

The comment below was posted on journalreview.org on November 15, 2007. Following the closing of that site, the comment was reproduced here in September 2012.

Correction to statements concerning the measurement of healthcare disparities by the Agency for Healthcare Research and Quality in earlier comment on Sequist et al.

In an earlier *Journal Review* comment[1] on Sequist et al.,[2] I stated that the Agency for Healthcare Research and Quality (AHRQ) “tends usually (though not in all cases) to measure disparities in healthcare processes in terms of relative differences in rates of receiving such care, and usually (though not in all cases) to measure disparities in clinical outcomes in terms of relative differences in rates of failing to achieve the desired outcome.” I also discussed the way patterns of changing relative differences in experiencing or avoiding an outcome might be interpreted differently by AHRQ and the National Center for Health Statistics (NCHS), since NCHS measures all disparities in terms of relative differences in adverse outcomes.

The view that AHRQ usually measures disparities in processes in terms of relative differences in rates of receiving certain processes was based on the wording of the core measures used in the National Healthcare Disparities Reports for 2005 and 2006,[3,4] as well as some of the discussion in the reports. Recent preparation for a presentation on measurement issues in the healthcare disparities reports,[5] however, has caused me to recognize that the statements concerning AHRQ’s method of measuring disparities in process outcomes are incorrect. Notwithstanding the wording of the core measures in the disparities reports, in all or almost all cases, AHRQ in fact measures process disparities (as well as clinical outcome disparities) in terms of relative differences between rates of experiencing the adverse outcome (e.g., relative differences between rates of failing to receive prenatal care in the first trimester rather than relative differences between rates of receiving such care).[5,6]

In addition to the quoted incorrect statement, in the comment I stated that, based on declining relative differences in statin use, AHRQ would conclude that racial disparities had declined. In fact, based on increasing relative differences in non-use of statins, AHRQ would conclude that the disparities had increased.

The principal consequence of the correction relating to the theme of the Sequist article is that, whereas my earlier statements would suggest that, at least as to process outcomes, improvements in quality would tend to reduce disparities as measured by AHRQ, in fact improvements in quality would tend to increase disparities in process outcomes as measured by AHRQ.[5,6]

I made similar statements concerning AHRQ’s measurement of healthcare disparities in two other *Journal Review* comments.[7,8] The first has been corrected,[9] and the other will be corrected shortly

References:

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4. Agency for Healthcare Research and Quality. 2006 National Healthcare Disparities Report: <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>

5. Scanlan JP. Measurement Problems in the National Healthcare Disparities Report, presented at American Public Health Association 135th Annual Meeting & Exposition, Washington, DC, Nov. 3-7, 2007: http://www.jpscanlan.com/images/APHA_2007_Presentation.ppt;
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6. Scanlan JP. Recognizing the way correlations between improvements in healthcare and reductions in healthcare disparities tend to turn on the choice of disparities measure. Journal Review Nov. 9, 2007, responding to Aaron KF, Clancy CM. Improving quality and reducing disparities. JAMA 2003;289:1033-34:

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8. Scanlan JP. Understanding patterns of correlations between plan quality and different measures of healthcare disparities. Journal Review Aug. 30, 2007, responding to Trivedi AN, Zaslavsky AM, Schneider EC, Ayanian JZ. Relationship between quality of care and racial disparities in Medicare health plans. JAMA 2006;296:1998-2004:

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9. Scanlan JP. Correction to statements concerning the measurement of healthcare disparities in the National Healthcare Disparities Reports in earlier comment on Vaccarino et al. Journal Review Nov. 6, 2007, correcting reference 7:

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