North American Conference on Integrated Care

4th–7th October 2021

Toronto, Canada

Abstract Submission Guidelines

Introduction

The NACIC2021 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

The conference will take place as a virtual edition and will take place from Monday to Thursday, October 4-7, 2021.

NACIC2021 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.

Presenters will be asked to pre-record their content. The conference will make those recordings available to delegates to access in their own time and will be posted to the IFIC Knowledge Tree after the conference to be accessed by a wider audience. During the live sessions successful authors will be asked to reduce the time of their presentation to key points and sessions will be run interactively hosted by one or two chairs who will lead a discussion with paper presenters for 90 minutes. This is much more enjoyable for the viewer and we hope to encourage more engagement from the audience for presenters by using this format.

Workshops will also be designed with the virtual audience in mind and our scientific coordinator will work with workshop leaders to ensure their session is appropriately designed to make the best use of digital technology and provides the best learning experience for attendees.

For our digital poster display we will include dedicated times for digital posters viewing.

All abstracts should be relevant to one of the conference themes (Appendix A) and one or more of the 9 Pillars of Integrated Care (Appendix B) The abstract should include a short introduction/background summary that is understandable to the readers who do not know the full Research, Policy area, Practice or Education and Training approach and its context (this supports the Coordinator to assign the review to the appropriate reviewers).

Abstract submitters are also asked a number of supplementary questions. Please consider these carefully and contact us at vicki@f2fe.com if you are unsure how to answer.

All accepted abstracts must have at least one presenter registered before the paper is confirmed on the program.

We thank you all for your support and hope that you will find this online edition of our conference a rewarding experience.

Submission Steps and Review Guidance

The conference will accept abstracts for review on integrated care research, policy, practice and education. All accepted abstracts will be published in the International Journal for Integrated Care and recordings of presentations and workshops and all digital posters will connected to the Knowledge Tree.

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

Each abstract submitter is asked to choose one of the conference themes and one or more of the conference tracks – the 9 Pillars of Integrated Care - that their paper is most relevant to, understanding that there will be overlap. This system will enable the program committee and Special Interest Group leads, to group papers together in a way that works best for delegates to navigate the program and maximize the learning opportunities. For more information on conference themes see Appendix A and for information the 9 pillars see Appendix B.

The full abstract should be limited to 500 words. **The abstract should be structured with appropriate headings as identified for each format of paper whether Research, Policy, Practice, Education and Training (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

Following the review process, accepted abstracts will appear in the program as a formal workshop (90-minutes), SIG Meeting (60-minutes), oral presentation (15-minute pre-recorded oral presentation accessible throughout the conference and 5 minutes summation for live session), or digital only poster (downloadable and presenter available for scheduled poster viewing), as deemed appropriate by the scientific Advisory Group. Please note that you should submit your 500-word abstract using the appropriate guidelines depending on your preferred presentation format. Each presentation style has a different structure and headlines!! Authors are at risk of being rejected if they do not follow the instructions, or their presentation is poor, so please take careful consideration of the guidelines and structure of the submission.

Timelines

Call for abstracts goes live {Monday, March 15, 2021}
Call for abstracts closes {Monday, May 31, 2021}
Abstract reviews begin {Monday, June 7, 2021}
Abstract reviews end {Monday, June 21, 2021}
Notifications of decisions {Monday, June 28, 2021}
Program to be released {July 2021)

NOTE: Presenters will be expected to register and pay to attend the conference in order to confirm their presentation in the conference program. Presenters will be notified of the key timelines at the time of acceptance notification.

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Submit your abstract online!

https://www.events.f2fe.com/ific/abstract/index.cfm?ID=m7qL9pt

Abstract Submission & Review Process

- All abstracts will be peer reviewed by 3 members of the Scientific Advisory Group
- 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 completed
- Once all abstracts have been reviewed and scored, the Scientific Coordinator will develop the preliminary draft program with accepted abstracts in liaison with the conference chairs
- The Organizing Committee and the Scientific Committee will revise and comment on the proposed draft program.
- Once the full program has been approved, the authors will be informed of the decision and receive a notification on the status of their abstract
- Presenters must register for the conference to secure their place in the program.

Criteria for assessment

- 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?)
- Patient involvement (10% - Does the abstract include people (patient/family/caregiver) involvement, in consultation, participation or co- leadership)
- Thematic relevance (15% - Does the abstract fit into the scope of the conference themes? – Appendix B)
- Presentation (10% - Does the abstract adhere to the guidelines? Is there a clear structure and is it comprehensible? – Appendix A)
- 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?)
- Provide comments to the authors and any recommendations for revisions
- Provide comments viewable only to other authors and Scientific Coordinator
- 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 – the 9 Pillars of Integrated Care (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
4	Conclusions	50 words
5	Implications for applicability/transferability, sustainability, and limitations	50 words

Technical Instructions

All abstract submitters who are accepted to the conference will receive technical instructions and timelines related to their presentation. These instructions and details will be sent to successful abstract submitters within a few days of the official notifications being confirmed.

Program Subject to Change

The Conference program will remain subject to change throughout the planning and some presentations may be rescheduled in the program as the conference develops.

Oral and Poster Virtual Presentations: Additional Information

- Poster presenters will submit a pdf of their poster in advance of the event
- Oral presenters will submit their pre-record presentation in advance of the event
- Deadlines for submitting presentations will be confirmed upon acceptance into the conference
- Oral and poster presentations will be available to view for the duration of the conference

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 workshop timing and speakers are not included in the abstract, then the workshop will be rejected. Please note that the structure of the discussion time will be considered. Workshops should not only have time for questions and discussion but include a plan for workshop type interaction with the viewers.

Virtual Workshops: Additional Information

- Workshops are allocated 90 minutes
- 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 program outline with timings and speaker details will be accepted in the submission process
- The Scientific Coordinator will work with you in advance to ensure your workshop is appropriately organized for a virtual conference to maximize the engagement and learning experience for the delegates.

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 program)	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 without being a registered delegate of the conference

Conference Themes
Appendix A

1. Meaningful partnership with patients, families and citizens

- How do we know it is 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?
- How did your organization align staff with this new way of working?

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: 9 Pillars of Integrated Care
Appendix B

Please ensure that your abstract is relevant to one or more of the following 9 pillars and choose which pillar your submission is most relevant to.

1) Shared values and vision

This is a system-wide responsibility that is heavily influenced by what our societies and organizations value and the extent to which we are prepared to work together to achieve our shared vision. Harnessing the power of multi-sectoral, interdisciplinary, collective action, begins through co-creating shared values, societal goals and vision amongst all partners. Papers may consider (but are not limited to):

- Building a guiding coalition
- Developing collaborative capacity
- Ethics and moral
- Values

2) Population health and care needs and local context

In most places, attempts to achieve better population health and wellbeing fall short because efforts tend not to focus on addressing the root causes - the determinants of health and the reduction of health disparities. The current appetite for more radical options to transform public services to ensure that public funds and institutions are adequately resourced and that they are shaped by the people who need them. Papers may consider (but are not limited to):

- Addressing health determinants
- Improving population health
- Reducing health inequities

3) People as partners in health and care

In tackling COVID-19 we – citizens, patients, carers and professionals together – need to recognise that our actions will only be effective if people are engaged, informed, and supported to look after their own health and wellbeing, reducing demand on services, whilst at the same time ensuring they understand when they should seek help. Papers may consider (but are not limited to):

Care co-ordination around people's needs

- Care co-ordination
- Care pathways
- Care transitions
- Case/care management
- Disease management

Empowerment and engagement

- Family and carer support
- Improving health literacy
- Patient activation
- Patients for patients safety
- Peer support
- Personal care assessment and planning
- Shared decision making
- Supported self-management and self-care

People-centred care

- Co-production
- Patient and users groups

4) Resilient communities and new alliances

The current pandemic has heightened our sense of solidarity on the one hand, but increased protectionism on the other and illustrates that we cannot overcome a crisis of this scale on our own. One example is the spread of compassionate communities, including asset-based approaches to create a vibrant global movement that recognises that caring for one another is everyone's business. Papers may consider (but are not limited to):

- Community awareness
- Community delivered care
- Community participation

5) Workforce capacity and capability

The current pandemic has stretched our workforce beyond what we could have imagined. They have stepped up by extending scope of practice, blurring roles to support each other, and rapidly acquiring new caring and remote consultation skills to offer the best possible care and support in extremely difficult circumstance – this augurs well for workforce reform. We have a unique opportunity to test integrated workforce solutions that will strengthen our systems and lead to better health, better care and better value. Papers may consider (but are not limited to):

- Human resources strategies
- Skill mix
- Teams and teamwork
- Capacity building
- The role of the 3rd sector

6) System wide governance and leadership

Network governance models can be used to rethink the way cross-organisational services and joint actions are contracted and funded, coordinated, inspected and regulated, and on how outcomes and benefits are assessed for the care recipient, care teams and the system. Far from command and control leadership, the current crisis is teaching us that successful leaders are those leading in a compassionate, inclusive and dynamic manner. Papers may consider (but are not limited to):

Organisation of care delivery

- Chronic care programmes
- Integrated care organisations / partnership models
- Integrated health and social care
- Models of care
- Networks
- Alliances

Leadership and change management

- Change management
- Leadership
- Quality improvement approaches

Policy and policy-making

- Policy and Policy Making
- Measurement
- Defining value

7) Digital solutions

Since the outbreak of COVID-19, countries have seen a rapid citizen-led proliferation of digital solutions being used for remote working, socialisation between family, friends and communities, and education, to name but a few. This rapid pace of change has been mirrored by national and local government and public health through the use of social media and other communication channels to effectively reach individuals to provide guidance, care, support, collect well-being and COVID infection data, and undertake tracing through Apps. Papers may consider (but are not limited to):

- E-health records
- Risk stratification
- Telehealth and telecare / mHealth

8) Aligned payment systems

The impact of COVID-19 again tells us that "where there's a will, there's a way" to solving problems, including to long-established policies and fragmentation's in financing. Papers may consider (but are not limited to):

- Contracting and contract currencies
- Financial flows
- Provider incentives

Perhaps the most significant legacy of COVID-19 might be the recognition that financial flows need to be significantly streamlined and changed to support effective supply chains of equipment and drugs.

9) Transparency of progress, results & impact

Just as there is no 'one size fits all' model of integrated care that suits all ambitions, situations and contexts, there is no one single tool or approach that can be used to measure the progress and results. Continuing to base our integrated care evaluations and assessments primarily on available health data and information will go nowhere near capturing the unprecedented responses and scenarios that are emerging around the world from COVID-19. Papers may consider (but are not limited to):

- Business case development / economic evaluation
- Current or previous research studies
- Economic evaluation
- Evaluation methods
- Indicators for integrated care
- Research calls
- Quality improvement