November 15, 2021

Scientific Resource Center
Portland VA Research Foundation
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RE: Impact of Healthcare Algorithms on Racial Disparities in Health and Healthcare

Dear Staff at the Agency for Healthcare Research and Quality,

National Patient Advocate Foundation (NPAF) appreciates the opportunity to submit feedback to the Agency for Healthcare Research and Quality's (AHRQ) draft systematic review of key questions regarding health disparities. We applaud AHRQ's leadership in examining how healthcare algorithms can introduce racial or ethnic bias into clinical care and how they affect racial/ethnic disparities in access to care, quality of care and health outcomes.

Addressing health equity is a strategic imperative for NPAF and our person-centered agenda, which prioritizes health, financial and social stability as essential aspects of quality care. Our core strategy is to advocate for inclusive policies and practices that elevate patient and caregiver voices and put their perspectives at the heart of healthcare. Our direct services counterpart, Patient Advocate Foundation (PAF), has provided skilled financial and social needs navigation to thousands of patients, caregivers and families coping with complex and chronic conditions across the country for over 25 years. PAF navigators identify patients' unmet financial and social needs and guide them to applicable safety net supports and programs to help ease distressing financial burdens. NPAF is working to advance needs navigation on a larger scale to adequately reach underserved populations and optimize utilization of health care and safety net programs that meet people's multidimensional needs.

We are encouraged that the agency is asking relevant and appropriate questions to identify the root causes of racial and ethnic disparities in health care algorithms and algorithm-informed tools. It is more important than ever to reassess how technology and innovation may unintentionally contribute to inequities resulting in disparities in health care and outcomes. If designed, used and implemented correctly, algorithms can be helpful to predict and overcome barriers to care and disparities which have been well documented among racial and ethnic groups.[1]

Algorithms that inform screening, risk prediction and resource allocation will be of utmost importance particularly when used as an intervention to address the social determinants of health (SDOH) and identify specific social needs of individuals. Algorithm-informed tools have the potential to connect people to

[1] Government Accountability Office. Racial and Ethnic Disparities. September 2021. Available at: https://www.gao.gov/assets/gao-21-105354.pdf

health coverage, government programs, and community-based support before their health, financial and social circumstances become dire. However, this can only happen if proactively built and introduced on a foundation of reliable, unbiased and patient-informed social needs data. Healthcare related social service algorithms must mitigate bias to drive the improved outcomes for at-risk populations that referrals to safety net and community-based programs are intended to achieve.

We commend AHRQ for crafting a comprehensive and thoughtful list of contextual questions to shape the report and express gratitude for the opportunity to provide insights during the early key informant interviews through PAF staff member, Shonta Chambers, EVP of Health Equity Initiatives and Community Engagement. NPAF is pleased to offer additional feedback to the following two questions:

Contextual Question 1e: What clinical conditions, processes of care, and healthcare settings are included?

Consider inquiring beyond clinical conditions and include (1) financial conditions and (2) cost of care processes that address affordability. Assessing these additional elements can help gain a better understanding about how algorithms affect the intersection of clinical care, financial health and SDOH. Responses to a 2019 survey of more than 2,800 patients, served by PAF, revealed financial distress as the top concern with many indicating that their family's financial viability is a critically important goal of care. In fact, 63% of patients in the survey ranked financial distress as a fate worse than death. Algorithms that connect patients with financial resources and supports will be an essential part of care processes to ensure patients can afford and participate in quality care. Additionally, research has shown that algorithm-based tools are able to predict clinical utilization with few SDOH factors including race and have the potential to facilitate interventions that tackle SDOH at the community-level.[2] Leveraging reliable and unbiased SDOH and social needs data should be a high priority for developers and the health care system.

Contextual Question 4e: What approaches and practices are there to implement, adapt, or update each healthcare algorithm or algorithm-informed decision tool?

As part of AHRQ's evidence review, we recommend investigating whether processes exist to ensure that patients are aware of algorithms and/or that artificial intelligence is involved in their clinical encounter. Consider whether the outreach to and engagement with racial and ethnic populations is adequate to meaningfully reflect their values, perspectives, and experiences with algorithms. Racially and ethnically diverse patients and caregivers have been typically overlooked and are therefore under-represented in research findings. Proactively seeking and securing input from diverse populations extensively and meaningfully in all aspects of development, implementation, enhancement, and evaluation will foster justice, equity, diversity, and inclusion throughout the innovation process. We would be pleased to participate in your continued efforts by contributing lived experience insights about algorithm-based tools from the diverse patients and caregivers in our volunteer network.

[2] Chen S et al. Using Applied Machine Learning to Predict Healthcare Utilization Based on Socioeconomic Determinants of Care. January 15, 2020. Am J Manag Care. 2020;26(1):26-31. https://doi.org/10.37765/ajmc.2020.42142

Conclusion

NPAF greatly appreciates AHRQ's research focus on racial and ethnic disparities. Understanding how to appropriately incorporate race/ethnicity data into algorithms will provide foundational evidence for building equitable decision support tools and applications. We stand ready to work with the agency on this shared responsibility to advance policies that expand equitable access to affordable care and mitigate racial and ethnic bias in all health care tools and processes. Please contact Nicole Braccio, NPAF's Policy Director, at Nicole.Braccio@npaf.org or 202-301-9552 if we can provide further details or assistance.

Respectfully submitted,

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