MINNESOTA HEALTH CARE DISPARITIES

BY RACE, HISPANIC ETHNICITY, LANGUAGE AND COUNTRY OF ORIGIN

RESULTS FOR CARE DELIVERED IN 2020

RELEASED MAY 2022

MN Community
MEASUREMENT

Minnesota Health Care Disparities
By Race, Hispanic Ethnicity, Language and Country of Origin
Results for care delivered in 2020

ABOUT THIS REPORT

As an independent nonprofit dedicated to empowering health care decision makers with meaningful data, MN Community Measurement (MNCM) is a statewide resource for timely, comparable information on health care quality, costs and equity. While Minnesota has some of the best health indicators in the country, there continues to be wide variation in health care quality and wide disparities in outcomes for different population groups. Measurement and data are important tools that call attention to the problem of disparities, motivate efforts to improve, and enable tracking of progress over time.

This report presents information on disparities by race, ethnicity, language, and country of origin (RELC) for quality measures for the 2020 measurement year (data collected in 2021 for care delivered in 2020). This report includes summaries of performance rates for each measure by race/ethnicity, preferred language and country of origin.

For the measures included in this report, MNCM collects patient-level data on RELC to enable these comparisons. The RELC data used in this report only includes data that has been verified by MNCM to have been collected using best practices. More information on best practice methods can be found here. Additionally, a minimum of 30 patients is needed for reporting of the categories presented in the report. Difference from statewide averages are calculated using 95 percent confidence intervals.

IMPACT OF COVID-19

This report includes statewide data from 2020 and should be used as context for understanding the disruptions experienced in 2020 due to the COVID-19 pandemic. In 2020, MNCM sought input from the community on measurement considerations and made adjustments to the measures to best reflect changes in care delivery. We urge caution in using these data or changes in rates to draw general conclusions about quality of care. In many respects, however, 2020 should be considered a new baseline from which recovery should be measured.

In 2021, MNCM took a closer look at these differences between 2020 and 2019 in a series of spotlight reports/issue briefs. This spotlight report series includes insights from MNCM stakeholders about the factors that contributed to the observed declines in quality measures, including:

SPOTLIGHT REPORTS
- Summary of Health Care Quality Measures for 2020
- 2020 Results for Claims-Based Quality Measures

ISSUE BRIEFS
- Optimal Diabetes Care in 2020
- Optimal Vascular Care in 2020
- Optimal Asthma Control in 2020
- Colorectal Cancer Screening in 2020
- Adolescent Mental Health Screening in 2020
- Depression Care in 2020

FACTORS INFLUENCING RESULTS OF QUALITY MEASUREMENT FOR 2020

The following is a list of factors specific to COVID-19 that may have influenced quality measures in 2020. These factors are among those listed in response to MNCM consultation with stakeholders about the impact of COVID-19 on measurement. They may have contributed to changes in the number or characteristics of people included in the measures, changes in performance on measures, or both.

- **Patient barriers**
  - Patients' decisions to defer care – out of concern for safety, for financial reasons or because other priorities were important
  - Barriers to accessing care via telehealth: familiarity/ease with technology, access to devices and/or broadband, language barriers. On the flip side, telehealth enhanced access to care for some by removing transportation and distance barriers.
- **Provider staffing/capacity**
  - Staff furloughs, burnout, turnover and diversion to higher priority needs.
  - Some clinics repurposed/closed.
  - Some services restricted or shut down (e.g., colonoscopies, mammograms).
  - Shortages of testing supplies and/or lab capacity.
- **Care delivery**
  - Decline in patient visits disrupted clinics' ability to deliver preventive services and manage chronic conditions.
  - Transition to telehealth required workflows to be adjusted, including to gather patient-reported outcome (PRO) data used in some quality measures.
  - Providers had more difficulty getting patients to complete PRO tools outside of the office setting.
  - Care delivered via telehealth was more likely to be missing lab tests/blood pressures.

Minnesota Health Care Disparities
By Race, Hispanic Ethnicity, Language and Country of Origin
Results for care delivered in 2020

KEY FINDINGS

- In general, patients who are Black, Indigenous/Native, Black or are of Hispanic/Latinx ethnicity have significantly lower rates of optimal care compared to the statewide average in most of the reported measures.
  - For all three groups, the largest gaps in performance are in colorectal cancer screening – ranging from 15 to 17 percentage points below the statewide average of 70.6 percent.

- Despite often being among the top five largest groups within the eligible population, Hmong, Somali and Spanish speakers often have significantly lower rates of optimal care compared to the statewide average in most of the reported measures.
  - For all three groups, the largest gaps in performance are in colorectal cancer screening – ranging from 25 to 42 percentage points below the statewide average.

- Similarly, despite often being among the top five largest groups within the eligible population, patients from Mexico, Somalia and Laos often have significantly lower rates of optimal care compared to the statewide average in most of the reported measures.
  - For all three groups, the largest gaps in performance are in colorectal cancer screening – ranging from 29 to 40 percentage points below the statewide average.
  - These groups also have large gaps in performance in follow-up care for depression after 12 months for the adult population compared to the statewide average.

APPENDICES

Appendices to the report present results by medical group and can be found at the following links:

- Race/Ethnicity

- Preferred Language

- Country of Origin

COLORECTAL CANCER SCREENING
Race/Ethnicity Summary
2020 measurement year

Aside from White patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of colorectal cancer screening compared to the statewide average.

	Race	Ethnicity
100%		

Statewide Average = 70.6%

- Asian (N = 29,330): 60.0%
- Black (N = 49,553): 55.1%
- Hispanic/Latinx Only (N = 10,495): 57.5%
- Indigenous/Native (N = 7,113): 53.3%
- Multi-Race (N = 4,158): 63.8%
- Native Hawaiian/Pacific Islander (N = 1,175): 56.3%
- White (N = 1,149,405): 72.4%
- Hispanic/Latinx (N = 24,679): 53.5%
- Not Hispanic/Latinx (N = 1,247,701): 71.3%

⊥ Represents 95% confidence interval

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

COLORECTAL CANCER SCREENING
Preferred Language Summary
2020 measurement year

Statewide Average = 70.6%

Language	Rate
English (N = 1,255,225)	71.5%
Hmong (N = 4,343)	35.2%
Somali (N = 5,738)	28.8%
Spanish (N = 12,942)	45.1%
Vietnamese (N = 3,781)	69.7%

⊥ Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish or Vietnamese make up 98 percent of the eligible population for the Colorectal Cancer Screening measure.

Patients who prefer to speak Hmong, Somali or Spanish have significantly <u>lower</u> rates of colorectal cancer screening compared to the statewide average.

Patients who prefer to speak English have a significantly <u>higher</u> rate of colorectal cancer screening compared to the statewide average.

COLORECTAL CANCER SCREENING
Country of Origin Summary
2020 measurement year

Statewide Average = 70.6%

Laos (N = 5,684): 41.1%
Mexico (N = 8,726): 47.4%
Somalia (N = 6,051): 30.3%
United States (N = 1,099,286): 72.0%
Vietnam (N = 4,510): 69.8%

⊥ Represents 95% confidence interval

Patients from Laos, Mexico, Somalia, the United States or Vietnam make up 86 percent of the eligible population for the Colorectal Cancer Screening measure.

Patients from Laos, Mexico or Somalia have significantly <u>lower</u> rates of colorectal cancer screening compared to the statewide average.

Patients from the United States have significantly <u>higher</u> rates of colorectal cancer screening compared to the statewide average.

OPTIMAL ASTHMA CONTROL - ADULTS
Race/Ethnicity Summary
2020 measurement year

Represents 95% confidence interval

Adult patients who are Asian or White have significantly <u>higher</u> rates of optimal asthma control compared to the statewide average.

Adult patients who are Black, Indigenous/Native or are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.
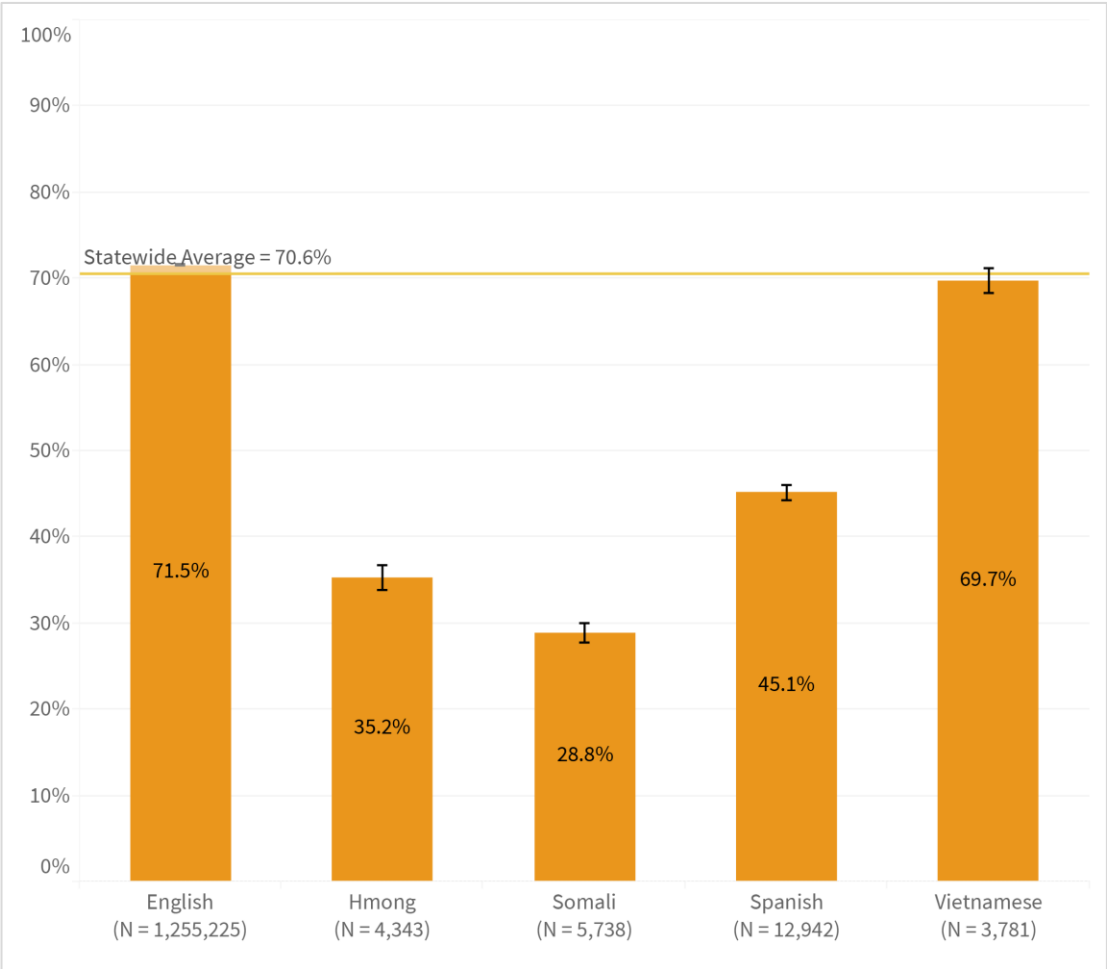
"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

OPTIMAL ASTHMA CONTROL - ADULTS
Preferred Language Summary
2020 measurement year
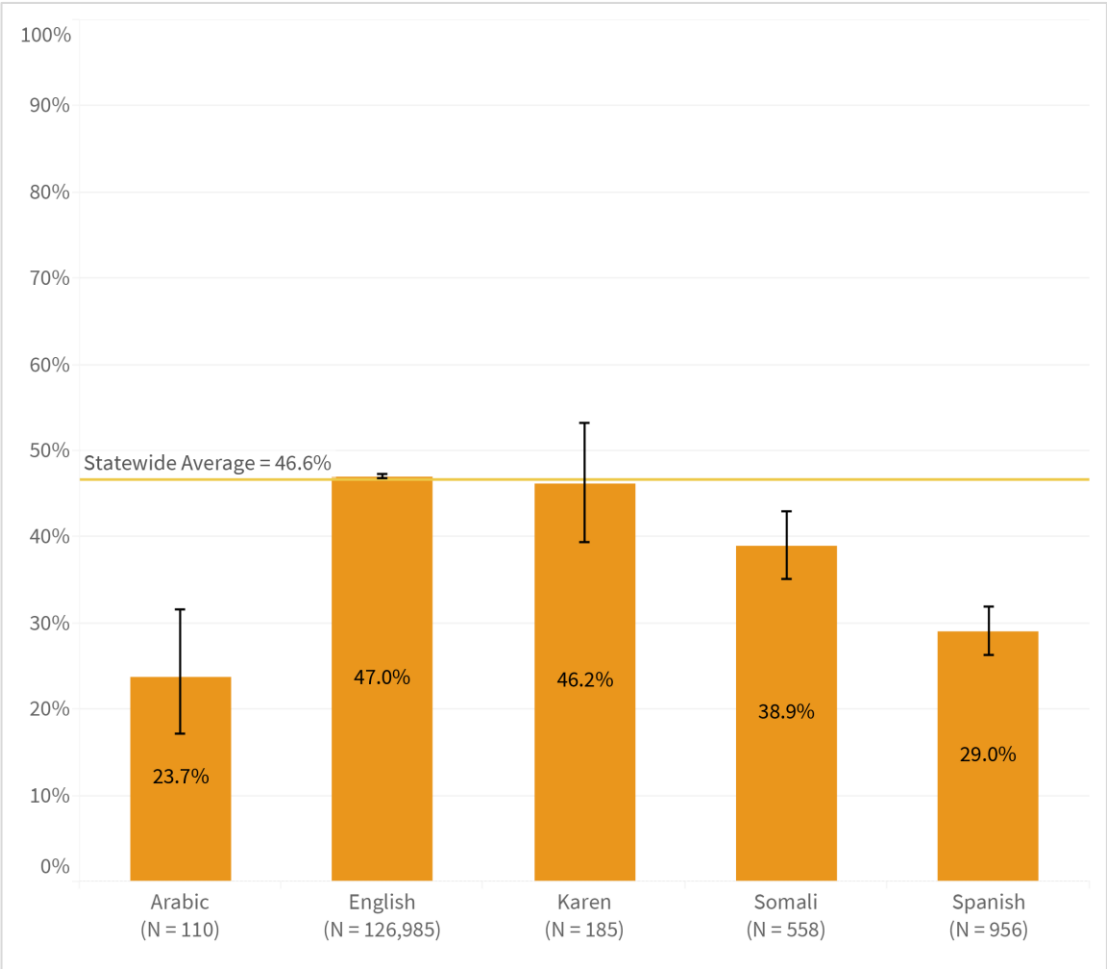
Represents 95% confidence interval

Adult patients who prefer to speak Arabic, English, Karen, Somali or Spanish make up 99 percent of the eligible population for the Optimal Asthma Control measure.
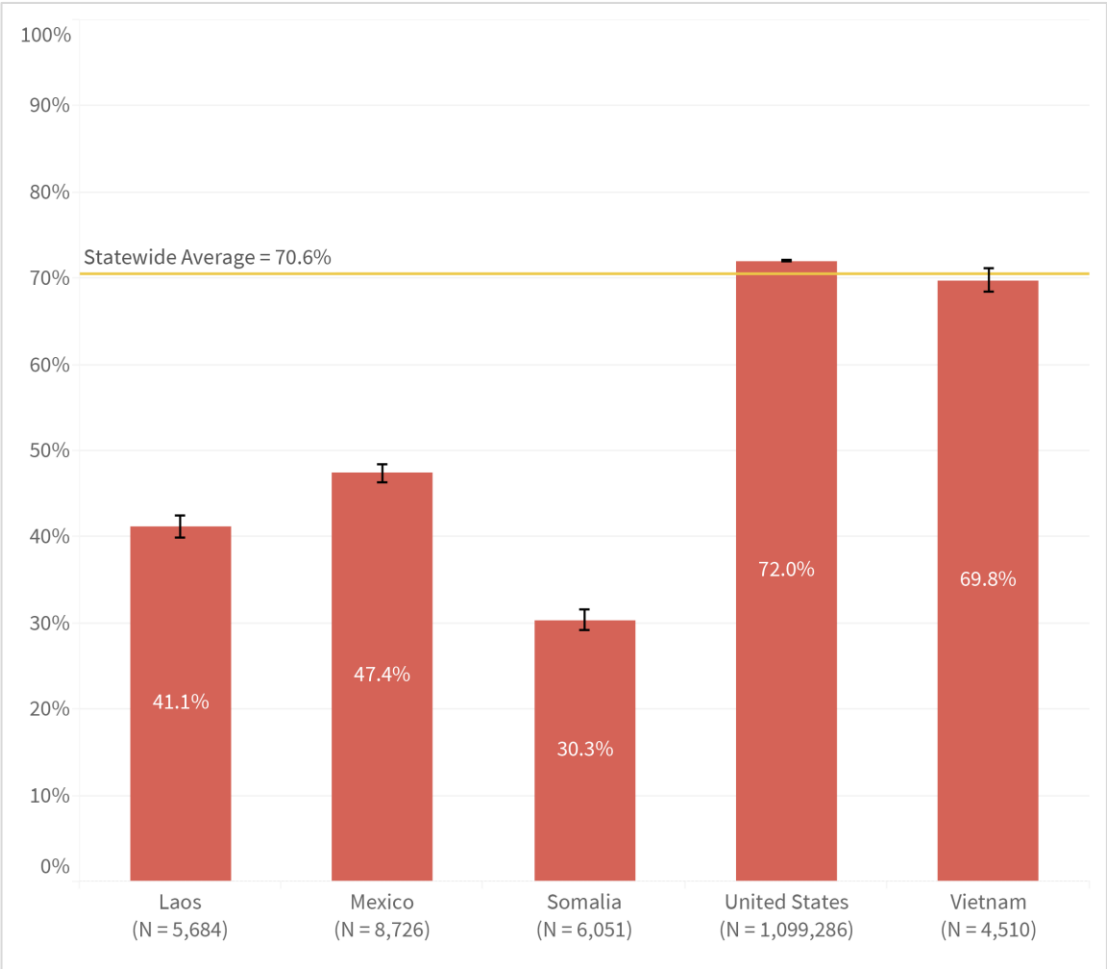
Adult patients who prefer to speak Arabic, Somali or Spanish have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.

OPTIMAL ASTHMA CONTROL - ADULTS
Country of Origin Summary
2020 measurement year

Statewide Average = 46.6%

India (N = 331)	Mexico (N = 770)	Somalia (N = 847)	South Korea (N = 294)	United States (N = 121,032)
52.9%	34.5%	38.0%	54.1%	46.2%
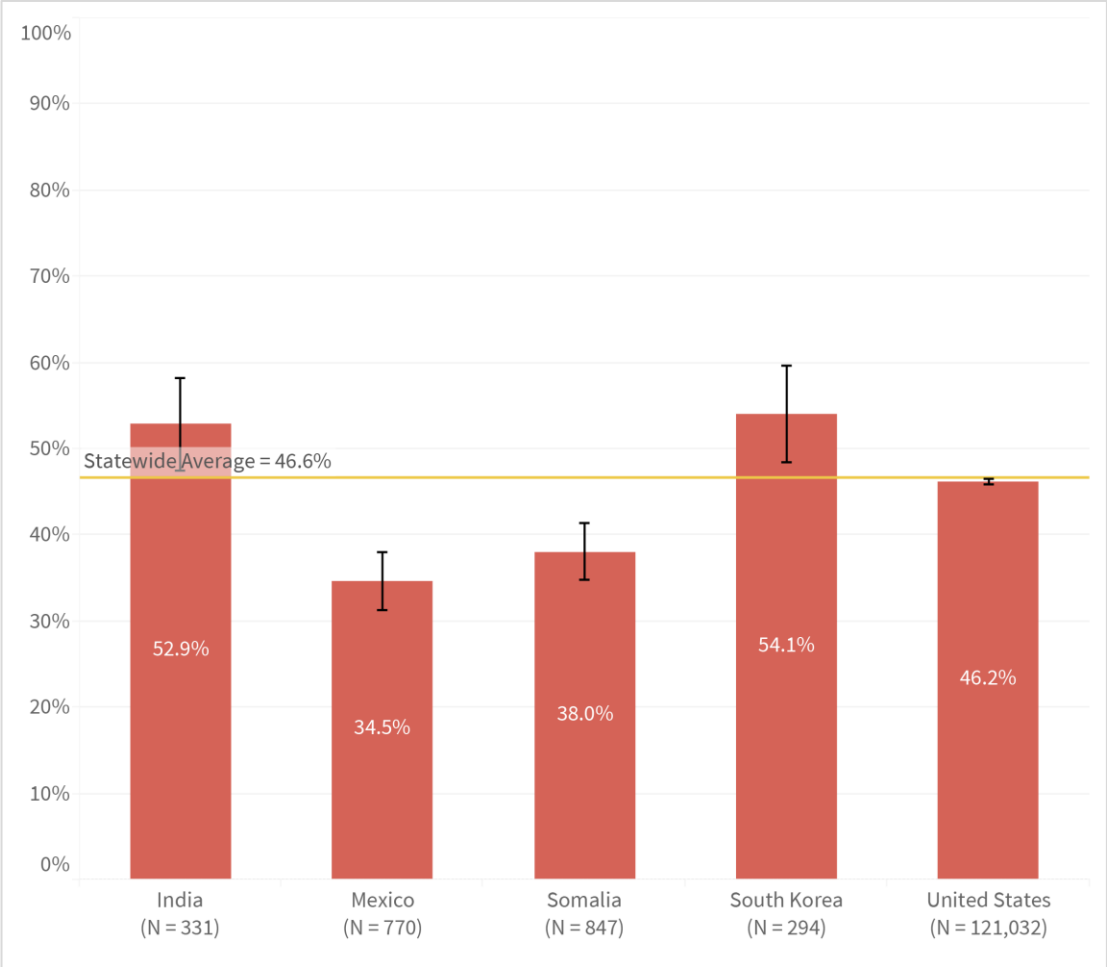
⊥ **Represents 95% confidence interval**

Adult patients from India, Mexico, Somalia, South Korea or the United States make up 87 percent of the eligible population for the Optimal Asthma Control measure.

Adult patients from Mexico or Somalia have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.

Adult patients from India or South Korea have significantly <u>higher</u> rates of optimal asthma control compared to the statewide average.

OPTIMAL DIABETES CARE
Race/Ethnicity Summary
2020 measurement year
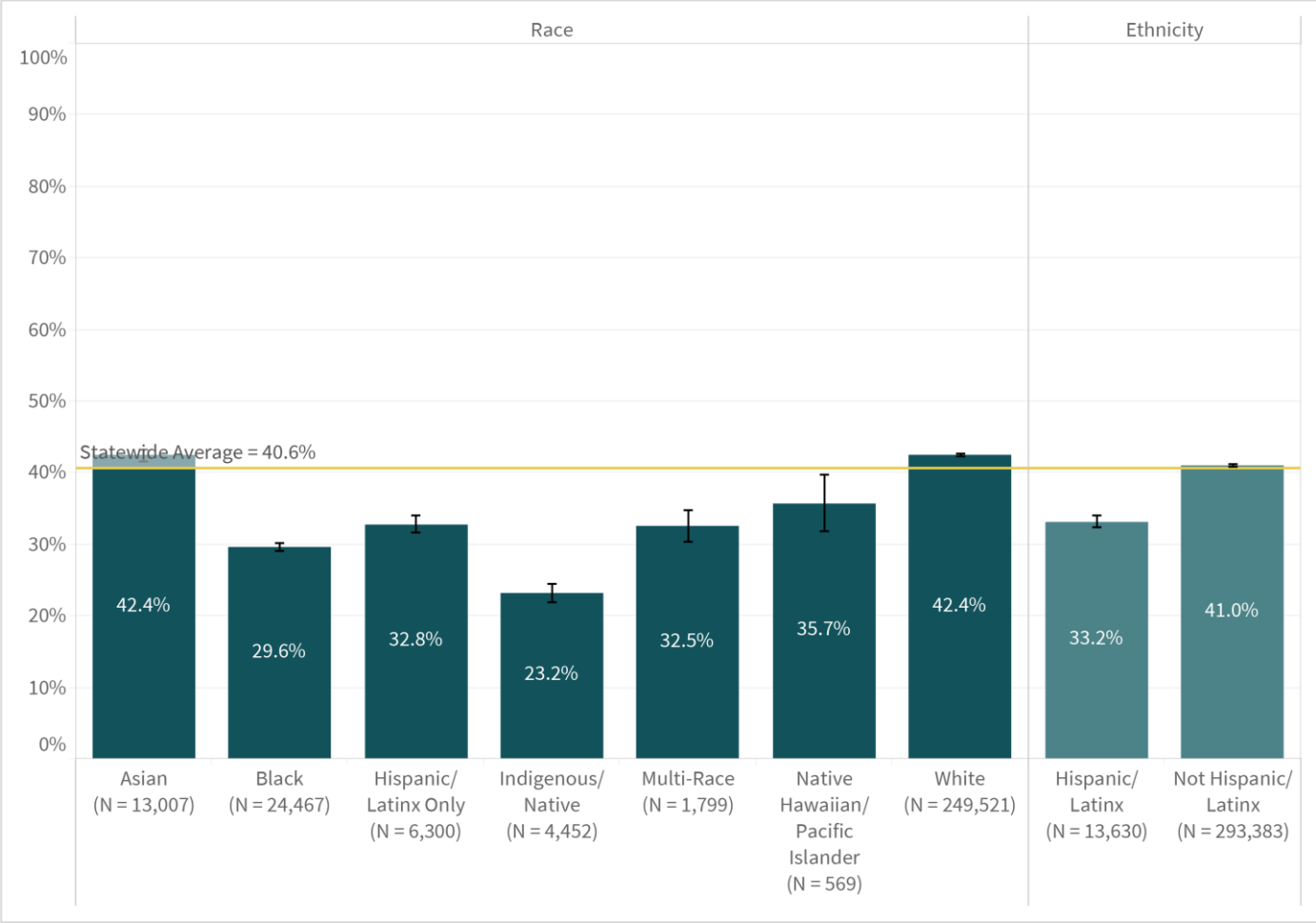
Chart showing Optimal Diabetes Care rates by race and ethnicity. Statewide Average = 40.6%

Race:
- Asian (N = 13,007): 42.4%
- Black (N = 24,467): 29.6%
- Hispanic/Latinx Only (N = 6,300): 32.8%
- Indigenous/Native (N = 4,452): 23.2%
- Multi-Race (N = 1,799): 32.5%
- Native Hawaiian/Pacific Islander (N = 569): 35.7%
- White (N = 249,521): 42.4%

Ethnicity:
- Hispanic/Latinx (N = 13,630): 33.2%
- Not Hispanic/Latinx (N = 293,383): 41.0%

⊺ Represents 95% confidence interval

Patients who are Asian or White have significantly <u>higher</u> rates of optimal diabetes care compared to the statewide average, while patients in all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates.

MNCM has also released a new report that analyzes disparities in much greater detail for the Optimal Diabetes Care and Optimal Vascular Care measures . To view this report, <u>click here</u>.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

OPTIMAL DIABETES CARE
Preferred Language Summary
2020 measurement year
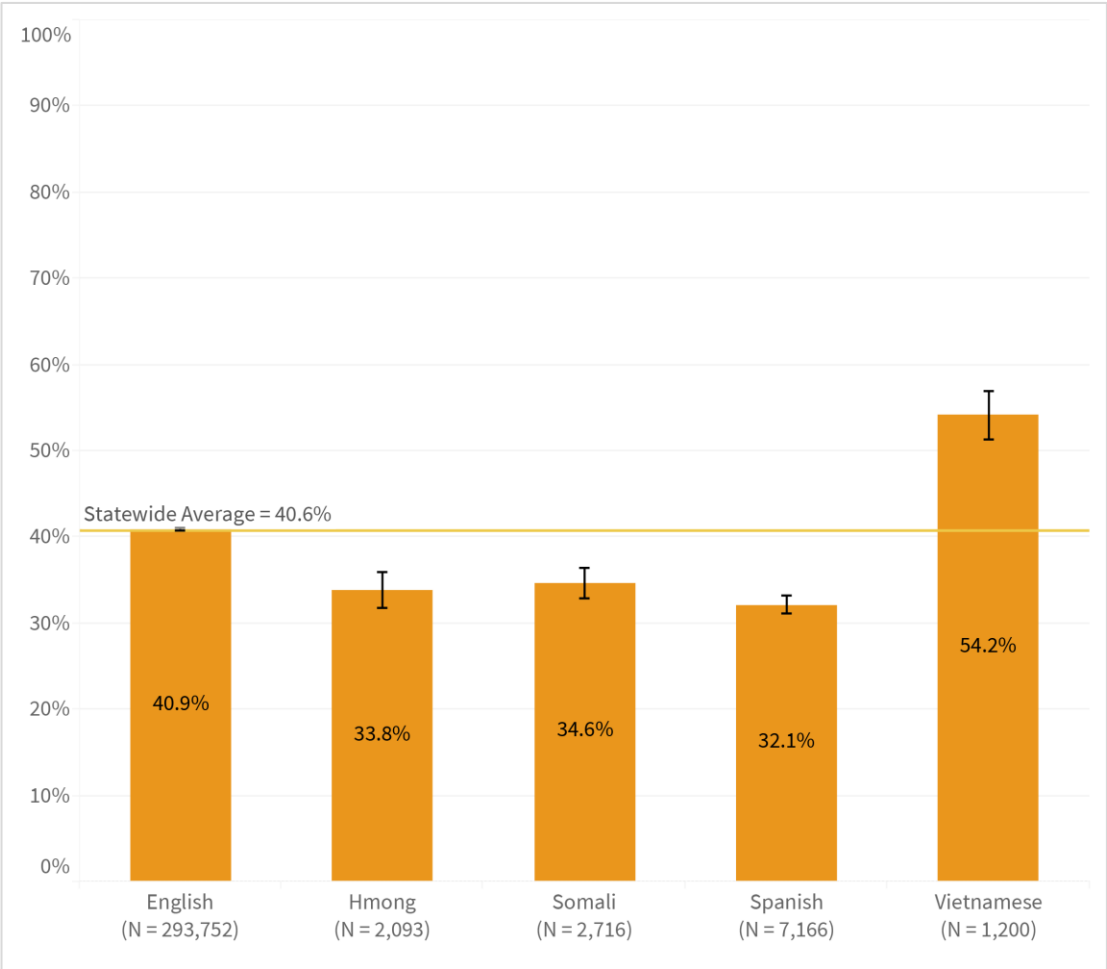
Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish or Vietnamese make up 98 percent of the eligible population for the Optimal Diabetes Care measure.

Patients who prefer to speak Hmong, Somali or Spanish have significantly <u>lower</u> rates of optimal diabetes care compared to the statewide average.

Patients who prefer to speak Vietnamese have significantly <u>higher</u> rates of optimal diabetes care compared to the statewide average.

OPTIMAL DIABETES CARE
Country of Origin Summary
2020 measurement year

Represents 95% confidence interval

Patients from India, Laos, Mexico, Somalia or the United States make up approximately 85 percent of the eligible population for the Optimal Diabetes Care measure.

Patients from Laos, Mexico or Somalia have significantly lower rates of optimal diabetes care compared to the statewide average.

Patients from India have significantly higher rates of optimal diabetes care compared to the statewide average.

OPTIMAL VASCULAR CARE
Race/Ethnicity Summary
2020 measurement year

Represents 95% confidence interval

Patients who are Asian or White have significantly <u>higher</u> rates of optimal vascular care compared to the statewide average.

Patients who are Black, Indigenous/Native or Multi-race have significantly <u>lower</u> rates of optimal vascular care compared to the statewide average.

MNCM has also released a new report that analyzes disparities in much greater detail for the Optimal Diabetes Care and Optimal Vascular Care measures . To view this report, <u>click here</u>.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

OPTIMAL VASCULAR CARE
Preferred Language Summary
2020 measurement year
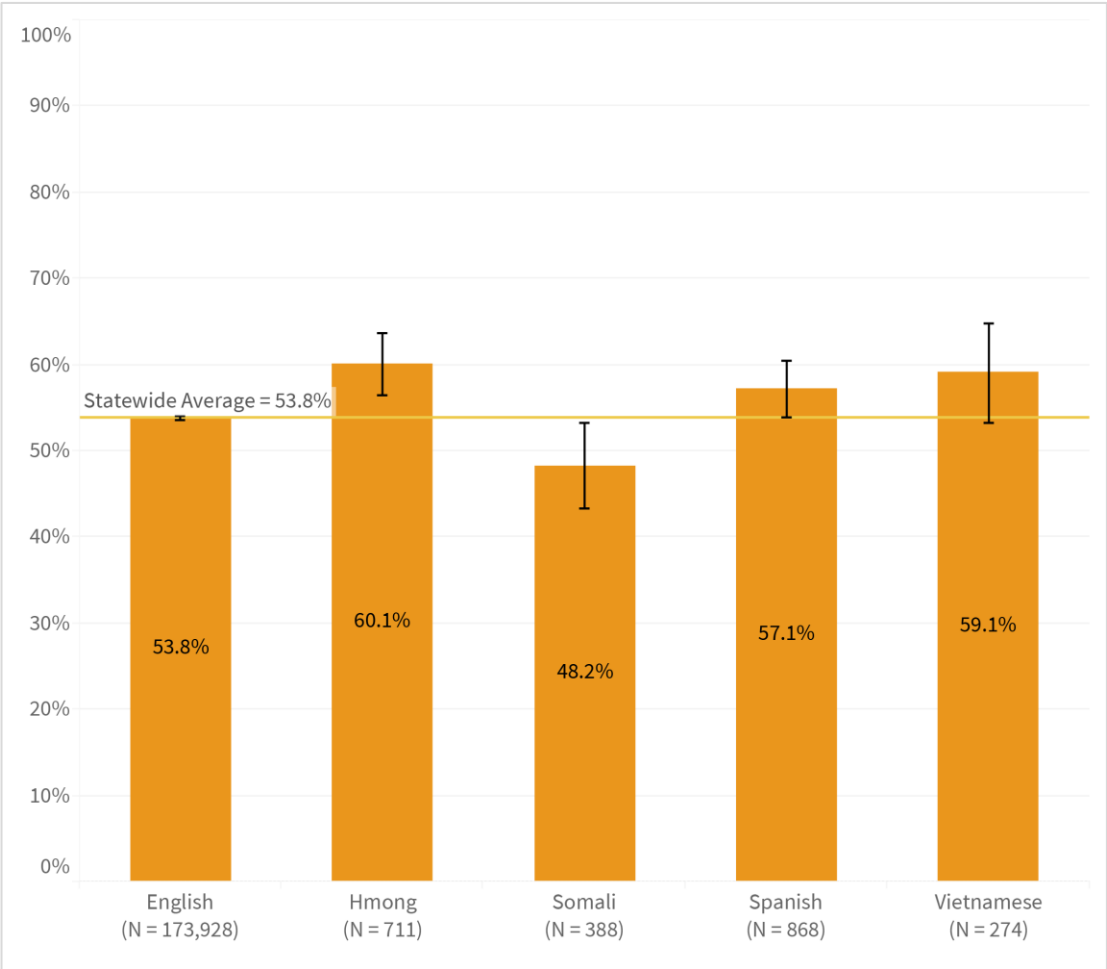
Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish or Vietnamese make up 99 percent of the eligible population for the Optimal Vascular Care measure.
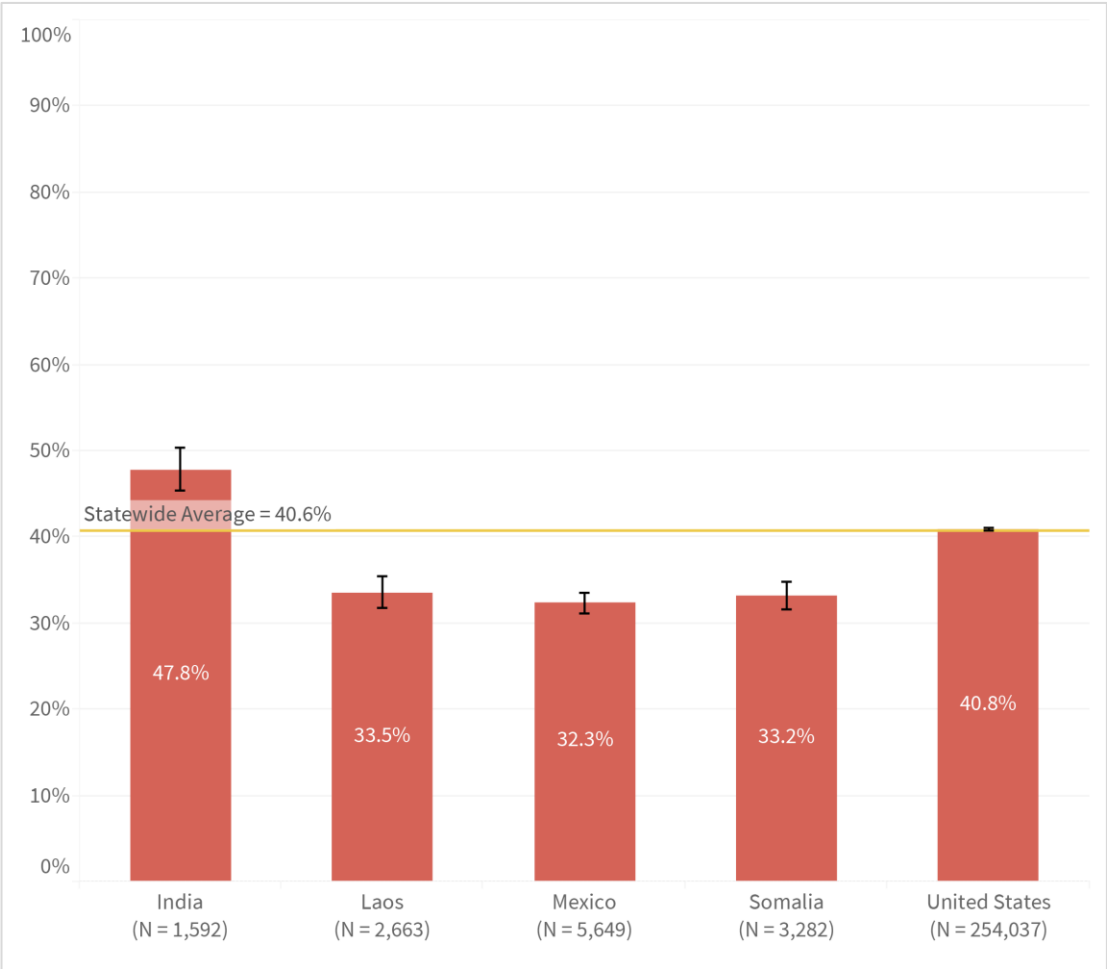
Patients who prefer to speak Somali have significantly <u>lower</u> rates of optimal vascular care compared to the statewide average.

Patients who prefer to speak Hmong have significantly <u>higher</u> rates of optimal vascular care compared to the statewide average.

OPTIMAL VASCULAR CARE
Country of Origin Summary
2020 measurement year
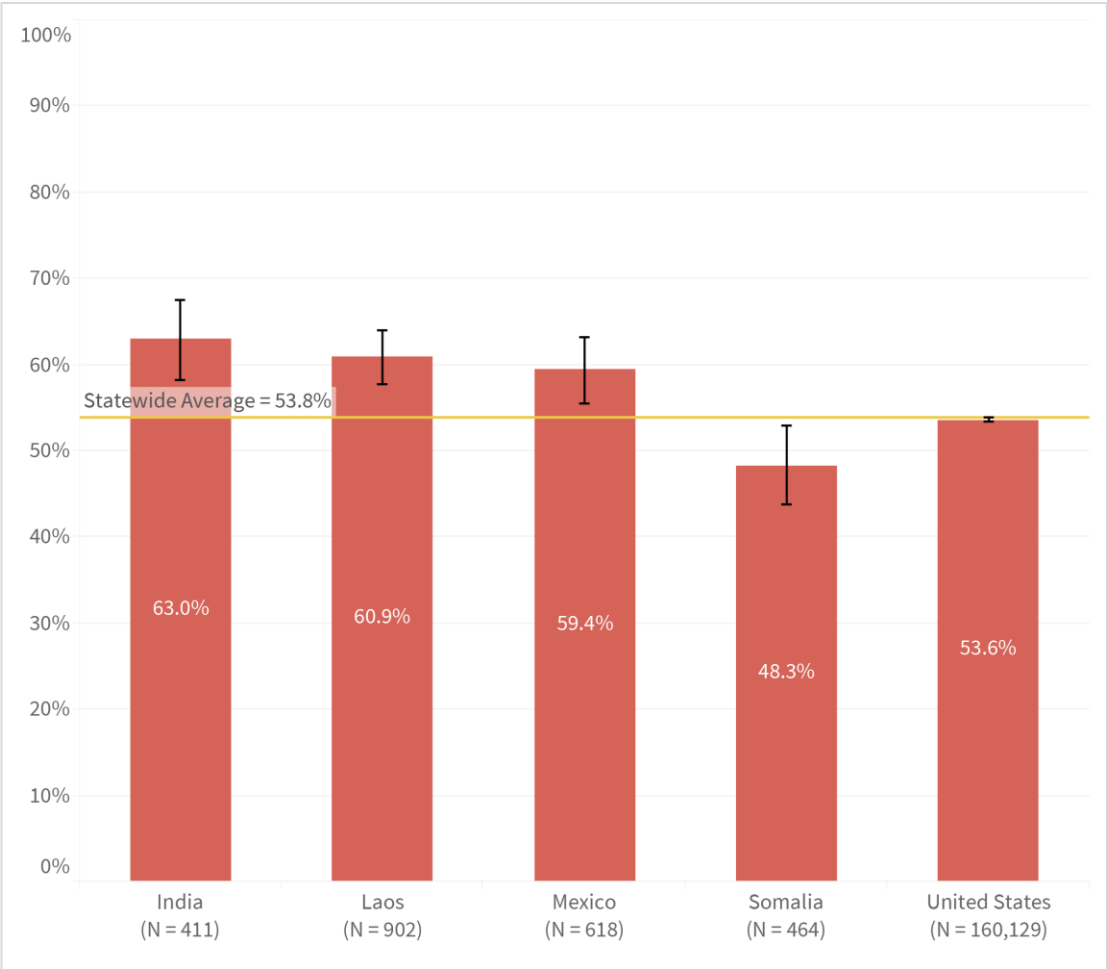
Represents 95% confidence interval

Patients from India, Laos, Mexico, Somalia or the United States make up 91 percent of the eligible population for the Optimal Vascular Care measure.

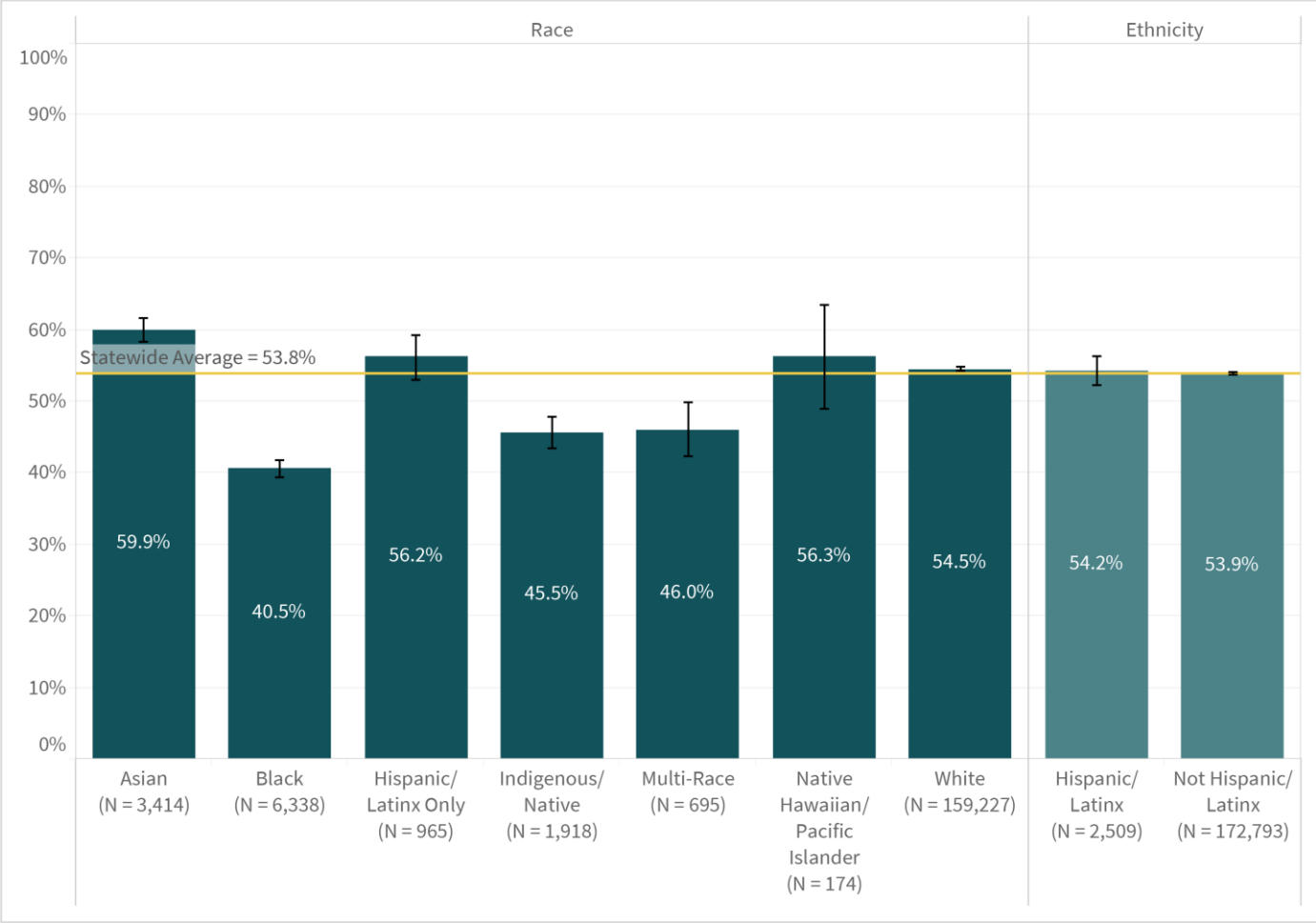Patients from Somalia have significantly <u>lower</u> rates of optimal vascular care compared to the statewide average.

Patients from India, Laos or Mexico have significantly <u>higher</u> rates of optimal vascular care compared to the statewide average.

OPTIMAL ASTHMA CONTROL - CHILDREN
Race/Ethnicity Summary
2020 measurement year
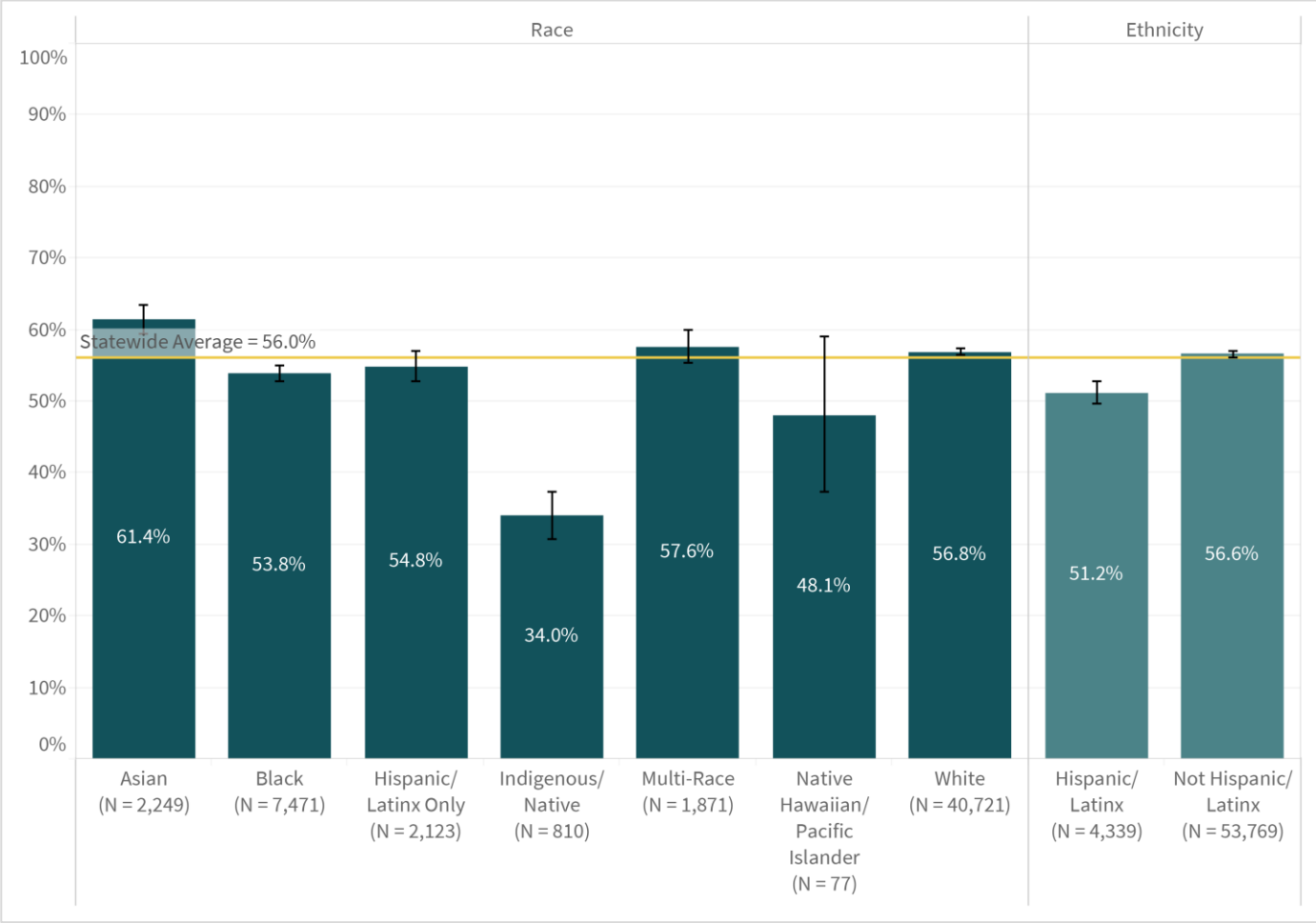
Represents 95% confidence interval

Children who are Asian have significantly <u>higher</u> rates of optimal asthma control compared to the statewide average.

Children who are Black, Indigenous/Native or are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

OPTIMAL ASTHMA CONTROL - CHILDREN
Preferred Language Summary
2020 measurement year
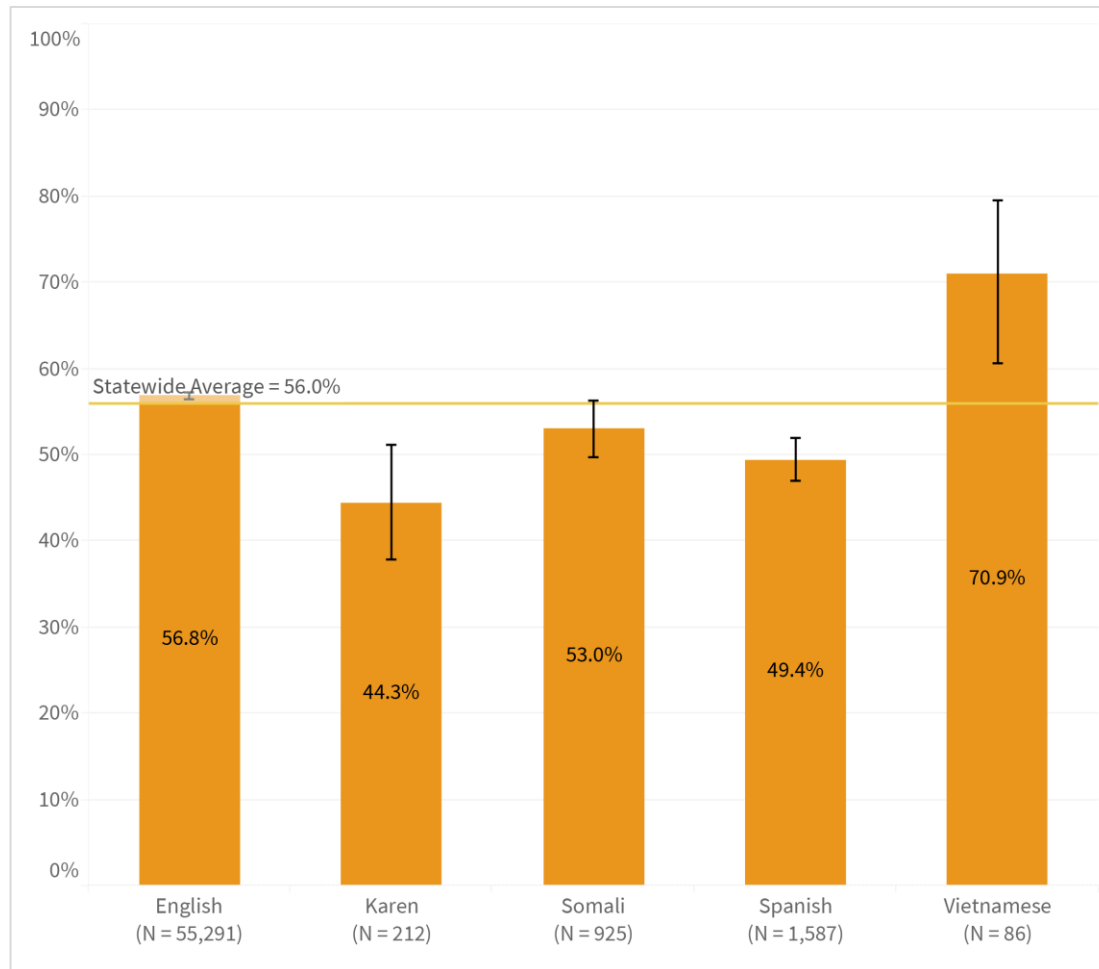
⊥ Represents 95% confidence interval

Children who prefer to speak English, Karen, Somali, Spanish or Vietnamese make up 97 percent of the eligible population for the Optimal Asthma Control measure.

Children who prefer to speak Karen or Spanish have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.

Children who prefer to speak English or Vietnamese have significantly <u>higher</u> rates of optimal asthma control compared to the statewide average.

OPTIMAL ASTHMA CONTROL - CHILDREN
Country of Origin Summary
2020 measurement year

Statewide Average = 56.0%

Kenya (N = 66)	Mexico (N = 124)	Somalia (N = 149)	Thailand (N = 86)	United States (N = 51,993)
36.4%	37.1%	57.0%	45.3%	56.1%
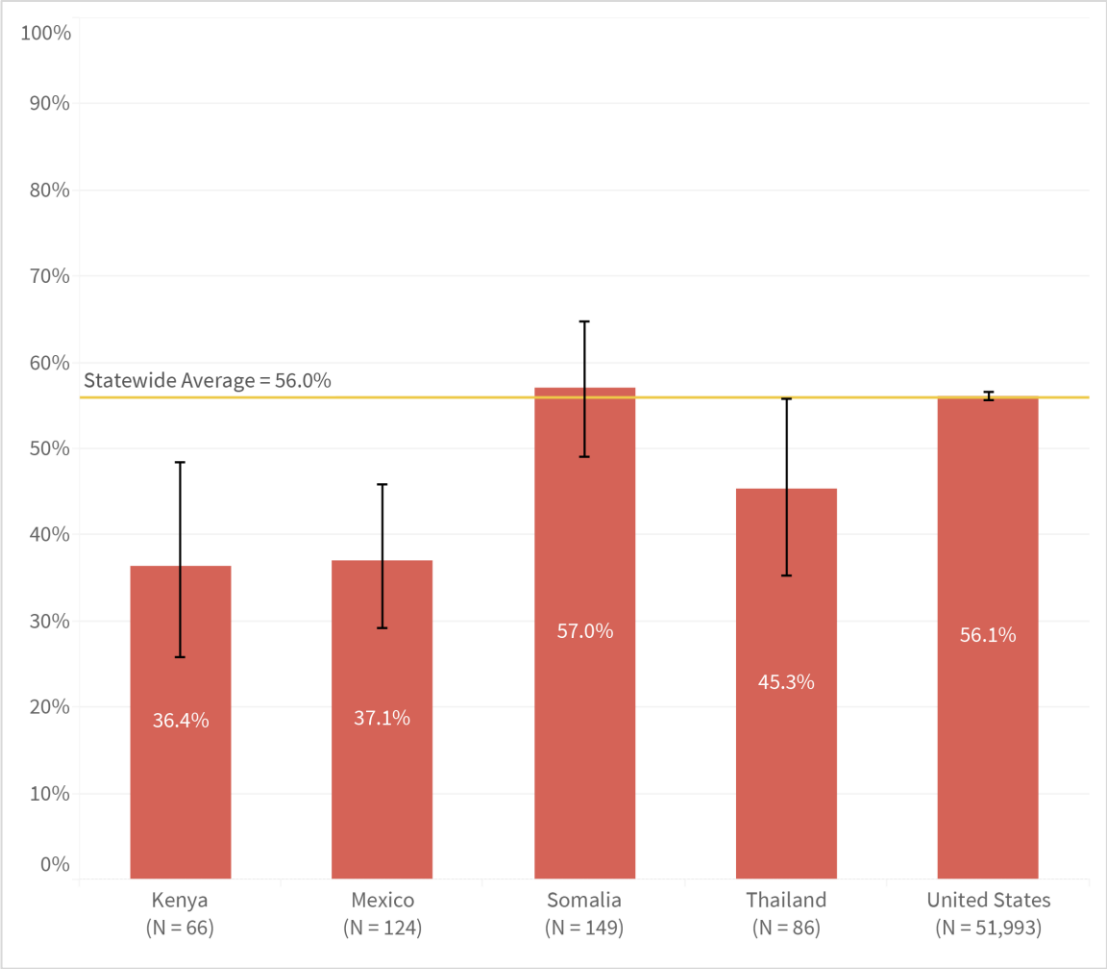
⌶ **Represents 95% confidence interval**

Children from Kenya, Mexico, Somalia, Thailand or the United States make up 88 percent of the eligible population for the Optimal Asthma Control measure.

Children from Kenya or Mexico have significantly <u>lower</u> rates of optimal asthma control compared to the statewide average.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Race/Ethnicity Summary
2020 measurement year
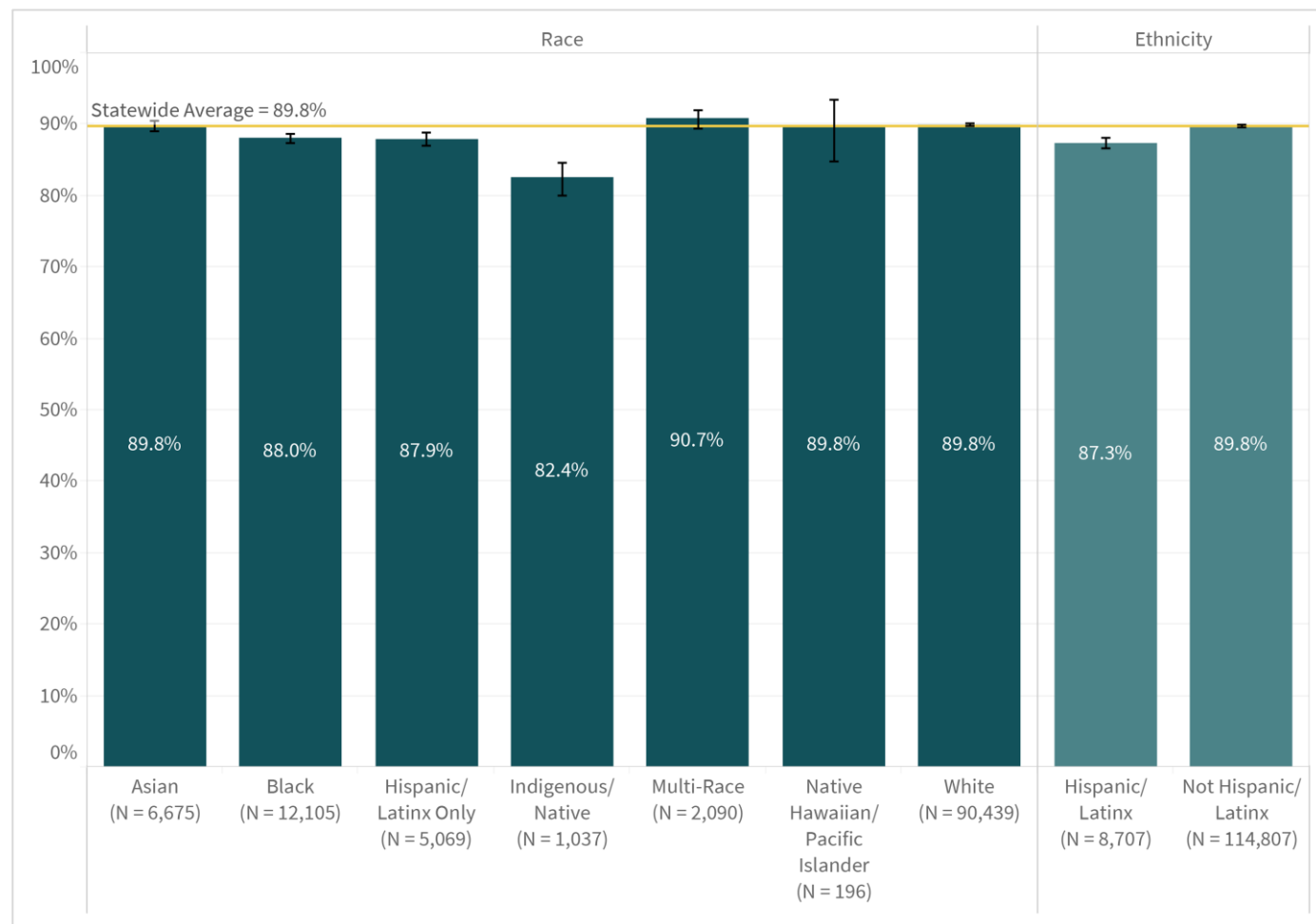
Patients who are Black, Indigenous/Native or who reported their race as Hispanic/Latinx have significantly lower rates of adolescent mental health screening compared to the statewide average.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Preferred Language Summary

2020 measurement year

Statewide Average = 89.8%

English (N = 118,354)	Hmong (N = 477)	Karen (N = 486)	Somali (N = 2,771)	Spanish (N = 4,476)
89.9%	85.1%	90.7%	88.3%	85.3%

⊥ Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Karen, Somali or Spanish make up 96 percent of the eligible population for the Adolescent Mental Health and/or Depression Screening measure.

Patients who prefer to speak Hmong or Spanish have significantly <u>lower</u> rates of adolescent mental health screening compared to the statewide average.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Country of Origin Summary
2020 measurement year
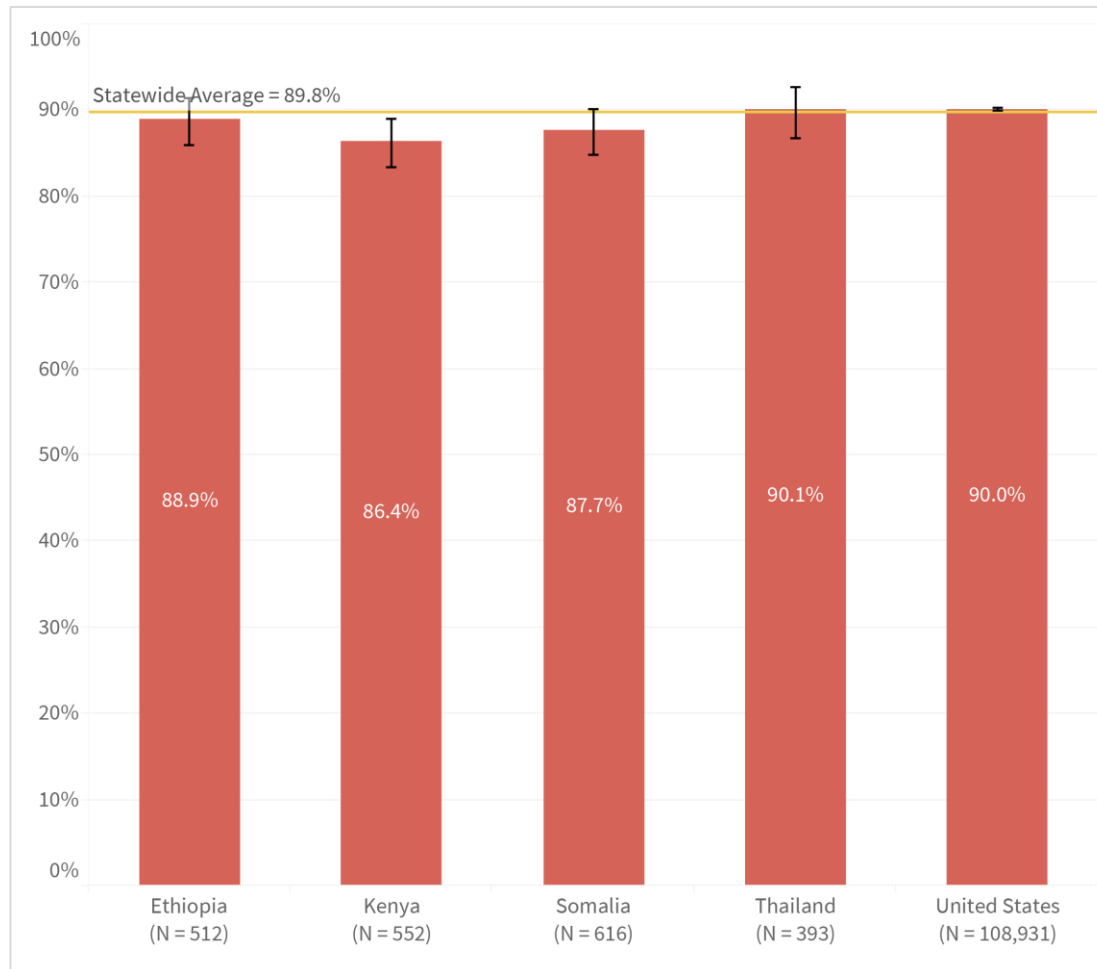
I Represents 95% confidence interval

Patients from Ethiopia, Kenya, Somalia, Thailand or the United States make up 84 percent of the eligible population for the Adolescent Mental Health and/or Depression Screening measure.

Patients from Kenya have significantly <u>lower</u> rates of adolescent mental health screening compared to the statewide average.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES

Race/Ethnicity Summary
2020 measurement year
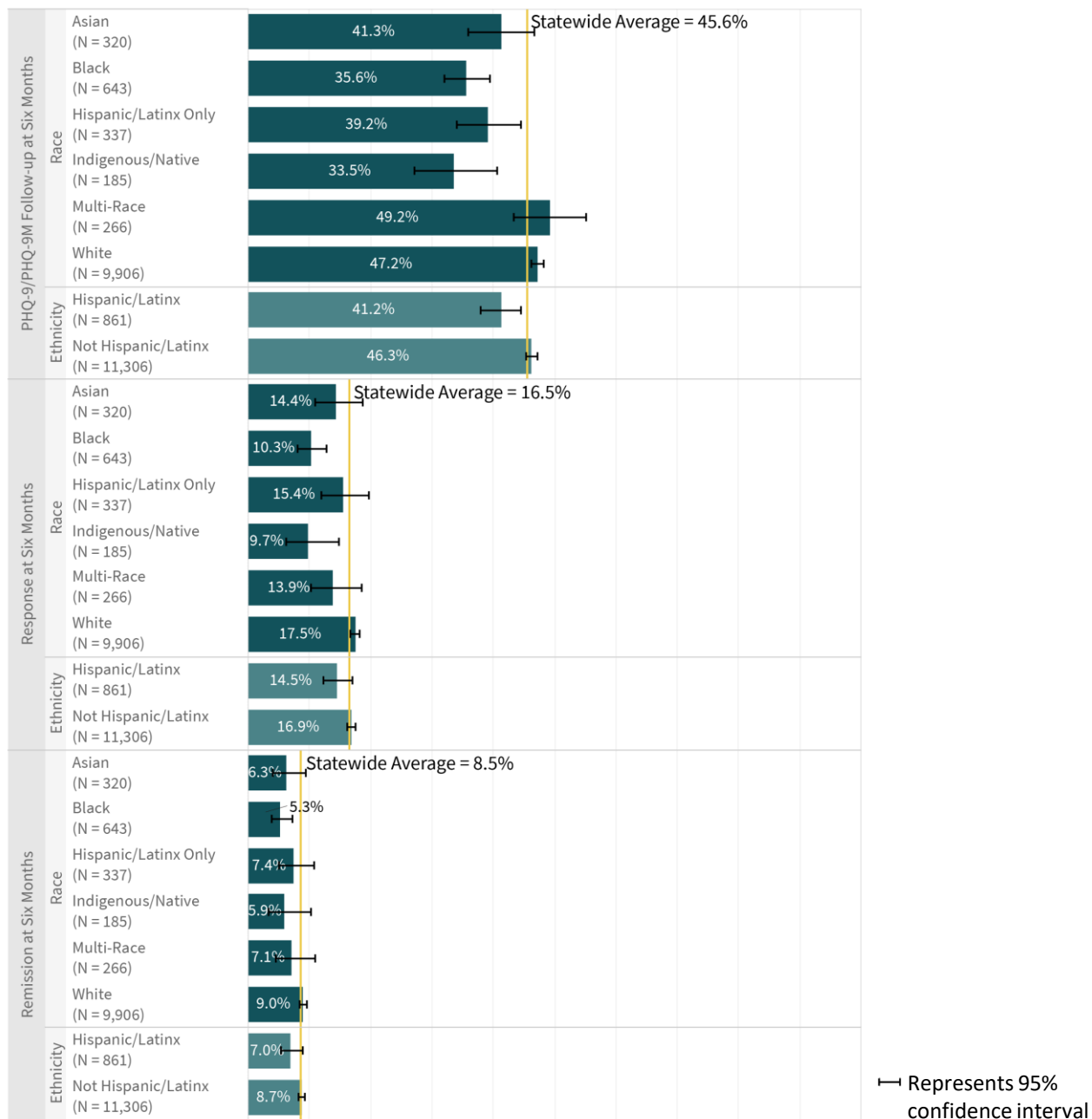
PHQ-9/PHQ-9M Follow-up at Six Months

Patients who are Black, Indigenous/Native, who reported their race as Hispanic/Latinx or who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of follow-up at six months compared to the statewide average.

Response at Six Months

Patients who are Black or Indigenous/Native have significantly <u>lower</u> rates of response at six months compared to the statewide average.

Remission at Six Months

Patients who are Black have significantly <u>lower</u> rates of remission at six months compared to the statewide average.

The Native Hawaiian/ Pacific Islander category had less than 30 patients reported, which does not meet the reporting threshold for reliability.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES

Race/Ethnicity Summary
2020 measurement year
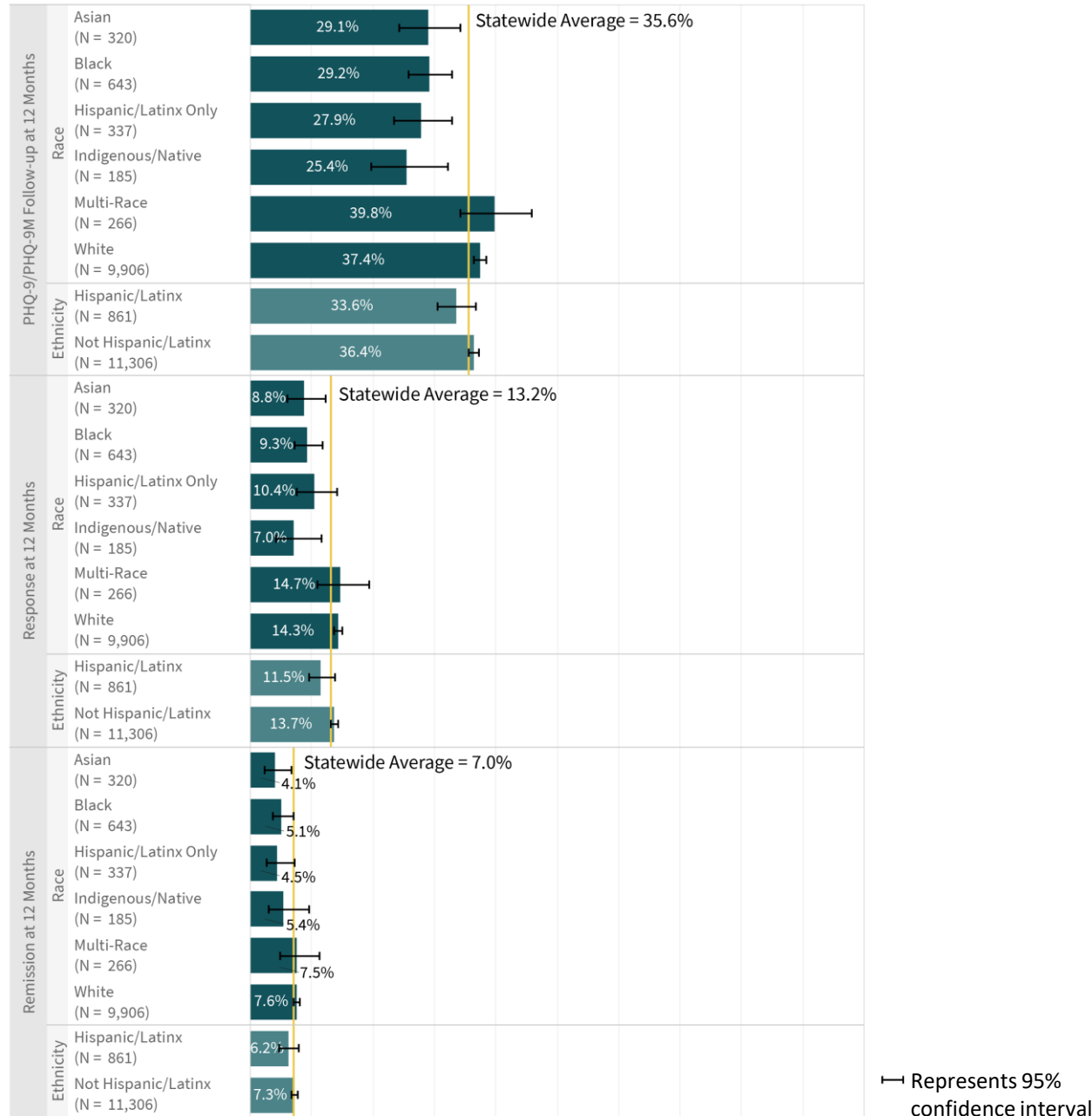
PHQ-9/PHQ-9M Follow-up at 12 Months

Patients who are Asian, Black, Indigenous/Native or who reported their race as Hispanic/Latinx have significantly <u>lower</u> rates of follow-up at 12 months compared to the statewide average.

Patients who are White have a significantly <u>higher</u> rate of follow-up at 12 months compared to the statewide average.

Response at 12 Months

Patients who are Asian, Black or Indigenous/Native have significantly <u>lower</u> rates of response at 12 months compared to the statewide average.

The Native Hawaiian/ Pacific Islander category had less than 30 patients reported, which does not meet the reporting threshold for reliability.

"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

ADOLESCENT DEPRESSION

Preferred Language Summary

2020 measurement year

PHQ-9/PHQ-9M Follow-up at Six Months

Statewide Average = 45.6%
- English (N = 12,532): 46.3%
- Spanish (N = 208): 34.6%

Response at Six Months

Statewide Average = 16.5%
- English (N = 12,532): 16.8%
- Spanish (N = 208): 13.0%

Remission at Six Months

Statewide Average = 8.5%
- English (N = 12,532): 8.8%
- Spanish (N = 208): 7.2%

PHQ-9/PHQ-9M Follow-up at 12 Months

Statewide Average = 35.6%
- English (N = 12,532): 36.4%
- Spanish (N = 208): 29.8%

Response at 12 Months

Statewide Average = 13.2%
- English (N = 12,532): 13.5%
- Spanish (N = 208): 11.1%

Remission at 12 Months

Statewide Average = 7.0%
- English (N = 12,532): 7.2%
- Spanish (N = 208): 6.7%

⊢—⊣ Represents 95% confidence interval

Patients who prefer to speak English or Spanish make up 94 percent of the eligible population for the adolescent depression measures.

Patients who prefer to speak Spanish have significantly <u>lower</u> rates of follow-up at six months compared to the statewide average.

Note about Country of Origin: The United States was the only country with over 30 patients for the Adolescent Depression measures. As a result, this graph has been omitted.

ADULT DEPRESSION: SIX MONTH MEASURES

Race/Ethnicity Summary
2020 measurement year

PHQ-9/PHQ-9M Follow-up at Six Months

Statewide Average = 47.9%

Race
- Asian (N = 3,294): 44.4%
- Black (N = 6,406): 38.2%
- Hispanic/Latinx Only (N = 1,692): 41.5%
- Indigenous/Native (N = 1,542): 43.3%
- Multi-Race (N = 908): 41.0%
- Native Hawaiian/Pacific Islander (N = 134): 43.3%
- White (N = 100,892): 49.2%

Ethnicity
- Hispanic/Latinx (N = 4,407): 39.2%
- Not Hispanic/Latinx (N = 113,097): 48.3%

Response at Six Months

Statewide Average = 18.9%

Race
- Asian (N = 3,294): 15.9%
- Black (N = 6,406): 11.9%
- Hispanic/Latinx Only (N = 1,692): 15.9%
- Indigenous/Native (N = 1,542): 15.8%
- Multi-Race (N = 908): 12.6%
- Native Hawaiian/Pacific Islander (N = 134): 17.2%
- White (N = 100,892): 20.1%

Ethnicity
- Hispanic/Latinx (N = 4,407): 15.5%
- Not Hispanic/Latinx (N = 113,097): 19.4%

Remission at Six Months

Statewide Average = 11.0%

Race
- Asian (N = 3,294): 8.5%
- Black (N = 6,406): 6.5%
- Hispanic/Latinx Only (N = 1,692): 7.1%
- Indigenous/Native (N = 1,542): 8.0%
- Multi-Race (N = 908): 6.5%
- Native Hawaiian/Pacific Islander (N = 134): 11.9%
- White (N = 100,892): 11.8%

Ethnicity
- Hispanic/Latinx (N = 4,407): 7.9%
- Not Hispanic/Latinx (N = 113,097): 11.3%

⊢—⊣ Represents 95% confidence interval

PHQ-9/PHQ-9M Follow-up at Six Months

Aside from White and Native Hawaiian/Pacific Islander patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of follow-up at six months compared to the statewide average.

Response at Six Months

Aside from White and Native Hawaiian/Pacific Islander patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of response at six months compared to the statewide average.

Remission at Six Months

Aside from White and Native Hawaiian/Pacific Islander patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of remission at six months compared to the statewide average.
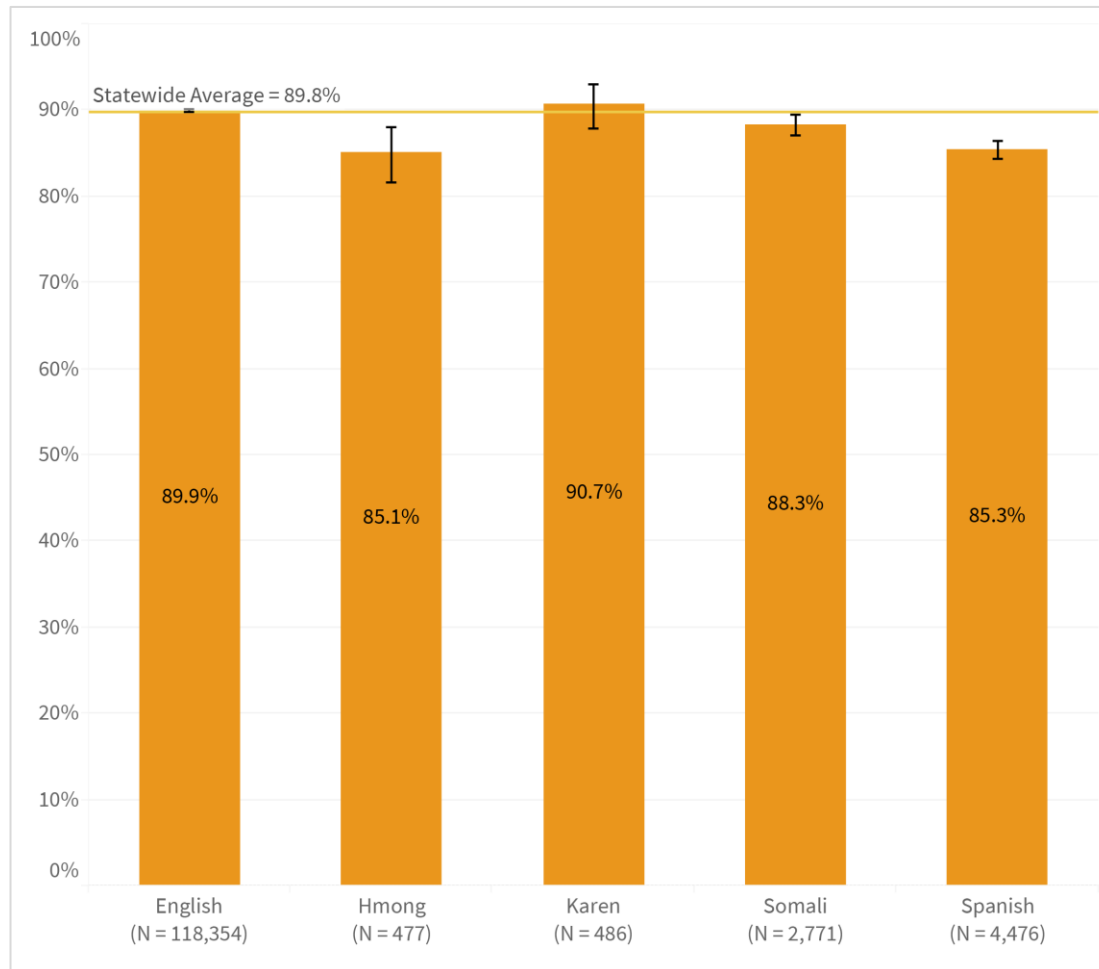
"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

ADULT DEPRESSION: 12 MONTH MEASURES

Race/Ethnicity Summary
2020 measurement year
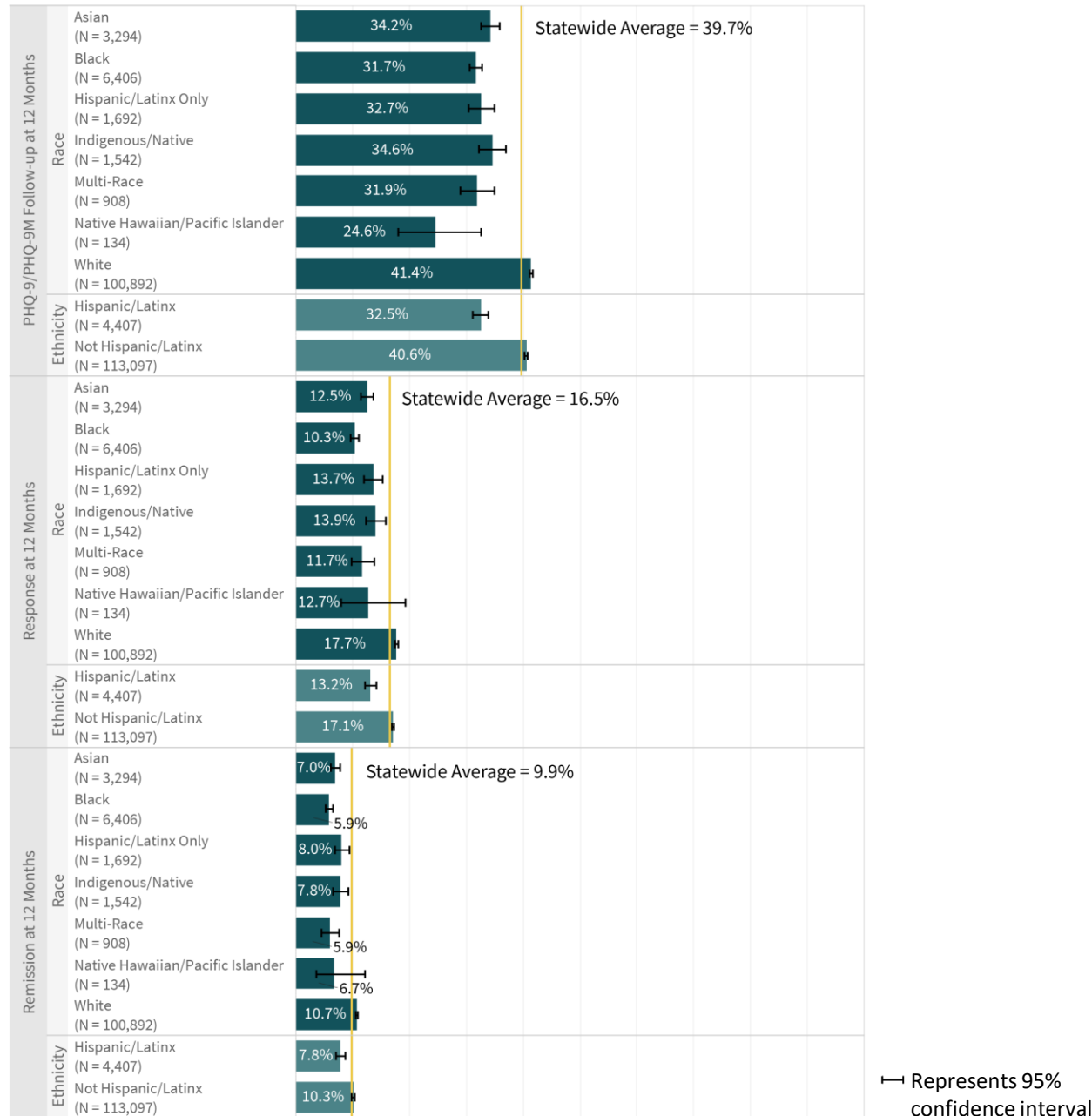
PHQ-9/PHQ-9M Follow-up at 12 Months

Aside from White patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of follow-up at 12 months compared to the statewide average.

Response at 12 Months

Aside from White and Native Hawaiian/Pacific Islander patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of response at 12 months compared to the statewide average.

Remission at 12 Months

Aside from White and Native Hawaiian/Pacific Islander patients, patients from all other race categories and patients who are of Hispanic/Latinx ethnicity have significantly <u>lower</u> rates of remission at 12 months compared to the statewide average.
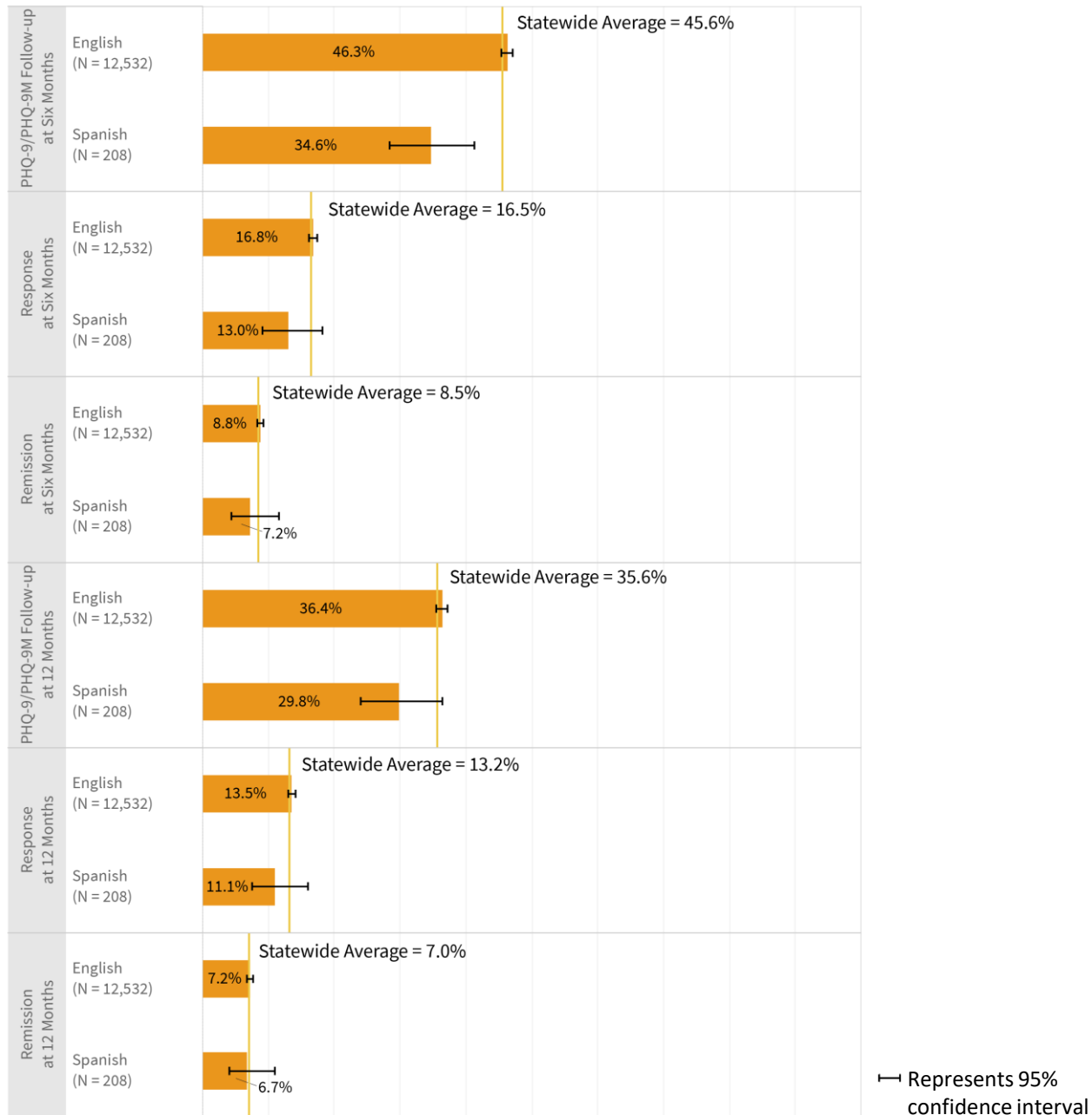
"Hispanic/Latinx Only" race category represents patients who only indicated that they are Hispanic/Latinx and did not provide any other race information.

"Hispanic/Latinx" ethnicity category represents all patients who indicated that they are Hispanic/Latinx, either with or without a separate race category.

PHQ-9/PHQ-9M Follow-up at 12 Months — Statewide Average = 39.7%

Race/Ethnicity	Value
Asian (N = 3,294)	34.2%
Black (N = 6,406)	31.7%
Hispanic/Latinx Only (N = 1,692)	32.7%
Indigenous/Native (N = 1,542)	34.6%
Multi-Race (N = 908)	31.9%
Native Hawaiian/Pacific Islander (N = 134)	24.6%
White (N = 100,892)	41.4%
Hispanic/Latinx (N = 4,407)	32.5%
Not Hispanic/Latinx (N = 113,097)	40.6%

Response at 12 Months — Statewide Average = 16.5%

Race/Ethnicity	Value
Asian (N = 3,294)	12.5%
Black (N = 6,406)	10.3%
Hispanic/Latinx Only (N = 1,692)	13.7%
Indigenous/Native (N = 1,542)	13.9%
Multi-Race (N = 908)	11.7%
Native Hawaiian/Pacific Islander (N = 134)	12.7%
White (N = 100,892)	17.7%
Hispanic/Latinx (N = 4,407)	13.2%
Not Hispanic/Latinx (N = 113,097)	17.1%

Remission at 12 Months — Statewide Average = 9.9%

Race/Ethnicity	Value
Asian (N = 3,294)	7.0%
Black (N = 6,406)	5.9%
Hispanic/Latinx Only (N = 1,692)	8.0%
Indigenous/Native (N = 1,542)	7.8%
Multi-Race (N = 908)	5.9%
Native Hawaiian/Pacific Islander (N = 134)	6.7%
White (N = 100,892)	10.7%
Hispanic/Latinx (N = 4,407)	7.8%
Not Hispanic/Latinx (N = 113,097)	10.3%

⊢━⊣ Represents 95% confidence interval

ADULT DEPRESSION: SIX MONTH MEASURES

Preferred Language Summary

2020 measurement year

PHQ-9/PHQ-9M Follow-up at Six Months

Statewide Average = 47.9%

Language	Rate
Arabic (N = 202)	39.1%
English (N = 119,857)	48.2%
Hmong (N = 680)	37.6%
Karen (N = 185)	55.1%
Spanish (N = 1,114)	33.0%

Response at Six Months

Statewide Average = 18.9%

Language	Rate
Arabic (N = 202)	7.9%
English (N = 119,857)	19.2%
Hmong (N = 680)	8.7%
Karen (N = 185)	22.2%
Spanish (N = 1,114)	13.0%

Remission at Six Months

Statewide Average = 11.0%

Language	Rate
Arabic (N = 202)	4.0%
English (N = 119,857)	11.2%
Hmong (N = 680)	3.7%
Karen (N = 185)	12.4%
Spanish (N = 1,114)	6.9%

⊢—⊣ Represents 95% confidence interval

Patients who prefer to speak Arabic, English, Hmong, Karen or Spanish make up 97 percent of the eligible population for the adult depression measures.
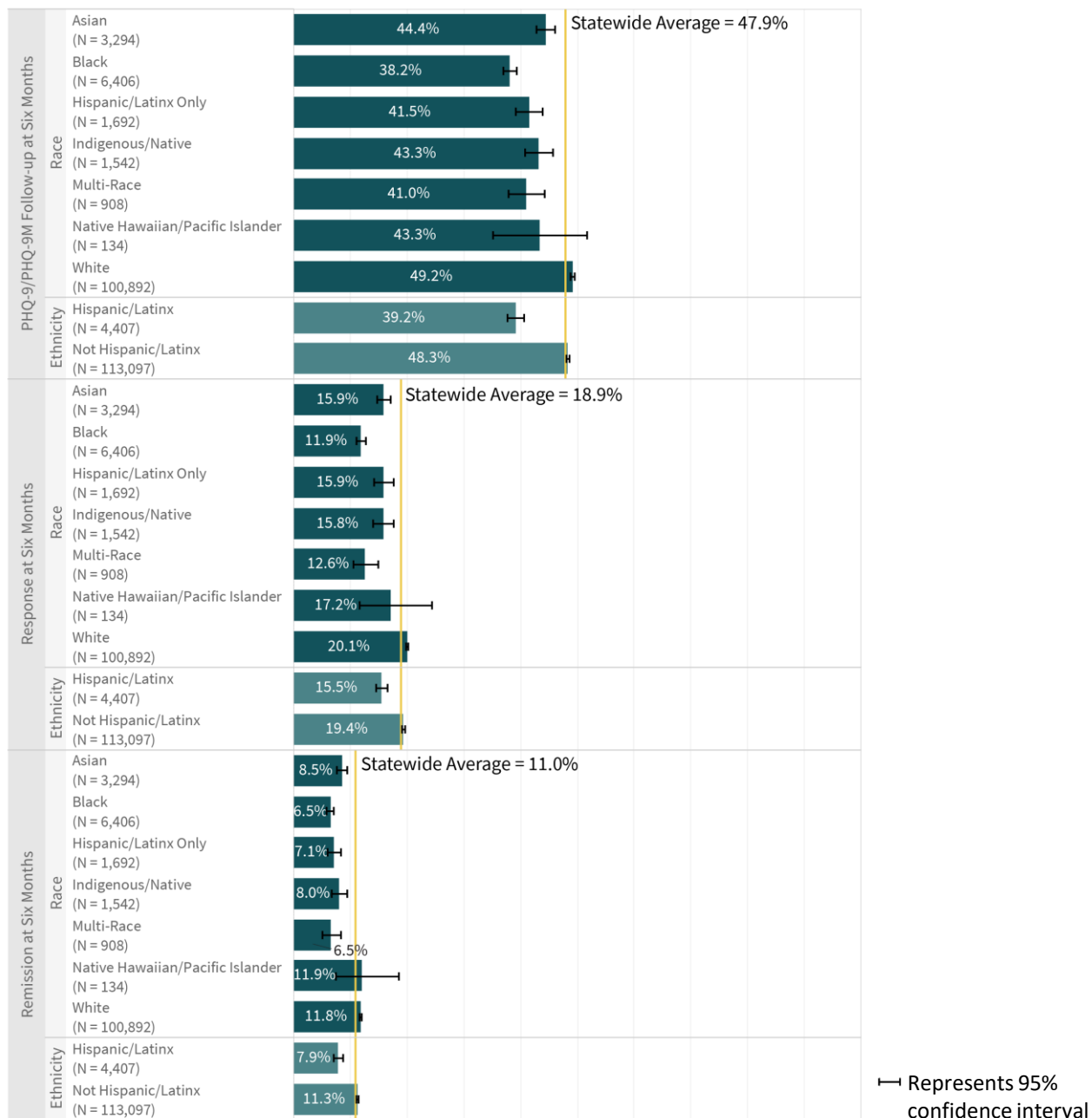
PHQ-9/PHQ-9M Follow-up at Six Months

Patients who prefer to speak Arabic, Hmong or Spanish have significantly <u>lower</u> rates of follow-up at six months compared to the statewide average.

Response at Six Months

Patients who prefer to speak Arabic, Hmong or Spanish have significantly <u>lower</u> rates of response at six months compared to the statewide average.

Remission at Six Months

Patients who prefer to speak Arabic, Hmong or Spanish significantly <u>lower</u> rates of remission at six months compared to the statewide average.

ADULT DEPRESSION: 12 MONTH MEASURES

Preferred Language Summary

2020 measurement year

PHQ-9/PHQ-9M Follow-up at 12 Months

Patients who prefer to speak Arabic, Hmong or Spanish have significantly <u>lower</u> rates of follow-up at 12 months compared to the statewide average.

Patients who prefer to speak English have a significantly <u>higher</u> rate of follow-up at 12 months compared to the statewide average.

Response at 12 Months

Patients who prefer to speak Arabic, Hmong or Spanish have significantly <u>lower</u> rates of response at 12 months compared to the statewide average.

Remission at 12 Months

Patients who prefer to speak Arabic, Hmong or Spanish significantly <u>lower</u> rates of remission at 12 months compared to the statewide average.

ADULT DEPRESSION: SIX MONTH MEASURES
Country of Origin Summary
2020 measurement year

PHQ-9/PHQ-9M Follow-up at Six Months

Country	Percentage
Canada (N = 224)	49.6%
Laos (N = 608)	38.5%
Mexico (N = 817)	35.1%
Somalia (N = 256)	38.3%
United States (N = 104,916)	47.6%

Statewide Average = 47.9%

Response at Six Months

Country	Percentage
Canada (N = 224)	20.1%
Laos (N = 608)	8.1%
Mexico (N = 817)	15.5%
Somalia (N = 256)	14.8%
United States (N = 104,916)	18.8%

Statewide Average = 18.9%

Remission at Six Months

Country	Percentage
Canada (N = 224)	13.8%
Laos (N = 608)	4.1%
Mexico (N = 817)	9.1%
Somalia (N = 256)	9.0%
United States (N = 104,916)	10.8%

Statewide Average = 11.0%

⊢——⊣ Represents 95% confidence interval

Patients from Canada, Laos, Mexico, Somalia or the United States make up 95 percent of the eligible population for the adult depression measures.

PHQ-9/PHQ-9M Follow-up at Six Months

Patients from Laos, Mexico and Somalia have significantly <u>lower</u> rates of follow-up at six months compared to the statewide average.

Response at Six Months

Patients from Laos and Mexico have significantly <u>lower</u> rates of response at six months compared to the statewide average.

Remission at Six Months

Patients from Laos have significantly <u>lower</u> rates of remission at six months compared to the statewide average.

ADULT DEPRESSION: 12 MONTH MEASURES

Country of Origin Summary
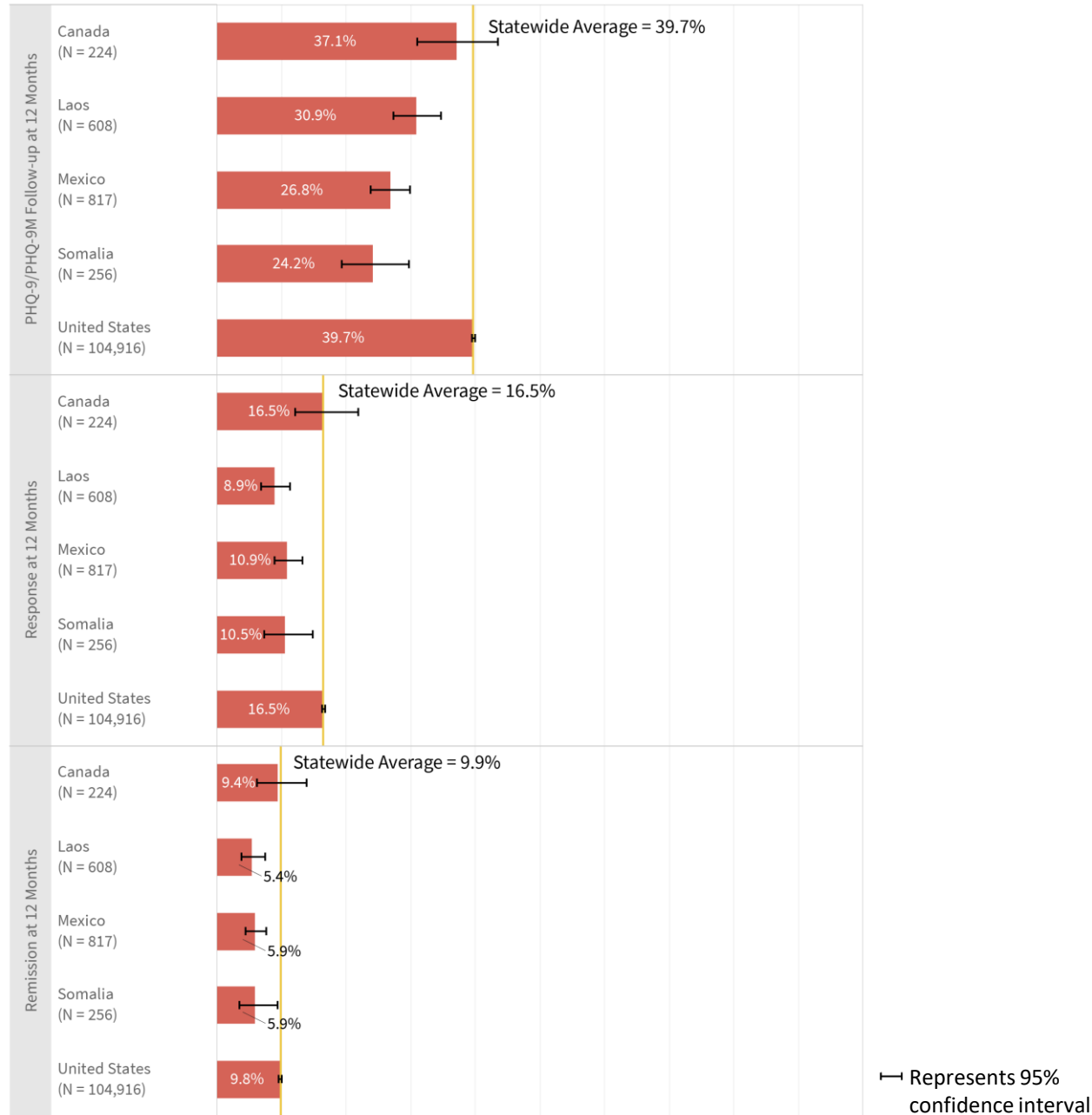
2020 measurement year

PHQ-9/PHQ-9M Follow-up at 12 Months

Patients from Laos, Mexico and Somalia have significantly <u>lower</u> rates of follow-up at 12 months compared to the statewide average.

Response at 12 Months

Patients from Laos, Mexico and Somalia have significantly <u>lower</u> rates of response at 12 months compared to the statewide average.

Remission at 12 Months

Patients from Laos, Mexico and Somalia have significantly <u>lower</u> rates of remission at 12 months compared to the statewide average.

⊢—⊣ Represents 95% confidence interval

Asian Patients
2020 Snapshot Summary

		Statewide Average
Adults	Colorectal Cancer Screening (N = 29,330)	60.0%	70.6%
	Optimal Asthma Control (N = 3,829)	49.3%	46.6%
	Optimal Diabetes Care (N = 13,007)	42.4%	40.6%
	Optimal Vascular Care (N = 3,414)	59.9%	53.8%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 3,294)	44.4%	47.9%
	Response at Six Months (N = 3,294)	15.9%	18.9%
	Remission at Six Months (N = 3,294)	8.5%	11.0%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 3,294)	34.2%	39.7%
	Response at 12 Months (N = 3,294)	12.5%	16.5%
	Remission at 12 Months (N = 3,294)	7.0%	9.9%
Children	Adolescent Mental Health and/or Depression Screening (N = 6,675)	89.8%	89.8%
	Optimal Asthma Control (N = 2,249)	61.4%	56.0%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 320)	41.3%	45.6%
	Response at Six Months (N = 320)	14.4%	16.5%
	Remission at Six Months (N = 320)	6.3%	8.5%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 320)	29.1%	35.6%
	Response at 12 Months (N = 320)	8.8%	13.2%
	Remission at 12 Months (N = 320)	4.1%	7.0%

⊢—⊣ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Asian patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:

+ 3,174
Colorectal Cancer Screening

+ 117
Adult Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+ 82
Adult Depression: Remission at Six Months

Black Patients
2020 Snapshot Summary

Measure	Black Patients %	Statewide Average
Adults		
Colorectal Cancer Screening (N = 49,553)	55.1%	70.6%
Optimal Asthma Control (N = 12,886)	37.9%	46.6%
Optimal Diabetes Care (N = 24,467)	29.6%	40.6%
Optimal Vascular Care (N = 6,338)	40.5%	53.8%
PHQ-9/PHQ-9M Follow-up at Six Months (N = 6,406)	38.2%	47.9%
Response at Six Months (N = 6,406)	11.9%	18.9%
Remission at Six Months (N = 6,406)	6.5%	11.0%
PHQ-9/PHQ-9M Follow-up at 12 Months (N = 6,406)	31.7%	39.7%
Response at 12 Months (N = 6,406)	10.3%	16.5%
Remission at 12 Months (N = 6,406)	5.9%	9.9%
Children		
Adolescent Mental Health and/or Depression Screening (N = 12,105)	88.0%	89.8%
Optimal Asthma Control (N = 7,471)	53.8%	56.0%
PHQ-9/PHQ-9M Follow-up at Six Months (N = 643)	35.6%	45.6%
Response at Six Months (N = 643)	10.3%	16.5%
Remission at Six Months (N = 643)	5.3%	8.5%
PHQ-9/PHQ-9M Follow-up at 12 Months (N = 643)	29.2%	35.6%
Response at 12 Months (N = 643)	9.3%	13.2%
Remission at 12 Months (N = 643)	5.1%	7.0%

⊢•⊣ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Black patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:

+ 7,974
Colorectal Cancer Screening

+ 1,241
Optimal Asthma Control – Adults

+ 2,937
Optimal Diabetes Care

+ 872
Optimal Vascular Care

+ 183
Optimal Asthma Control – Children

+ 238
Adolescent Mental Health and/or Depression Screening

+ 67
Adolescent Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+ 22
Adolescent Depression: Remission at Six Months

+ 656
Adult Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+302
Adult Depression: Remission at Six Months

Indigenous/Native Patients
2020 Snapshot Summary

	Measure	Indigenous/Native %	Statewide Average
Adults	Colorectal Cancer Screening (N = 7,113)	53.3%	70.6%
	Optimal Asthma Control (N = 1,686)	28.6%	46.6%
	Optimal Diabetes Care (N = 4,452)	23.2%	40.6%
	Optimal Vascular Care (N = 1,918)	45.5%	53.8%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 1,542)	43.3%	47.9%
	Response at Six Months (N = 1,542)	15.8%	18.9%
	Remission at Six Months (N = 1,542)	8.0%	11.0%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 1,542)	34.6%	39.7%
	Response at 12 Months (N = 1,542)	13.9%	16.5%
	Remission at 12 Months (N = 1,542)	7.8%	9.9%
Children	Adolescent Mental Health and/or Depression Screening (N = 1,037)	82.4%	89.8%
	Optimal Asthma Control (N = 810)	34.0%	56.0%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 185)	33.5%	45.6%
	Response at Six Months (N = 185)	9.7%	16.5%
	Remission at Six Months (N = 185)	5.9%	8.5%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 185)	25.4%	35.6%
	Response at 12 Months (N = 185)	7.0%	13.2%
	Remission at 12 Months (N = 185)	5.4%	7.0%

⊢●⊣ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Indigenous/Native patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:
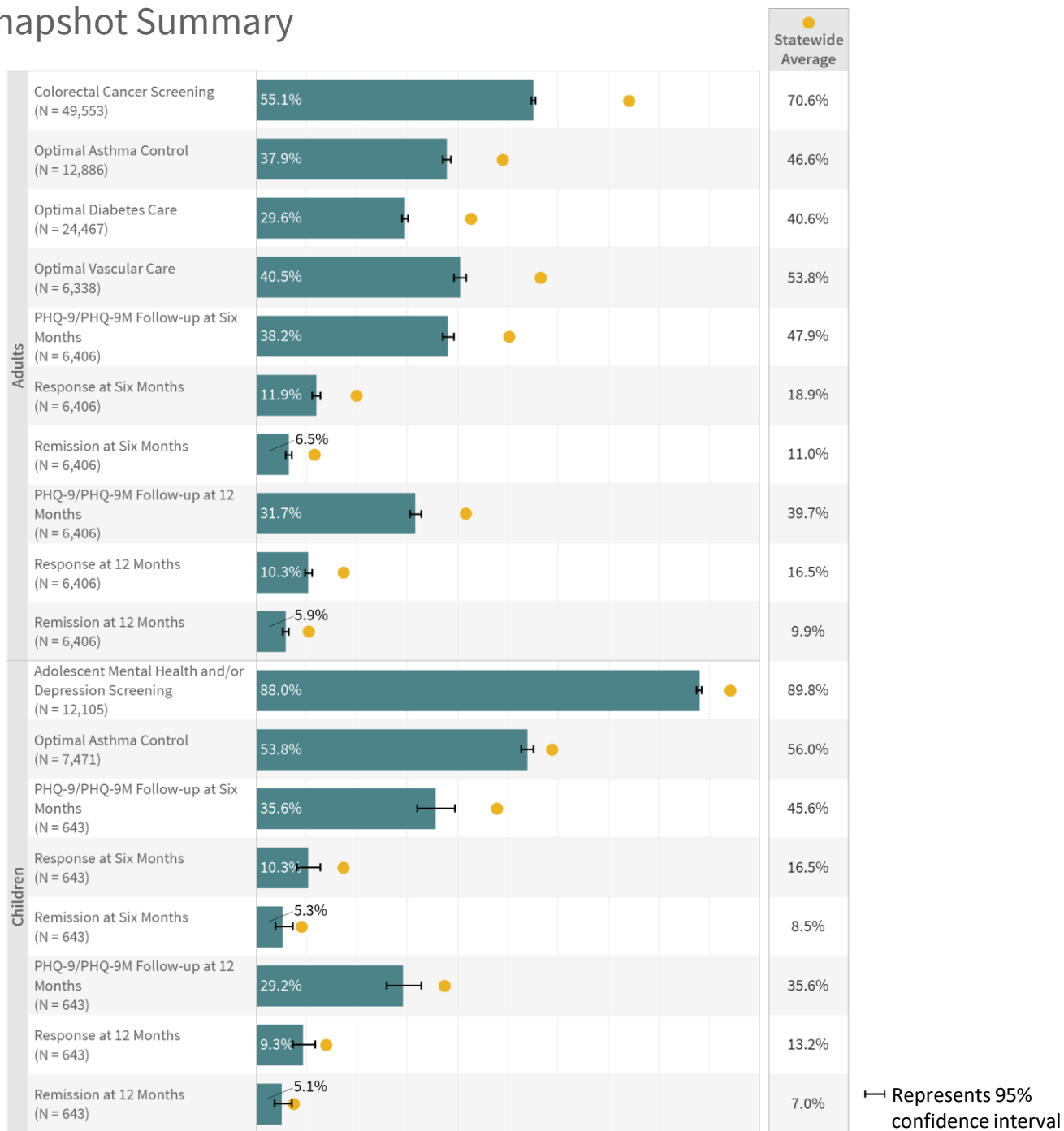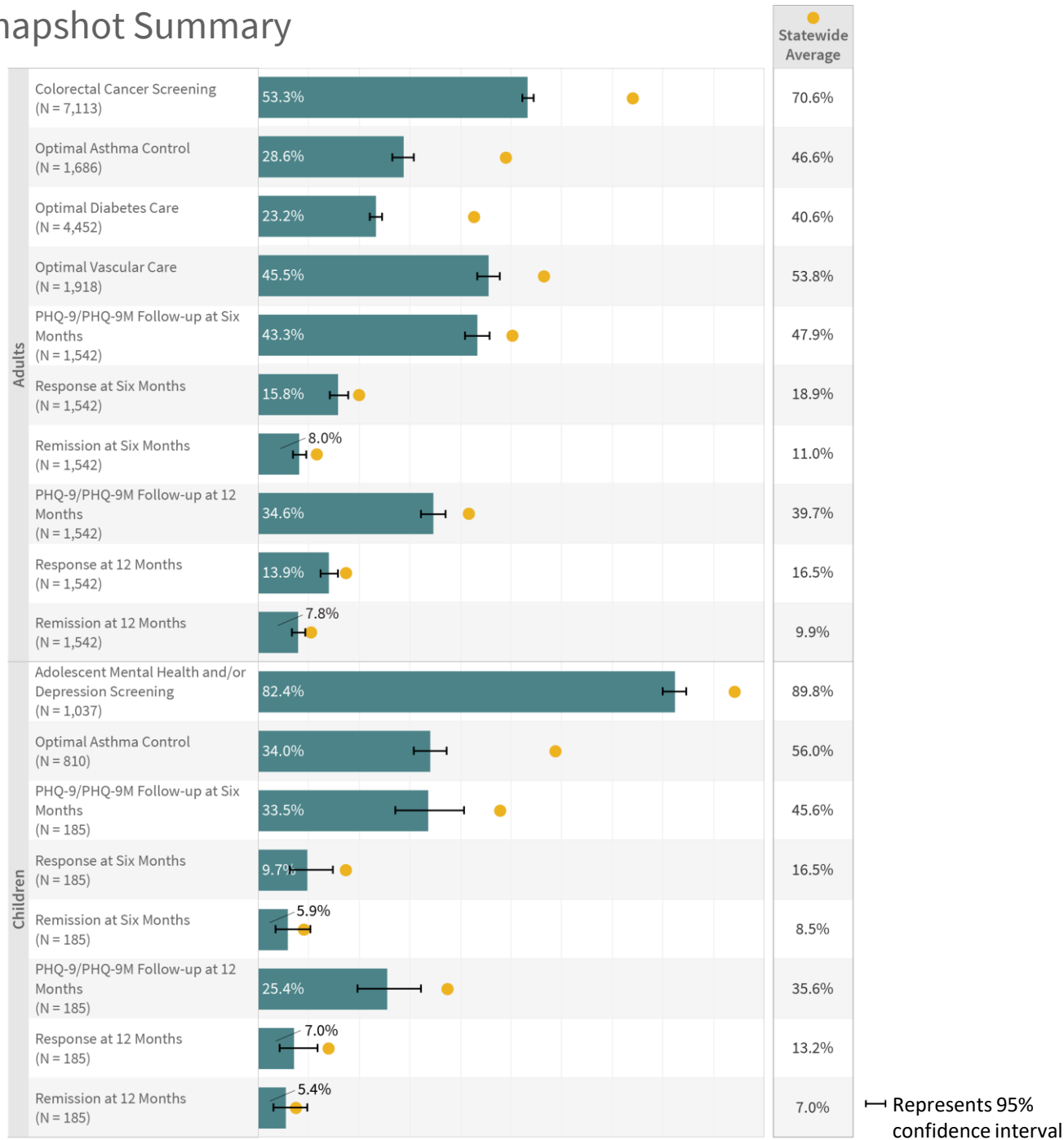
+ 1,233
Colorectal Cancer Screening

+ 307
Optimal Asthma Control - Adults

+ 788
Optimal Diabetes Care

+ 161
Optimal Vascular Care

+ 181
Optimal Asthma Control – Children

+ 77
Adolescent Mental Health and/or Depression Screening

+ 23
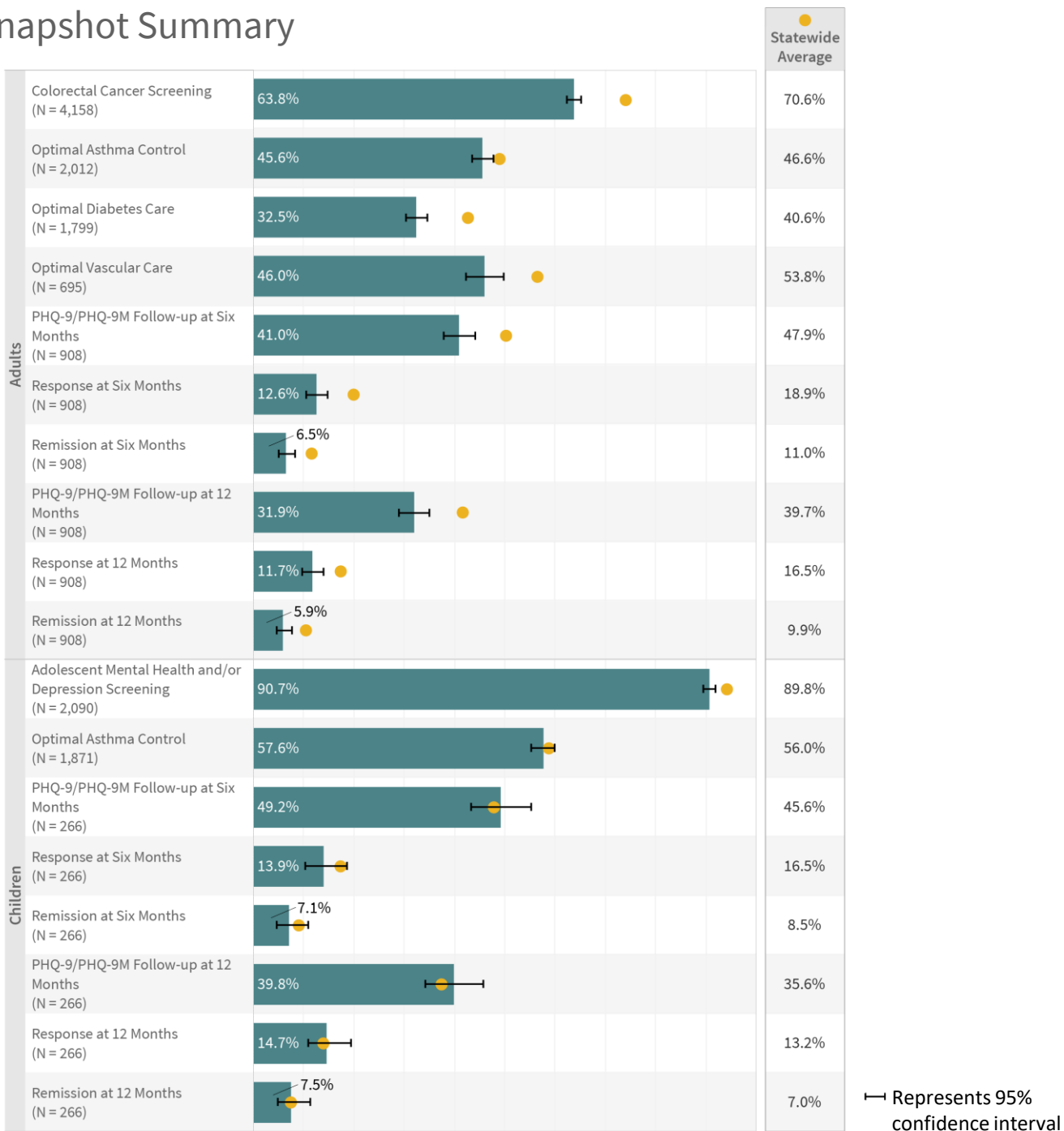Adolescent Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+ 72
Adult Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+46
Adult Depression: Remission at Six Months

Multi-Race Patients
2020 Snapshot Summary

	Measure	Value	Statewide Average
Adults	Colorectal Cancer Screening (N = 4,158)	63.8%	70.6%
	Optimal Asthma Control (N = 2,012)	45.6%	46.6%
	Optimal Diabetes Care (N = 1,799)	32.5%	40.6%
	Optimal Vascular Care (N = 695)	46.0%	53.8%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 908)	41.0%	47.9%
	Response at Six Months (N = 908)	12.6%	18.9%
	Remission at Six Months (N = 908)	6.5%	11.0%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 908)	31.9%	39.7%
	Response at 12 Months (N = 908)	11.7%	16.5%
	Remission at 12 Months (N = 908)	5.9%	9.9%
Children	Adolescent Mental Health and/or Depression Screening (N = 2,090)	90.7%	89.8%
	Optimal Asthma Control (N = 1,871)	57.6%	56.0%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 266)	49.2%	45.6%
	Response at Six Months (N = 266)	13.9%	16.5%
	Remission at Six Months (N = 266)	7.1%	8.5%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 266)	39.8%	35.6%
	Response at 12 Months (N = 266)	14.7%	13.2%
	Remission at 12 Months (N = 266)	7.5%	7.0%

⊢•⊣ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Multi-Race patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:

+ 282
Colorectal Cancer Screening

+ 148
Optimal Diabetes Care
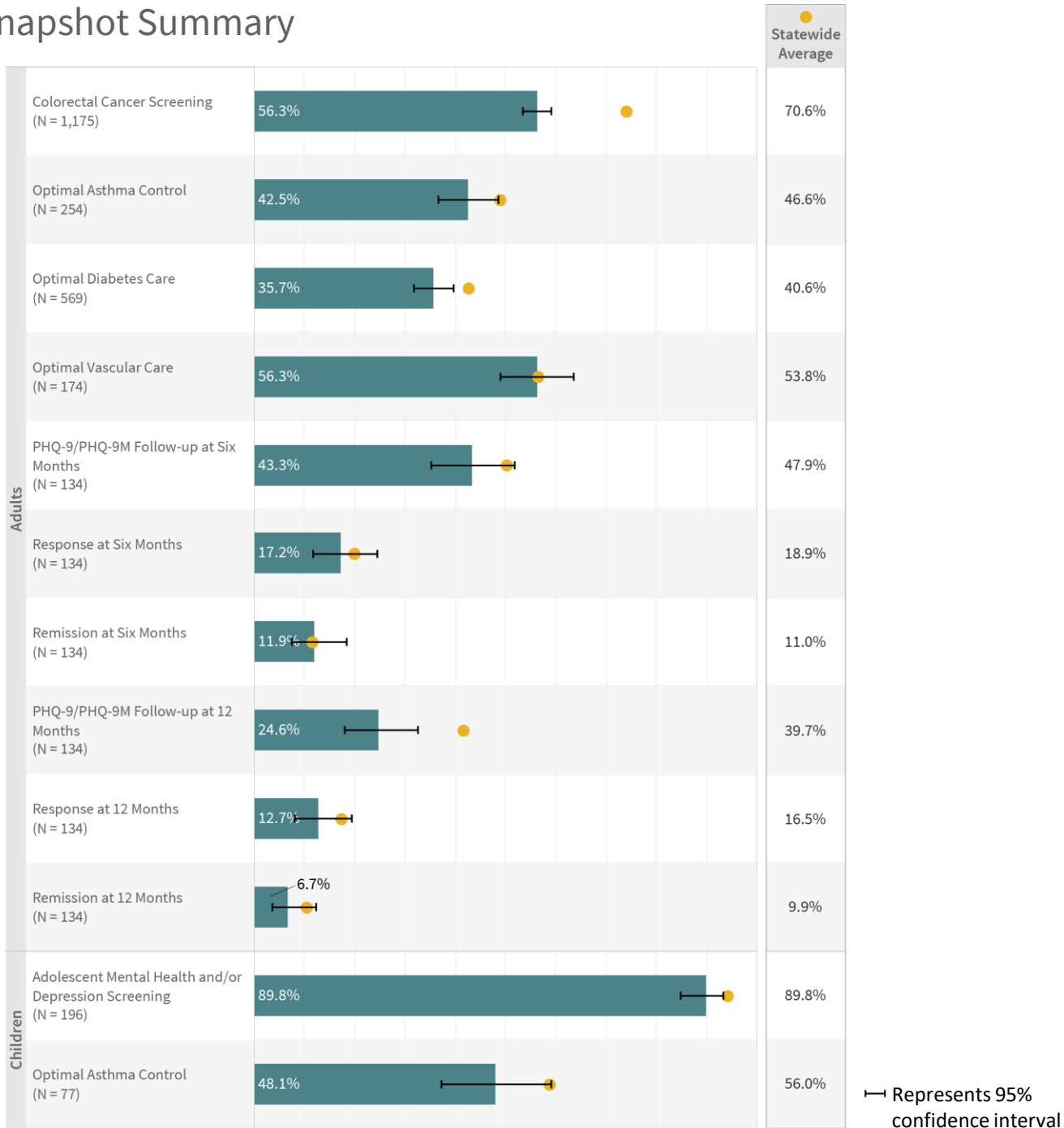
+ 54
Optimal Vascular Care

+ 63
Adult Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+41
Adult Depression: Remission at Six Months

Native Hawaiian/Pacific Islander Patients
2020 Snapshot Summary

Measure	NHPI %	Statewide Average
Adults		
Colorectal Cancer Screening (N = 1,175)	56.3%	70.6%
Optimal Asthma Control (N = 254)	42.5%	46.6%
Optimal Diabetes Care (N = 569)	35.7%	40.6%
Optimal Vascular Care (N = 174)	56.3%	53.8%
PHQ-9/PHQ-9M Follow-up at Six Months (N = 134)	43.3%	47.9%
Response at Six Months (N = 134)	17.2%	18.9%
Remission at Six Months (N = 134)	11.9%	11.0%
PHQ-9/PHQ-9M Follow-up at 12 Months (N = 134)	24.6%	39.7%
Response at 12 Months (N = 134)	12.7%	16.5%
Remission at 12 Months (N = 134)	6.7%	9.9%
Children		
Adolescent Mental Health and/or Depression Screening (N = 196)	89.8%	89.8%
Optimal Asthma Control (N = 77)	48.1%	56.0%

⊢—⊣ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Native Hawaiian/Pacific Islander patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:
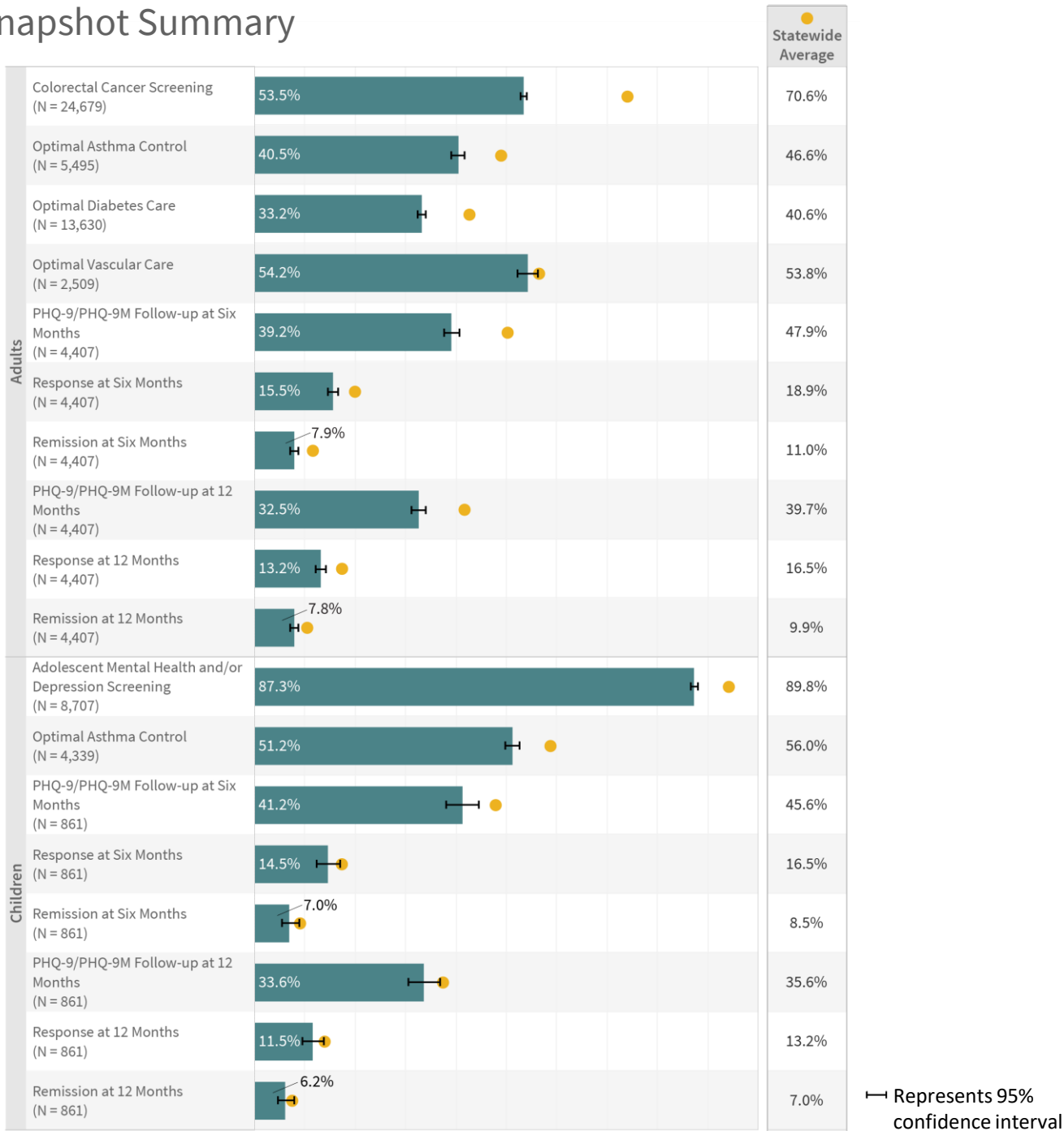
+ 168
Colorectal Cancer Screening

+ 28
Optimal Diabetes Care

Hispanic/Latinx Patients
2020 Snapshot Summary

	Measure	Value	Statewide Average
Adults	Colorectal Cancer Screening (N = 24,679)	53.5%	70.6%
	Optimal Asthma Control (N = 5,495)	40.5%	46.6%
	Optimal Diabetes Care (N = 13,630)	33.2%	40.6%
	Optimal Vascular Care (N = 2,509)	54.2%	53.8%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 4,407)	39.2%	47.9%
	Response at Six Months (N = 4,407)	15.5%	18.9%
	Remission at Six Months (N = 4,407)	7.9%	11.0%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 4,407)	32.5%	39.7%
	Response at 12 Months (N = 4,407)	13.2%	16.5%
	Remission at 12 Months (N = 4,407)	7.8%	9.9%
Children	Adolescent Mental Health and/or Depression Screening (N = 8,707)	87.3%	89.8%
	Optimal Asthma Control (N = 4,339)	51.2%	56.0%
	PHQ-9/PHQ-9M Follow-up at Six Months (N = 861)	41.2%	45.6%
	Response at Six Months (N = 861)	14.5%	16.5%
	Remission at Six Months (N = 861)	7.0%	8.5%
	PHQ-9/PHQ-9M Follow-up at 12 Months (N = 861)	33.6%	35.6%
	Response at 12 Months (N = 861)	11.5%	13.2%
	Remission at 12 Months (N = 861)	6.2%	7.0%

⊢ Represents 95% confidence interval

Eliminating Disparities

Below is the number of additional Hispanic/Latinx patients receiving optimal care needed to eliminate the disparity in outcomes for the following measures:

+ 4,291
Colorectal Cancer Screening

+ 353
Optimal Asthma Control - Adults

+ 1,065
Optimal Diabetes Care

+224
Optimal Asthma Control – Children

+ 229
Adolescent Mental Health and/or Depression Screening

+ 40
Adolescent Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+ 397
Adult Depression: PHQ-9/PHQ-9M Follow-up at Six Months

+140
Adult Depression: Remission at Six Months

Statewide Summary by Race and Hispanic Ethnicity

Rate comparison of race/ethnicity averages to statewide average

| Measure | Statewide Rate | RACE | | | | | | | ETHNICITY | |
		Asian	Black	Hispanic/ Latinx Only	Indigenous / Native	Multi-Race	Native Hawaiian/ Pacific Islander	White	Hispanic/ Latinx	Not Hispanic/ Latinx
Colorectal Cancer Screening	70.6%	60.0% ▼	55.1% ▼	57.5% ▼	53.3% ▼	63.8% ▼	56.3% ▼	72.4% ▲	53.5% ▼	71.3% ▲
Optimal Asthma Control – Adults	46.6%	49.3% ▲	37.9% ▼	44.6% ●	28.6% ▼	45.6% ●	42.5% ●	48.1% ▲	40.5% ▼	47.0% ●
Optimal Diabetes Care	40.6%	42.4% ▲	29.6% ▼	32.8% ▼	23.2% ▼	32.5% ▼	35.7% ▼	42.4% ▲	33.2% ▼	41.0% ▲
Optimal Vascular Care	53.8%	59.9% ▲	40.5% ▼	56.2% ●	45.5% ▼	46.0% ▼	56.3% ●	54.5% ▲	54.2% ●	53.9% ●
Optimal Asthma Control – Children	56.0%	61.4% ▲	53.8% ▼	54.8% ●	34.0% ▼	57.6% ●	48.1% ●	56.8% ●	51.2% ▼	56.6% ●
Adolescent Mental Health and/or Depression Screening	89.8%	89.8% ●	88.0% ▼	87.9% ▼	82.4% ▼	90.7% ●	89.8% ●	89.8% ●	87.3% ▼	89.8% ●
ADOLESCENT DEPRESSION — PHQ-9/PHQ-9M Follow-up at Six Months	45.6%	41.3% ●	35.6% ▼	39.2% ▼	33.5% ▼	49.2% ●	NR	47.2% ●	41.2% ▼	46.3% ●
ADOLESCENT DEPRESSION — Response at Six Months	16.5%	14.4% ●	10.3% ▼	15.4% ●	9.7% ▼	13.9% ●	NR	17.5% ●	14.5% ●	16.9% ●
ADOLESCENT DEPRESSION — Remission at Six Months	8.5%	6.3% ●	5.3% ▼	7.4% ●	5.9% ●	7.1% ●	NR	9.0% ●	7.0% ●	8.7% ●
ADOLESCENT DEPRESSION — PHQ-9/PHQ-9M Follow-up at 12 Months	35.6%	29.1% ▼	29.2% ▼	27.9% ▼	25.4% ▼	39.8% ●	NR	37.4% ▲	33.6% ●	36.4% ●
ADOLESCENT DEPRESSION — Response at 12 Months	13.2%	8.8% ▼	9.3% ▼	10.4% ●	7.0% ▼	14.7% ●	NR	14.3% ●	11.5% ●	13.7% ●
ADOLESCENT DEPRESSION — Remission at 12 Months	7.0%	4.1% ●	5.1% ●	4.5% ●	5.4% ●	7.5% ●	NR	7.6% ●	6.2% ●	7.3% ●

▼ Below statewide average ● Average ▲ Above statewide average NR = Not reportable (< 30 patients)

Statewide Summary by Race and Hispanic Ethnicity Continued

Rate comparison of race/ethnicity averages to statewide average

	Measure	Statewide Rate	RACE								ETHNICITY	
			Asian	Black	Hispanic/ Latinx Only	Indigenous / Native	Multi-Race	Native Hawaiian/ Pacific Islander	White	Hispanic/ Latinx	Not Hispanic/ Latinx
ADULT DEPRESSION	PHQ-9/PHQ-9M Follow-up at Six Months	47.9%	44.4% ▼	38.2% ▼	41.5% ▼	43.3% ▼	41.0% ▼	43.3% ●	49.2% ▲	39.2% ▼	48.3% ●
	Response at Six Months	18.9%	15.9% ▼	11.9% ▼	15.9% ▼	15.8% ▼	12.6% ▼	17.2% ●	20.1% ▲	15.5% ▼	19.4% ●
	Remission at Six Months	11.0%	8.5% ▼	6.5% ▼	7.1% ▼	8.0% ▼	6.5% ▼	11.9% ●	11.8% ▲	7.9% ▼	11.3% ●
	PHQ-9/PHQ-9M Follow-up at 12 Months	39.7%	34.2% ▼	31.7% ▼	32.7% ▼	34.6% ▼	31.9% ▼	24.6% ▼	41.4% ▲	32.5% ▼	40.6% ▲
	Response at 12 Months	16.5%	12.5% ▼	10.3% ▼	13.7% ▼	13.9% ▼	11.7% ▼	12.7% ●	17.7% ▲	13.2% ▼	17.1% ▲
	Remission at 12 Months	9.9%	7.0% ▼	5.9% ▼	8.0% ▼	7.8% ▼	5.9% ▼	6.7% ●	10.7% ▲	7.8% ▼	10.3% ▲

▼ Below statewide average ● Average ▲ Above statewide average NR = Not reportable (< 30 patients)

DEFINITIONS & METHODOLOGY

MEASURE DEFINITIONS

OPTIMAL DIABETES CARE

The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving all of the following:
- HbA1c less than 8.0 mg/dL
- Blood pressure less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

OPTIMAL VASCULAR CARE

The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:
- Blood pressure less than 140/90 mm Hg
- On a statin medication, unless allowed contraindications or exceptions are present
- Non-tobacco user
- On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

OPTIMAL ASTHMA CONTROL - ADULTS

The percentage of adults 18-50 years of age who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:
- Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
- Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

OPTIMAL ASTHMA CONTROL - CHILDREN

The percentage of children 5-17 years of age who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:
- Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
- Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

COLORECTAL CANCER SCREENING

The percentage of adults ages 50-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:
- Colonoscopy during the measurement period or the nine years prior; **OR**
- Flexible sigmoidoscopy during the measurement year or the four years prior; **OR**
- CT colonography during the measurement year or the four years prior; **OR**
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; **OR**
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

MEASURE DEFINITIONS

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

The percentage of patients ages 12-17 who were screened for mental health and/or depression at a well-child visit using a specified tool. *Note: Adolescents diagnosed with depression are <u>excluded</u> from this measure.*
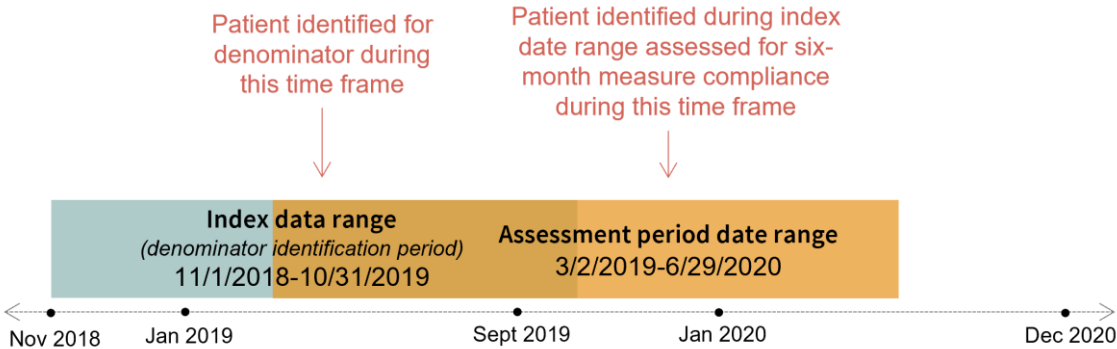
SIX MONTH MEASURES
Adults & Adolescents

- **PHQ-9/PHQ-9M Follow-up at Six Months:** The percentage of adults (18 years and older) or adolescents (12-17 years) with depression who have a completed PHQ-9/PHQ-9M tool within six months after the index event (+/- 60 days)

- **Response at Six Months:** The percentage of adults (18 years and older) or adolescents (12-17 years) with depression who demonstrated a response to treatment (at least 50 percent improvement) six months after the index event (+/- 60 days)

- **Remission at Six Months:** The percentage of adults (18 years and adolescents (12-17 years) with depression who reached remission (PHQ-9/PHQ-9M score less than five) six months after the index event (+/- 60 days)

12 MONTH MEASURES
Adults & Adolescents

- **PHQ-9/PHQ-9M Follow-up at 12 Months:** The percentage of adults (18 years and older) or adolescents (12-17 years) with depression who have a completed PHQ-9/PHQ-9M tool within 12 months after the index event (+/- 60 days)

- **Response at 12 Months:** The percentage of adults (18 years and older) or adolescents (12-17 years) with depression who demonstrated a response to treatment (at least 50 percent improvement) 12 months after the index event (+/- 60 days)

- **Remission at 12 Months:** The percentage of adults (18 years and adolescents (12-17 years) with depression who reached remission (PHQ-9/PHQ-9M score less than five) 12 months after the index event (+/- 60 days)
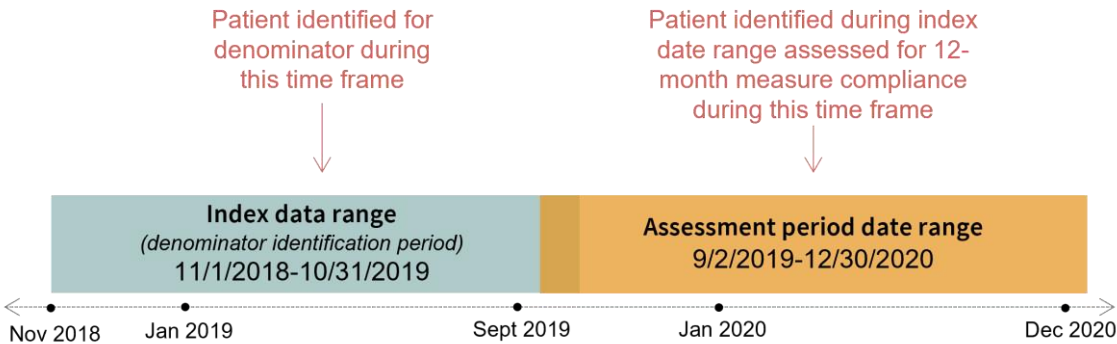
OVERVIEW OF DEPRESSION MEASURES

The depression measures are unique in that the time period for identifying eligible patients for the denominators do not follow the typical measurement period that the other quality measures do. The depression measures are longitudinal in design, meaning patients are followed through a period of time and assessed for the desired outcome. A patient is first identified for the denominator during the denominator identification period (shown below), which primarily occurs two years prior to when the data are submitted. The assessment period (shown below) is the time in which those patients identified in the denominator identification period are assessed for the desired outcome and primarily occurs in the year prior to data submission.

Six-Month Measure Timeline

Patient identified for denominator during this time frame

Patient identified during index date range assessed for six-month measure compliance during this time frame

Index data range
(denominator identification period)
11/1/2018-10/31/2019

Assessment period date range
3/2/2019-6/29/2020

Nov 2018   Jan 2019   Sept 2019   Jan 2020   Dec 2020

12-Month Measure Timeline

Patient identified for denominator during this time frame

Patient identified during index date range assessed for 12-month measure compliance during this time frame

Index data range
(denominator identification period)
11/1/2018-10/31/2019

Assessment period date range
9/2/2019-12/30/2020

Nov 2018   Jan 2019   Sept 2019   Jan 2020   Dec 2020

DATA COLLECTION AND MEASURE CALCULCATION

The measures featured in this report use data submitted directly to MNCM by medical groups and clinics.

ELIGIBLE POPULATION SPECIFICATIONS

The eligible population for each measure is identified by a medical group on behalf of their individual clinics. MNCM's 2020 Data Collection Guides provide technical specifications for the standard definitions of the eligible population, including elements such as age.

NUMERATOR SPECIFICATIONS

For the measures included in this report, the numerator is the number of patients identified from the eligible population who meet the numerator criteria. The numerator is calculated using the clinical quality data submitted by the medical group; this data is verified through MNCM's validation process.

CALCULATING RATES

Due to the dynamic nature of patient populations, rates and 95 percent confidence intervals are calculated for each measure for each medical group/clinic regardless of whether the full population or a sample is submitted. The statewide average rate is displayed when comparing a single medical group/clinic to the performance of all medical groups/clinics to provide context. The statewide average is calculated using all data submitted to MNCM which may include some data from clinics located in neighboring states.

THRESHOLD FOR PUBLIC REPORTING

MNCM has established minimum thresholds for public reporting of clinical data submission measures to ensure statistically reliable rates. Only medical groups and clinics that meet the threshold of 30 patients in the denominator of each measure are publicly reported.

RACE, HISPANIC ETHNICITY, LANGUAGE, AND COUNTRY OF ORIGIN ANALYSES

For the quality measures, the RELC data is submitted by medical groups through MNCM's clinical data submission process. Please refer to the MNCM *Handbook on the Collection of Race/Ethnicity/Language Data in Medical Groups* for more information about this data.

BEST PRACTICES FOR CLINICAL QUALITY MEASURES

Race, Hispanic ethnicity, preferred language, and country of origin data collection undergoes a unique validation process to ensure that medical groups collect these data elements from patients using best practices. Best practices are defined as:

1. Patients self-report their race and Hispanic ethnicity.
2. Patients have the option to select one or more categories for race (i.e., medical groups/clinics do not collect data using a multi-racial category).
3. Medical groups/clinics have the ability to capture and report more than one race as reported by the patient.

A medical group/clinic must meet all the criteria for each data element to achieve best practice status and to have their data included in the rate calculation. Only validated data collected using best practices are used to calculate rates by race, Hispanic ethnicity, preferred language, and country of origin.

LABELING CHANGES

Certain race/ethnicity categories have undergone labeling changes for this report to be consistent with more updated and appropriate terminology. Below is a table describing how the category was submitted to MNCM and its corresponding label change:

Submitted Label	Updated Label
American Indian or Alaska Native	Indigenous/Native
Black or African American	Black
Hispanic or Latino	Hispanic/Latinx
Not Hispanic or Latino	Not Hispanic/Latinx