

## Editorial

# In search of optimal performances of integrated health care

The first two issues of IJIC gave demonstration of types of integrated health services and social care: in the USA (Kodner and Kay Kyriakou), Sweden (Ander-son and Karlberg), England (Goodwin), Russia (Vien-nonen and Vohlonen), Czech Republic (Holcik and Koupilova) and Kenya (Duba c.s.). In this 3rd Issue the contributions are related to performances of inte-grated care systems. How good is their accessibility, effectiveness, efficiency and user satisfaction? In the USA their efficiency and client satisfaction are all right, is the message of the English researcher Robinson at the London School of Tropical medicine and Hygiene, in the book that is reviewed in this issue. That is not true for integrated health care systems, they have no better performances than atomized systems, is what Wan argues in his research paper. However, as the American colleague Luke agrees with Wan, a reliable study of the validity of the performance indicators used in Wan's retrospective study is sorely needed.

Performances of whole systems and the impact of changes in the systems on integrated care delivery are under discussion in the contributions of Woods in Scotland and of Lehtinen in Finland. While the first would take a decline in waiting time because of the further integration of the Scottish health services as an indicator of success, the second one sees a new suc-cess indicator of integration of mental health services in Finland: there are less homeless schizophrenic patients in the streets of Finland than in other Euro-pean countries.

A mix of outcome parameters is given in the appendix of this 3rd Issue. As an experiment to provide our readers with a knowledge and data base the editorial board decided to publish all the abstracts of the yearly congress about Health Promoting Hospitals. In close cooperation with the organizer we are able to publish them 10 (ten!!) days after the congress. Some papers show the health effects of preventive services, for instance diabetes education, within a hospital setting.

Other papers show no success in comparison to hos-pital care as usual.

The important message emerging from IJIC's third issue, as above paragraphs show, is that the discus-sion on performance indicators of integrated care sys-tems is in the beginning phase, the phase of making definitions (Wan), measuring methods (Luke), of vague indicators (Finland) and small scale research (Health promoting hospital congress). The editorial board has the objective to profile IJIC as the interna-tional platform for the debate on performance indica-tors of integrated health care systems. That is why we would like to start a discussion about one of the most important performance indicators: do integrated care systems enforce patients' rights, yes or no? Scicluna argues: it is not an option but a necessity to enforce patients' rights. You are invited to give your opinion on this via our poll. We also present a debate based on the Recommendation of the Council of Europe con-cerning patients' rights. We invited three colleagues to give a comment, Scicluna from the Council of Europe, Brummels in Helsinki and May from London. They do not completely agree. The English community health councils are under discussion since their start in the 1970s. The local democracy in Finland creates a lot of opportunities for patients' rights. No necessity exists for patient pressure groups. But still there is within the Finnish integrated health system a discontinuity between primary care and hospital care.

We invite all our readers to use our platform: as a dis-cussant of Scicluna's statement, as a reader to apply the knowledge in this 3rd Issue or as a submitter of papers. Congress organizers: do contact us if your papers on integrated care are within the editorial aims and scope of IJIC. We like to publish them as soon as electronically possible. And that means very fast.

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*Editor-in-Chief*