



IJIC guidelines for “Integrated Care Case” Papers

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1. Introduction – the aims and scope of IJIC

It is important that prospective authors recognize that IJIC will only consider articles that fit the aims and scope of the Journal.

The focus of **IJIC** is on **integrated care**. We define this as follows:

Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the cure and care sectors. The goal of these methods and models is to enhance quality of care and quality of life, consumer satisfaction and system efficiency for patients ... cutting across multiple services, providers and settings. [Where] the result of such multi-pronged efforts to promote integration [lead to] the benefit of patient groups [the outcome can be] called ‘integrated care’ (Kodner and Spreeuwenberg, 2002).

It is important for prospective authors to recognise that we distinguish between integration and integrated care, noting that the structures and processes that support organisational and service integration may not always result in the enhanced outcomes and patient experience associated with integrated care.

The Editorial Board of IJIC believes that the primary purpose of integrated care should be to improve quality-of-care, user experiences, and cost-effectiveness of care since such issues give integrated care both a rationale and a common basis on which to judge its impact.

The field of integrated care comprises a broad spectrum of themes. Those that fit within the aims and scope of IJIC include:

1. Integration between health services, social services and other care providers (horizontal integration);
2. Integration across primary, community, hospital and tertiary care services (vertical integration);
3. Integration of care within one sector (e.g. within mental health services);
4. Integration of care between preventive and curative services;
5. Integration of delivery systems that bring together clinicians and managers, funders and deliverers, professionals and patients;
6. The use of new technologies and other innovations that enable and support integrated care to flourish;
7. The use of system incentives, such as governance, guidance, funding and payment mechanisms, that seek to embed and reward integrated care;
8. Integration between care providers and patients that supports shared-decision making, self-management, and remote care;

9. The impact of integrated care in reducing health inequalities;

10. Integration of health promotion strategies with population-based and patient-centred approaches to health care;

11. The relationship between global/International health initiatives in supporting national, regional and local approaches to health and social care integration.

Within these subject fields, we accept articles that focus on integrated care to populations or particular client groups (e.g. older people, or persons with an unspecified chronic or long-term care need) as well as to particular service areas or diseases (e.g. to people with diabetes).

2. Content and structure for Integrated Care Case papers

ICC should describe topical integrated care practices, which are, from an international perspective, new and relevant for integrated care delivery and development. They should add new insights and ideas for health professionals and organisations, informal carers and policymakers.

2.1 The articles should present:

- clear goals and problem statement
- add new insights and ideas
- a sound argumentation why this care practice is relevant for an international audience
- a clear description of the care practice in its context
- a relevant and logical analysis of the care practice
- a sound evaluation/reflection and conclusion
- a list of references, also including relevant policy and strategic documents

2.2 Structure for Integrated Care Cases

Preferred structure for an ICC paper is:

- Summary and keywords
- Introduction, comprising background (including information on the author's commitment and involvement in the project) and problem statement
- Description of the care practice
- Discussion
- Conclusion
- List of references

3. Format

3.1 *Text*

- Manuscripts must be written in English (UK spelling) and complete in all respects, including figures and tables
- The manuscript should be typed with single space and wide margins on pages of uniform size.
- Abbreviations should not be used. Words should be spelled out in full each time
- Where there is a methodology, it should be clearly described under a separate heading

3.2 *Length*

- *As a guide*, 'Integrated Care Case' papers should be between 2000 and 4000 words (authors names, tables, figures and references not included).

3.3 *Layout*

- The paper should be delivered in plain text (Word), without any formatting

- Do not use: section endings, page numbers, headers and footers
- Make sure all changes have been accepted and turn off any 'track changes' (when submitting for the first time)
- Footnotes are not allowed
- Quotations should be presented on a separate line within quotation marks ("text"). In case of quotes from literature from your reference list, include page number of quote in the reference number, for example [4, p.234]. Don't use italics or underlining.

3.4 *Technical details*

- Use one of the following formats: Word (.doc) or Rich Text Format (.rtf). Figures and tables provided electronically must be in jpg extensions.
- If submitting to a peer-reviewed section of the journal, please ensure a blind review. Delete authors' names, acknowledgements and references that suggest the identity of the authors on the main paper and add as a separate file. Remove information from the authors in the details of the paper properties.

3.5 *Title, subtitles and biography*

- The title page must list the names, academic or professional affiliations, full title and complete addresses of all authors. Names must precede surnames. Academic or professional affiliations must come after the names.
- All authors should be displayed on a new line, followed by organization details, separated by commas.
- A brief autobiographical note can be supplied.
- The name and address of the author to whom correspondence may be sent should be indicated, including an e-mail address, telephone number and fax number.
- As a *guide* the main title should be eight words or less.
- Notes are not allowed in the title, biography or any of the subtitles.
- Subtitles must be short and clearly defined.
- Titles and subtitles should be indicated by using numbers in parenthesis (for example: (0). Title paper; (1). Title first paragraph; (1.2) Title subparagraph; (2). Title second paragraph; etc.). These numbers will not be published, but they are used for indexing.

3.6 *Abstract and key words*

- A structured summary of no more than 200 words should be included with the manuscript together with 3-6 key words which encapsulate the principal subjects covered by the paper, which will be used for indexing.
- A summary for an "Integrated Care Case" paper should include: introduction (comprising background and problem statement), theory and methods, results, conclusions and discussion.
- A summary should be understandable to readers who have not read the rest of the paper. The summary should not contain any citations of other published work.
- A summary should be attractive to interest relevant actors to act as reviewers for the paper. Invitation to potential reviewers only includes the paper abstract and references for their consideration.

3.7 *Tables and figures*

- Illustrations, figures, tables, photographs, etcetera must be submitted in a form and condition suitable for electronic publishing. They must appear in the text on the right spot and be numbered in Arabic numerals according to the sequence of their appearance in the text (e.g. Fig. 1., Fig. 2., Table 1., Table 2.). In addition, they must be provided with a brief descriptive title and legend.
- Tables and figures (etc.) should also be sent in separate files.
- Tables and figures (etc.) are delivered in jpeg (jpg) format.
- Figures/images that were created in Word should be delivered as images in jpeg (jpg) format.

3.8 *Literature references*

- Literature references should be cited at the appropriate places in the text, with numbers in square brackets (for example: [7], [8-10] etc.).
- Where available, URLs for the references should be provided.
- Do NOT number automatically.
- Do not use italics.
- All references cited in the text should be listed numerically at the end of the manuscript in order of their appearance in the text, not in alphabetical order (1. Author etc.)
- Include International References ALL with English translation. All non-English references should have an English translation of the title between square brackets and the language used in the publication should be mentioned at the end of the reference. Example:
 - Asioli F, Bologna M, Contini G, Jonus A. Il circuito medicina di base e psichiatria: lo studio e l'organizzazione di Reggio Emilia. [Primary Care and Psychiatry link: Reggio Emilia study and organization.]. Rivista Sperimentale di Freniatria: la rivista dei servizi di salute mentale. 1995;119(4):555-563. [in Italian].
- **Books:** The form of literature references to books should be: author(s) - mention first six, if more: add "et al" -, initials, title of book, city publisher, year and page number referred to. Example:
 - Haastregt van J. Preventing falls and mobility impairments in elderly people living in the community. Maastricht: Maastricht University; 2002.
 - References to authors contributing to multi-author books or to proceedings printed in book form should be: author(s), initials, title of contribution, In: *full reference to book*. Examples:
 - Drummond MF. Economic evaluation of laser applications. In: Banta HD, Schou I. editors. Lasers in health care: effectiveness, cost-effectiveness and policy implications. Frederiksberg, Denmark: Academic Publishing; 1991. p.72-81.
 - Bengtsson S, Solheim BG. Enforcement of data protection, privacy and security in medical informatics. In: Lun KC, Degoulet P, Piemme TE, Reinhoff O, editors. MEDINFO 92. Proceedings of the 7th World Congress on Medical Informatics; 1992 Sep 6-10; Geneva, Switzerland. Amsterdam: North-Holland; 1992. p. 1561-5.
- **Periodicals:** Literature references to periodicals must be complete, including names and initials of all authors cited, title of paper referred to, title, year, volume, and first and last page numbers of the article in a periodical.
 - Journal titles are commonly given in full. Example:
 - Phillips VL, Temkin A, Vesmarovich S, Burns R, Idleman L. Using telehealth interventions to prevent pressure ulcers in newly injured spinal cord injury patients post-discharge: results from a pilot study. International Journal of Technology Assessment in Health Care 1999;5(4):749-55.
- **Internet Sources:** References to sources on the Internet should contain regular title information, and added the title of the web site, the Uniform Resource Locator (URL or Internet address) and date on which the existence of the web page was last checked. Examples:
 - E-journal:
 - Kodner DL. Integrated care: meaning, logic, applications, and implications - a discussion paper. International Journal of Integrated Care [serial online] 2002 Nov 14; 2. [cited 2006 Jul 14]. Available from: <http://www.ijic.org>. URN...
 - Document on the Internet:
 - Department of Health. Our health, our care, our say: making it happen. London: NHS; 2006 Oct. [cited 2005 13 Sep]. Available from: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139925.
 - Webpage on the Internet:
 - Centre for Policy on Ageing. Single assessment process: National SAP Resource. [webpage on the internet]. [cited 2008 July 3]; updated 2007 May 3]. Available from: http://www.cpa.org.uk/sap/sap_about.html.
- **Unpublished sources:** Information from manuscripts not yet in press, papers reported at meetings, or personal communications should be cited only in the text, not as a formal reference.

4. Fees

All papers that are accepted for publication will incur an author fee of £1250 plus VAT, discounted by 10% to £1125 plus VAT for IFIC members.

5. Review criteria and procedure

All articles submitted to IJIC should meet the standards of excellent scientific performance and add relevant information to existing knowledge on integrated care, with lessons for integrated care policy and practice. Specifically, articles must fit the scope of the Journal (section 1 above) and also the guidance provided on content and structure (section 2 above).

5.1 Rejection at the point of submission

Manuscripts will not be accepted for peer-review if in the opinion of the Editors they do not fit with the scope of the Journal and/or there is poor use of language, construction and referencing. If papers are rejected at the point of submission, the Editors in charge may invite the authors to resubmit their paper after revisions.

5.2 Review process

Manuscripts accepted for peer review in the 'Integrated Care Case' section of the International Journal of Integrated Care are subject to a **double blind peer review process**. Up to three referees will be asked to review the manuscripts on the basis of a checklist based on the criteria listed below. To improve the chance of acceptance we recommend reading these criteria when preparing your manuscript.

5.2.1 Generic criteria

1. Does the content of the article fit within the aims and scope of the Journal?
2. Is the problem the article tackles a significant one in the field of integrated care?
3. The submission has not been previously published, nor is it before another journal for consideration (or an explanation has to be provided in Comments to the Editor when submitting).
4. Does the content of the article fit within the aims and scope of the Journal (e.g. is it considered integrated care as defined by the Journal)?
5. Does the paper clearly define integrated care in the context of the paper (i.e. what aspect of integrated care does the paper focus on)?
6. Does the paper make reference to key concepts, frameworks or theories in support of its arguments?
7. Is the issue that the article tackles a significant one in the field of integrated care?
8. Does the paper present new interpretations or findings in the field of integrated care?
9. Are the contents of the paper appealing to international readers involved in the study, development or delivery of integrated care?
10. Does the title of the article accurately reflect its contents? For example, does it include (if relevant) one of the following words: research protocol, systematic review, or case study?
11. Does the paper include a plain language abstract (or summary) that is clear and attractive for readers and reviewers?
12. Does the paper include a comprehensive list of key words, including integrated care?
13. Does the paper present significant new interpretations or findings in the field of integrated care?
14. Is the use of language (UK English) acceptable or does it need significant improvement?
15. Does the title of the article accurately reflect its content?
16. Are the contents of the paper appealing to international readers involved in the study, the development or the execution of integrated care?
17. Are there any deficiencies in the author's treatment of the subject? (logical, methodological, statistical, clarity)
18. If you recommend a paper to be accepted for peer review or for publication, can you suggest passages that need revision, reduction, deletion or expansion?

5.2.2 Specific criteria for Integrated Care Cases

If the paper is not rejected, it will be reviewed according to the criteria below.

1. Is the problem the article describes a significant one?
2. Is the Integrated Care Case the paper describes relevant to the problem?
3. Is the Integrated Care Case the paper describes new to the readers of IJIC?
4. Is the Integrated Care Case presented in the paper clearly described?
5. Is the analysis of the Integrated Care Case based upon relevant argumentation?
6. Is the conclusion fitting to what has been shown in the foregoing description and analysis?
7. Do the recommendations make sense for health professionals and organizations, informal carers and policy makers?
8. Does the paper offer a significant contribution to the field of **integrated care delivery and policy**?

5.3 Decision to publish

Supported by the feedback gained in the peer-review process, members of the Editorial Board will make a decision on whether to publish the paper. The following outcomes are possible:

- Accepted without further revisions
- Accepted, but on the basis that minor revisions are undertaken
- Accepted, but on the basis that the authors must make either fairly substantial and/or extensive revisions including major stylistic changes (e.g. in terms of language and structure of the article)
- Rejected, the paper is not publishable and a resubmission is not advised.

Authors will usually receive copies of all the peer reviews of their paper alongside specific feedback from the Editors on any revisions or clarifications that need to be made.

Authors will be requested to resubmit their paper highlighting the changes and additions that have been made (using track changes) together with a supporting letter that outlines these changes and otherwise responds to the questions and issues raised during the review stage.

Revised submissions will usually not be sent for external peer review unless specifically requested by the Editors. The Editors' decision on publication is final.

5.4 Final submission and copyright

Once accepted for publication, the final version of the paper must be provided and the appropriate author fee paid.

A completed and signed copyright form must accompany each paper, and this is completed on-line at the time the article is submitted. By completing the form the author states to accept the copyright notice of IJIC once their paper is accepted for publication.

For more information about this guideline please contact:

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