**Appendix: Examples of Good Abstracts**

**1. Title: *Towards Integrated Care Between Outpatient Services and Nursing Homes: Development and Evaluation of a Coordinated Model of Care in France***

**Country:** France  
**Type of Submission:** Oral Paper  
**Paper Type:** Research  
**Stage:** Operational

**Abstract:**  
**Background:**  
Over the past fifteen years, integrated care policies have expanded significantly in France. One of these initiatives is the IPEP pilot programme, aimed at enhancing coordination between outpatient services and hospitals. This presentation provides an analysis of the local implementation of this programme through a qualitative research study.

**Approach:**  
This study draws on an evaluative sociological approach, utilising qualitative methodology. Approximately fifty semi-structured interviews were conducted, offering insights into the experiences and practices of health professionals at the local level. The IPEP programme, overseen by the Ministry of Health and the National Health Insurance, follows a co-constructive approach that actively involves health professionals in its design and implementation through regular consultations.

**Results:**  
The IPEP programme, implemented between 2019 and 2024, encompassed 29 groups of health professionals. Its main objective was to encourage stronger coordination between outpatient services and hospitals, primarily through performance-based payment systems. At the local level, the programme reflects broader trends in the reorganisation of primary care in France, promoting the development of integrated care models led by health professionals committed to collaborating with public authorities and reshaping primary care delivery.

The programme facilitated two significant changes. First, it fostered improved coordination among primary care professionals, leading to shifts in professional boundaries. For example, IPEP provided funding for the employment of primary care nurses—traditionally limited to private practice in France—who have taken on new responsibilities such as coordination, prevention, patient education, and administrative support, all of which contribute to enhanced patient care. However, this shift has encountered resistance from general practitioners, who are keen to maintain their central role in patient care pathway management.

Second, IPEP aimed to encourage greater coordination with hospitals. In some cases, IPEP has led to the development of coordination protocols, improved communication, more effective management of hospital admissions and discharges, and enhanced urgent care services within the community. However, the degree of success in these areas varies significantly across organisations, with some primary care groups struggling to establish collaborations with hospitals. Success in hospital coordination often depends on local dynamics, such as hybrid professional trajectories (e.g., general practitioners working part-time in both hospital and primary care settings), rather than being solely driven by the IPEP programme itself.

**Implications:**  
This research highlights the conditions that facilitate the development of integrated care between outpatient services and hospitals in France, as well as the challenges encountered. It provides valuable insights for policymakers and healthcare professionals. Furthermore, the findings have broader applicability, illustrating the importance of addressing professional boundaries and organisational hurdles in the implementation of integrated care.

**Why it scored well:**

* **Policy relevance & originality:** Tackled a major structural challenge in French healthcare with a national policy lens (the IPEP programme).
* **Robust methodology:** Used qualitative methods (50 interviews) with a solid sociological evaluation framework.
* **Rich insights into professional dynamics:** Gave nuanced analysis of changing professional boundaries (e.g. GPs vs. nurses), which is highly relevant to integrated care reform.
* **Transferable lessons:** Although grounded in France, the findings on coordination, workforce, and incentives are broadly applicable.
* **Clarity and coherence:** Clear background–method–results–implications structure, with no jargon or ambiguity.

**2. Title: *Your Voice Matters: Harnessing the Experiences of Young People in Transition to Improve Integrated Care Pathways***

**Country:** Ireland  
**Type of Submission:** Poster  
**Paper Type:** Research  
**Stage:** Exploratory

**Abstract:**  
**Background**  
The transition from paediatric to adult healthcare is a complex, multi-dimensional process. For young people with chronic health conditions and disabilities, poorly managed transitions can result in disengagement from services and adverse health outcomes. This project aimed to ensure that the voice of young people was embedded in service design and delivery, by gathering and analysing their experiences of transition and co-producing solutions with them.

**Method**  
The project team collaborated with young people aged 16–25 who had experience transitioning between child and adult services. Through storytelling workshops, creative engagement, and co-design methods, the team gathered data on what helped, what hindered, and what was missing in their transition journeys. Thematic analysis of participant narratives identified patterns, emotional drivers, and systemic barriers. The co-design sessions resulted in prototype solutions, tested in collaboration with frontline providers.

**Results**  
Themes emerging from the stories included: (1) abruptness of transition; (2) lack of shared information between services; (3) feeling unheard or excluded from decision-making; and (4) confusion about who was responsible during and after transition. Young people co-designed three practical tools: (1) a personal digital health summary for transition; (2) a checklist for providers to support youth-friendly handovers; and (3) peer-led education workshops for young people preparing to move into adult services. Feedback from providers and service managers was overwhelmingly positive, and some pilots are now being implemented regionally.

**Conclusion**  
Including the voices of young people with lived experience meaningfully changes how services are designed and delivered. Their insights have led to practical, scalable solutions to improve integrated care transitions.

**Why it scored well:**

* **Authentic co-production:** Genuinely centered youth voices, not just tokenistic involvement.
* **Creative engagement methods:** Used storytelling and co-design to gather rich, actionable data — a strength in participatory research.
* **Service impact:** Pilots were already being trialled locally, showing that this wasn’t just exploratory — it was on the path to implementation.
* **Timely and resonant theme:** Transition from paediatric to adult services is a known problem globally; this offered solutions.
* **Structured abstract with clear takeaways:** Each section of the abstract pulled its weight — no fluff.
* **Slightly lower score due to weaker stakeholder involvement:** The "no" on involvement likely brought the score just under 1.00.

**3. Title: *Building Primary Care Team Capacity for Accessible, Integrated Person-Centred Care through a Health Home Learning Expedition Introducing 9 Key Elements***

**Country:** Canada  
**Type of Submission:** Workshop  
**Paper Type:** Education and Training  
**Stage:** Operational

**Abstract:**  
**Background:**  
The Health Innovation Group (HIG) works with national and provincial organisations in Canada to build interdisciplinary capacity across primary, specialty, and community care. Their Patient’s Health Home (PHH) Learning Expeditions provide structured support for teams, including patient advisors, to embed systematic practice improvements that address access, continuity, integration, costs, and patient/provider experience.

**Approach:**  
This 90-minute interactive workshop introduces participants to the 9 PHH Implementation Elements and the Primary Care Sequence to Achieve Change. Activities include:

* Guided use of the Health Home I-Compass and implementation toolkit
* Small-group scenario application and challenge-solving
* Interdisciplinary breakout discussions with patient advisors
* Case studies from five Canadian Practice Support Programs demonstrating real-world PHH adoption
* Action planning and Q&A, with participants leaving with draft plans and printed toolkits

**Results/Expected Outcomes:**  
Participants will gain practical knowledge, peer learning insights, and strategies for implementing PHH elements in their own settings. Examples from across Canada show sustainable improvements in access and quality of care, and the workshop will enable participants to translate these lessons into their local contexts.

**Implications:**  
The workshop demonstrates how PHH Learning Expeditions foster collaboration, continuous improvement, and integrated, person-centred care. It equips healthcare teams, policymakers, and patient partners with tools to support sustainable system change.

**Why it scored well:**

* **Strong practical orientation:** Moves beyond theory to equip participants with tools, case studies, and action plans.
* **Demonstrated impact:** Evidence from five Canadian programmes shows sustainability and improved care outcomes.
* **Interdisciplinary and inclusive:** Explicitly involves patient advisors and a wide range of system actors.
* **Clear workshop structure:** Timed agenda ensures balance of input, peer learning, and reflection.
* **Transferability:** Applicable across different health system contexts and settings.