ICIC27
INTERNATIONAL CONFERENCE ON INTEGRATED CARE
10-12 May 2027
Tallinn, Estonia

ICIC27 Abstract Submission Guidelines

The **International Conference on Integrated Care (ICIC27)** invites submissions from people working across research, policy, practice, education, system leadership, community organisations and lived experience.

ICIC27 will bring the international integrated care community together to examine how integrated care can move from ambition and system design to measurable and sustainable improvement in people's lives, care experiences, population health and system performance.

We welcome different forms of knowledge and evidence. Submissions may report formal research or evaluation, policy and system reform, practice and service improvement, workforce and education initiatives, implementation experience, or community- and lived-experience-led work.

The important test is whether the submission makes a clear contribution to integrated care and offers credible learning that delegates can use.

Across the conference themes, we are particularly interested in work that explains what was done, how it was implemented, who was involved, what changed, what enabled or obstructed progress, and what others can realistically learn. Honest accounts of limited progress, failure, unintended consequences and adaptation are welcome where they are supported by evidence and offer useful learning.

What we are looking for

Strong submissions should demonstrate:

- a clear connection to integrated care rather than a general paper on health care, technology, population health or service delivery;
- work grounded in a defined setting, population or system context;
- a specific account of an intervention, reform, method, policy, programme or body of work;
- results, observed changes or credible early learning, with the stage of development stated clearly;

- evidence of impact on people, families, carers, communities, populations, the workforce or system performance, or a credible and clearly explained route to impact;
- practical learning about implementation, including the conditions, relationships, resources and capabilities that helped or hindered progress;
- attention to equity, prevention, sustainability and the experiences of underserved groups where relevant;
- meaningful involvement of people with lived experience, families, carers, communities or the public where this is relevant and feasible, described precisely rather than through general claims of co-production; and
- learning that is understandable and useful to an international, cross-sector audience.

Early-stage and exploratory work is welcome where authors can demonstrate concrete activity and learning from work already undertaken. Submissions that describe only a problem, planned activity or aspiration, without evidence of action or learning, are unlikely to score highly.

Before you submit

Choose the contribution or body of work that offers the strongest and most useful learning.

A submission may include a maximum of **four authors**.

A person may be named as a presenter, facilitator or Implementation Exchange contributor on no more than **two ICIC27 submissions**. A person may be listed as a non-presenting co-author on additional submissions where the work is genuinely distinct.

Do not submit substantially the same work more than once or in more than one format. Related submissions are permitted where each has a distinct purpose, evidence base and contribution. You will be asked to declare related ICIC27 submissions.

Confirm that everyone named as an author has agreed to be included. All presenters, facilitators and Implementation Exchange contributors must have agreed to take part and intend to attend ICIC27 in Tallinn if the submission is accepted. Non-presenting co-authors do not need to attend.

Registration, travel and accommodation are the responsibility of presenters unless separate support has been confirmed.

Write for an international audience. Explain local organisations, structures and terminology, avoid unexplained acronyms, and use clear language. Reviewers will assess clarity and coherence, not whether English is the author's first language.

Select the submission format that best reflects the contribution you want to make and what delegates will hear, see or do.

Submission formats

Format	Best suited to	Core requirements
Oral presentation	Completed or well-developed research, evaluation, policy, practice or implementation work with a focused message.	500-word abstract. Normally a 10-minute presentation followed by moderated discussion across the session. Maximum two presenters.
Poster presentation	Emerging or completed work that benefits from visual explanation and direct discussion with delegates.	500-word abstract. Poster and concise verbal overview if accepted. Maximum two presenters. Final printed or digital arrangements will be confirmed after acceptance.
Interactive workshop	A facilitated learning experience in which participants apply, test, discuss or co-create something.	500-word abstract plus a separate 300-word facilitation plan. Approximately 20% presentation and 80% active participation. Two to four named facilitators. Authors may request 60 or 90 minutes.

Format	Best suited to	Core requirements
Implementation Exchange	One reform, programme, project or linked body of work examined through several distinct implementation perspectives.	500-word abstract plus a separate 500-word session plan. Three or four named contributors. At least three must attend and contribute. Substantial moderated exchange with delegates.
Failure, Misfires and Lessons Learned	Initiatives, interventions or reforms that did not work as planned, stalled, produced unintended consequences or required significant adaptation, where there is useful learning to share.	500-word abstract focused on what was intended, what happened, contributing factors, adaptation or response, and learning for integrated care. Maximum two presenters. Accepted contributions will normally form part of a facilitated Failure, Misfires and Lessons Learned session or forum.

Format preference

Your selected format is a preference and cannot be guaranteed.

Scientific and practical quality, delegate value, available space, programme balance, duplication and the overall coherence of the conference programme will inform the final offer.

The Programme Team may offer an alternative presentation format or invite authors of related submissions to combine their work. Any significant proposed change will be discussed with the corresponding author before confirmation.

1. Oral presentation

Oral presentations are intended for work with a clear question, approach, evidence and message for an international audience.

Presentations will normally be limited to approximately **10 minutes**, allowing each session to include meaningful moderated discussion. Detailed presentation and slide guidance will be provided after acceptance.

An oral submission should be focused. Authors should select the finding, implementation question or lesson that will be most useful to delegates rather than attempting to describe every aspect of a large programme or project.

A maximum of **two presenters** may be named.

2. Poster presentation

Posters are a full scientific or practice contribution and are particularly suitable for work that benefits from visual explanation, emerging findings, methods, implementation journeys and focused case examples.

Posters will be grouped thematically and actively programmed. Depending on the final conference programme and venue arrangements, selected posters may also be invited to take part in a poster walk, facilitated discussion or short oral pitch.

Authors should be prepared to produce a poster and provide a concise verbal overview during the scheduled poster session.

Final poster dimensions and printed or digital requirements will be confirmed after acceptance.

A maximum of **two presenters** may be named.

3. Interactive workshop

An Interactive Workshop is an active learning space rather than a sequence of presentations.

It should enable participants to work with an idea, method, tool, problem or implementation challenge and leave with a defined insight, output, plan or practical resource.

Workshop proposals should be designed around approximately **20% presentation and 80% active participation**.

Simply stating that participants will take part in small-group discussion is not sufficient. The proposal should explain the purpose of the interaction, what participants will do, how the activity will be facilitated, how the method will work for the anticipated group, and what participants will take away.

Authors may request a **60-minute or 90-minute workshop** and must explain why the proposed method requires that duration. The Programme Team will make the final decision on workshop duration on the basis of the session design, available programme space and overall programme fit.

Workshops must name **two to four confirmed facilitators** and include a separate timed facilitation plan.

4. Implementation Exchange

An Implementation Exchange gives delegates direct access to a team that has designed, delivered, evaluated or adapted an integrated care reform, programme, project or substantial body of work.

It should bring together **three or four people with distinct roles or perspectives** to provide one coherent account of implementation, outcomes, challenges, adaptation and learning.

This format is appropriate where the different perspectives are necessary to understand the work. Contributors may include implementers, system or policy leaders, practitioners, researchers or evaluators, community partners and people with lived experience.

At least one contributor should have direct experience of implementing the work.

Where the programme or reform substantially affects a defined community or population group, the proposal should explain whether and how that perspective has informed the work and will be represented within the session.

An Implementation Exchange is not a panel of loosely related presentations and should not reproduce several separate abstracts from the same project.

The session plan must demonstrate a clear common purpose, explain why each contributor is needed, identify the evidence or experience each will draw on, and show how delegates will be able to question, compare and apply the learning.

Three or four contributors must be named at submission. **At least three must register, attend and actively contribute** if the session is accepted. If this becomes impossible, the Programme Team may need to reformat or withdraw the session.

5. Failure, Misfires and Lessons Learned

This format is intended for initiatives, interventions, policies, programmes or reforms that did not work as planned, stalled, produced unintended consequences or required substantial adaptation.

The purpose is to create space for rigorous and constructive learning from difficulty, uncertainty and failure within integrated care.

Strong submissions should explain what was intended, what actually happened and how this was identified, the organisational or contextual factors involved, what changed in response, and what others can learn from the experience.

Evidence may be quantitative, qualitative, experiential or drawn from implementation and evaluation, provided that the conclusions are supported by a credible account of what occurred.

Honest reflection will be valued. Unsupported criticism, retrospective blame or accounts that identify failure without examining why it occurred are unlikely to score highly.

Authors **do not need to demonstrate that the initiative ultimately became successful**. Reviewers will assess the quality of the analysis, reflection and learning rather than whether the original intervention achieved its intended outcome.

A maximum of **two presenters** may be named.

Accepted submissions will normally be brought together within a facilitated Failure, Misfires and Lessons Learned session or forum. Final presentation timing and arrangements will be confirmed after acceptance.

Abstract structure and word limits

Title

Maximum **20 words**.

Use sentence case rather than all capital letters.

The title should allow delegates to understand the subject, setting and main contribution. Avoid unexplained acronyms and promotional language.

Abstract

Maximum **500 words for every submission format**.

Do not repeat the title within the abstract.

Tables, figures and images cannot be included.

References are optional. If included, use no more than **three references in Vancouver style**. References count within the 500-word abstract limit.

Programme synopsis

Maximum **50 words**.

In plain English, explain what delegates will hear, see or do and why it will be useful.

This text may be edited for consistency and used in the published conference programme.

Format-specific abstract structures

Oral presentations and Posters

Use the following headings. Research and evaluation submissions may use **Methods** instead of **What was done/Approach** where this better reflects the work.

1. Background and context

Define the problem, setting and population, and explain why the work matters. Keep general background information brief.

2. What was done/Approach

Describe the intervention, reform, method or activity; how it was implemented; who was involved; and the stage the work has reached.

3. Results and impact

Give specific findings, observed changes, outcomes or credible early learning.

Include relevant quantitative or qualitative evidence where available and acknowledge important limitations.

4. Learning and implications

Explain what enabled or obstructed progress, what changed or required adaptation, what the work teaches about integrated care, and what delegates in other settings can realistically use.

Interactive Workshops

The 500-word abstract should use the following headings.

1. Background and purpose

Describe the problem or opportunity the workshop addresses and its connection to integrated care.

2. Intended participants and learning outcomes

Explain who the workshop is designed for and identify two or three specific learning outcomes.

3. Evidence and content

Describe the evidence, experience, framework, method or practical material on which the workshop is based.

4. Learning and relevance

Explain what participants will be able to apply in their own context and why the workshop will be useful to an international audience.

Workshop facilitation plan

A separate facilitation plan of no more than **300 words** is required.

It should set out:

- the requested duration of 60 or 90 minutes;
- a timed agenda;
- the interactive method;
- what participants will actually do;
- the intended activity or output;
- the role of each facilitator;
- any requirements for room layout, equipment or materials; and
- how the design will support inclusion and different communication or access needs.

The facilitation plan is used for review and programme planning and will not form part of the publishable abstract.

Implementation Exchanges

The 500-word abstract should use the following headings.

1. Programme or reform and context

Explain what was being changed, for whom, in what system or setting, and why.

2. Implementation approach

Explain what was done, over what period, and with what governance, partnerships, resources or methods.

3. Results and impact

Present the evidence available, including measurable results where possible, and state the current stage of the work.

4. Challenges and adaptation

Describe barriers, failures, unintended consequences, contested issues or changes made during implementation.

5. Learning and transferability

Explain what the combined perspectives reveal and what delegates working in other contexts may be able to use.

Implementation Exchange session plan

A separate session plan of no more than **500 words** is required.

It should explain:

- the single purpose of the session;
- why a multi-contributor format is necessary;
- the distinct contribution of each named person;
- the proposed timing and structure;
- the evidence or experience each contributor will draw on;
- how moderated exchange with delegates will work;
- the intended takeaways for delegates; and
- the name of one lead contact responsible for coordinating the complete session.

The session plan is used for review and programme planning and will not form part of the publishable abstract.

Failure, Misfires and Lessons Learned

The 500-word abstract should use the following headings.

1. Intended change and context

Explain what was being attempted, why it mattered, and the setting in which the work took place.

2. What happened and how it was identified

Explain what did not work as intended, stalled, produced unintended consequences or required significant adaptation, and how this became apparent.

3. Contributing factors

Describe the organisational, implementation, contextual, relational or other factors that contributed to what happened.

4. Adaptation and response

Explain what was changed, stopped, reconsidered or adapted in response, where relevant.

Authors are not required to demonstrate that the situation was subsequently resolved.

5. Learning for integrated care

Explain what was learned and what people working in other settings or systems could realistically take from the experience.

The purpose of this format is to support honest, evidence-informed and useful reflection rather than to demonstrate eventual success.

Authors, presenters, facilitators and contributors

Each submission may include a maximum of **four authors**.

Authors should be listed in the order in which they should appear in conference and publication records.

Do not name anyone who has not agreed to be included.

Organisation or institutional affiliation should be provided where relevant. Independent community contributors and people with lived experience do not need to provide an organisational affiliation.

One author must be identified as the **corresponding author**.

The corresponding author will receive communications about the submission and is responsible for ensuring that the information supplied is accurate and that all authors are kept informed.

The following format-specific rules apply:

- **Oral presentation:** at least one and no more than two presenters.

- **Poster presentation:** at least one and no more than two presenters.
- **Interactive Workshop:** two to four facilitators.
- **Implementation Exchange:** three or four contributors.
- **Failure, Misfires and Lessons Learned:** at least one and no more than two presenters.

Each presenter, facilitator or Implementation Exchange contributor must confirm that they have agreed to be named and intend to attend ICIC27 in Tallinn if the submission is accepted.

A short biography of no more than **100 words** will be required for each presenter, facilitator or Implementation Exchange contributor.

A person may be named as a presenter, facilitator or Implementation Exchange contributor on a maximum of **two submissions**.

Being listed as a non-presenting co-author on additional distinct submissions does not create an entitlement to present those submissions if they are accepted.

Conference themes and the Nine Pillars of Integrated Care

Every submission must identify the conference theme that best represents its primary contribution.

The four ICIC27 conference themes are:

1. **From Data Silos to Shared Intelligence: Digital Transformation as an Enabler of Integrated Care**
2. **Measuring What Matters: Outcomes, Equity and Population Health in Integrated Care Systems**
3. **System Resilience Through Integration: Preparing for, Responding to and Recovering from Crises**
4. **Making the Case for Care Coordination: Demonstrating Value and System Efficiency in Integrated Care**

Authors must select **one primary theme**.

An optional secondary theme may be selected where it is genuinely important to understanding the submission. Authors should not select additional themes simply because they are mentioned within the work.

Every submission must also identify the **one IFIC Pillar of Integrated Care that is most central to the work**:

1. Shared purpose
2. Health in context
3. People as partners
4. Teamwork
5. Coordination
6. Governance
7. Information and technology
8. Finance
9. Learning

The portal will also ask authors to select up to **three programme tags** and up to **three intended audiences**.

These classifications will support programme planning, grouping of submissions and navigation of the final conference programme. They do not form part of the scientific or practical quality score.

People as partners: involvement of patients, the public, carers, communities and people with lived experience

IFIC wants ICIC27 to recognise and strengthen meaningful involvement while assessing scientific and practical quality fairly.

All authors will therefore complete a short statement about the involvement of patients, members of the public, families, carers, communities or people with lived experience in the work.

This statement is separate from the 500-word abstract and will be assessed separately from the core scientific or practical score.

What involvement means

Involvement means that people with lived experience, patients, family members, carers, community members or members of the public had some influence over decisions concerning the question, priorities, design, governance, delivery, evaluation, interpretation, dissemination or implementation of the work.

Being a research participant, survey respondent, interviewee, focus-group participant or consultation attendee does not by itself constitute involvement.

What authors should explain

State:

- who was involved;
- when they became involved;
- the role and influence they had;
- what changed because of their contribution; and
- how the approach was appropriate to the work and context.

If involvement was not relevant or feasible, explain why.

Terms such as **co-production, co-design, partnership or shared leadership** should only be used where the submission provides enough information to demonstrate what that meant in practice.

Involvement statement

Maximum **200 words**, separate from the 500-word abstract.

The portal will ask authors to describe the groups involved, the stages at which they contributed, the influence they had, what changed as a result, and whether a person with lived experience or community contributor will take part in the conference presentation.

Fairness

The absence of involvement will not automatically result in a negative adjustment.

A neutral score will apply where involvement is proportionate to the work or where there is a credible explanation that involvement was not relevant or feasible.

The purpose of the adjustment is to recognise strong and meaningful involvement while discouraging tokenistic or unsupported claims.

People as Partners adjustment

Adjustment	Descriptor	Reviewer guidance
+5	Excellent	Clear and appropriate shared influence or leadership across relevant stages; specific evidence of what changed; contributors recognised and supported; presentation or dissemination role addressed where relevant.
+3	Good	Meaningful influence at one or more relevant stages, described specifically, with a clear account of the contribution and some evidence of change.
0	Appropriate / not applicable	Involvement is proportionate to the work, or a credible explanation shows why it was not relevant or feasible. Participation is accurately distinguished from involvement.
-3	Limited or tokenistic	Involvement is peripheral, late or largely consultative but is presented as partnership; influence and change are unclear;

Adjustment	Descriptor	Reviewer guidance
		limitations are not acknowledged.
-5	Poor or misleading	Claims of co-production or shared leadership are unsupported or misleading, or the approach excludes relevant people in a way that materially weakens the work without credible explanation.

The adjustment will be applied **after the core scientific or practical assessment** and only to submissions that meet the Programme Team's quality threshold.

It cannot compensate for weak content, methods, evidence, learning or impact.

Use of generative AI

Authors may use generative AI tools to support language editing, translation, accessibility or organisation.

Authors remain fully responsible for the accuracy, originality, reasoning, references, permissions and confidentiality of everything submitted.

AI tools must not be listed as authors.

Confidential, identifiable or otherwise protected information should not be entered into an external generative AI system without appropriate authority and safeguards.

The submission portal will ask whether generative AI was used and, if so, for what purpose. This may include:

- language editing;
- translation or accessibility;
- structure or summarisation;
- analysis or interpretation; or

- substantive content generation.

The use of generative AI will not in itself determine whether a submission is accepted.

Failure to disclose substantive use, fabricated information or references, or use that undermines authorship and intellectual responsibility may lead to rejection or withdrawal.

Ethics, funding and conflicts of interest

Authors must confirm that the work was conducted responsibly and that any required research ethics, governance, service-evaluation or data-protection approvals were obtained.

The abstract must not contain identifiable personal or confidential information.

Where formal approval was not required, authors should be able to explain the basis for that decision if asked.

All sources of funding and relevant conflicts of interest must be declared.

Where the submission relates to an externally funded project, authors should provide the name of the funder and project and, where available, a project website.

The portal may also ask whether the work forms part of a European-funded project for conference reporting purposes.

Publication

Abstracts accepted for presentation at ICIC27 may be included in the official conference supplement of the **International Journal of Integrated Care (IJIC)**, subject to the Journal's editorial, authorship and publication requirements.

Authors are responsible for ensuring that the submitted abstract is accurate, original and suitable for publication and that everyone named as an author has agreed to the submission and publication of the work.

Acceptance for presentation does not remove the responsibility to comply with IJIC publication requirements.

Further information on IJIC publication terms will be provided through the submission portal and ICIC27 website.

Review and selection

Complete submissions will be reviewed by trained members of the ICIC27 International Scientific Committee and wider reviewer network.

Submissions will be assessed using criteria appropriate to their chosen format.

Oral presentations and Posters will be assessed for quality and coherence, learning and transferability, impact and relevance, and clarity and feasibility.

Interactive Workshops will also be assessed for the quality of the proposed interaction, facilitation method, participant experience and practical feasibility.

Implementation Exchanges will be assessed for the coherence of the overall proposition, the distinct and necessary perspectives represented, implementation learning, evidence, moderated exchange and practical feasibility.

Failure, Misfires and Lessons Learned submissions will be assessed for the quality of their analysis, reflection and transferable learning. They will not be disadvantaged because the intervention or initiative did not achieve its original aims.

Scores are an important part of the decision-making process but will not determine the programme on their own.

The Programme Team will also consider:

- balance across conference themes and topics;
- geography and system context;
- stage of development;
- presentation format;
- intended audiences;
- diversity of perspectives and forms of knowledge;
- duplication or substantial overlap between submissions; and
- the contribution each submission can make to a coherent and useful conference programme.

The Programme Team may offer an alternative format, invite authors of related submissions to combine their work, group presentations into curated sessions, include posters within poster walks or discussions, or limit multiple contributions from one project, organisation, team or presenter.

Accepted Failure, Misfires and Lessons Learned submissions may be grouped into a facilitated forum or related conference session.

Any significant change to an accepted submission will be discussed with the corresponding author before confirmation.

Scoring criteria: Oral presentations and Posters

Scope — Pass / Fail

A clear and substantive contribution to integrated care, aligned with at least one ICIC27 conference theme and one Pillar of Integrated Care.

Quality and coherence — 35%

A clear problem and context; an appropriate method or implementation approach; credible evidence or reasoning; and sufficient detail to understand what was done and who was involved.

Learning and transferability — 25%

Specific learning, including relevant enablers, barriers, limitations, failures or adaptations; relevance beyond the immediate setting; and realistic implications for other systems or contexts.

Impact and relevance — 25%

Observed outcomes or changes, performance or experience data, equity considerations, or a credible route to impact appropriate to the stage of the work.

Clarity and feasibility — 15%

A clear structure, precise claims, accessible language and a focused message appropriate for an international conference audience and the proposed presentation format.

Scoring criteria: Interactive Workshops

Scope — Pass / Fail

A clear and substantive contribution to integrated care, aligned with at least one ICIC27 conference theme and one Pillar of Integrated Care.

Quality and coherence — 35%

A coherent, genuinely interactive and feasible design; approximately 20% presentation and 80% active participation; and clear facilitation methods, participant activity, outputs, timing and attention to inclusion.

Learning and transferability — 25%

Specific learning outcomes for participants; useful knowledge, tools or methods; consideration of adaptation, limitations and context; and relevance across settings or systems.

Impact and relevance — 25%

A credible evidence or experience base, a strong connection to implementation needs, and realistic potential to influence practice, policy, learning or collaboration.

Clarity and feasibility — 15%

A clear and coherent proposal, appropriate requested duration, confirmed facilitators and practical requirements that can be delivered effectively in the conference setting.

Scoring criteria: Implementation Exchanges

Scope — Pass / Fail

A clear and substantive contribution to integrated care, aligned with at least one ICIC27 conference theme and one Pillar of Integrated Care, based on one coherent reform, programme, project or linked body of work.

Quality and coherence — 35%

A strong common purpose; distinct and necessary perspectives; and sufficient detail on context, implementation, evidence and the relationship between contributions.

Learning and transferability — 25%

Useful implementation learning, including barriers, adaptation and limitations, with relevance to delegates working in different roles, settings and systems.

Impact and relevance — 25%

Measurable or credible results appropriate to the stage of the work, a clear account of what changed and why, and direct implementation experience among the contributors.

Clarity and feasibility — 15%

Three or four confirmed contributors; a clear and disciplined session plan; substantial moderated exchange; realistic timing; and a coherent experience for delegates.

Scoring criteria: Failure, Misfires and Lessons Learned

Scope — Pass / Fail

A clear and substantive contribution to integrated care, aligned with at least one ICIC27 conference theme and one Pillar of Integrated Care.

The submission should centre on a genuine challenge, setback, unintended consequence, unsuccessful approach or significant difficulty from which useful learning can be drawn.

Quality and coherence — 35%

A clear account of what was attempted, why it was undertaken, the context and what did not work as intended.

There should be enough information to understand the decisions made, the people or organisations involved, and the factors that contributed.

The submission should demonstrate analysis and reflection rather than simply describe a disappointing result.

Learning and transferability — 25%

Specific and credible learning, including assumptions that proved incorrect, barriers encountered, adaptations made or lessons that emerged.

Reviewers should consider whether this learning could help others recognise, avoid or respond to similar challenges.

Impact and relevance — 25%

The significance of the failure, challenge or unintended outcome for people, services, organisations or systems, and the relevance of the learning to integrated care.

Evidence of subsequent improvement is welcome but **is not required** where the learning itself is substantive.

Clarity and feasibility — 15%

A clear, focused and appropriately candid submission, written in accessible language and suitable for constructive discussion with an international audience.

The contribution should support learning and reflection rather than blame.

A Failure, Misfires and Lessons Learned submission must not lose marks simply because the intervention did not succeed. Reviewers are assessing the quality of the analysis, reflection and learning, rather than the seriousness of the failure or whether the authors subsequently resolved it.