EUROPEAN HEALTH MANAGEMENT CONFERENCE 2027

ABSTRACTS' SUBMISSION GUIDELINES

This document outlines the submission guidelines for the Call for Abstracts of the European Health Management Conference 2027.

We ask all abstract submitters to read this document thoroughly.
For any additional questions, please contact the EHMA Secretariat at conference@ehma.org.

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1. Submission category 'Abstract or Short paper'

Deadline	Abstracts must be submitted by **Monday, 30 November 2026 at 10.00 (CET).** Authors can edit their abstracts until the submission deadline. No further changes will be accepted after that date.
Submission	All submissions must be made online on the abstract submission platform, Oxford Abstracts. Abstracts submitted in any other way will not be accepted. **Authors can submit up to three (3) abstracts** where they are the primary author, co-author, or presenter.

Language	All documents must be submitted and presented **in English.** It is the authors' responsibility to submit a correct abstract (grammatically and scientifically).
Presentation format	Authors shall indicate their preferred presentation format. Abstracts may be submitted for either: • Oral Presentation • Scientific Dialogue • Poster **The Abstract Review Committee independently decides on the acceptance or rejection of the abstracts, and the presentation format.** Only in the case where you indicate 'POSTER' as your preferred format will the Abstract Review Committee accept or reject your submission. In other words, if you submit your abstract with a preference for oral presentation or scientific dialogue, the Abstract Review Committee will assess whether your abstract should be presented as oral presentation, scientific dialogue or poster. On the contrary, if you submit your abstract with a preference for poster, the Abstract Review Committee will assess whether your abstract is accepted or rejected as a poster only. The presentation formats are: • **Oral Presentation:** this category is meant for completed research with definitive results at the time of submission. We appreciate that your research may develop results by the time of the conference in June, however reviewers will assess the abstract based on the 'State of completion' at the time of submission. For this reason, we encourage submissions under this category only for completed research. Oral Presentation sessions are made of an average of 5 presenters with 10 minutes of presentation time each. • **Scientific Dialogue:** we recommend this format for research that is still in development or has not yet produced results. Scientific Dialogues offer a platform to discuss ideas and receive feedback from peers. Scientific Dialogue sessions are made of an average of 8 presenters with 5 minutes of presentation time each. • **Poster:** posters will be displayed for the entire duration of the Conference. There is no allocated time for poster's authors to give a presentation; however accepted posters may be asked to do a pitch presentation of 3

	minutes. The opportunity to pitch is optional, and authors can decline it and still exhibit their poster.
Theme, tracks and topics	EHMC 2027 theme is **'Health management in an era of transformation'** Within the broader theme, we invite authors to submit abstracts under one or more of the conference tracks: • Governance, leadership and social responsibility • Management, operations, and practice • Human capital, professionalism and people management • Finance and economics • Policy and regulations Submitters can then select topics that best represent their abstract among: • People-centred systems • Health technology and digital transformation • Workforce of the future • Sustainable and resilient health systems • Healthcare access, delivery, and outcomes.

Abstract specifics	Abstracts can be submitted as:
	• short paper (**max 450 words**), or
	• abstract (**max 550 words**) divided in:
	  ○ Context: max 100 words
	  ○ Methods: max 150 words
	  ○ Results: max 150 words
	  ○ Discussion: max 150 words

Presenting Author	The presenting author must be clearly indicated in the submission form. Please provide up-to-date contact details, as these will be used for all communications related to the conference and the presentation. Any changes to the presenting author or their contact details must be communicated to EHMA as soon as possible by email at conference@ehma.org. **In accordance with conference policy, the person designated as the presenting author will serve as the main point of contact for all communications regarding the abstract review outcome and the next steps for presentation preparation.**

Grading	All abstracts will be graded by an independent review committee following the criteria below: • **State of Completion:** the abstract must show substantial results indicating that the work has been or is nearly completed. Abstracts that have final results, if accepted, are more likely to be selected as Oral Presentations. Abstracts that have not yet yielded results, if accepted, are more likely to be selected as Scientific Dialogues. • **Novelty:** the abstract must show innovative information, cutting-edge results, or present a new topic or application. It should be attractive and provocative for a discussion with the audience. • **Advancement in the field:** the abstract should present a significant contribution to the field, and the authors must specify how the paper will contribute to the development of global knowledge. • **Quality:** the quality of an abstract will be considered indicative of the quality of the presentation. Authors should ensure that the background of the issue(s) and the objectives of the presentation are clear. • **Relevance:** abstracts must be concise, and they should clearly state what the focus is and its relevance to an international audience.
Abstract review process	Abstracts are reviewed by an independent committee. The EHMA Board of Directors and Secretariat have no saying in the selection of abstracts.
Notification of results	All abstract submitters will be notified of the outcome via email by **Wednesday, 10 February 2027.** The email will contain information on: • the acceptance or rejection of the abstract, and • type of presentation (oral presentation, scientific dialogue, or poster) and technical details For accepted abstracts, the exact date and time of the assigned session will be communicated by **Monday, 8 March 2027.** Please note that all communications regarding the abstract review outcome and presentation preparation will be sent **to the presenting author only**, who will serve as the main point of contact.
Registration to the Conference	Authors whose submissions have been accepted must confirm their participation by registering for the Conference by **Wednesday, 31 March 2027**.

EHMA cannot guarantee that abstracts from presenters who register after this deadline will be included in Conference publications, including the Abstract Book and the Conference Programme.

All presenters must register via the online Registration System on the website at **www.ehmaconference.org**. Please read carefully the Terms of Service and cancellation policy applying to EHMC 2027.

1.1. Tracks

Governance, leadership and social responsibility

Governance is the framework through which health systems and organisations set and oversee clear strategic goals to ensure the quality and safety of patient care, performance of services, as well as compliance with laws, regulations, and ethical responsibilities. Effective governance is essential to achieve objectives, drive improvement, and deliver valued outcomes for citizens and patients. Governance is complex and evolving, and a universal common framework or simple concept of health systems governance does not yet exist.

Leadership is a key principle of governance and must be embedded within governance systems to ensure that systems and organisations are led to accomplish their objectives and meet their strategic goals.

Social responsibility is an ethical framework that underlines how the choices of individuals may affect the whole society. Applied to health management, social responsibility is strictly interlinked with the concepts of resilience and sustainability. Health professionals, health managers, and health systems should be accountable for their behaviours toward society.

This track would include abstracts that:

- analyse leadership theories, styles, approaches, knowledge, and skills required to meet the needs of health systems
- transfer theoretical perspectives to shape the development of a strategic focus
- focus on performance management, quality assurance, and patient safety
- are forward looking and anticipate future trends in health management and health systems
- explore the concepts of clinical and business governance
- discuss legal aspects and ethics of health services and systems
- evaluate the factors that impact the role of leaders within health and social care
- discuss ethical theories and aspects of health professionals, health managers, and health systems' responsibility towards the society

	• present best practices of responsible governance and leadership in health management.
Management, operations, and practice	The transition towards person-centred care requires health care systems to be integrated. This track focuses on the operations of organisations and systems. It pays attention to the efforts involved in the planning, organising, staffing, monitoring, directing, and decision-making processes of health services and systems to ensure the effective, efficient, and equitable use of resources. The abstracts to be considered within this track include, but are not limited to those that: • share insights from evidence-based research that translate management knowledge into practice contribute to better practice by sharing scalable and innovative models/solutions or improved processes • identify key lessons based on rigorous analysis of existing practices and models • provide case studies focusing on implementation of management models.
Human capital, professionalism and people management	Health systems rely on their workforce. This track focuses on how human resources are managed to support the delivery of health services. This includes challenges relating to optimal planning, personnel shortages, the post-COVID 'great resignation', remunerations and incentives, and competence building. Against this background, this track will include abstracts that: • propose frameworks to measure the efficiency of workforce management models • adopt quantitative approaches to compare transferrable management best practices as emerged in response to the ongoing European major challenges • include the workforce perspective before and in the aftermath of the COVID-19 pandemic.
Finance and economics	This track examines business planning and refers to how resources are raised, pooled, allocated or spent to ensure that people have access to health services of good quality without financial hardship. This includes issues related to efficiency, effectiveness, value and behaviour in the production and consumption of health and healthcare. This track would include abstracts that: • articulate the drivers of spending and the factors impacting total spending and value • focus on the financial and economic concepts of health management, such as payment systems and models, budget modelling, investment decisions, health spending/costs

	• address challenges in economic evaluation and decision models by highlighting best practices • present the financial challenges and solutions to the current and future needs, such as the use of technology • support in setting priorities in national, regional, or organisational contexts towards the best use of resources.
Policy and regulations	Beyond organisations, policy decisions made at the local, regional, national, and European level have an important impact on health systems, care, and practitioners. Policy mechanisms (e.g., regulation, financial, quality, and technical) can incentivise or hinder the adoption of innovative solutions to improve health outcomes. This track focuses on the development, planning, implementation, and evaluation of policies and regulations affecting health management at the organisational, local, regional, national, and European levels. Abstracts submitted within this track would include those that: • analyse relevant policy aspects of challenges in health management • provide insight on public health challenges, paradigm shifts and health reforms • share evidence and information on policy issues and possible solutions • link health management and public health policies with practice • discuss the involvement and impact of national policymakers, the European Union, as well as internal organisations on health systems.

1.2. Topics



People-centred systems

Patient-centricity has been a key topic within health systems, giving way to bringing in patients in the decision-making, planning, development, and monitoring of their care. Moving beyond patients and their conditions within the health care setting, people-centredness extends the concept to individuals, families, communities, and society and focus on population empowerment, as well as social services and broader health determinants.

This topic includes different models and processes to ensure that people are the priority when discussing value, developing new technologies, and analysing integrated care needs. Some questions to be answered are how to manage the paradigm shift to people-centred care and balance evidence-based healthcare management and patient preferences.



Health technology and digital transformation

Over the past years, the use of digital technologies in healthcare has increased. The digital transformation of health systems has been a priority topic for European health systems. The pandemic moved health technology and digital transformation even higher on European policy agendas, as proved by the election of the European Health Data Space as one of the key pillars of the European Health Union. One of the lessons learnt through the increased adoption of digital innovation is that although technology is essential, it is people that drive change.

Digital tools should connect and serve patients and professionals without losing sight of the social and human element of medicine. How can health systems ensure the effective adoption of digital innovation such as Artificial Intelligence and robotics? What is the impact of new technologies on population health and expenses? How can health systems build trust in digital innovation?



Workforce of the future

Future health systems depend on people and investing in the future of health systems means to invest in the health workforce of the future. As societal and technical evolution occur, the health workforce must rapidly change and adapt to safeguard patient and their wellbeing, as well as their professional existence. Healthcare is provided by people to people, but sometimes healthcare workers are left with the hopeless feeling that they are 'working together alone.

What are the needs of the health workforce? What are the key areas to invest in to support the health workforce? How will their upskilling, reskilling, and skill-mixing needs change? How do we address challenges relating to shortage and mobility of professionals? How can health managers support professional collaborations and relationships?



Sustainable and resilient health systems

To be sustainable European health systems need to adopt a wide understanding of sustainability considering economic, environmental, and social aspects. Sustainable health systems ensure the provision of appropriate and adequate care to patients, the affordability for payers (whether it is patients, families, employers, or governments), the adaptability to change, as well as the lowering of the negative impact of health systems on the environment. Health systems' sustainability is interlinked with their resilience, namely their capacity to prepare for shocks, respond, minimise the impact, and embed lessons learned.

How can health systems participate towards achieving the sustainable development goals? Which strategies, processes, solutions can health systems and managers implement to ensure the sustainability of health systems? Including their resilience; emergency/pandemic preparedness; as well as health crisis management and prevention.



Healthcare access, delivery, and outcomes

Many subgroups of the population face inequalities and considerable barriers that impede access to healthcare resources and services and affect their health and wellbeing. There is a need for health systems to address the social determinants of health and disparities.

How can health systems ensure equitable access to health services, and achieve the delivery of better quality of care and better health outcomes? What are the new developments in models of healthcare delivery?

2. Submission category 'Karolinska Institutet Medical Management Centre (MMC) & EHMC Research Award'

The Karolinska Institutet Medical Management Centre (MMC) & EHMC Research Award is an annual award for the best contribution associated with a doctoral thesis related to health management. Candidates should be researchers in the final phase of their PhD studies or who have recently completed a PhD (the submission must be done within 12 months from graduation).

The best papers submitted under this category will have the opportunity to compete for a €1,000 prize during a dedicated session at EHMC 2027. The winner will be announced during the Closing Plenary, where the winner is also asked to present their research.

Deadline	Abstracts must be submitted by Monday, **30 November 2026, at 20.00 (CET).** Authors can edit their abstracts until the submission deadline. No further changes will be accepted after that date.
Submission	All submissions must be made online on the abstract submission platform, Oxford Abstracts. Abstracts submitted in any other way will not be accepted. **Authors can submit only 1 abstract under this submission category.**
Language	All documents must be submitted and presented **in English.** It is the authors' responsibility to submit a correct abstract (grammatically and scientifically).
Presentation format	Abstracts under this category can be submitted **only for oral presentation**. The Abstract Review Committee will independently decide on the acceptance or rejection of the abstract.
Theme, tracks and topics	Abstracts do not have to be linked to the Conference theme but must be associated with a doctoral thesis in the field of health management. Authors are also invited to indicate what tracks and topics best describe their submission.

Abstract specifics	Abstracts can be submitted either as:
	• a short paper (**max 450 words**), or
	• an abstract (**max 550 words**), divided in:
	  ○ Context: max 100 words
	  ○ Methods: max 150 words
	  ○ Results: max 150 words
	  ○ Discussion: max 150 words

Presenting Author	Only PhD students or recent graduates (within 12 months from graduation) can present their abstracts, not their supervisors, nor a delegated representative. Please do provide up-to-date contact details, as those will be used for any communications related to the Conference and your presentation. **Any changes in the presenter's contact details must be communicated as soon as possible** to EHMC by email to conference@ehma.org.
Review process	Abstracts are reviewed by an independent committee. The EHMA Board of Directors and Secretariat have no saying in the selection of abstracts.
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3. Awards

All abstracts accepted and presented at the EHM Conference are eligible for the following awards:

- Best European Paper
- Best non-European Paper
- Best Poster
- People's choice Best Poster

The abstracts will be evaluated by an independent jury panel which will assess the scientific basis of the research, as well as its presentation. The Awards will be assigned to the abstracts which have the clearest and most innovative presentation, as well as a strong science background. The authors will receive the awards during the Closing Plenary.

People's choice Best Poster is determined by conference participants through a dedicated voting process. All eligible posters submitted by the established deadline will be included in the voting, and the poster receiving the highest number of valid votes will be recognised during the Closing Ceremony.

Abstracts submitted for the Karolinska Institutet Medical Management Centre (MMC) & EHMC Research Award are not eligible for Best European Paper and Best non-European paper Awards.