

November 15, 2021

David Meyers, MD
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Dear Dr. Meyers:

On behalf of the American Medical Association (AMA) and its physician and medical student members, I am responding to the Agency for Healthcare Research and Quality's (AHRQ) request for comments on the questions it is proposing for its Systematic Review on the "Impact of Healthcare Algorithms on Racial Disparities in Health and Healthcare." The AMA has long recognized that racial and ethnic health inequities are an unjust and major public health reality in the United States and has publicly acknowledged that racism impacts public health and is a barrier to effective medical diagnosis and treatment. We share AHRQ's concerns that clinical algorithms may inappropriately incorporate race or ethnicity as a proxy for genetic or biologic ancestry into its recommendations and believe the efforts of AHRQ's Evidence-based Practice Center (EPC) in identifying algorithms of concern and potential solutions are extremely important in helping to advance equity in health.

Advancing equity in health requires the understanding and acceptance of the harmful impacts of historical and contemporary racism on our individual and collective ability to strive for and achieve a reality in which we all have the resources, conditions, opportunities, and power to thrive and achieve optimal health. The AMA is strongly committed to achieving these goals and addressing such issues is a top priority for our organization. Specifically, we recommend that clinicians and researchers focus on genetics and biology, structural racism, and other structural determinants; and collect, report, and use race data as a proxy for structural racism and not ancestry, when describing risk factors for disease and outcomes.

The AMA supports the goals of AHRQ's report, including an examination of how health care algorithms and decision tools informed by algorithms can introduce racism and/or discrimination into clinical care and how they impact inequities in access to care, quality of care, and health outcomes. While we believe AHRQ has identified a number of impactful questions that need to be answered, we recommend additional focus in two key areas.

Omission of Race and/or Ethnicity as Proxies for Structural Racism and Discrimination in Algorithms

The framing of the report and AHRQ's draft questions focus primarily on **misuse** of race and/or ethnicity as proxies for biologic/genetic ancestry in algorithms. While this is a vitally important topic, just as impactful is an understanding of the **omission** of race and/or ethnicity as proxies for structural racism and discrimination in algorithms (i.e., color- and identity-blind algorithms). AHRQ should also commit in its review to understanding how algorithms will proactively take race and/or ethnicity into account when providing recommendations for care. Properly designed algorithms should, in appropriate circumstances, take into account race and/or ethnicity as factors in social and structural drivers of health and use of health care resources in order to ensure an equitable distribution of resources, conditions, opportunities, and

power to thrive and achieve optimal health. AHRQ's review should include a focus on the factors that should be included in order to best drive equitable outcomes.

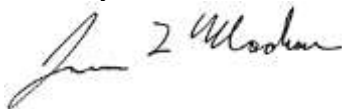
Focus on Intersectionality

The questions and overall framing also fail to include the concept and impact of intersectionality throughout. "Intersectionality" is a framework created by Kimberlé Crenshaw that describes how multiple social and political identities within an individual overlap and interact to create greater oppression for some groups of people due to the combination of identities (e.g., being Black and a woman). In the past, we would examine how use of health care algorithms differentially impacted Blacks versus whites or men versus women. The use of filters allowed us to go further and understand the differential impact of health care algorithms on Black men as compared to Black women, white men, and white women. This powerful and underused approach revealed inequities that would have otherwise remained hidden. It is critical that AHRQ incorporates intersectionality into its Systematic Review to better understand the contours of inequitable care generated by certain algorithms.

The AMA also notes that, while reviewing the current evidence on how clinical algorithms inappropriately incorporate race or ethnicity as a proxy for genetic or biologic ancestry is a valuable step, it is only the first step to make necessary progress. With that in mind, the community would benefit greatly from a close examination by AHRQ of efforts such as discontinuation of race-corrected renal function test results—the who, what, when, and how they did it, the challenges, and the outcomes achieved. While these findings may also be preliminary, this information will be vital as efforts continue to build a more equitable health care system.

We thank the AHRQ for its focus on this vitally important issue and consideration of AMA's input on the questions it should focus on its review. We look forward to providing additional feedback as the Agency moves forward in its Systematic Review. If you have any questions, please contact Koryn Rubin, Assistant Director, Federal Affairs, at koryn.rubin@ama-assn.org or 202-789-7408.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD