1st North American Conference on Integrated Care

5th–7th October 2020
Toronto, Canada

Innovation. Inspiration. Integration:
Co-designing for health and wellbeing with individuals and communities

In association with the 6th World Congress on Integrated Care

Abstract Submission Guidelines

The NACIC2020 Scientific Committee is currently accepting abstracts for assessment of integrated care research, policy and practice. All accepted abstracts will be published in the International Journal for Integrated Care.

NACIC2020 is co-designed with patients and caregivers and achieves Patients Included designation. Special consideration is given to papers that demonstrate active people involvement in either or all of design, implementation and evaluation.

Each abstract submitter is asked to identify which theme best describes the work in their abstract. You also need to tick the tracks your paper is most relevant to, understanding that there will be overlap. (You may tick more than one track, for example if your paper is an app to support healthy communities, you should tick both the Public Health & Population Health Management and the Digital Health & Data Management tracks).

This system will enable the programme committee and Special Interest Group leads, to group papers together in a way that works best for delegates to navigate the programme and maximise the learning opportunities.

Abstract submitters are also asked a number of supplementary questions. Please consider these carefully and contact us if you are unsure how to answer.

Following the reviewing process, accepted abstracts will appear in the programme as a formal workshop (60 or 90 mins), oral presentation (15-minute oral presentation), oral poster (5-minute oral presentation alongside poster) or poster only (no presentation time), as deemed appropriate by the scientific committee. Posters may be digital-only.

The deadline for receiving abstracts is **Friday, 3rd April**. We will **not** be issuing an extension to the deadline so please ensure you make the time for your submission to meet this deadline!

NOTE: Presenters must register and pay to attend the conference and will have access to the Early Bird discount.

Submit your abstract online!

Abstract Submission & Review Process

1. All abstracts will be peer reviewed by 3 members of the Scientific Advisory Group:

2. Abstract Revisions: an invitation to authors to revise will be sent if requested by a reviewer. In that case the authors need to resubmit within a week. The Scientific Coordinator will inform the reviewers when resubmission has been done.

3. Once all abstracts have been finally scored, the Scientific Coordinator will develop draft full program with accepted abstracts in liaison with the conference chairs.

4. The Organizing Committee and the Scientific Committee will revise and comment on proposed draft full program.

5. Once full program has been agreed the authors are informed of the decision.

6. At this point the presenter must be identified and registration made for presenter to secure place on the programme.

Criteria for assessment

1. Quality of Content (25% - Does the quality of the content merit presentation? Is it of high scientific or practical significance? Are there lessons for implementation, transferability and scale? Do the authors clearly demonstrate involvement of people?)

2. Patient involvement (10% - Does the abstract include people (patient/family/caregiver) involvement, in consultation, participation or co-leadership)

3. Thematic relevance (15% - Does the abstract fit into the scope of the conference themes? – Appendix B)

4. Presentation (10% - Does the abstract adhere to the guidelines? Is there a clear structure and is it comprehensible? – Appendix A)

5. Overall Recommendation (40% - Overall, would you want to see this abstract presented at the conference? Overall, does this paper demonstrate active people involvement in either or all of design, implementation and evaluation?)

6. Provide comments to the authors and any recommendations for revisions

7. Provide comments viewable only to other authors and Scientific Coordinator

8. Do you recommend this paper for an Integrated Care Award?

Submission Guidelines

All abstracts should be relevant to one of the conference themes (Appendix A) and can identify with one or more of the conference tracks (Appendix B). Each abstract should include a short introduction/background summary that is understandable to the readers who do not know the full research, policy area or practice and its context (this supports the Coordinator to assign the review to the appropriate reviewers). The abstract should be structured with appropriate headings as identified for each format of paper whether for Oral Paper or Poster, Workshop or SIG Meeting as outlined below. If references are included, they should follow IJIC reference style (Vancouver) – See www.ijic.org

Structure for all Oral Paper and Posters Submissions

If you would like your paper to be presented as an oral presentation or poster, the submission will consist of the following content:

1	Introduction	100 words
2	Aims, Objectives, Theory or Methods	100 words
3	Highlights or Results or Key Findings	150 words
5	Conclusions	50 words
6	Implications for applicability/transferability, sustainability, and limitations	50 words

Oral Presentations: Additional Information

- Presenters will have a maximum of 15 minutes to formally present your paper (maximum 15 slides)
- A total of 20 minutes is allocated to the presentation to allow for questions so please be careful to stick to time or you will not have time for questions
- Questions will be taken immediately after the presentation unless otherwise agreed with the chairperson to take questions as a group
- Presenters should submit their photo and biography and finalise the presentation title and speaker details to the conference organising team by deadlines via the abstract tool – please follow briefing instructions carefully
- Conference programme is subject to change and some presentations may be moved as the conference develops

Poster Presentations (Digital): Additional Information

- Presenters are responsible for the design of their poster
- Presenters will need to submit a pdf of their poster in advance
- Posters will be displayed using digital kiosks

- Posters will be on display in the exhibition area for the specific poster session allocated
- Presenters should be at their poster kiosk during the designated poster viewing times to answer questions from delegates. It is a good idea to include contact details on the poster for follow up!
- More information on the digital kiosks will follow

Poster Presentations (Oral Posters): Additional Information

- Some posters who score high enough will also be included in the programme as an Oral Poster
- You will have a maximum of 5 minutes and 3 slides to formally present the findings of your poster
- There is no time allocated to questions, so keep messages succinct

Structure for Workshops

If you would like your paper to be considered for a workshop, the submission will consist of the following content:

1	Summary (Core aim of the workshop)	150 words
2	Background	50 words
3	Aims and Objectives	100 words
4	Target audience	50 words
5	Facilitators / speakers (names and roles)	150 words
6	Format (timing, speakers, discussion, group work, etc)	100 words
7	Key Learnings/Take away	50 words

Important If timings and speakers are not included then the workshop will be rejected. Please note that how discussion time is used will be considered. Workshops should not only have time for questions and discussion but include a plan for workshop type interactive discussion.

Workshops: Additional Information

- Workshops are allocated 60 or 90 minutes as part of the either a conference stream or breakfast or lunchtime workshop
- You may choose your own format within the time allowed. We recommend limiting your presentation time to allow lots of time for interactivity and discussion
- Remember only fully-fledged workshop submissions including a programme outline with timings and speaker details will be accepted in the submission process

Structure for Special Interest Groups

Special Interest Group Coordinators or assigned Group Members should submit their abstract using the following structure:

1	Introduction: description of SIG	150 Words
2	Background	100 Words
3	Aims and Objectives	100 Words
4	Format	100 Words
5	Key people from SIG network involved in session (this helps to avoid conflicts in the programme)	50 Words

Special Interest Group (SIG) Meetings: Additional Information

- SIG leaders may submit a request for a 60-minute slot to host a SIG meeting. Please only use this option if you have a well thought out plan for using the time for your SIG well.
- You may include the option of a zoom link to your network so that other SIG members may join the meeting remotely

Conference Themes - Appendix A

1. **Meaningful partnership with patients, families and citizens**
   ➢ How do we know it's real? How do we know when we have got it right?
   ➢ How does patient, family and citizen engagement make a difference?
   ➢ What are the actionable strategies for meaningful partnerships?
   ➢ How do we ensure effective representative engagement from diverse communities?
   ➢ Are there practical tools to help patients advocate for integrated care for themselves and engage in co-design?
   ➢ How has the voluntary sector become involved in integrated care?
   ➢ What do providers need to know to effectively engage with patients in co-design?
   ➢ How do we learn from design experiences in other industries?

2. **Implementing Integrating Care: Top-down Policies and Local Bottom-up innovations**
   ➢ What policy changes have occurred internationally to support the implementation of integrated care?
   ➢ What are the best practices/proven approaches to building sustainable local partnerships to integrate care around patients and families?
   ➢ What are we learning about connecting top down and bottom up efforts?
   ➢ What do different types of organizations contribute to integrate care?
   ➢ What are the challenges in broadening integration to social care and lessons learned?
   ➢ How do patients best get involved in bottom up approaches?
   ➢ What can we learn from "citizens initiatives" to organize local care and personal health budgets?

3. **Cutting edge technology and innovations contributing to integrated care**
   ➢ What are the latest developments in integrated care?
   ➢ How can technologies be leveraged to accelerate integrated care?
   ➢ How are the latest digital health strategies supporting integrated care?
   ➢ How is technology innovation supporting person-centred integrated care?

4. **Adaptive strategies & change management**
   ➢ What are the latest approaches to enhance the people side of change in implementing integrated care?
   ➢ How do we deal with the challenges of complexity in managing these changes?
   ➢ What are leadership strategies for integrated care? What competencies are needed?
   ➢ What are the challenges/barriers and examples of proven successes in change-management / new ways of working to support integrated care?

5. **Transferable lessons in spread and scale of integrated care**
   ➢ What are the transferable lessons from scaling up and spreading integrated care?
   ➢ What does collaborative leadership and governance look like for spread and scale?
   ➢ What are transferable lessons from outside healthcare?

Conference Tracks - Appendix B

Each track considers the full list of subject areas but are not limited to:

POLICY DEVELOPMENT

- Governance
- Frameworks
- Strategies
- Networks
- Value-based approaches (Sustainable, Quadruple Aim, Outcome-based)
- Values and Principles
- Regulation and Inspection
- New models of funding and payments
- Outcomes-based commissioning
- New contracting models
- Incentives and opportunities for investment
- Alliances and Alliancing
- Stewardship of public resources
- Health Economics

RESEARCH AND EVALUATION

- Current and future trends in research and innovation
- Evidence-based integrated care
- Research methods, including realist evaluation
- Disciplinary approaches (e.g. Health economics, Organizational behaviour)
- Monitoring and evaluation
- Quality improvement
- Assessing impact

IMPLEMENTATION SCIENCE

- Innovations in Integrated Care
- Integration of Health and Social Care
- From trials and pilots to embedded ongoing programs at-scale
- Understanding integrated care failures

MODEL-BASED APPROACHES TO INTEGRATED CARE

- Integrated care systems and Accountable Care Organisations (ACOs)
- Medical Home/Health Care at Home Model
- Integrating informal and formal care
- Vertical Integration (Primary, Community/Social Care, Hospital etc.)
- Population-type Models (disease-based, palliative, end-of life etc.)

SUPPORTING SPECIFIC POPULATIONS

- Children and youth
- Frailty
- Dementia
- Mental Health
- People with multimorbidity and complex health needs
- Palliative and end-of-life care
- Addiction issues, including Drugs, Alcohol and Gambling
- Support services for Cancer and Survivorship Patients
- Homelessness

- ➢ Isolation and loneliness
- ➢ Vulnerable populations including Refugee and Asylum Seekers, Indigenous Communities, Ethnic and Racial Minorities
- ➢ Remote and Rural Populations
- ➢ Care of War Veterans
- ➢ Caring for Carers (Family/informal caregivers)

WORKFORCE DEVELOPMENT

- ➢ Skills
- ➢ Culture
- ➢ Capabilities
- ➢ Inter-professional Development
- ➢ Multi-disciplinary working
- ➢ Advancing Education
- ➢ Specific provider roles (Pharmacist, Community health workers)
- ➢ New roles

DIGITAL HEALTH AND DATA MANAGEMENT

- ➢ Risk Management/Stratification Tools
- ➢ Use of Big Data
- ➢ Artificial Intelligence (AI)
- ➢ Digital Tools to support Horizontal and Vertical Integration
- ➢ Monitoring and Home-based Care and Support Digital Tools
- ➢ Apps

CARE PATHWAYS AND CARE TRANSITIONS

- ➢ Interface between Hospital and Home (Discharge Planning, Bundled Care)
- ➢ Recovery and Reablement
- ➢ Care Pathways
- ➢ Transition of care for adolescents from paediatric to adult health care

SELF-MANAGEMENT AND CO-PRODUCTION

- ➢ Health literacy
- ➢ Goal-orientated Care
- ➢ Self-management
- ➢ Supported self-care
- ➢ Shared-decision-making
- ➢ Co-production
- ➢ Assets-based/community-led approaches
- ➢ Social prescribing
- ➢ Volunteering and the role of the local community