

2° Annual Conference PREMs e PROMs

Pisa, October 02 2026



Call for Poster –

Person-Centredness in Healthcare

A comparison of user-reported measures from organisational, institutional and service management perspectives



Background and Rationale

Recently, patient centrality has become a key principle in healthcare systems worldwide. Beyond its clinical and ethical dimensions, it is increasingly shaping the way healthcare organizations are designed, governed, evaluated, and improved through the direct contribution of patients, as also envisaged within the Value-Based Healthcare perspective.

Alongside patient-centred care, related concepts have emerged, such as citizen-centredness and person-centredness. While the latter moves beyond a focus on the pathological condition or single episode of care – encompassing, for instance, social care and the overall service experience across the entire system – the former refers more broadly to services addressed to the population at large, including individuals who are not yet patients (and even non-citizens), thus recalling the notion of population health.

A further step beyond system “centredness” is represented by partnership. Originating from patient partnership, this concept can be extended to the other perspectives, giving rise to constructs such as partnerships with citizens and communities in healthcare.

In this sense, the concept of partnership with individuals intersects with those of experience, engagement, and co-production, whereby organizational processes and healthcare services are co-designed, co-developed, co-delivered, and co-evaluated as well. Digital transformation and new modes of interaction with persons are also framed within this perspective, as are measurement systems that incorporate the voice of the individual (e.g., through PROMs, PREMs, PRIMs, CROMs, and CREMs), thereby influencing institutional and professional logics.

Although person- and citizen-centredness are widely discussed in clinical and policy contexts, their organizational and managerial implications require further theoretical and empirical development. Recent evidence suggests that healthcare provides a particularly fertile context for examining how the principles of person and citizen centrality and partnership – rooted in professional ethics – translate into organizational capabilities, governance arrangements, and service innovation. However, existing contributions remain fragmented across clinical and policy studies and, to a lesser extent, organizational and service management research.

This call aims to gather contributions that analyze person and citizen centrality in healthcare as a co-production phenomenon at multiple levels, including organizational, institutional, and service-related domains.



Key Themes and Open Issues

Building on the main evidence emerging from a rapid review of the recent literature (2016–2025) conducted for the purposes of this event, several areas of interest and research gaps can be identified:

1. Theoretical and Institutional Perspectives

- Relationships and distinctions among the concepts of citizen-, person-, and patient-centredness, engagement, partnership, and co-production
- Person centrality as a guiding principle for the co-production of healthcare services

2. PREMs, Organisation and Service Improvement

- Use of PREMs, PROMs, and other reported measures in decision-making processes and service management
- Integration across different reported measures
- Organizational learning based on feedback from patients, caregivers, individuals, and communities
- Patient journeys and service co-design from the perspective of patients, caregivers, individuals, and communities
- Accountability and performance improvement driven by PREMs, PROMs, and other reported measures

3. Data, Digitalisation and Methods

- Digital collection and use of PREMs, PROMs, and other reported measures
- Governance of data derived from patient voice measurement systems and comparability of indicators (including at the international level)
- Multilevel designs and longitudinal approaches in the analysis of patient-reported data



Types of Contributions

We welcome:

- Theoretical and conceptual papers
- Empirical studies (qualitative, quantitative, mixed-method)
- Comparative analyses
- Methodological contributions
- Research-in-progress

Submissions may address hospitals, primary care, long-term care, palliative care, integrated care networks, or digital health environments.



Submission Guidelines

- Abstract length: maximum 200 words
- Include: title, first name, surname, affiliation, email address (please provide up-to-date contact details), context, method, results (expected or obtained)
- Clearly articulate implications for healthcare management and/or research

Submissions will be evaluated based on theoretical relevance, methodological rigor, and contribution to advancing organizational and service perspectives on person-centred healthcare.

Abstracts must be submitted by 11 July 2026 at 23:59 CEST.

All submissions must be sent by email to indagineutenti@santannapisa.it



Presentation Guidelines

Authors of abstracts that have been successfully submitted and selected will receive confirmation by email from indagineutenti@santannapisa.it and will be invited to present a poster during the conference.

The specifications for the poster are as follows:

Format: A1 (594 x 841 mm), suitable for both printing and digital display.

Orientation: Vertical.

Language: Italian or English. Authors are responsible for the accuracy of the content.

A graphic template will be made available at a later date.

Awards

All submissions will be assessed by the Scientific Committee and the conference participants.

The posters judged to be of the highest merit will be awarded during the event.

Furthermore, works considered particularly significant may be selected, subject to adaptation, to contribute to an article or a chapter within a collective publication.



- De Rosis S., Spataro V., Peruzzo E., Vainieri M., Laing H. (2026). Determinants of user-reported data use for a data-driven public sector: Validating an adaptation of the UTAUT model with professionals and managers in healthcare. *GMP* [accepted for publication]
- Severino & De Rosis (2026). The experience of family caregivers along the palliative care pathway: a qualitative case study. *Qualitative Research in Organizations and Management* [accepted for publication].
- Gresle, A. S., Fernando, J., Scandurra, R., Taylor, B., Ibañez, B., Farré, J., ... & Escarrabill, J. (2025). An exercise in the prioritization of patient experience dimensions: What is important and for whom? A resource allocation simulation. *Health Services Management Research*, 09514848261435936.
- Vainieri, M., Spataro, V., De Rosis, S., Quattrone, F., & Nuti, S. (2025). What matters most to the population in case of chronic conditions? Results from a discrete choice experiment in Italy. *Health policy*, 105420.
- Peruzzo, E., Seghieri, C., Vainieri, M., & De Rosis, S. (2025). Improving the healthcare user experience: an optimization model grounded in patient-centredness. *BMC Health Services Research*, 25(1), 132.
- Peruzzo, E., Vainieri, M., & De Rosis, S. (2025). Enhancing learning systems in using Patient Experience Data: an exploratory mixed-method study in two Italian Regions. *The International Journal of Health Planning and Management*, 40(3), 688-700.
- Burton, J. R., Halsby, K., de la Fuente, G. S., Pearson-Stuttard, J., Sloan, R., Porter, T., ... & Laing, H. (2024). Value-based healthcare in practice: IDEATE, a collaboration to design and test an outcomes-based agreement for a medicine in Wales. *Pharmacoeconomics*, 1-17.
- Fierheller, D., Chu, C., D'Silva, C., Krishendeholl, A., Arham, A., Carter, A., ... & Rosella, L. C. (2024). Using community-based participatory research methods to build the foundation for an equitable integrated health data system within a Canadian urban context. *International Journal for Equity in Health*, 23(1), 131.
- Vainieri, M., De Rosis, S., Nuti, S., Spataro, V., Carbone, S., Quattrone, F., ... & Urbani, A. (2022). Da un'iniziativa internazionale a un osservatorio nazionale per monitorare l'esperienza dei pazienti cronici in Italia. *Sistema Salute*, 66(2), 120-138.
- De Rosis, S., Cerasuolo, D., & Nuti, S. (2020). Using patient-reported measures to drive change in healthcare: the experience of the digital, continuous and systematic PREMs observatory in Italy. *BMC Health Services Research*, 20: 1-17.
- Eklund, J. H., Holmström, I. K., Kumlin, T., Kaminsky, E., Skoglund, K., Högländer, J., ... & Meranius, M. S. (2019). "Same same or different?" A review of reviews of person-centered and patient-centered care. *Patient Education and Counseling*, 102(1): 3-11.
- Park, M., Lee, M., Jeong, H., Jeong, M., & Go, Y. (2018). Patient-and family-centered care interventions for improving the quality of health care: A review of systematic reviews. *International Journal of Nursing Studies*, 87: 69-83.
- Nuti, S., De Rosis, S., Bonciani, M., & Murante, A. M. (2017). Rethinking healthcare performance evaluation systems towards the People-Centredness approach: their pathways, their experience, their evaluation. *HealthcarePapers*, 17(2): 57-64.
- Starfield (2011), Is Patient-Centered Care the Same as Person-Focused Care? *The Permanente Journal*, 15(2): 63-69.

Scientific Coordinators

Milena Vainieri, MeS Laboratory - Sant'Anna School of Advanced Studies Pisa

Sabina De Rosis, Università degli Studi Mediterranea di Reggio Calabria and Sant'Anna School of Advanced Studies Pisa

Organising Team

Elisa Peruzzo, MeS Laboratory - Sant'Anna School of Advanced Studies Pisa

Elisa Conti, MeS Laboratory - Sant'Anna School of Advanced Studies Pisa

For further questions and clarifications, please contact the Investigations Team at indagineutenti@santannapisa.it