At IFIC’s recent 19th International Conference in San Sebastian a vibrant ‘discussion in the round’ was held with over 30 delegates from Australia and the Asia-Pacific region. The purpose of the session was to learn more about IFIC’s approach to developing collaborative centres and networking activities, as well as to debate what actions may be needed in different countries to take integrated care forward in policy and practice. It was clear from personal testimonies at the session that many challenges and barriers exist to improving care coordination, and that many of these were often shared experiences between different countries and contexts. For example, in overcoming the silos in which care professionals and care organizations operate, to the advocacy needed to convince policy-makers of the need to change legislation or funding streams that might help to overcome such challenges. In such a wide-ranging debate it is difficult to capture the lessons that should be drawn for IFIC (and others) in the role they should play, but common themes included:

- Being a source of credible and independent evidence and advice;
- Developing resources that enable effective knowledge-transfer, and effective channels of communication to support knowledge-exchange;
- Using IFIC’s independent position to advocate for change at a policy level; and
- Leveraging IFIC’s network of expertise from around the world to offer support and advice to others – from evaluation and research through to activities enabling implementation of projects and strategies.

The discussion was not without its challenges too. One observation was that presentations at ICIC19 were perhaps too often guilty of positive bias on the nature of their innovations and research results, despite objective evidence that may not support such positions. This is a useful warning, since from the beginnings IFIC has sought to examine integrated care with a critical and scientific eye. For me, there is clearly enough evidence from around the world to ‘beat the drum’ in favour of integrated care and how it can transform care delivery, but we should also look more openly into the many problems and failures of integrated care projects where learning is arguably more importantly made. Another challenge was to grow the range of ‘voices’ that IFIC enables into the integrated care debates since, and this is true, there is a proportionate lack of voice from social care, community groups and the third sector compared to those working in the arena of health systems. Moreover, taking the debate to policy-makers and senior managers was likely to be required since IFIC’s main networks have been confined to academics, enthusiastic professionals and other ‘believers’ – so a challenge was set in how IFIC might use its platform to engage and enthuse key decision-makers. Another challenge, yet also in some ways an advantage, was how to address the sheer complexity of interests that an integrated care movement comprises – for example, to bring into the debate ‘new’ areas of interest (e.g. oral health, rare diseases, refugee health etc).

What was clear from the debate, however, was that the principles of integrated care will continue to be important even as different ideas and terminologies (such as population health, value-based health care, or place-based systems) compete for attention in the lexicon of issues that will define our future system capabilities. I am convinced these will endure, and so the presence and uniqueness of IFIC – as a non-competitive, objective, informed and truly global public benefit organisation committed to seeing improvements in people’s health and wellbeing through integrated care – will continue to have its place in bringing people together to support it. IFIC, however, will only be effective if it garners the active participation of individuals and organisations in the integrated care movement – both to draw its inspiration for the activities it will develop in the future, but also to support them. It is for this reason that IFIC’s collaborative centres, such as IFIC Australia, seek to work with a range of committed partners to begin this growth and find ways to do so sustainably to the benefit of all parties. With such significant interest at the meeting in ‘how’ IFIC can help, the answer lies in the local partnerships and networks that can be formulated that believe in the agenda and see the value in the collective efforts required.
IFIC’s 2nd Asia Pacific Conference on Integrated Care (APIC2) will be held in Melbourne, Australia, on 11-13 November 2019. The call for abstracts and delegate registration is open and can be accessed here.

Nick Goodwin