

*[The comment below was posted on journalreview.org on November 15, 1997. Following the closing of that site, the comment was posted 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 Trivedi et al.**

In an earlier Journal Review comment[1] on Trivedi 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 health care 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 failing to achieve the desired outcome.[footnote omitted] Since the criteria for adequate care employed by Trivedi et al. in the instant study are of the latter nature, the AHRQ approach would tend to find disparities to be larger in the plans with the higher rates of adequate care.”

The view that AHRQ usually measures disparities in healthcare 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]

Whereas the broad statement about the AHRQ methodology was incorrect, the statement that AHRQ would tend to find disparities in the clinical outcomes examined in the Trivedi study to be larger in plans with higher rates of adequate care was correct.[5,6]

I made similar incorrect statements concerning AHRQ’s measurement of healthcare disparities in two other Journal Review comments.[7,8] These have been corrected.[9,10]

References:

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