UPDATED ABSTRACT: MENZIES EMERGING HEALTH POLICY RESEARCH CONFERENCE

The role of academic health centres in improving health equity: a systematic review

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Introduction/Background:

Academic health centres (AHCs) are leaders in bringing scientific breakthroughs from the bench to the bedside, training health professionals, and providing innovative and high-quality care. The last decade has seen growing interest in the role of AHCs in addressing health system equity. The authors undertook a systematic review to synthesize and critically appraise the evidence on the role of AHCs in contributing to equitable health systems locally and globally.

Research Questions:

1. How is health equity characterised or described in the literature on AHCs?
2. How is the concept of health equity operationalised by AHC activities?
3. What are the drivers, barriers and facilitators of AHC activity relevant to health equity?

Methodology:

We searched peer-reviewed and grey literature published in English between 2000 and 2016, including articles that identified AHCs as the primary unit of analysis and that also addressed health equity concepts in relation to the AHC's activity or role. Unpublished data, and records reporting clinical interventions or trials, were excluded. Analysis also considered contextual health system data relevant to the profiled AHCs.

Findings:

483 unique records were identified of which 103 met the inclusion criteria. 83% examined AHCs in the United States and the remaining studies examined AHCs and AHC models within Australia, Canada, China, Singapore, Tanzania, Uganda and the United Kingdom. A majority (64%) were written as individual perspectives or opinions, 17% were descriptive case studies of one or more AHCs, and a further 14% were books, reviews, policy reports or conceptual frameworks. Only 5% of papers reported the results of original studies using empirical methods.

Reflecting the geographic predominance of northern American literature, a major theme was the implications of health care reform on US-based AHCs, and the historical and continuing role of AHCs in delivering care to un-insured and under-insured patients. Less context-specific health equity themes included the role of AHCs in addressing health workforce undersupply challenges in areas of workforce need, the potential for AHCs to lead population and public health initiatives, and strategies that are being adopted to enhance linkages with communities. Analysis also revealed consensus among experts that AHCs are well-positioned to lead health care reform initiatives aimed at addressing healthcare disparities, through integrating with primary care organisations, adopting population-health performance metrics, and fostering community-engaged research.

Key barriers to health equity-focussed activity included fee-for-service business models that reward volume over value in health service delivery, system incentives that reward narrow specialisation in both service delivery and medical education, and a perceived disconnect between AHCs and local health care organisations. A key driver of change in service to health equity goals included centrally-driven pressures on health systems to address the rising costs of health care while also being accountable for the health of populations.

Policy Implications:

The findings of this review are likely to offer utility to those involved in leading AHCs in multiple countries, and may also encourage policy-makers to draw AHCs further into health system reform agendas as implementation vehicles. Future research should improve the quality of the evidence base by empirically examining health equity strategies and interventions of AHCs across multiple countries and contexts.