The **European Health Management Association** is a membership organisation committed to improving healthcare in Europe by raising standards of managerial performance in the health sector.

About the author

Henk Nies, PhD, is Director of NIZW Care/Netherlands Institute for Care and Welfare. Throughout his career he has constantly balanced his work between policy, practice and research. Most of his work is on services for older people and demand-driven care. Over the past two years he has been the Scientific Director of the CARMEN project.

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Introduction

The dynamics of an ageing population raise many challenges for the European Union (EU) Member States. The CARMEN network has considered these challenges and has explored a range of avenues towards a future with high-quality care, which is sustainable and accessible to the older citizens in the EU. Such challenges are the responsibility of all the stakeholders involved – managers, policy-makers, clients' organisations and researchers – and these stakeholders have been represented in the CARMEN network. This current document addresses the challenges facing one of the stakeholders: the researchers. It presents a research agenda to governments and research bodies in the EU member states, to the European Commission and to the scientific community itself. The research agenda aims to support the appropriate development and provision of integrated care for older people within the EU. It is designed for national governments and relevant research bodies. It is presented to the European Commission as a distinct deliverable of the CARMEN project.

The document begins with some background information on the CARMEN network, outlining its objectives and describing how the research agenda was developed. This is followed by an explanation of the underlying concepts and principles of integrated care, and then proceeds with a review of the research themes and with CARMEN's recommendations for research activities in this field. It concludes with an outline of the intended implementation process.

Objectives of CARMEN

CARMEN, a thematic network, has been supported by the European Commission from 2001 to 2004. The project has been managed and co-ordinated by the European Health Management Association (EHMA). The acronym CARMEN stands for Care and Management of Services for Older People in Europe Network. In its work, the project specifically focused on the management of integrated care for older people. It aimed at the development of a body of knowledge in this field, its diffusion and its implementation. The network consisted of forty organisations from eleven European countries.

CARMEN looked beyond the various health care and social protection systems of the participating countries. It examined in detail the options for integration in the highly fragmented systems that exist in the EU Member States. It acted as an independent forum of highly qualified experts, and developed a coherent view on integrated care for older people. This view was developed from very different perspectives, because CARMEN has been comprised of all stakeholders involved in the care of older people: users' organisations, carers' organisations, care providers, insurers and commissioning agencies, local and national governments, consultancy firms, and research and development organisations.

CARMEN partially drew on existing research on integrated care. However, reliable research appeared to be scarce in this field. Therefore, and in accordance with its project plan, CARMEN developed this research agenda.

The CARMEN project has come to an end and the Network expects to continue as a special interest and advocacy group within EHMA and to develop further expertise in this field: www.ehma.org/carmen.

Developing the research agenda

Prior to preparing the research agenda a review was carried out of related research and policy agendas at supra-national level. The following documents were used to formulate the main principles underlying the CARMEN research agenda:

- *International Plan of Action on Ageing* (2002), adopted at the Second World Assembly on Ageing, held 8–12 April 2002 in Madrid
- *The Research Agenda on Ageing for the Twenty-First Century* (2002), accepted at the Valencia Forum, a global conference held prior to the Second World Assembly on Ageing in order to provide scientific input to the deliberations of the Second World Assembly. The Forum took place 1–4 April 2002 in Valencia, under the auspices of the IAG
- *The Regional Implementation Strategy for the Madrid International Plan of Action on Ageing* (2002), adopted by the United Nations Economic Commission for Europe (UNECE) Regional Ministerial Conference on Ageing in Berlin, 11–13 September 2002

- The (draft) *Research Agenda on Ageing for the Twenty-First Century: Priorities for Research in Europe* (2003), formulated by the UN Programme on Ageing and the International Association of Gerontology, Barcelona, 4–7 July, 2003
- European Commission Document, *Health care and care for the elderly: supporting national strategies for ensuring a high level of social protection*, COM (2002) 774 final
- European Commission Document, *Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'Open Method of Co-ordination'*, COM (2004) 304 final.

The CARMEN management committee organised a conference on 19 February 2004 in Birmingham in close Co-operation with the International Journal of Integrated Care (IJIC). Some thirty-five internationally recognised experts, members of the IJIC board, R&D professionals, researchers and a limited number of managers and practitioners participated in this conference. Project leaders or scientific directors of related European networks or agencies were invited and presented their views on research priorities and requirements (PROCARE, EUROFAMCARE and the WHO European Office for Integrated Health Care Services) (see Appendix 2: List of participants at CARMEN/ IJIC Conference).

Material provided from invited speakers who represented the viewpoint of practitioners, managers and policy-makers, was used as an input to the discussion groups.

The discussions focused on:
- knowledge gaps and scientific challenges
- methodological issues
- infrastructural requirements
- European collaboration.

Based on feedback from the groups and comments during the plenary session, the findings were integrated into a draft, which was accessible for feedback from CARMEN members and IJIC participants. The CARMEN management committee then discussed the research agenda and established it in its meeting in Canisy (France), 30 April 2004.

The research recommendations will be broken down into three main categories:
- Research themes
- Methodological issues
- Implementation and supportive conditions/measures.

The research themes and the recommendations for the implementation of research are based on the key objectives in integrated care. The methodological recommendations are largely based on the specific character of integrated care and the European and cross-national focus of the research agenda.

Concept and key objectives in integrated care

Central to the research agenda is the concept of 'integrated care'. This concept refers to 'a well planned and well organised set of services and care processes, targeted at the multidimensional needs/problems of an individual client, or a category of persons with similar needs/problems'.

Integration in the care of older people should take place at:
- the level of the individual client: processes around the individual client
- the local/regional (inter-organisation) level: linkage, co-ordination and integration in networks of care providers
- the policy level: processes of legislation, funding and communication about choices.

At all of these levels accessibility of services (fair distribution of services, optimum entry systems, equal access for all who are in need of care), quality (user satisfaction, good clinical outcomes, system and process quality) and financial sustainability (including efficiency, public expenditure, common good) are values that should be pursued.

Using the aforementioned documents and the expertise of the participants, on whose views this research agenda is based, future research into integrated care for older people should contribute to the following objectives:

- To optimise opportunities for the *self-determination, integration and participation* of older people in society, by maintaining independent living in a secure environment and by exerting significant choice over their own lives (including decisions on care delivery). This is a social goal that has to be achieved for all citizens, irrespective of their needs

- To ensure a good *quality of life* for older people. To achieve this, older people in need of care should be certain that they will receive the most appropriate care, treatment and services at the most appropriate time
- To *support carers* who provide the majority of care to older persons and to promote inter-generational and intra-generational solidarity
- To ensure a *labour force* of professionals and non-professionals who are qualified and trained to meet the objectives of integrated care
- To ensure equity in access for older people to aids and (assistive) *technology*, such as smart home technology, telemedicine, telemonitoring and telehealth
- To adjust *policies* on social protection systems in response to demographic changes and population mobility. These adjustments will need to take account of both the social and economic consequences of promoting the fully integrated delivery of care and services, as well as securing accessibility, quality, financial sustainability and equity of services to older people
- To promote the *implementation* and follow-up of objectives through cross-national co-operation in a mobile and dynamic European community.

Based on these objectives, CARMEN proposes research which:

- addresses major gaps in knowledge
- leads to outcomes that can be applied in practice
- contributes to gains in health and well-being
- addresses issues of current interest.

Research themes

1 Self-determination, integration and participation

Self-determination, integration and participation are seen as positive values and outcomes of integrated care for older people. The key elements and conditions of service delivery under which these outcomes are achieved are not yet fully understood and require further study. Similarly, attention needs to be given to the tailoring of service delivery to the older person's preferences and opportunities.

Questions for further investigation

- Under what conditions and to what extent does integrated care actually support the independence and self-determination of older people?
- What do older people and carers expect from acute, long-term and social care? What do they experience as the key elements in continuity and quality of care and what do they see as their own commitments to care provision?
- What methods can be developed for involving community resources, such as client groups, clients' advocates, representatives and NGOs?
- To what extent and under which conditions is the contribution of volunteers supportive of integration and participation?

2 Quality of life and quality of care

The added value of care is ultimately tested by improved quality of life and improved quality of care. Quality of life relates to health and well-being, and is determined by economic factors, the social and physical environment, personal and behavioural factors, and health and social services. Quality of care refers to professional standards, if possible based on evidence, by which the best outcomes are achieved, balanced against client satisfaction and organisational efficiency. The outcomes of integrated care should be measured against quality as experienced by clients, as defined by professionals, and as considered efficient by managers and policy-makers.

Questions for further investigation

- How can client values be incorporated in organisations?
- What are the outcomes of various models of integrated care for specific categories or profiles of clients (including patients in their terminal phase)?
- How does integrated care affect health inequalities in older age?
- What organisational principles optimise integrated care and under which conditions?
- How can the barriers between different professional and organisational cultures best be overcome?
- What are the incentives in funding systems and in governance and accountability principles that support care-providing organisations in delivering high-quality, integrated care?
- In reference to access, how can integrated care in rural areas at one end of the continuum and in urban areas at the other, best be organised, considering the logistical, social and environmental differences that exist in gaining access to multiple packages of care?

3 Support for carers

The vast majority of care to older people is provided by next of kin, spouses and other informal carers, such as volunteers, neighbours and others in the community. Civil society is an essential agent in providing sufficient, sustainable and high-quality care to its needy population. The interplay of informal carers, professionals and other paid care workers has as yet received little attention in research, despite its importance and its specific quality.

Questions for further investigation

- What types of respite care support various categories of carers and clients and under which conditions?
- How can respite services be most effectively combined with other types of care?
- What labour conditions and/or income measures help to sustain the caring roles of carers and their social participation?
- What other conditions support the social and economic inclusion of carers?
- What are the outcomes of integrated care delivery to carers? What are the beneficial and detrimental short-term and long-term effects?
- What mechanisms are in place to support relationships between carers and their kin who are affected by the mobility of children or parents within or across EU member states?

4 Labour force and qualifications of professionals and non-professionals

The supply of paid and well-qualified care workers and professionals in long-term and social care is a matter of great concern in all EU member states. So also is the specific contribution of volunteers.

Working in integrated organisational settings and addressing multiple needs requires specific competencies of collaboration and holistic approaches that are traditionally not learned in mono-disciplinary training and education.

It is crucial to an ageing Europe that the labour force can meet the increasing needs of its population. Alternative sources of care provision are now sought among qualified or non-qualified immigrants, providing paid assistance to older people (often on a live-in basis).

Questions for further investigation

- How can volunteers in integrated care become more embedded in current systems?
- How can the future contribution of volunteers be ensured?
- Which new types of professions are emerging in integrated care and how do they match qualifications, competencies, care needs and logistics?
- What are the essential qualifications that really contribute to integrated care and what kind of training is required?
- Are mobility patterns of qualified care workers between European states changing, especially in the field of long-term care and social care?
- Is there an emergence of new mobility patterns of unregistered and/or non-qualified care workers?
- What are the effects of increasing numbers of immigrants in integrated care systems both as care workers/professionals and as clients?
- What is the role of the 'black' labour market in integrated care? Is it supportive or detrimental to its objectives, and under what circumstances?

5 Technology

In the field of integrated care, technological applications are relevant to support independent living and to overcome logistical limitations. In addressing these limitations the application of monitoring older people in their homes, although still in its initial stages, is gaining more and more support. ICT is also relevant to the client, the carer and the professional, providing access to information and facilitating communication. If integrated care for older people is to succeed in the future, technological applications should be an integral part of its provision.

Questions for further investigation

- What are the benefits and gains of ICT in terms of service quality, access and finance, and quality of life for service users and their carers?
- What are the most effective applications of smart homes technology related to the older population in general and to specific target groups, such as people suffering from dementia, those with limited mobility or those experiencing loneliness?
- How can technology be designed so that it meets the needs of all those involved and is affordable and accessible to all groups of older people?
- How can technology be designed so that it is user-friendly to clients, carers and professional staff?
- What are the social and ethical implications of applying technology, especially where this is replacing support by other people?

6 Policy development

Governments of EU Member States respond differently to demographic changes and population mobility. Many social protection systems are under reform. The accessibility, quality and financial sustainability of these services are under scrutiny all over Europe. This calls for policy measures and systems that are really effective and contribute to older people's well-being. Evidence on effective measures is scarce. In this respect, EU Member States can learn from each other's experiences in improving care provision in their own country and meeting the full range of needs of vulnerable older people.

Questions for further investigation

- Which policies and policy systems work against integration and which help to overcome barriers such as the 'social and health divide'?
- What is the relationship between care expenditure and quality of life/quality of care?
- What are the effects of the introduction of market principles and privatisation on long-term care, social care and service delivery, instead of a policy of high responsibility from the state or local/regional authorities?
- How effective and how feasible are the most prominent policy measures currently under consideration in a number of EU Member States? How do they affect the practice of integrated care?
- How can the concept of integrated care be applied in the various EU states, including the ten new Member States? How can the essential elements of integrated care be incorporated in the various policy systems? What are the most effective means of implementation?

Methodological issues

1 Conceptualisation and operationalisation

In order to demonstrate the outcomes of integrated care, the key concepts and inputs have to be operationalised in a methodologically sound way. Much has already been achieved in health services research. However, in the field of integrated care many issues of operationalisation have yet to be resolved.

Methodological priorities and requirements

- Reliable and valid performance indicators should be developed on quality of life, quality of care, client satisfaction, views and satisfaction of informal carers and paid care staff, and economic measures for integrated care.
- The most specific features of integrated care such as user involvement, continuity of care, access to care, co-ordination and integration should be further developed as measurable variables.
- Because of the multi-dimensionality of the concept of integrated care, its processes and outcomes, methodological flexibility is required. Randomised control trials are hard to apply in this field. Where possible, the historical and policy contexts should be incorporated in the designs.
- Research designs should address the inputs, outcomes, processes and technologies of integrated care.
- Cost-effectiveness should be included in outcome studies, as well as the optimum balance of self-care, informal care and professional care.
- The methodology to investigate the cost-effectiveness of integrated care should be further developed to identify expenses and/or costs as well as benefits, in particular to assess the social costs and the potential gains of integrated care.
- Research funds should allow for a wide range of methodologies, attuned to the problem to be investigated.
- In order to demonstrate or reject assumptions on the added value of integrated care, comparisons with traditional care on various outcome measures (including quality of life) are required.
- Longitudinal studies and databases should be developed in order to measure the long-term effects of integrated care.

2 Comparative research

In an enlarging Europe with increased mobility of citizens and care workers the necessity and relevance of international and comparative research is evident. Innovations in EU Member States are also to be applied in other Member States. However, a number of specific methodological issues need to be solved in order to carry out comparative research.

Methodological priorities and requirements

- Methodologies for comparative research should be standardised.
- Comparable legal requirements across the various countries should be put in place, in order to apply similar procedures for data collection and data protection.
- Methodologies for and knowledge of cultural diversity in ageing communities within European Member States should be further developed and incorporated in comparative research into integrated care.
- Trans-national and trans-cultural indicators of integration should be developed, along with performance indicators of well-balanced systems of care.

Implementation and supportive conditions/measures

1 Health and social services research in EU and national research programmes

There is limited research on care for older people in general and – more specifically – on integrated care for older people. This is partly due to the fact that the field has only developed quite recently and that scientific interest in the subject is also quite recent. The paucity of such research is further explained by the complex methodology and the poor investments of research bodies in health and social services research. The publication of research findings in peer-reviewed scientific journals is therefore a major challenge. This results in low academic status and low impact scores being accorded to such research and, consequently, poor access to traditional health care funding. In fact, a vicious circle exists.

Recommendations

- As in North America, health and social services research should be recognised as an established field of research. The current emphasis in EU and national research programmes on bio-medical research should partly be redirected in favour of long-term care and social care research, as well as towards organisational and financial issues.
- Research in collaboration with the new Member States is recommended in order to establish a common level of understanding and to build a research infrastructure that facilitates the exchange of knowledge and findings, and comparative research.
- In integrated care, the adverse effects of fragmentation of research disciplines must be overcome. Multidisciplinary research should be encouraged and the social/health divide should be avoided in such research.
- A European programme that encourages research into integrated care for older people should be launched. The programme should appoint financial resources to innovative research centres and programmes, as well as to bodies that promote dissemination. Innovative demonstration projects should also be encouraged.
- All relevant sectors should financially contribute to the funding of health care

research and long-term/social care research. The integration of EU research funding may act as an incentive to the research community for multidisciplinary projects and research on the linkages between acute care and long-term care.

2 Integrated care and the Open Method of Co-ordination

Following the European Councils of Lisbon, Gothenburg and Barcelona, which addressed the need to reform and adapt social protection systems, the European Commission put forward proposals for a common framework to support member states in the reform of health care and long-term care using the 'Open Method of Co-ordination' (OMC). The timeframe for this would see the Commission starting work on identifying possible indicators for joint objectives before the end of 2004 and Member States presenting medium-term policy objectives by spring 2005. This would then lead to an initial series of development and reform strategies in health care and long-term care for the period 2006-2009.[1]

The OMC may benefit from existing research; it may also be a subject for research and for future learning on the indicators and processes that are helpful for the mutual exchange of expertise between Member States. The objectives of the OMC are to be emphasised and specified by the following.

Recommendations

- The OMC should address the EU aim of ensuring long-term quality care for citizens, and the contribution of providers, purchasers (including governments at all relevant levels) and insurers to these aims.
- Client and professional mobility will require strong quality standards throughout the entire EU. These standards are necessary in order to improve practice in individual EU Member States, based on comparisons with related countries. In particular, standards of quality service delivery and organisation of care at home should be developed.
- The current and future availability of carers, and measures to support carers, including the global competition for carers and the influx of immigrants as 'substitute' carers, is an issue that deserves attention in the OMC.

[1] COM (2004) 304 final: Modernising social protection for the development of high-quality, accessible and sustainable health care and long-term care: support for the national strategies using the 'open method of coordination'.

- Training qualifications and professional standards in long-term and social care should be addressed and made compatible because of the future mobility of citizens between EU Member States.
- In applying the OMC, attention should be paid to how the various models of service organisations that are dominant in the EU Member States relate to outcomes on accessibility, quality, and financial and social sustainability.
- In order to fully employ the opportunities of the OMC, evidence-based good practices, along with tools for benchmarking, should become available and be made accessible to all relevant actors.

3 Dissemination of research findings

Research findings and good practices on integrated care for older people are under-utilised. Much of the research is published in national languages and not incorporated in international databases. The methods that are used for dissemination are not very innovative.

Recommendations

- Dissemination can be improved by actively involving stakeholders and/or users of research (clients' organisations, managers, policy-makers etc.) in developing research programmes and by close communication while carrying out this research.
- A (virtual) European clearing-house on integrated care for older people should be established. This will contribute to the dissemination of findings. It should contain or provide:
    - databases of good practices or model projects in integrated care, including underlying evidence to be used in main-stream policy-making
    - standardised descriptions of services and institutions to allow for comparison between countries
    - databases of policy documents at international, national, regional and local levels on care for older people, translated into the main European languages
    - information on reforms, and their outcomes, in relation to long-term and social care
    - databases of projects, research and evidence (Cochrane-like)
    - overviews of ongoing and recently concluded research
    - databases of guidelines for specific groups in integrated care (e.g. diabetes, stroke, ill-defined user groups, etc.)
    - a digital library on integrated care and the care of older people

  - systematic overviews of researchers, schools and projects on integrated care for older people
  - training and career structures that are relevant to integrated care
  - a workforce monitor on care workers
  - a digital journal.
- Knowledge management and information transfer at and beyond European level should be encouraged not only by digital or hard copy information, but also by applying a wide range of methods of communication, such as conferences, workshops and meetings.
- Funding for translations is a basic requirement for the dissemination of EU commissioned research, as are exchange programmes.
- The OMC should use research findings and be utilised as a powerful tool for implementing good practices.

4 Role of older people and carers in research

While CARMEN advocates empowerment and self-direction in care provision, it also makes a plea for involving older people, carers and non-governmental organisations in research. This should not be a token gesture to older people's organisations, but a sincere concern to bring the right questions to the right forum and to use the most appropriate methodology.

Recommendations

- Older people, carers and/or their representative organisations should be involved in defining the research questions and in designing the research.
- Research findings should be made more accessible to older people, both in terms of availability and in terms of use of language.

Implementation of the research agenda

The CARMEN research agenda will be submitted to the relevant Directorates of the European Commission in order to guide future research programmes related to the EU Health Agenda and the EU Social Agenda. In particular, the CARMEN research agenda aspires to feed into the design of the VIIth EU Framework for Research and Development, as well as to link with existing and future programmes on public health and health services, social inclusion, employment, social protection and pensions, and gender equality. All of these policy areas are relevant to the issue of integrated care for older people. EHMA intends to organise a meeting in Brussels with key officials of the European Commission to discuss the outcomes of the CARMEN project, including the research agenda and its consequences. In this context we also refer to the policy related CARMEN deliverables:

- Banks, P. *Policy Framework for Integrated Care for Older People*. London: King's Fund, 2004.
- Tamsma, N. *Advancing Integrated Care for Older People through EU Policy*. Dublin: EHMA, 2004.

EHMA will alert EU umbrella organisations in this field to the research agenda. With their contacts at EU level, these organisations can play a supportive role in encouraging research and infrastructure, as previously discussed.
The research agenda will be communicated to the international research community, in order to inspire and support researchers of integrated care in their work and serve as a frame of reference. It will be brought to the attention of related European and international research networks, and to centres of expertise. It will also be submitted to leading scientific journals and where possible will be disseminated at scientific conferences.

CARMEN members are expected to bring the research agenda to the attention of their national governments, where they have a responsibility for commissioning research programmes and projects. The same holds true for national funding bodies, scientific bodies, leading NGOs, umbrella organisations and national associations of professionals. Similarly, universities and national (applied) research institutes may use the research agenda to develop their programmes. The development of national research programmes on integrated care for older people must be encouraged.

Concluding comments

Research is essential in order to ground a solid body of knowledge and to further advance evidence-based integrated care. Research is where policy, practice and science meet. However, in daily life it is often a burden to practice; researchers and practitioners have different interests and languages.

Multiple stakeholder collaboration in research into integrated care at European level is helpful in overcoming these and other barriers, and in improving mutual understanding between countries and between the parties involved. The current research agenda is a product of the joint efforts of all stakeholders involved. It proves that the worlds of policy, practice and science can be brought together in effective collaboration.

Appendix 1: CARMEN participants

During the course of the CARMEN project, the following participated as members of the team. Those marked with an asterisk (*) were members of the management committee:

Eirini Agapitou, Kapi Neos Kosmos, Greece

Bengt Åhgren, Bohlin and Strömberg, Sweden

Tiina Autio, Association of Care Giving Relatives and Friends, Finland

Penny Banks*, King's Fund, United Kingdom

Brigid Barron, Caring For Carers Ireland, Ireland

Judith Bell, Moorlands Primary Care Trust, United Kingdom

Philip C Berman*, European Health Management Association, Ireland

Cinzia Canali, Fondazione Emanuela Zancan, Italy

Jan Coolen*, Netherlands Institute for Care and Welfare, The Netherlands

Pip Cotterril, Manchester Health Authority, United Kingdom

Mia Defever*, School of Public Health, Catholic University of Leuven, Belgium

Christopher Drinkwater, Centre for Primary and Community Care Learning, Northumbria University, United Kingdom

Marie Faughey, South Western Health Board, Ireland

Stelios Fragidis , Greek Alzheimer's Association and Related Disorders, Greece

Annemiek Goris, Netherlands Institute for Care and Welfare, The Netherlands

Pieter Huijbers*, Netherlands Institute for Care and Welfare, The Netherlands

Swanehilde Kooij, Netherlands Institute for Care and Welfare, The Netherlands

Penny Lamprou, Grevena State Hospital, Greece

Paula Lawler, South Western Health Board, Ireland

George W Leeson, DanAge, Denmark

Gunnar Ljunggren*, Karolinska Institute, Sweden

Del Loewenthal, Centre for Therapeutic Education School of Arts, University of Surrey, United Kingdom

Kent Lofgren, Svenska Kommunfoerbundet, Sweden

Carmen Martin Loras, Instituto Migraciones y Servicios Sociales, Spain

Christine Marking, AGE, Belgium

Eddie Matthews, Northern Area Health Board, Ireland

Milla Meretniemi, National Research and Development Centre for Health and Welfare (STAKES), Finland

Mónica Morán Arribas, Consejería de Sanidad Madrid, Spain

Ingrid Mur-Veeman, University of Maastricht, The Netherlands

Henk Nies*, Netherlands Institute for Care and Welfare, The Netherlands

Niall Ó Cléirigh, East Coast Area Health Board, Ireland

Elisabeth Petsetakis, National School of Public Health, Greece

Richard Pieper*, University of Bamberg, Germany

Marja Pijl, Eurolink Age, The Netherlands

Prof Janice Reed*, Centre for Care of Older People, University of Northumbria, United Kingdom

Sari Rissanen, Dept of Health Policy and Management, University of Kuopio, Finland

Francisco Sanchez del Corral, Equipo de Soporte y Apoyo en Domicilio (ESAD), Spain

Nicoline Tamsma*, Netherlands Institute for Care and Welfare, The Netherlands

Enrique Terol Garcia, INSALUD, Spain

Michel Tombeur, University Hospitals, Catholic University of Leuven, Belgium

Judy Triantafillou*, National School of Public Health, Greece

Magda Tsolaki, Greek Alzheimer's Association, Greece

Marja Vaarama*, National Research and Development Centre for Health and Welfare (STAKES), Finland

Jaakko Valvanne, City of Helsinki Social Services Department, Finland

Arjen van Ballegoyen, Boer and Croon Strategy and Management Group, The Netherlands

Babs van den Bergh, Boer and Croon Strategy and Management Group, The Netherlands

Paul van Rooij, Zorgverzekeraars Nederland, The Netherlands

Tiziano Vecchiato*, Fondazione Emanuela Zancan, Italy

Erwin Winkel, Arcares, The Netherlands

Yvonne Witter, Coordinatie-orgaan Samenwerkende Ouderenbonden, The Netherlands

Appendix 2: CARMEN/IJIC conference participants

The CARMEN management committee organised a conference on 19 February 2004 in Birmingham in close co-operation with the International Journal of Integrated Care (IJIC). The following is a listing of participants. Those marked with an asterisk (*) were CARMEN members.

Bengt Åhgren*, Bohlin and Strömberg, Sweden

Tom Bayston, Secta Group, Birmingham, United Kingdom

Howard Bergman, Jewish General Hospital, McGill University, Canada

Philip Berman*, European Health Management Association, Ireland

Steve Cropper, Centre for Health Planning and Management, Keele University, United Kingdom

Mia Defever*, School of Public Health, Catholic University of Leuven, Belgium

Hanneli Döhner, University Hospital Hamburg-Eppendorf, Institute for Medical Sociology, Germany

Noora von Fieandt, National Research and Development Centre for Welfare and Health, STAKES, Finland

George Freeman, Imperial College London, United Kingdom

Anne Frolich, Klinisk Enhed for Sygdomsforebyggelse, Bispebjerg Hospital, Denmark

Oliver Gröne, Hospitals Programme, World Health Organisation, Spain

Nick Goodwin, Health Services Management Centre, University of Birmingham, United Kingdom

Teija Hammar, National Research and Development Centre for Welfare and Health, STAKES, Finland

Esko Hänninen, National Research and Development Centre for Welfare and Health, STAKES, Finland

Pirjo Haukkapaa-Haara, STAKES and Helsinki University of Technology, Lahti Center, Finland

Réjan Hebert, Research Centre on Ageing, Université de Sherbrooke, Canada

C.L. Hodges, Centre for Addiction Research and Education, University of Dundee, Scotland

Pieter Huijbers*, Netherlands Institute for Care and Welfare, The Netherlands

Andreas Keclik, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Austria

Dora Kostadinova, University of Medicine, Varna, and Faculty of Public Health, Bulgaria

Kai Leichsenring, European Centre for Social Welfare Policy and Research, Vienna, Austria

Janet Low, Department of Primary Care and General Practice, Imperial College London, United Kingdom

Gunnar Ljunggren*, Karolinska Institute, Sweden

Ingrid Mur-Veeman*, University of Maastricht, The Netherlands

Henk Nies*, Netherlands Institute for Care and Welfare, The Netherlands

Han van Oosterbos, Zorggroep Almere, The Netherlands

Christa Peinhaupt, Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Austria

Marja-Leena Perala, National Research and Development Centre for Welfare and Health, STAKES, Finland

Alison Petch, Community Care Studies, University of Glasgow, Scotland

Lorenzo Roti, Agenzia Regionale di Sanità della Toscana, Italy

Guus Schrijvers, Julius Centre, University Medical Centre Utrecht, The Netherlands

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