11th HSRAANZ conference addressing health services inequities

Editorial team

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The 11th HSRAANZ conference took place in Auckland, New Zealand in December 2019, ahead of the global pandemic. The focus of the conference was around addressing health services inequities. As the conference delegates presented and debated, few would have foreseen the impacts of the COVID-19 global pandemic around the world. As we publish this special issue in 2021, the conference topic of addressing health services inequalities has never been more important. Within and across countries we see inequities in access to services including COVID-19 vaccines that will have detrimental effects on the poorest and most vulnerable groups in our society. The impact of the pandemic on the global economy will likely lead to further stress on health system resources, making trade-offs between efficiency and equity ever more challenging.

Whilst the conference took place ahead of the pandemic, the rich and important research presented is critical in informing today's international health services research and policy. An increased research focus on equity will serve to raise an awareness of health inequalities and increase pressure on health systems, decisions-makers, providers and researchers to consider equity alongside quality, safety and efficiency.

The papers gathered in this special issue of *the Journal of Health Organisation and Management* provide examples of health services research conducted across Australia, New Zealand, the UK and Canada.

The conference brought together over 360 scholars and policy makers from across 13 different countries to share their research experiences and understanding. Papers presented at the conference explored a range of topics relating to health services equity. This diversity is reflected in the papers selected to form this special issue. The included studies provide novel perspectives and applied research from established scholars through to early career researchers. The editorial team would like to thank all the reviewers who dedicated their time to support the development of the research and to those authors that put forward their research for review.

We begin the special issue with an article by [Cookson *et al.* \(2021\)](#) which undertakes a review of the many "equity informative" methods of health services research that exist in measuring health equity impacts of interventions and organisations. Cookson *et al.* note that whilst health service providers can often do little to control the broader social determinants of health, they are

under increased pressure to focus on the equity impact of services. Adopting the term “equity informative evidence”, the article outlines methods that build on standard health services research tools and “provide practical, flexible and powerful ways of analysing health equity impacts and trade-offs” (Cookson *et al.* (2021)). This thought provoking and timely piece provides resources aimed at supporting health services researchers, policy makers and providers to use more “equity informative methods” in analysis of health care interventions. Cookson and colleagues suggest that using such methodology will ensure decision-making is informed by evidence on effectiveness, efficiency and equity and associated trade-offs.

Carey and Taylor (2021) present findings from a systematic review that focused on the impact of interprofessional practice models on health service inequity. Interprofessional practice is increasingly utilised to improve the effectiveness of health systems, especially when limited specialist services are available and when demand is high. The focus on interprofessional teamwork moves us away from the more traditional models of care that focus on hierarchy and power. Carey *et al.*’ work suggests a clear role for interprofessional models when the inclusion of local health service workers is seen as important to health service delivery. However, they note that the complexity and bureaucracy of health systems can be a barrier to interprofessional practice, and they call for more research, in particular around the implementation of best practice, so that research, policy and practice can test and learn.

Jorm *et al.* (2021) present a model for health services research that engages with the complexity of the health system and the organisations within it. The authors argue that traditional academic research struggles to understand the complexity of the health system and the implementation and sustainability of innovations in this setting. In this manuscript, the authors review health services research methods and approaches and their contribution to health services and systems. They note how many of the traditional research practices spend little time exploring learnings from practice and understanding the world in which innovations are being implemented. Jorm *et al.* suggest we need a paradigm shift towards “slow rather than fast science” that can incorporate stakeholders’ perspectives and the complexity of systems and services. The manuscript introduces the Embedded Economist programme that incorporates the principles of “slow science”. The paper sets out the approach and potential benefits but notes that current health services research structures (particularly funding models) do little to support this approach.

Roussy *et al.* (2021) explore how organisational mergers may enhance the legitimacy of community health organisations in neoliberal environments. The authors argue that the comprehensive vision of primary health care as an effective model for tackling complex health and social issues and delivering cost-effective care to populations is rarely implemented due to the neoliberal agendas of those countries. In their research, the team sets out to investigate this perspective through a case study of a community health service merger in the state of Victoria, Australia. The study findings suggest that in systems that have neoliberal environments, mergers of primary care organisations whose focus is on social justice and equity could be better positioned to deliver on that vision, than independent smaller organisations. However, Roussy *et al.* also note that market forces and individualistic behaviours of neoliberalism will continue to challenge comprehensive primary care models, in particular the tensions between efficiency and equity in the access and provision of health care. They call on governments to play an active role in supporting comprehensive primary care especially in the context of neoliberal systems.

Jaakkimainen *et al.* (2021) report on research that developed and validated an algorithm using administrative data to identify patients’ attachment to primary care providers in Ontario, Canada. The context of the research is the proposition that access to primary care is important to a high functioning health care system. The algorithm had high sensitivity and

modest specificity, and the researchers suggested it can be used by health planners and policy makers to examine geographic variability and trends over time. The approach used in this research is important to the debates on primary care continuity and access to primary care services, from a policy, practice and research perspective.

Aspden *et al.* (2021) report on a cross-sectional mixed methods exploratory study looking at the satisfaction of New Zealand pharmacy graduates who recently entered into the profession. The study findings highlight that while there has been a lot of policy rhetoric around expanded scope for pharmacists practising in New Zealand, in practice there is often limited expansion of clinical roles and a perception of skill underutilisation. The paper sets out areas future research and policy considerations.

The final article by Snoswell *et al.* (2021) involves a review of telehealth implementation with a focus on cost and effect. This research is very timely, given the upsurge in telehealth usage and its availability globally during the pandemic. Snoswell *et al.* undertake a narrative literature review which highlights possible short to medium term cost increases of telehealth implementation. Findings from this research suggest that whilst telehealth may increase access to services and increase positive benefits to patients and providers, it may not routinely reduce health care delivery costs for the health system as is commonly assumed. That the authors argue that telehealth implementation should be motivated by other considerations including equity of access and broader benefits to society.

Looking to the future, HSRAANZ will be hosting its 12th conference in Sydney in 2022. The focus of the conference is “Resilience, innovation and value through research”. Given the global challenges of a pandemic and the stress on health systems and services, the importance of research and evidence is ever increasing. Conference delegates will be sharing the latest research findings and communications with research policy makers and health services providers with a focus on sustainable capacity in health services research in Australia and New Zealand.

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