



Realising the true value of integrated Care

## Abstract Submission Guidelines

### Introduction

In 2021 the 21st International Conference on Integrated Care will be run as a virtual conference co-hosted with our hubs and collaborative centres IFIC Scotland, IFIC Australia, IFIC Ireland, IFIC Canada and IFIC Latin America. We have received a huge volume of feedback from our ICIC20 conference which took place in September and based on those suggestions we will be amending how the programme is designed and accessed to best suit a virtual format.

The main change from ICIC20 is that the conference will run across the whole month of May limited to 90 minute sessions taking place across various time zones. On each day of the week Monday – Friday, one of our 5 hubs in Ireland, Scotland, Canada, Australia and Latina America will host sessions.

Presenters will once again be asked to pre-record their content, however in this conference we will make those recordings available to delegates to access in their own time and will be posted to our 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 reduce the number of accepted posters (as the volume with our previous conference caused issues with loading) and will include dedicated times for digital posters walks. Again improving the experience for poster presenters and attendees.

All abstracts should be relevant to one of the 9 Pillars of Integrated Care (Appendix A) and 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).

All accepted abstracts must have at least one presenter registered before the paper is confirmed on the programme. Registration is now open and accessible via the [conference homepage](#).

If you have any questions or concerns about the new digital presentation format or other comments please do get in touch at [ICIC@abbey.ie](mailto:ICIC@abbey.ie)

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 be 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 9 Pillars that their paper is most relevant to, understanding that there will be overlap. 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 maximize the learning opportunities. For more information on the 9 pillars see Appendix A.

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](http://www.ijic.org)

Abstract submitter are also asked a number of supplementary questions. Please consider these carefully and contact us at [icic@abbey.ie](mailto:icic@abbey.ie) if you are unsure how to answer.

Following the reviewing process, accepted abstracts will appear in the programme 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 walks), 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 (See Appendix B). 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.**

**The Abstract submission deadline is 29 January 2021.**

The programme will be announced in March and the deadline for confirming your place and booking your registration is 1 April.

NOTE: Presenters must register and pay to attend the conference. If you need more time to register,

please notify us and we will hold your place.

## Abstract Submission Steps

Abstract is submitted via this [online portal](#).

- 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, Digital Poster, Workshop, SIG Meeting)
- e. Ensure paper is appropriate to one of the 9 Pillars of Integrated Care and choose most appropriate pillar (See appendix A)
- f. Enter author details and note which author is the presenter. Add the presenter's biography. If more than one presenter please note primary presenter and submit separate presenter details to [icic@abbey.ie](mailto:icic@abbey.ie)
- g. Answer the following supplementary questions:
  - ❖ Please advise which paper type your contribution is primarily based on (Research, Policy, Practice, Education & Training)
  - ❖ Is this contribution associated with a European Funded Project?
  - ❖ Has this contribution actively involved patients, carers or the community in any or all the design, implementation and evaluation? (If yes, don't forget to demonstrate this in the written submission)
  - ❖ The 'Fundamentals of Integrated Care' is a special track for those at the beginning of their journey in the field. Are you an expert in your field and will your presentation provide learning in the basic principles of integrated care?
  - ❖ Is this contribution solely written by an emerging researcher?
  - ❖ Would you like to join the ERPIC 'Emerging Researchers and Professionals in Integrated Care' network and receive emails from ERPIC? \*
- h. Please provide consent to publishing of paper in the International Journal of Integrated Care

## Abstract Reviewing Process

The Scientific Coordinator will allocate the abstract submitted to up to 3 potential reviewers based on topic relevance and country of origin.

- a. Abstract will be peer reviewed by 3 members of the Scientific Advisory Group (our Reviewers)

The online tool offers reviewers the following option:

- ❖ Score each abstract using the criteria provided
- ❖ Leave a comment for other reviewers and the Scientific Coordinator
- ❖ Propose an abstract for an award

- b. Disagreements: In case of disagreement from the reviewers, the Scientific Coordinator in liaison with the Organising Committee will decide.
- c. Once all abstracts have been finally scored, the Scientific Coordinator will develop draft full program with accepted abstracts in liaison with the SIGs, members of the Scientific Committee and Organising Committee.
- d. The Organizing Committee and the Scientific Advisory Group will revise and comment on proposed draft full program.
- e. Once full program has been agreed the authors are informed of the decision.
- f. At this point the presenter must be identified and registration made for presenter to secure place on the programme.

## Appendix A - 9 Pillars of Integrated Care

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 organisations 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

## Appendix B – SUBMISSION FORMAT

### **STRUCTURE FOR ALL ORAL PAPERS AND POSTER 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, Practice or Education and Training.

#### **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 transfer-ability
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 transfer-ability
9. Conclusions (comprising key findings)
10. Discussions
11. Lessons learned

#### **Education and Training** - Structured Summary for abstracts on Knowledge of Integrated Care

1. An introduction (comprising background and problem statement)
2. Description of 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)

**Notes for Oral Presentation if abstract is accepted for inclusion in the Conference Programme:**

- Presenters will be invited to pre-record their presentation using Loom (maximum of 15 minutes with a maximum of 15 slides). This pre-recording will be added to the online portal and made available to attendees to access in their own time. The recording will also be added to IFIC's Knowledge Tree and available to our network to access after the conference.
- During the live session, presenters will have a maximum of 5 minutes to summarize the 15-minute presentation on their abstract they have recorded in advance, and the majority of the session time will be dedicated to discussion. Questions will be prepared with the chairpersons in advance so that we can draw out the main points of the abstract throughout the discussion. This is to facilitate more engagement and provide a better experience for an online audience.
- 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.
- The Conference programme is subject to change and some presentations may be moved as the conference develops.

**Notes for Digital Poster Presentation if poster abstract is accepted for inclusion in the Conference Programme:**

- Presenters are responsible for the design of their poster
- Presenters will need to submit a pdf of their poster in advance
- Posters will be downloadable from the online portal
- Posters will be available to view for the entire duration of the conference
- There will be a reduced number of digital posters at ICIC21 and dedicated timings for poster walks will be included in the Conference Programme so that delegates can meet the poster presenters in real time.

**STRUCTURE FOR WORKSHOPS**

If you would like your abstract to be considered for a workshop, please use the following structure:

- Introduction - (short description of the core aim of the workshop for inclusion in the Conference Programme)
- Background
- Aims and Objectives
- Target audience
- Learnings/Take away
- Format (timing, speakers, discussion, group work, etc)

**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 Workshops**

- 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 programme 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 organised for a digital conference to maximise 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:

- Introduction (short description of the SIG to include in the Conference Programme)
- Background
- Aims and Objectives
- Format
- Key people from SIG network involved in session (this helps to avoid programme clashes)

### **Notes for Special Interest Group (SIG) Meetings**

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