Abstract Assessment Guidelines

The conference will accept abstracts for assessment of integrated care research, policy and practice. All accepted abstracts will be published in the International Journal for Integrated Care.

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 display poster) or display only poster (no presentation time), as deemed appropriate by the scientific committee. Please note that you should submit your abstract using the appropriate guidelines depending on the type and preferred format paper you are submitting.

Special consideration is given to papers that can demonstrate active people involvement in either or all of design, implementation and evaluation!

Abstract assessment process:

1. Abstract is submitted via online tool https://dcconferences.eventsair.com/apic2019/abstract

   a)   Enter contact details. Please note these are the contact details used for all follow up information relating to acceptance and briefings
   b)   Confirm consent re use of data (in line with European GDPR)
   c)   Enter Presentation Title (maximum 50 words), please be mindful of grammar as this is how the title will appear in the programme (DO NOT write all in caps!)
   d)   Choose which format to present in (Oral Paper, Oral Paper or Poster, Poster Only, Workshop, SIG Meeting) - (Submission Guidelines - Appendix A)
   e)   Ensure paper is appropriate to conference theme(s) and choose which theme best reflects the content of the paper (Conference Themes - Appendix B)
   f)   Choose which special interest areas are reflected in the paper, you can tick more than one area if appropriate. This helps us group papers in the program appropriately (Special Interest Areas - Appendix C)
   g)   Enter author details and note which author is the presenter. Upload presenter biography and photo. If more than one presenter please note primary presenter and submit separate presenter details to APIC2@integratedcarefoundation.org
   h)   Choose which paper type is most appropriate (Research, Policy or Practice) and answer questions relating to student authorship and consumer involvement
   i)   Consent to publishing of paper in the International Journal of Integrated Care

2. Scientific Coordinator will allocate abstract submitted to 2 potential reviewers based on topic relevance and country of origin.

3. Abstract will be peer reviewed by 2 members of the SAC:
    a)   The online tool offers reviewers the following option:
    - Score each abstract using the criteria established by the SC
    - Leave a comment to the authors
    - Leave a comment for other reviewers and the Scientific Coordinator
    - Propose an abstract for an award

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

    c)   Disagreements: In case of disagreement from the reviewers, the Scientific Coordinator in liaison with the chair will decide.

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

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

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

7. At this point the presenter must be identified and registration made for presenter to secure place on the programme. Presenters receive a 10% discount either by booking before the early bird deadline or using the special presenter discount code when the early bird discount deadline has passed.

Criteria for assessment:

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

2.   Significance (10% - Does the abstract present significant advancements in theory or implementation, including people involvement, either for the context or more general)

3.   Originality (10% - Does the abstract present innovative, new approaches to the problem, including active people involvement; either through true innovation or by adapting for the integrated care context)

4.   Presentation (5% - Does the abstract adhere to the guidelines? Is there a clear structure and is it comprehensible? – Appendix A)

5. Thematic relevance (10% - Does the abstract fit into the scope of the conference themes? – Appendix B)

6. 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?)

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

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

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

Submission Guidelines - Appendix A

All abstracts should be relevant to 1 or more of the conference themes/topics and should include a short introduction/background summary that is understandable to the readers who have not yet read the full abstract or do not know the practice and its context (this supports the Coordinator to assign the review to the appropriate reviewers). The full abstract should be limited to 500 words. The abstract summary should be structured with appropriate headings as identified for each format of paper whether Research, Policy, Practice (for Oral and Poster Papers), 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 please ensure your submission includes the following headings depending on whether your paper is primarily focused on Research, Policy or Practice.

RESEARCH - Structured Summary for abstracts on Science of Integrated Care

1. An introduction (comprising background and problem statement)
2. Theory/Methods
3. Results
4. Discussions
5. Conclusions (comprising key findings)
6. Lessons learned
7. Limitations
8. Suggestions for future research

POLICY - Structured Summary for abstracts on Knowledge of Integrated Care

1. An introduction (comprising background and problem statement)
2. Description of policy context and objective
3. Targeted population
4. Highlights (innovation, Impact and outcomes)
5. Comments on transferability
6. Conclusions (comprising key findings, discussion and lessons learned)

PRACTICE - Structured Summary for abstracts on Application of Integrated Care

1. An introduction (comprising context and problem statement)
2. Short description of practice change implemented
3. Aim and theory of change
4. Targeted population and stakeholders
5. Timeline
6. Highlights (innovation, Impact and outcomes)
7. Comments on sustainability
8. Comments on transferability
9. Conclusions (comprising key findings)
10. Discussions
11. Lessons learned

Notes Oral Presentation

- 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

Notes Poster Presentation

- Presenters are responsible for the design of their poster
- Presenters will need to submit a pdf of their poster in advance
- Presenters should bring the poster with them on the day or follow briefings to have poster printed locally and delivered to the venue
- Presenters can collect posters from registration desk and will be given a poster number
- Posters can be mounted from 7.30am on the first day using materials supplied at the venue
- Posters remain on display in the exhibition area for the full conference
- Presenters should be at their posters during the refreshment breaks to answer questions from delegates. It is a good idea to include contact details on the poster for follow up!

Notes for Oral Posters

- 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 to formally present the findings of your poster
- There is no time allocated to questions, so slides should be kept to a minimum (and no more than 5) and keep messages succinct

Notes for Workshops

1. Workshops are allocated 60 or 90 minutes as part of the either a conference stream or breakfast or lunchtime workshop
2. 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
3. Remember only fully-fledged workshop submissions including a programme outline with timings and speaker details will be accepted in the submission process

Structure

1. Background
2. Aims and Objectives
3. Target audience
4. Learnings/Take away
5. Format (timing, speakers, discussion, group work, etc)
6. Preferred length (60 or 90 minutes)

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 just have time for questions and discussion but include a plan for workshop type interactive discussion.

Notes for Special Interest Group (SIG) Meetings

1. 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.
2. You may include the option of a zoom link to your network so that other SIG members may join the meeting remotely

Structure

1. Background
2. Aims and Objectives
3. Format
4. Key people from SIG network involved in session (this helps to avoid programme clashes)

Conference Themes - Appendix B

Achieving Value for People and Populations

- Values of integrated care
- Understanding and achieving value-based care (e.g. triple/quadruple aim)
- Population Health Management
- Outcomes-based purchasing /commissioning
- Improving care experiences and care outcomes
- Changing the utilisation patterns of care services
- Promoting sustainable care

Implementing Integrated Care

- Innovations in integrated care
- Implementation science – how to implement integrated care successfully over time
- Change management
- Teams and teamwork
- Cultures and behaviours
- From trials and pilots to embedded ongoing programs at-scale
- Understanding integrated care failures
- Workforce, training and capacity development

Empowering and Engaging People and Communities

- Public health
- Preventative care and health promotion
- Health literacy
- Supported self-care
- Shared-decision-making
- Co-production
- Assets-based/community-led approaches
- Social prescribing
- Volunteering and the role of the local community

Integrated Care Innovations, Models and Systems

- Alliances and alliancing
- Integrated care systems and accountable care organisations
- Medical home/health care home
- Primary, community and acute care systems
- The future role of the hospital and the hospital physician
- Integration of health and social care
- Care transitions and care pathways
- Intermediate care
- Funding and incentives
- Digital health

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Evaluation, Monitoring and Quality Improvement

- Current and future trends in research and innovation
- Evidence-based integrated care
- Research methods, including realist evaluation
- Health economics
- Monitoring and evaluation
- Quality improvement
- Assessing impact
- Data and data governance
- Governance, incentives and accountability
- Regulation and inspection
- Advanced education in integrated care

Improving People's Health and Wellbeing through Integrated Care

- Tackling the social-determinants of ill-health – 'one health'
- Supporting vulnerable populations within the community
- Aboriginal and Torres Strait Islander Health
- Mental health
- Rural and remote health
- Children, young people and families
- Preventing and managing frailty
- People with multiple chronic conditions and long-term care needs
- Rehabilitation and reablement
- Palliative and end-of-life care
- Oral health
- Pharmacy, polypharmacy and medication management
- Disaster response / communities in crisis and conflict

Special Interest Areas - Appendix C

1. Population Health Management

2. Policy Development and Change Management

3. Whole System Transformation and Implementation Science

4. Tools and Methods for Supporting Care Coordination

5. Value-based Integrated Care (Sustainable, Quadruple Aim, Outcome-based)

6. Care of Vulnerable Populations

7. Care of Older People

8. Workforce (Culture, Skills, Multi-disciplinary Working)

9. Digital Health and Data Management

10. Children, Youth and Families

11. Palliative and End of Life Care

12. Intermediate Care and Care Transitions

13. Inspection and Regulation

14. Co-designing Care