Editorial

Dear participants of INIC09 and International Integrated Care Community

We want to thank you all for following our invitation to the 9th International Conference on Integrated Care which took place in Vienna from the 3rd to the 6th November 2009! True to our leading topic “Lost in Transition—Meeting the Challenge through Integrated Care”, we managed to bridge cultural and organisational gaps, technical interfaces and strained resources and brought to you the INIC09. In the wake of the first decennium of the Conferences of the International Network for Integrated Care (INIC) and the International Journal for Integrated Care (IJIC) this meeting not only gave an overview of the status quo, it also ventured into the future of integrated care. To introduce core issues of transitional management and to spark discussions in the streams dealing with these issues, our three keynote speakers presented unique insights into the complexities of transitional management.

Prof. Eric Coleman, Director of the Care Transitions Program of the University of Colorado Denver, emphasised the fact that patients’ preferences and views were still only marginally considered in the organisation and delivery of services. Even though integrated care claims to have a patient-centred view, the active involvement of patients in their programmes and therapies is still an exception and not the rule. Dr. Jack Hutten from the Dutch Ministry of Health and Sports presented his country’s approach to a national integrated care system. The Dutch model demonstrates that a confluence of top-down and bottom-up approaches in organising and regulating integrated care is necessary to create an integrated infrastructure. Dr. Richard Antonelli, Medical Director Children’s Hospital Integrated Care Organization of the Children’s Hospital Boston, Harvard Medical School, shifted the focus to the importance of family-centred care when dealing with paediatric patients. When dealing with children, health is only part of the picture and factors like education, family and social background. The transition from paediatric to adult care services in chronic care therefore asks for coordinated measures at an early stage.

We were astonished by the sheer comprehensiveness of topics entered for presentation, encompassing challenges facing the design of national integrated care programmes, the integration of financial structures to the case management of casualties of war. As we all know, this flexibility is what makes integrated care so adept in facilitating the provision of health and social care services. However, this also poses problems when working to evaluate outcomes, compare models and determine the appropriateness of the measures taken. INIC09 provided a platform to develop some of these questions further and gave insight into possible solutions around the world.

One highlight of the INIC09 was the first Integrated Care University which took place prior to the conference and was held by Nick Goodwin, Dennis Kodner and Bert Vrijhoef. The feedback received from the participants has strengthened our belief that there is a necessity for standardised training programmes within our field and we will take up this challenge to develop a cohesive programme for the future.

But of course, all of these efforts would have been superfluous, if it weren’t for you, the participants of INIC09 and your willingness to join us here in Vienna, to create a dynamic and exhilarating atmosphere for discussions, networking and socialising! You came from far and wide and represented a wide range of health and social systems, such as the USA, Canada, Russia, Singapore or the United Arab Emirates—not to mention almost every European country! The results and findings presented during the conference can be found in this special issue, for those who were not able to attend as well as those who would have liked to attend multiple parallel sessions at the same time.

Overall, with around 150 participants from 22 countries, this INIC conference proved that integrated care really has become an international concern and exchange of experiences and evaluation of outcomes is paramount to develop integrated care further. Bearing your discussions and presentations in mind, we hope the INIC09 has given you the opportunity to meet new people and develop your projects and research further and we are looking forward to seeing the results at the INIC10 in Tampere!

The Organising and Scientific Committees of INIC09.

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