



MINNESOTA HEALTH CARE DISPARITIES

BY RACE, HISPANIC ETHNICITY, LANGUAGE AND COUNTRY OF ORIGIN

Results for care delivered in 2021 | Report released November 2022

Minnesota Health Care Disparities

By Race, Hispanic Ethnicity, Language and Country of Origin

Results for care delivered in 2021

ABOUT MN COMMUNITY MEASUREMENT

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. Quality measurement in health care delivers value to patients, providers, payers, and purchasers and the community.

ABOUT THIS REPORT

This report presents information on disparities by race, ethnicity, language, and country of origin (RELC) for quality measures for the 2021 measurement year (data collected in 2022 for care delivered in 2021). This report includes summaries of performance rates for each measure by race/ethnicity, preferred language and country of origin. New to the report this year is a trend analysis by RELC category from 2019 to 2021 for each measure. Complete measure descriptions can be found [here](#).

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 rates are calculated using 95 percent confidence intervals.

To view more reports by MNCM, [click here](#).

ACKNOWLEDGEMENTS

This report is made possible by the engagement of several stakeholders, medical groups, payers and MNCM's Data Validation and Data Analysis teams. Each are committed to continuous improvement and recognize the important role measurement plays in helping our community establish priorities and improve together.

MNCM extends our thanks to all medical groups and payers for contributing the data necessary for measurement, to the State of Minnesota for its support through the Statewide Quality Reporting and Measurement System and to the many members of MNCM committees, workgroups and staff providing ongoing guidance to shape this important work.

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Minnesota Health Care Disparities

By Race, Hispanic Ethnicity, Language and Country of Origin

Results for care delivered in 2021

KEY FINDINGS

- The performance rates varied by race, ethnicity, language and country of origin across the quality measures. The demographic groups that tended to have significantly lower performance rates compared to the statewide rate included:
 - **Race:** Black or Indigenous/Native patients
 - **Ethnicity:** Hispanic/Latinx patients
 - **Language:** Patients who prefer to speak Hmong, Somali or Spanish
 - **Country of Origin:** Patients from Laos, Mexico or Somalia
- The largest disparities in performance compared to the statewide rate occurred in the Colorectal Cancer Screening measure for all groups listed above, except for Indigenous/Native patients. The rates for these populations ranged from 15 to 40 percentage points below the statewide rate for Colorectal Cancer Screening.
- Among Indigenous/Native patients, the largest disparity occurred in the Optimal Asthma Control measure, with a rate that is 19 percentage points below the statewide rate for both the adult and child populations.
- Several subpopulations continue to have significantly lower rates in 2021 compared to their respective 2019 rates (i.e., pre-pandemic) for more than half of the measures. These subpopulations include Black, White, Not Hispanic/Latinx, English-speaking and U.S.-born.

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](#)

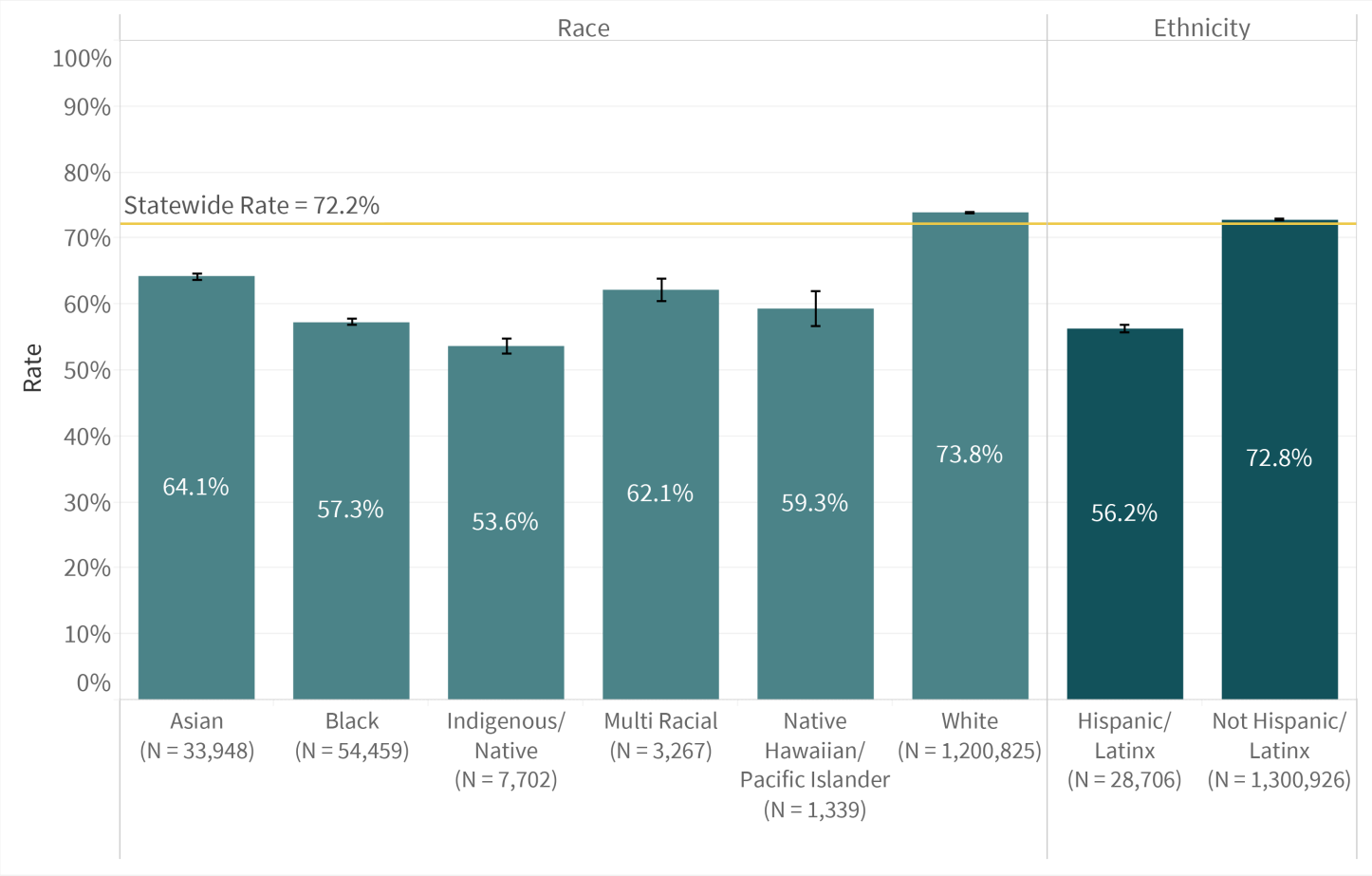
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COLORECTAL CANCER SCREENING

Race/Ethnicity Summary

2021 measurement year



┆ Represents 95% confidence interval

Race

Except for White patients, patients from all other race categories had significantly lower rates of colorectal cancer screening compared to the statewide rate.

Ethnicity

Patients who are Hispanic/Latinx have significantly lower rates of screening compared to the statewide rate.

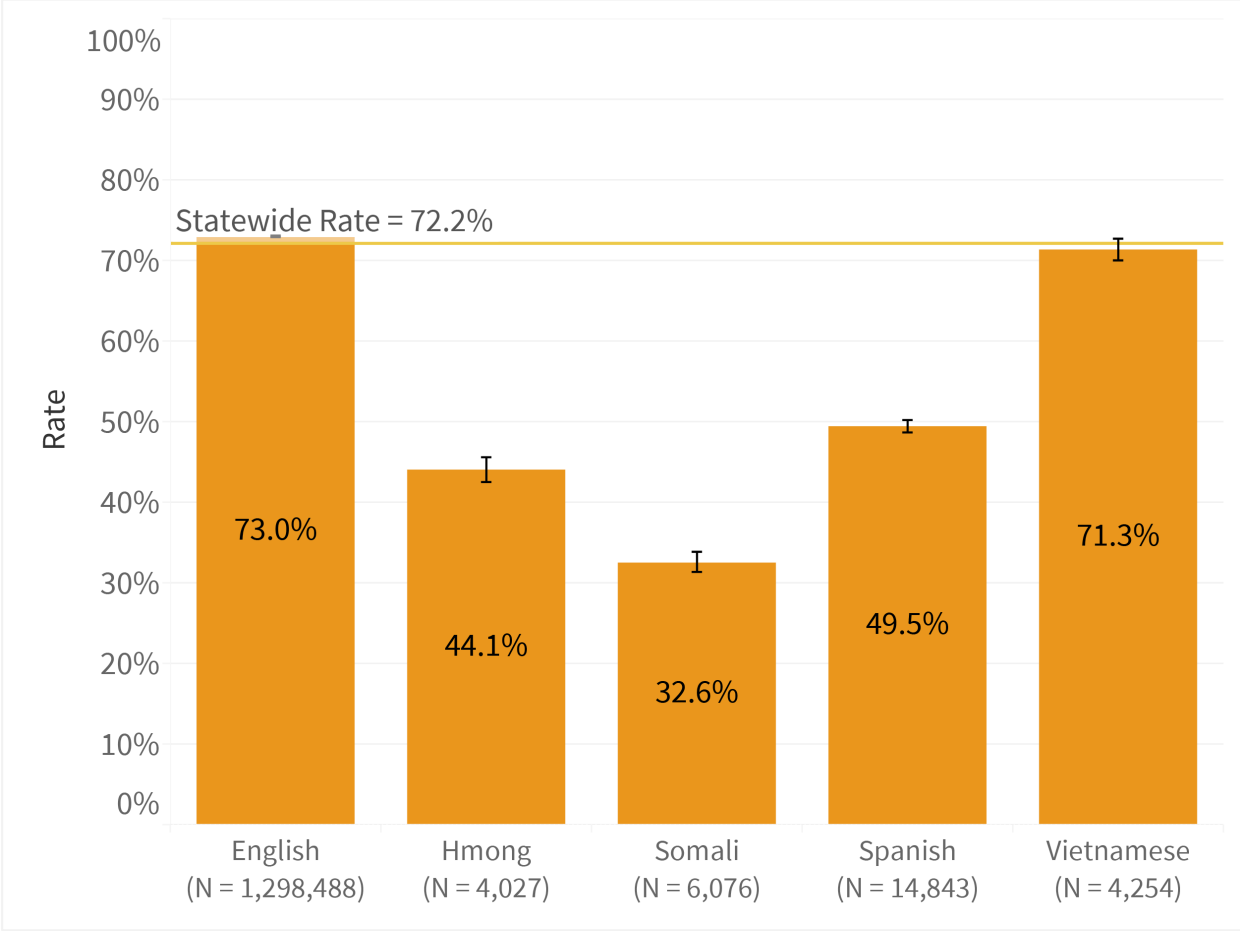
Patients who are not Hispanic/Latinx have significantly higher rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

COLORECTAL CANCER SCREENING

Preferred Language Summary

2021 measurement year



I 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 Colorectal Cancer Screening measure.

Patients who prefer to speak Hmong, Somali or Spanish have significantly lower rates of screening compared to the statewide rate.

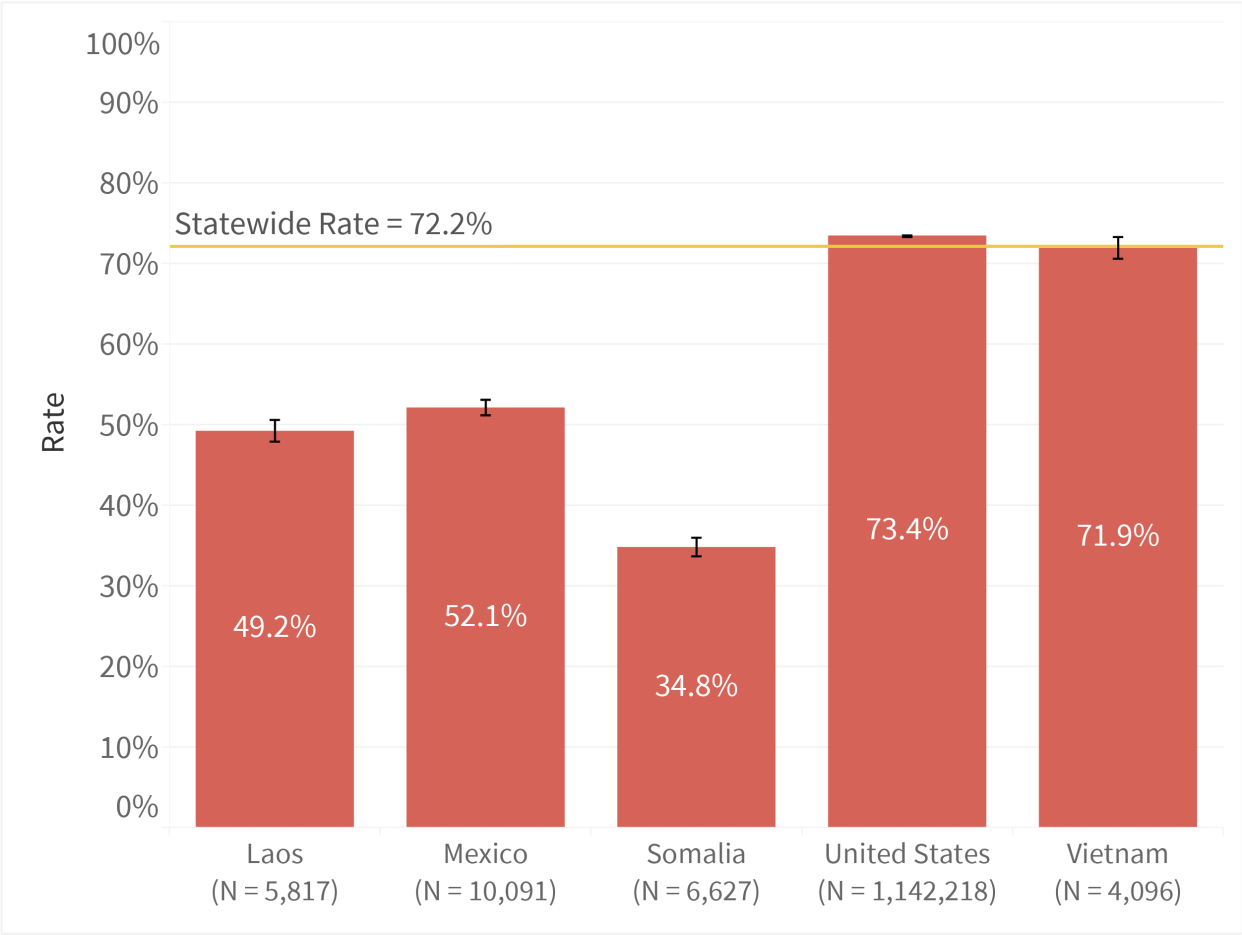
Patients who prefer to speak English have significantly higher rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

COLORECTAL CANCER SCREENING

Country of Origin Summary

2021 measurement year



I Represents 95% confidence interval

Patients from Laos, Mexico, Somalia, the United States and Vietnam make up 95 percent of the eligible population for the Colorectal Cancer Screening measure.

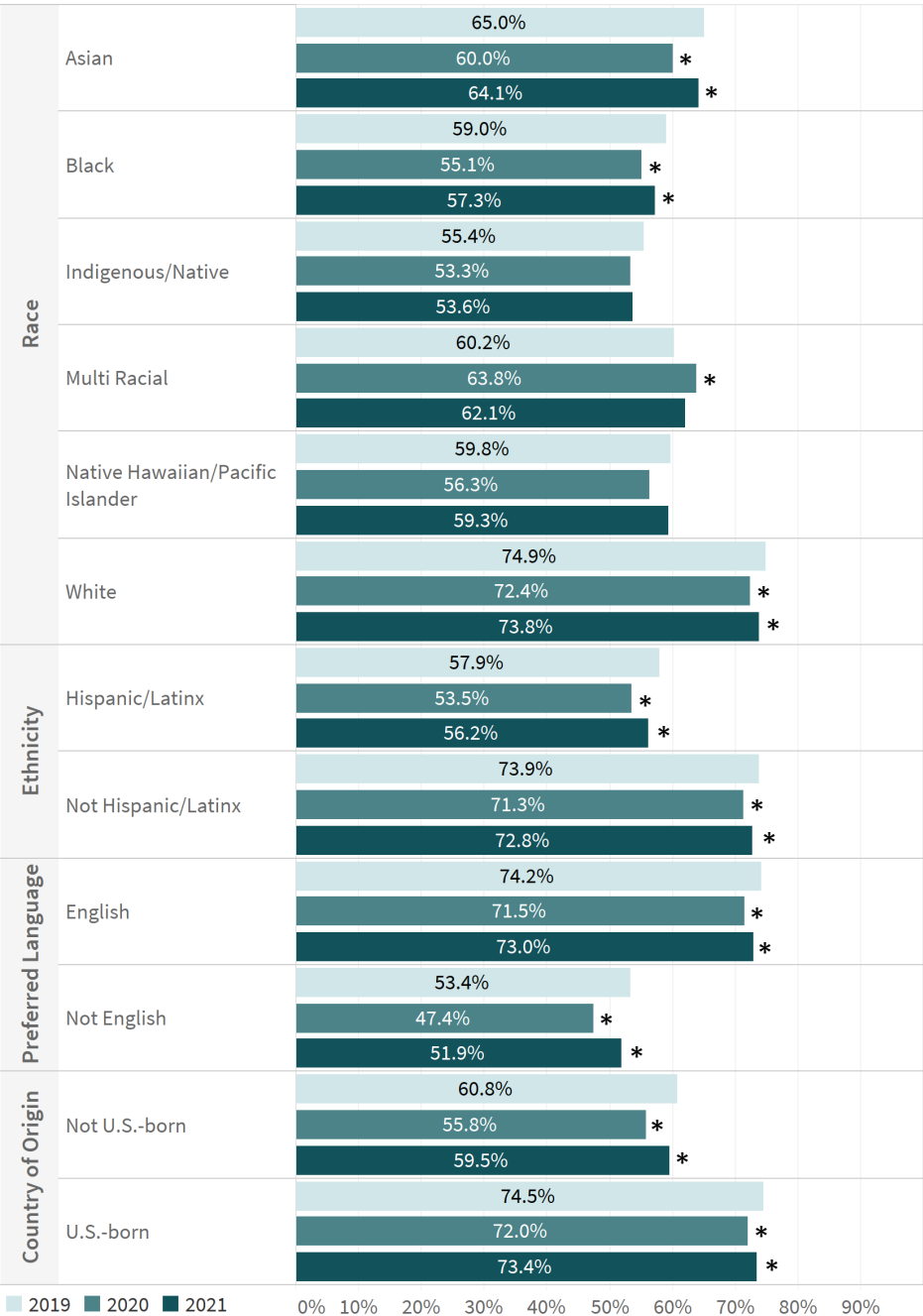
Patients from Laos, Mexico or Somalia have significantly lower rates of screening compared to the statewide rate.

Patients from the United States have significantly higher rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

COLORECTAL CANCER SCREENING

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The screening rates in 2021 significantly increased compared to the respective 2020 rates in all subpopulations, *except for:*

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The screening rates in 2021 remained significantly lower than the respective 2019 rates in all subpopulations, *except for:*

- Asian
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander

The 2021 rates for these subpopulations were not significantly different than the 2019 rates.

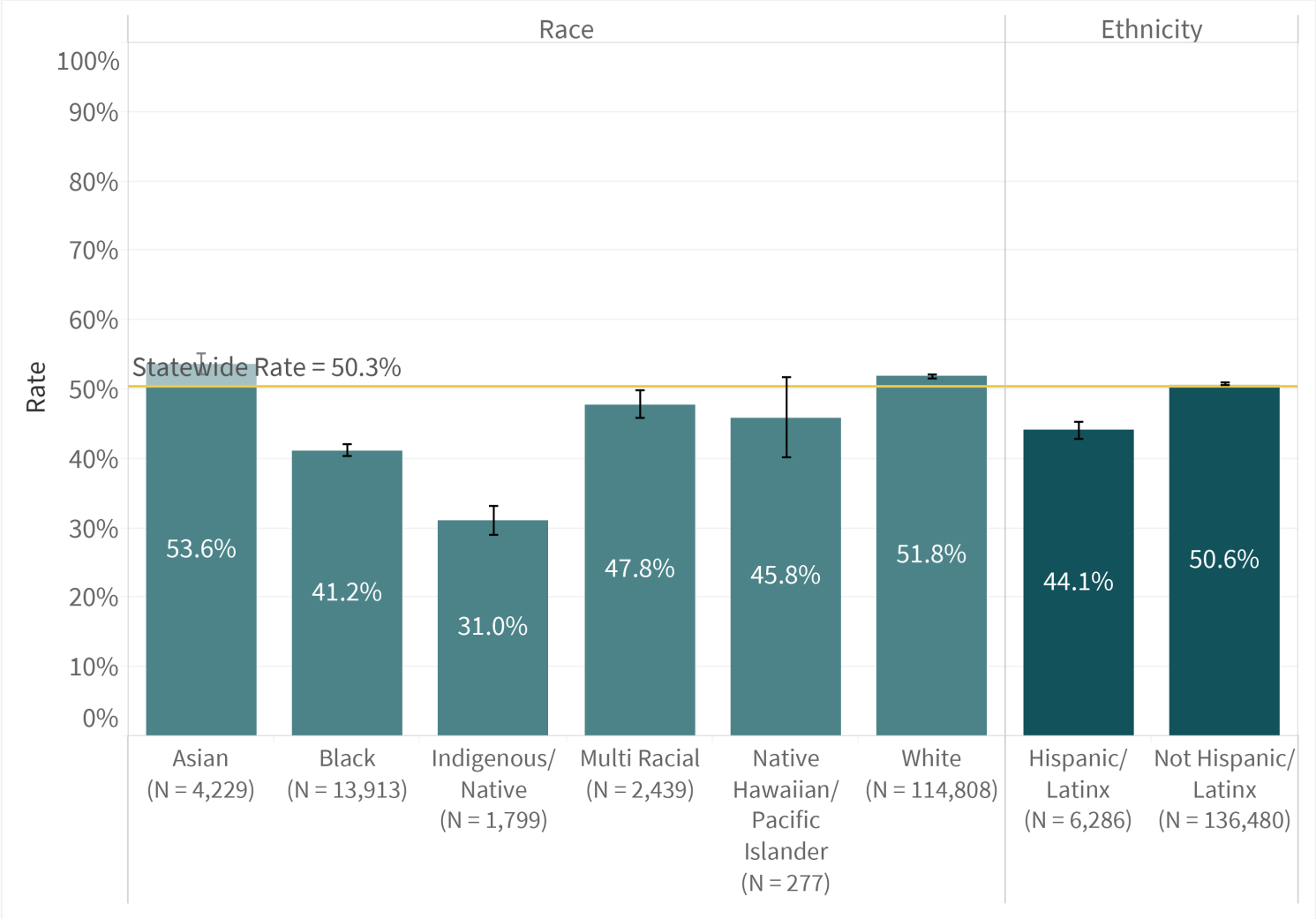
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - ADULTS

Race/Ethnicity Summary

2021 measurement year



┆ Represents 95% confidence interval

Race

Adults who are Asian or White have significantly higher rates of optimal asthma control compared to the statewide rate.

Adults who are Black, Indigenous/Native or Multi-Racial have significantly lower rates of optimal control compared to the statewide rate.

Ethnicity

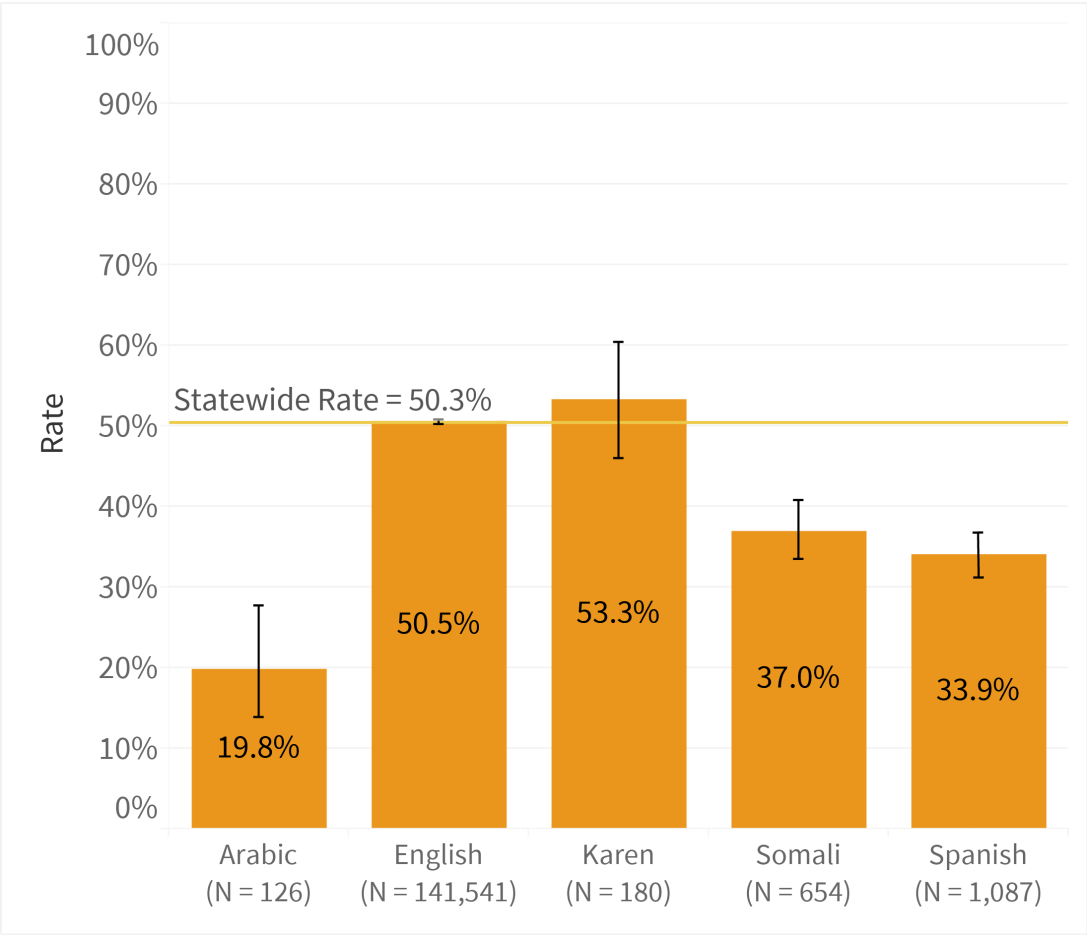
Adults who are Hispanic/Latinx have significantly lower rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - ADULTS

Preferred Language Summary

2021 measurement year



I 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.

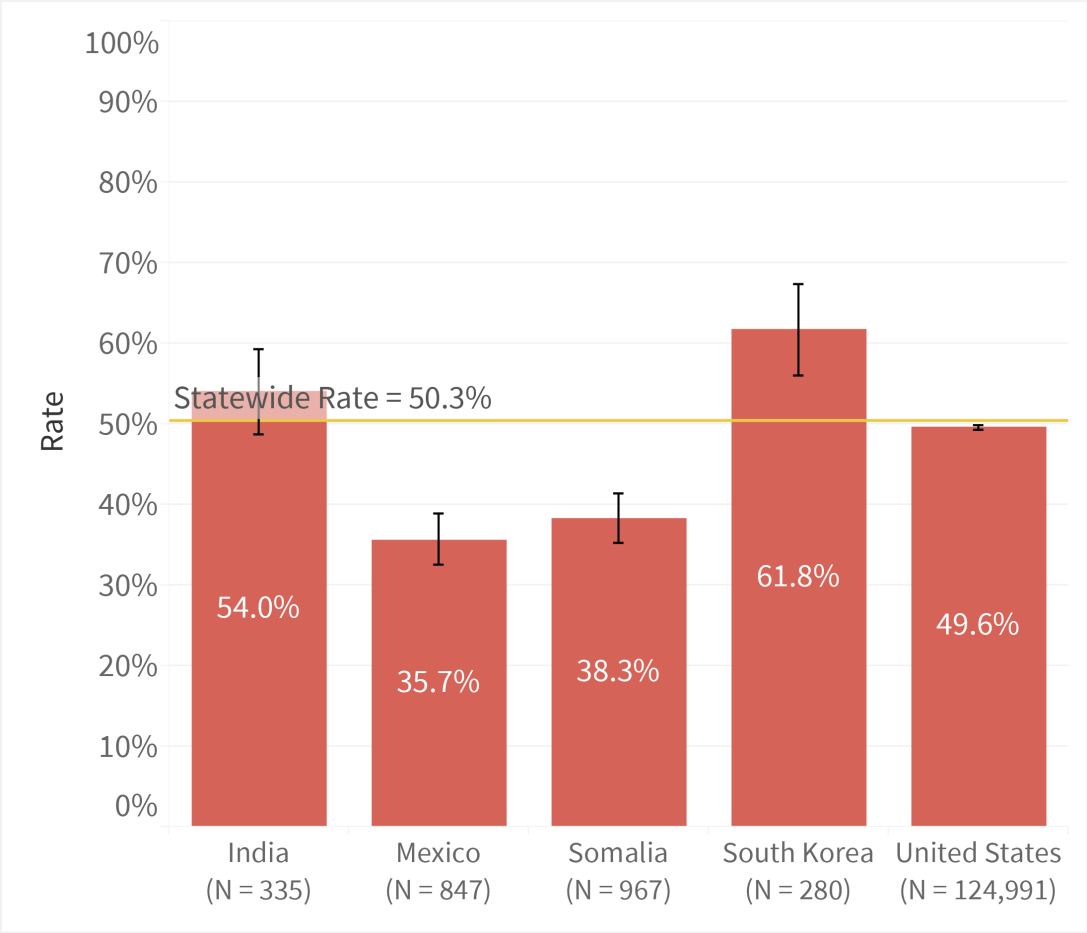
Adult patients who prefer to speak Arabic, Somali or Spanish have significantly lower rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - ADULTS

Country of Origin Summary

2021 measurement year



┆ Represents 95% confidence interval

Adult patients from India, Mexico, Somalia, South Korea and the United States make up 96 percent of the eligible population for the Optimal Asthma Control measure.

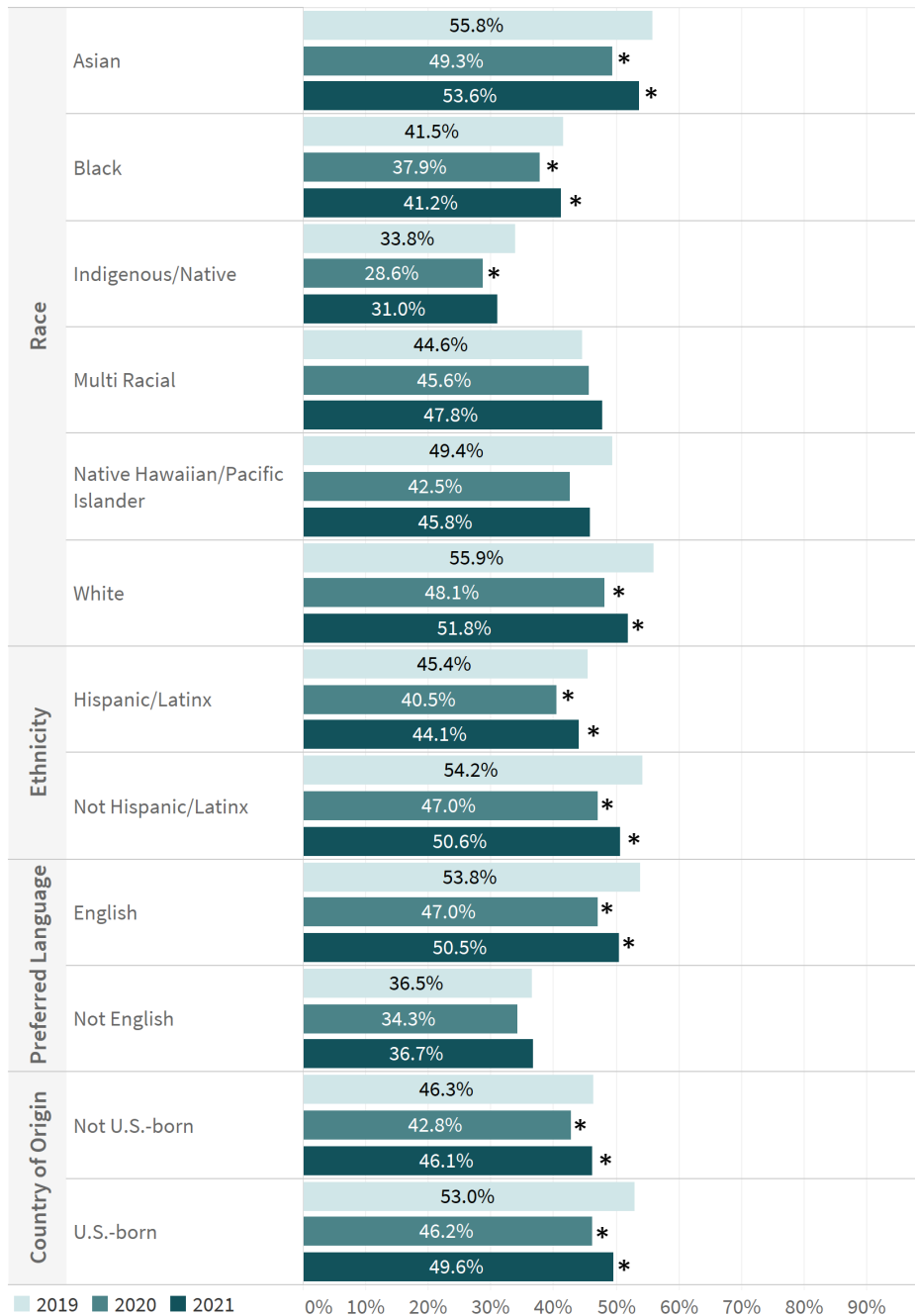
Adult patients from Mexico, Somalia or the United States have significantly lower rates of optimal control compared to the statewide rate.

Adult patients from South Korea have significantly higher rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - ADULTS

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The optimal control rates among adults in 2021 significantly increased compared to the respective 2020 rates in all subpopulations, *except for:*

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English-speaking

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The optimal control rates among adults in 2021 remained significantly lower than the respective 2019 rates in the following subpopulations:

- White
- Not Hispanic/Latinx
- English-speaking
- United States

The 2021 rates for all other subpopulations were not significantly different than the 2019 rates.

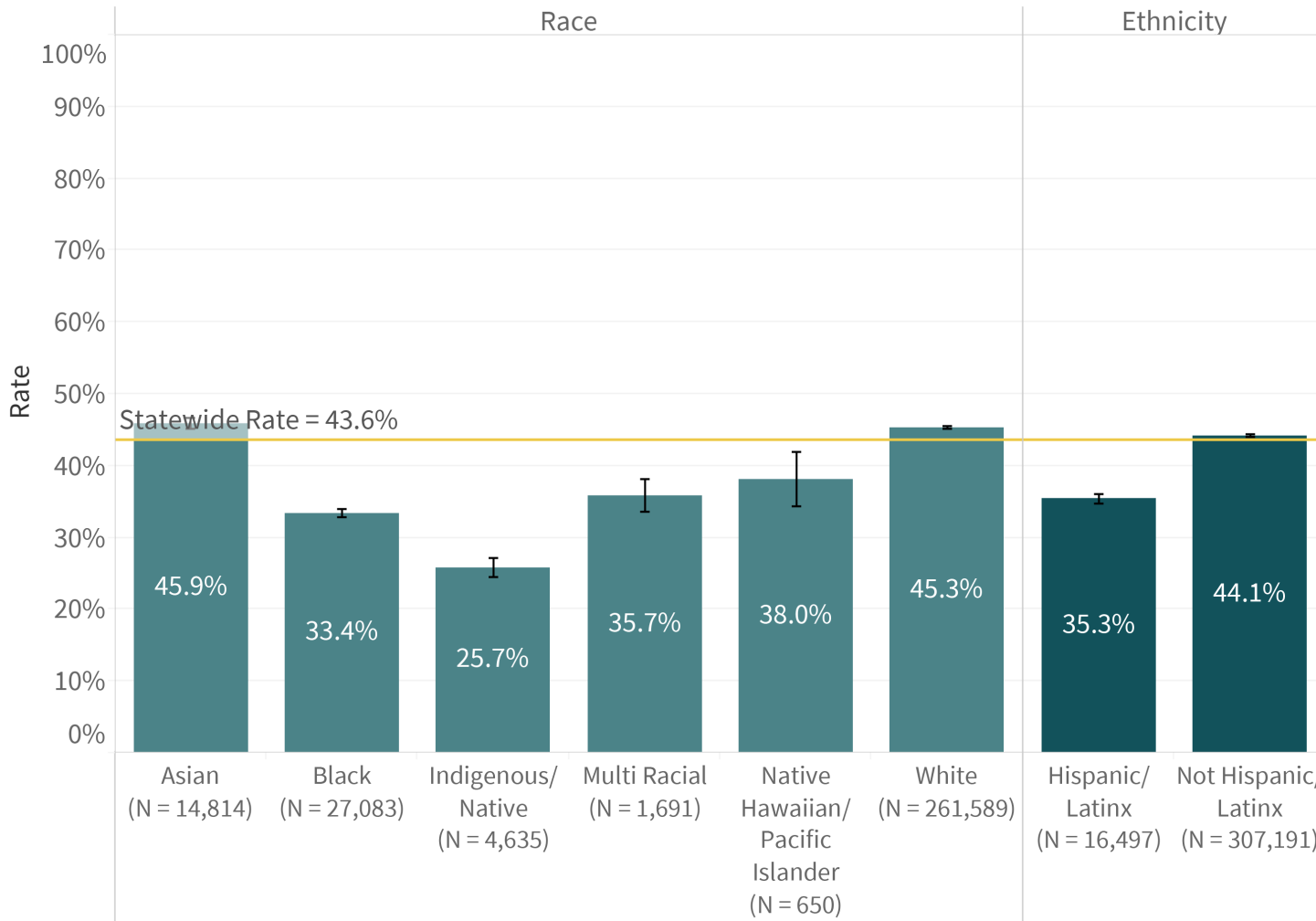
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

OPTIMAL DIABETES CARE

Race/Ethnicity Summary

2021 measurement year



┆ Represents 95% confidence interval

Race

Patients who are Asian or White have significantly higher rates of optimal diabetes care compared to the statewide rate.

Patients who are Black, Indigenous/Native, Multi-racial or Native Hawaiian/Pacific Islander have significantly lower rates of optimal care compared to the statewide rate.

Ethnicity

Patients who are not Hispanic/Latinx have significantly higher rates of optimal care compared to the statewide rate.

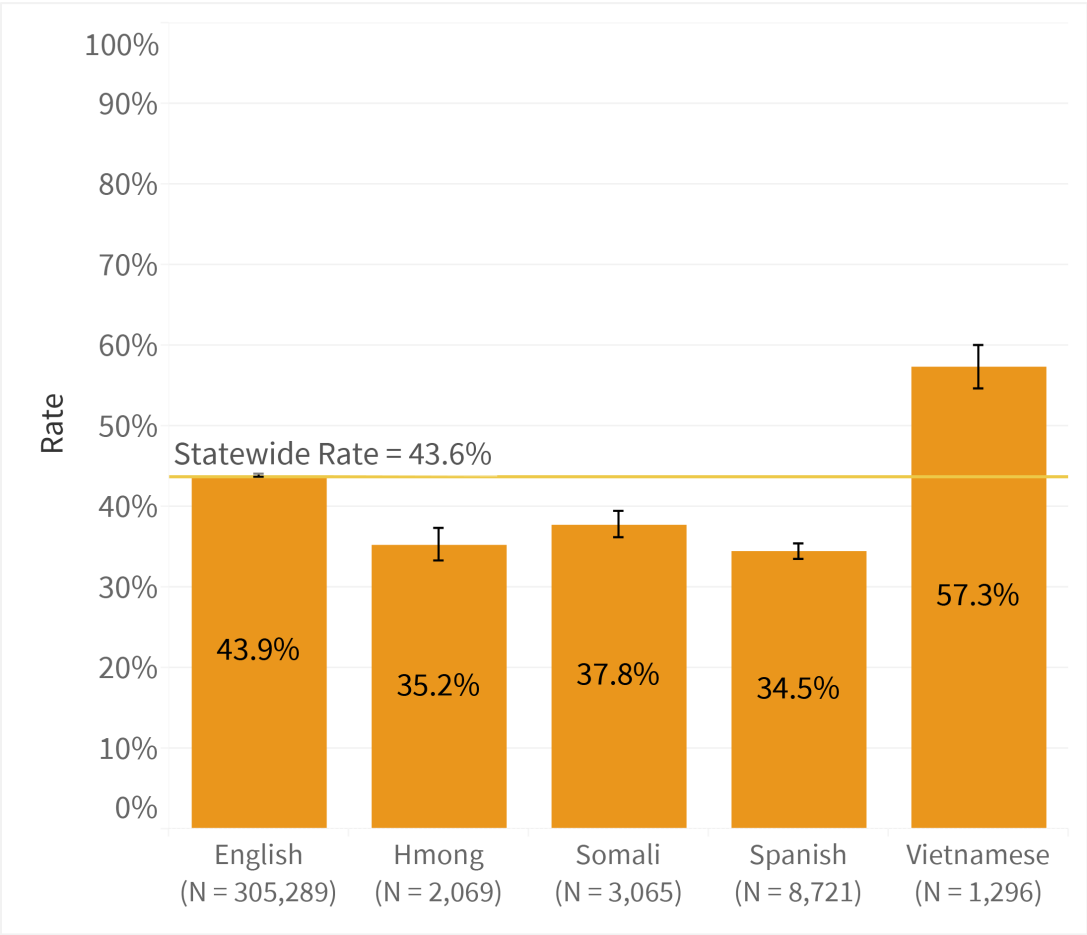
Patients who are Hispanic/Latinx have significantly lower rates of optimal care compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL DIABETES CARE

Preferred Language Summary

2021 measurement year



I 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 lower rates of optimal care compared to the statewide rate.

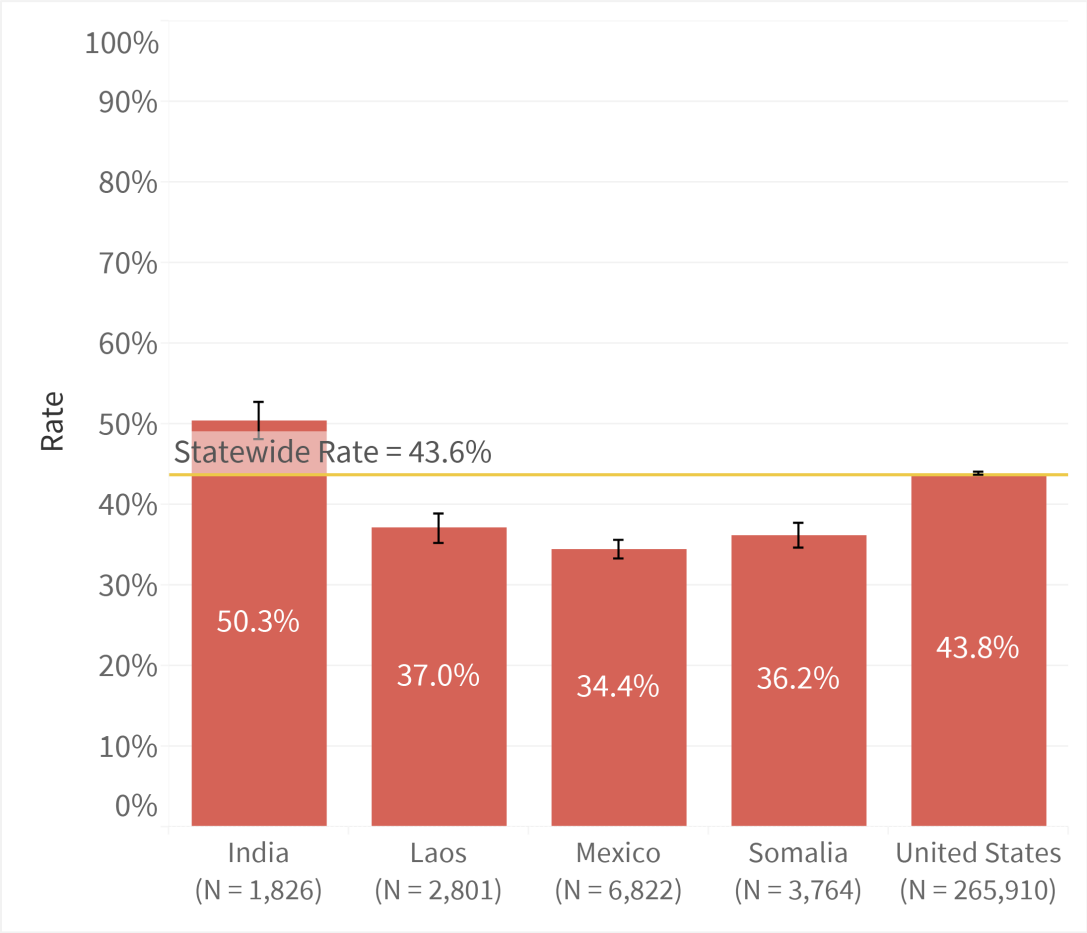
Patients who prefer to speak Vietnamese have significantly higher rates of optimal care compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL DIABETES CARE

Country of Origin Summary

2021 measurement year



I Represents 95% confidence interval

Patients from India, Laos, Mexico, Somalia and the United States make up approximately 93 percent of the eligible population for the Optimal Diabetes Care measure.

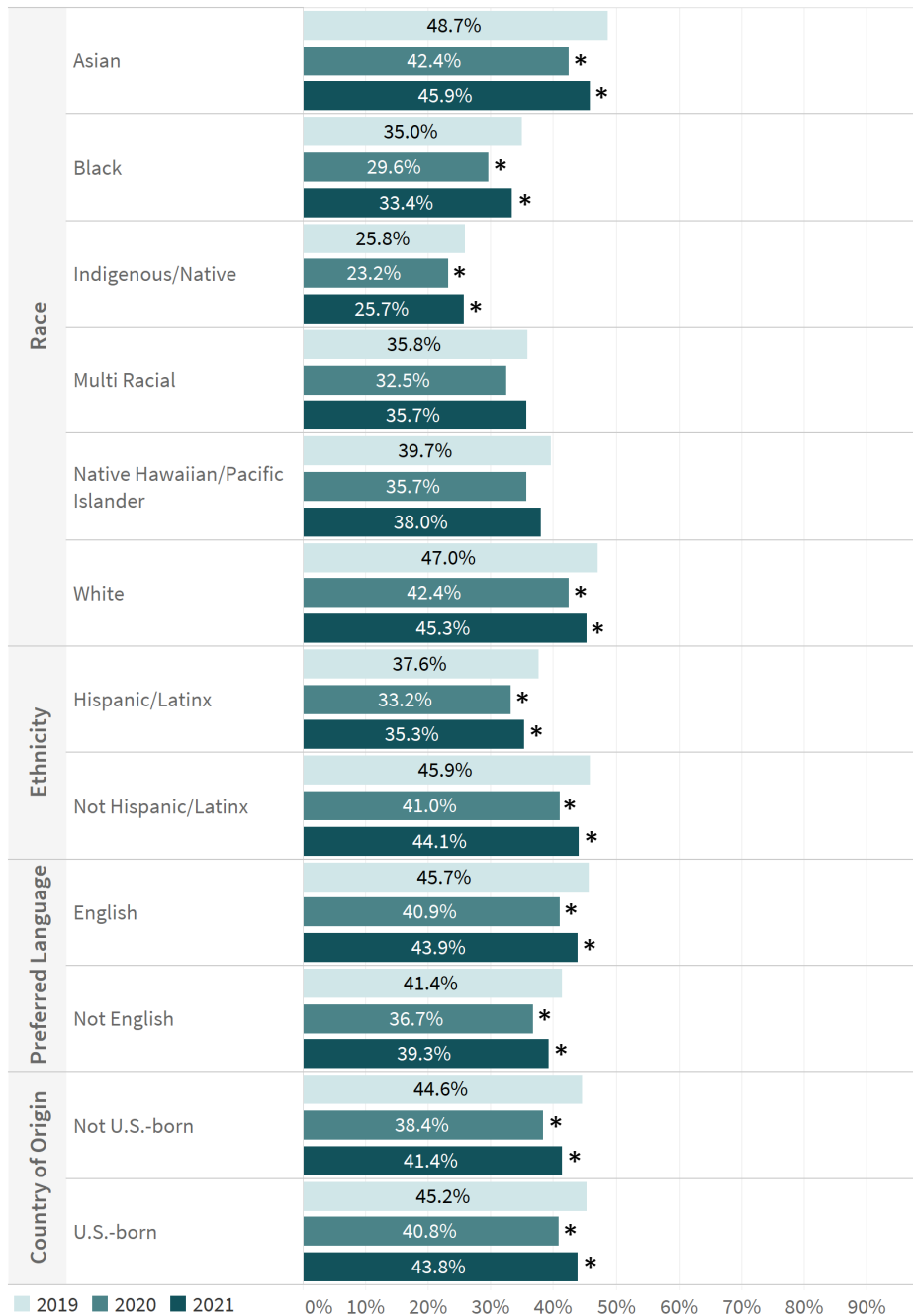
Patients from Laos, Mexico or Somalia have significantly lower rates of optimal care compared to the statewide rate.

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

[Click here](#) for a complete list of measure definitions.

OPTIMAL DIABETES CARE

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The optimal care rates in 2021 significantly increased compared to the respective 2020 rates in all subpopulations, *except for*:

- Multi Racial
- Native Hawaiian/Pacific Islander

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The optimal care rates in 2021 remained significantly lower than the respective 2019 rates in all subpopulations, *except for*:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander

The 2021 rates for these subpopulations were not significantly different than the 2019 rates.

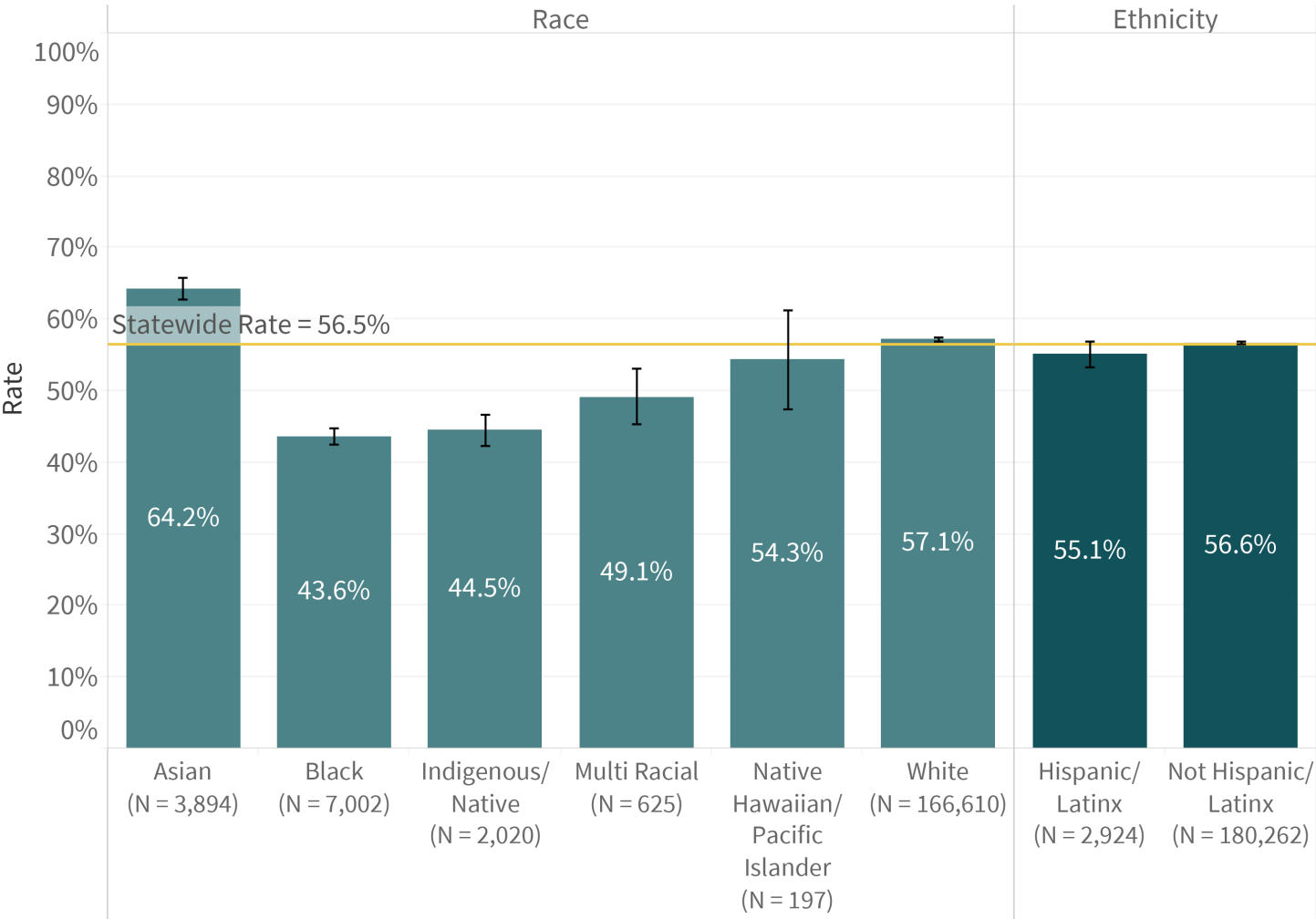
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

OPTIMAL VASCULAR CARE

Race/Ethnicity Summary

2021 measurement year



┆ Represents 95% confidence interval

Race

Patients who are Asian or White have significantly higher rates of optimal vascular care compared to the statewide rate.

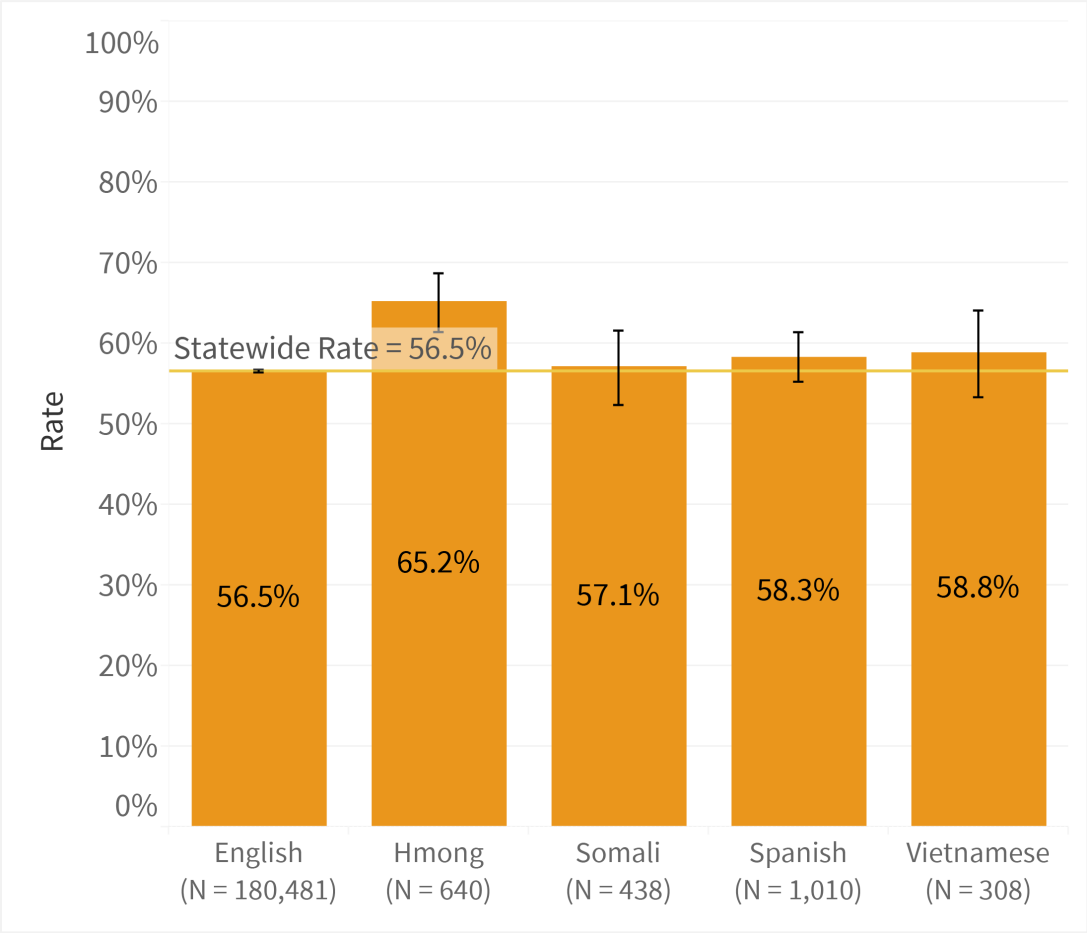
Patients who are Black, Indigenous/Native or Multi-racial have significantly lower rates of optimal care compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL VASCULAR CARE

Preferred Language Summary

2021 measurement year



I 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.

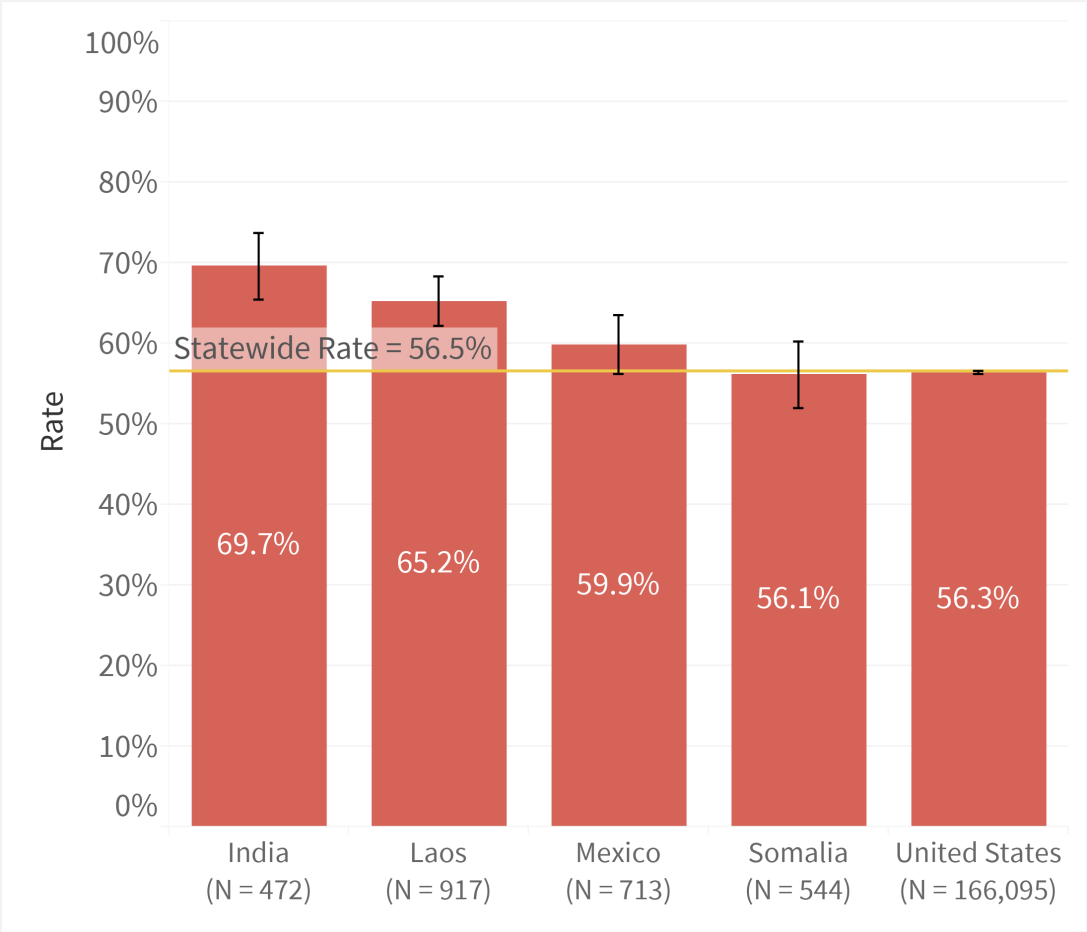
Patients who prefer to speak Hmong have significantly higher rates of optimal care compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL VASCULAR CARE

Country of Origin Summary

2021 measurement year



I Represents 95% confidence interval

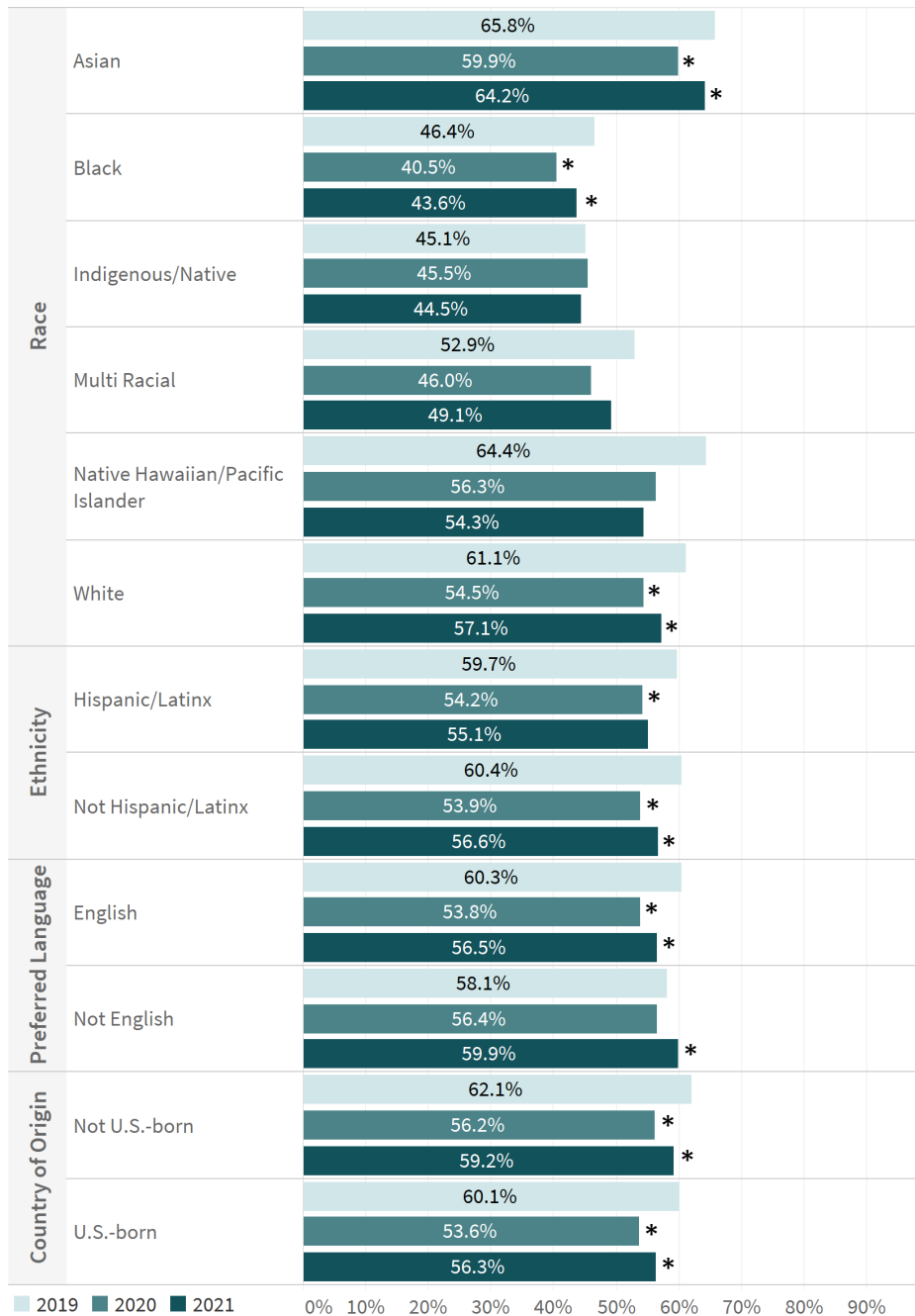
Patients from India, Laos, Mexico, Somalia and the United States make up 96 percent of the eligible population for the Optimal Vascular Care measure.

Patients from India or Laos have significantly higher rates of optimal vascular care compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL VASCULAR CARE

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The optimal care rates in 2021 significantly increased compared to the respective 2020 rates in all subpopulations, *except for*:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The optimal control rates in 2021 remained significantly lower than the respective 2019 rates in all subpopulations, *except for*:

- Asian
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English-speaking

The 2021 rates for these subpopulations were not significantly different than the 2019 rates.

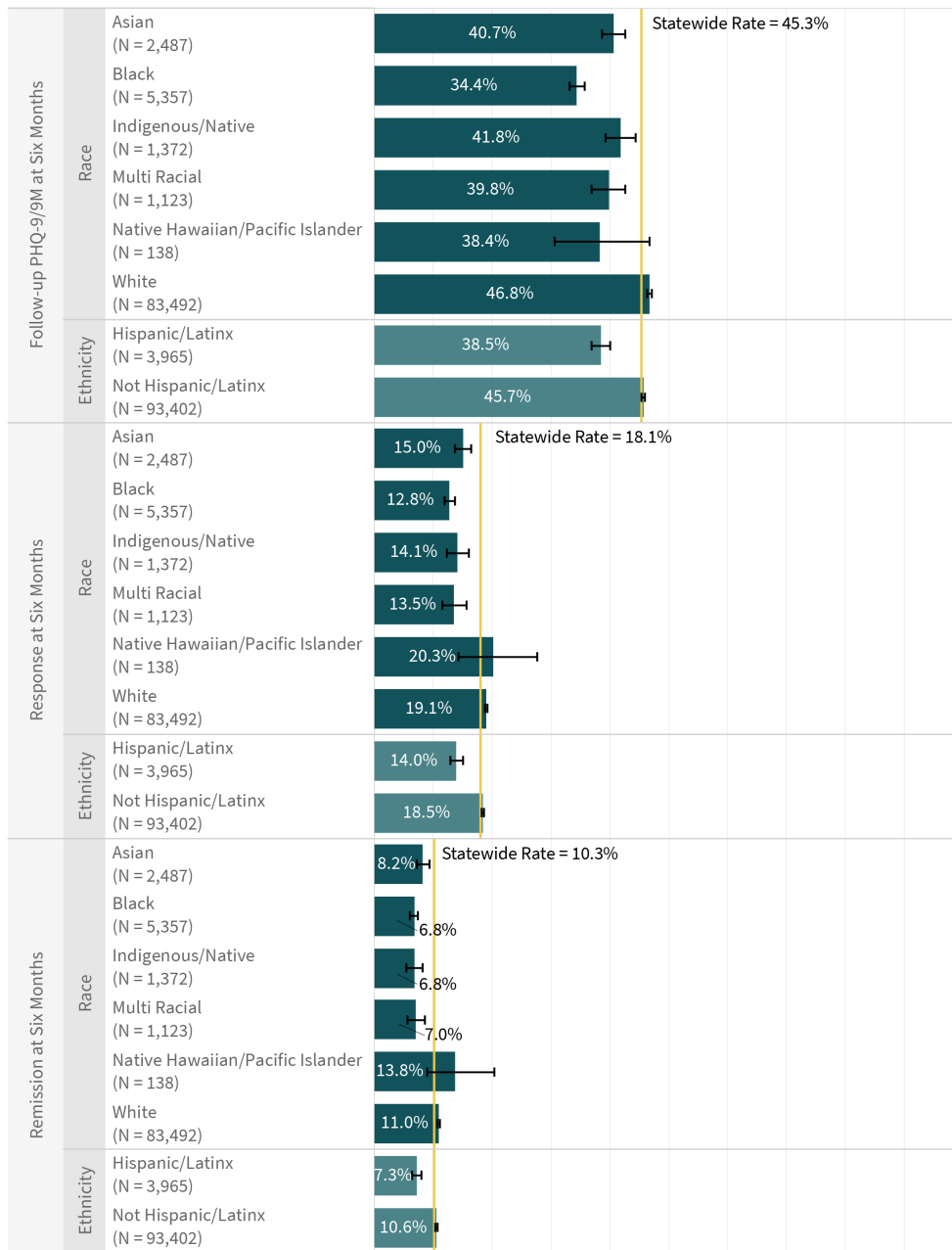
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: SIX MONTH MEASURES

Race/Ethnicity Summary

2021 measurement year



↔ Represents 95% confidence interval

Adult patients who are Asian, Black, Indigenous/Native or Multi Racial have significantly lower rates of follow-up, response and remission at six months compared to the respective statewide rates.

Additionally, adult patients who are Hispanic/Latinx have significantly lower rates of follow-up, response and remission at six months compared to the statewide rates.

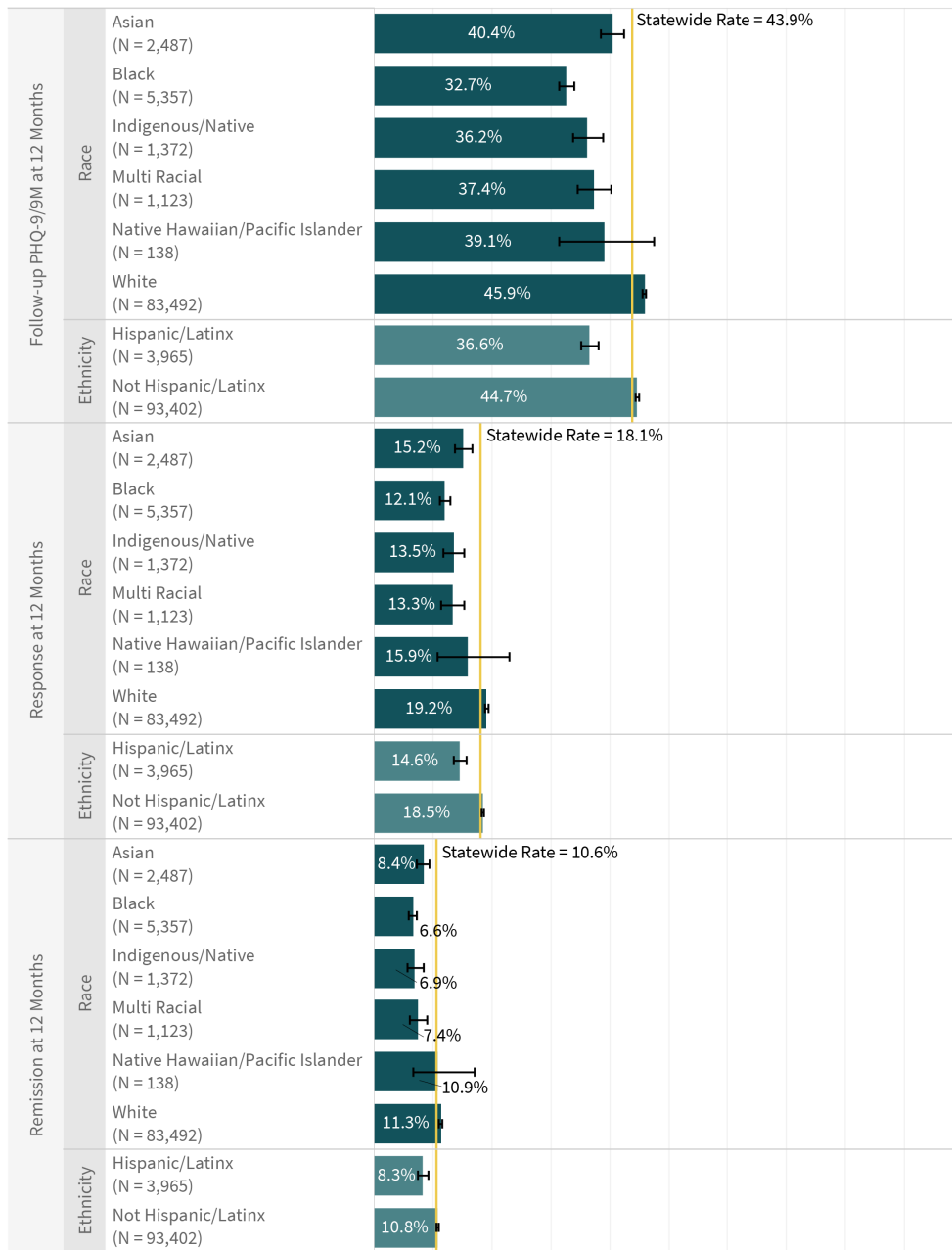
Adult patients who are White have significantly higher rates of follow-up, response and remission at six months compared to the statewide rates.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: 12 MONTH MEASURES

Race/Ethnicity Summary

2021 measurement year



↔ Represents 95% confidence interval

Adult patients who are Asian, Black, Indigenous/Native or Multi Racial have significantly lower rates of follow-up, response and remission at 12 months compared to the respective statewide rates.

Additionally, adult patients who are Hispanic/Latinx have significantly lower rates of follow-up, response and remission at 12 months compared to the statewide rates.

Adult patients who are White have significantly higher rates of follow-up, response and remission at 12 months compared to the statewide rates.

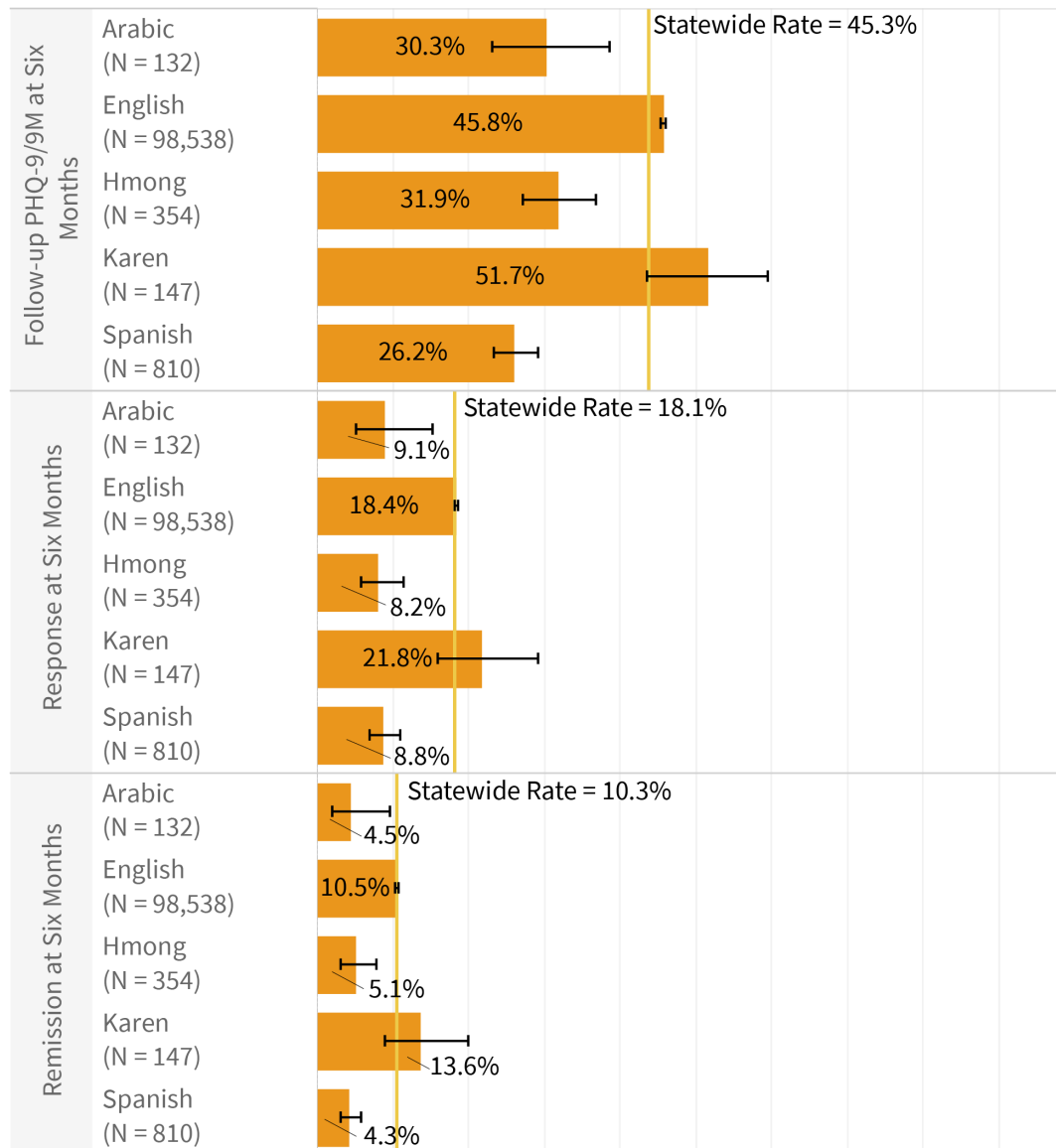
Adult patients who are not Hispanic/Latinx have a significantly higher rate of follow-up at 12 months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: SIX MONTH MEASURES

Preferred Language Summary

2021 measurement year



— Represents 95% confidence interval

Adult patients who prefer to speak Arabic, English, Hmong, Karen or Spanish make up 99 percent of the eligible population for the adult depression measures.

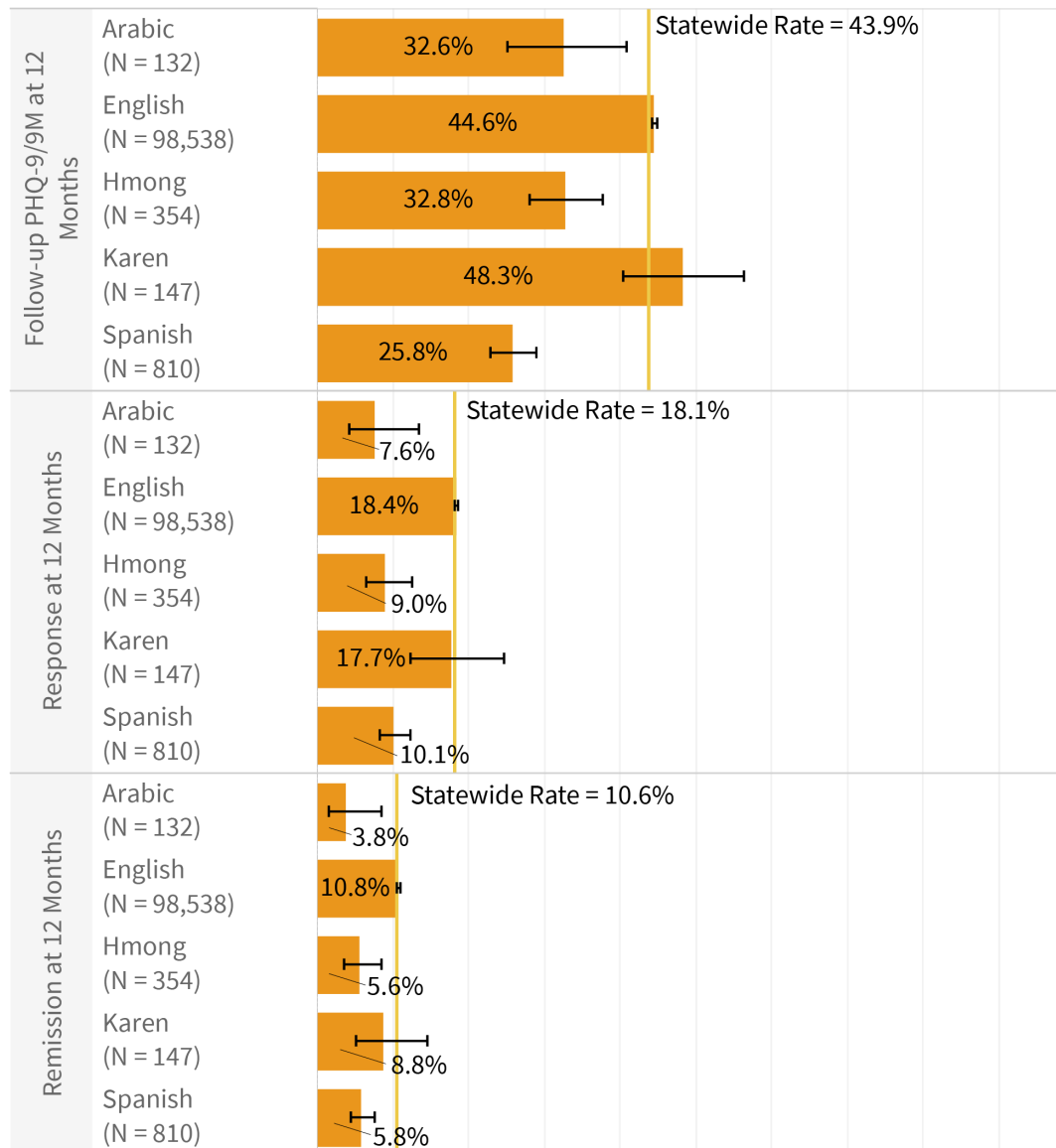
Adult patients who prefer to speak Arabic, Hmong or Spanish have significantly lower rates of follow-up, response and remission at six months compared to the respective statewide rates.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: 12 MONTH MEASURES

Preferred Language Summary

2021 measurement year



— Represents 95% confidence interval

Adult patients who prefer to speak Arabic, Hmong or Spanish have significantly lower rates of follow-up, response and remission at 12 months compared to the respective statewide rates.

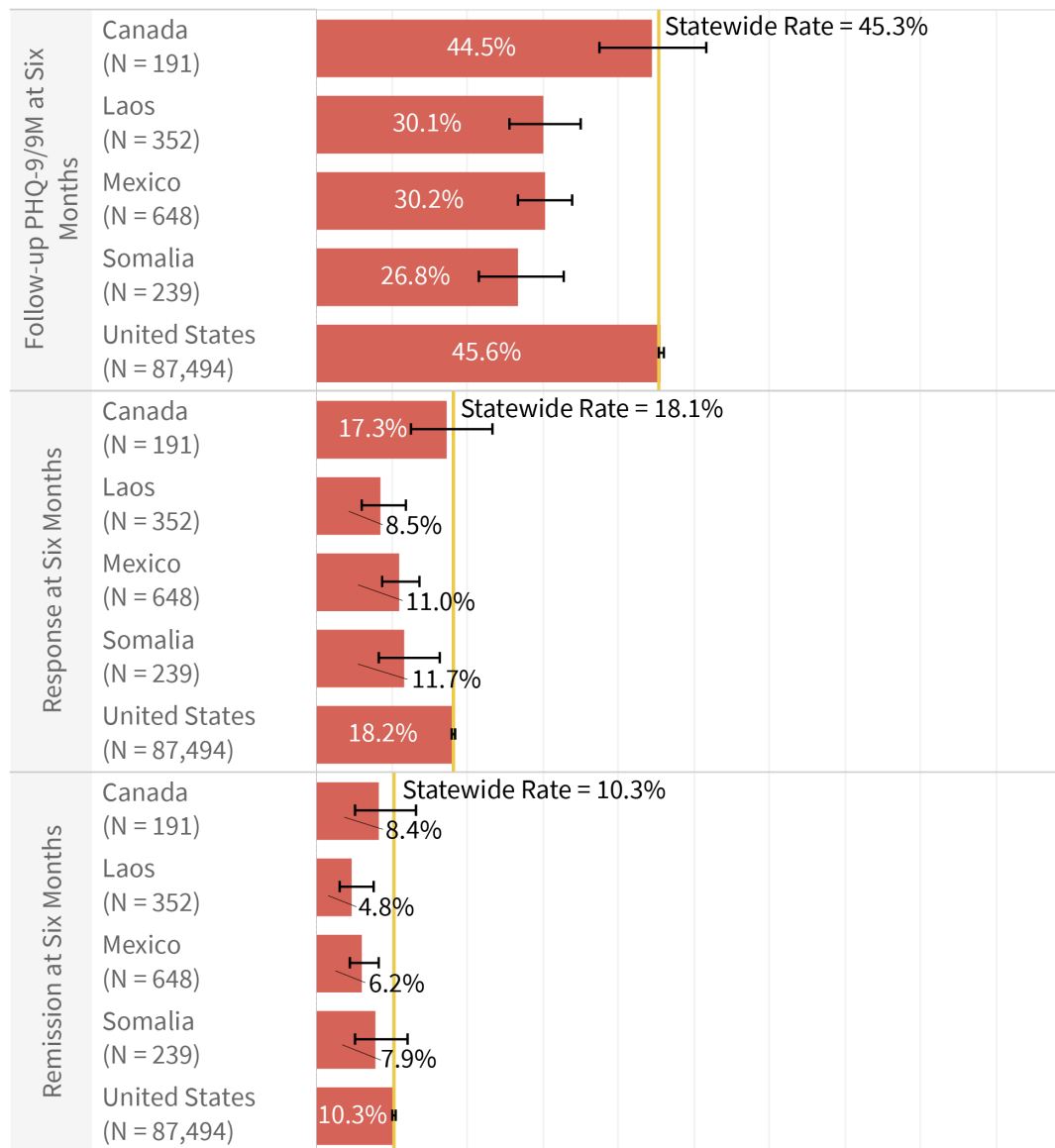
Adult patients who prefer to speak English have significantly higher rates of follow-up at 12 months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: SIX MONTH MEASURES

Country of Origin Summary

2021 measurement year



↔ Represents 95% confidence interval

Adult patients from Canada, Laos, Mexico, Somalia or the United States make up 96 percent of the eligible population for the adult depression measures.

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

Adult patients from Laos, Mexico or Somalia have significantly lower rates of follow-up at six months compared to the statewide rate.

Response at Six Months

Adult patients from Laos, Mexico or Somalia have significantly lower rates of response at six months compared to the statewide rate.

Remission at Six Months

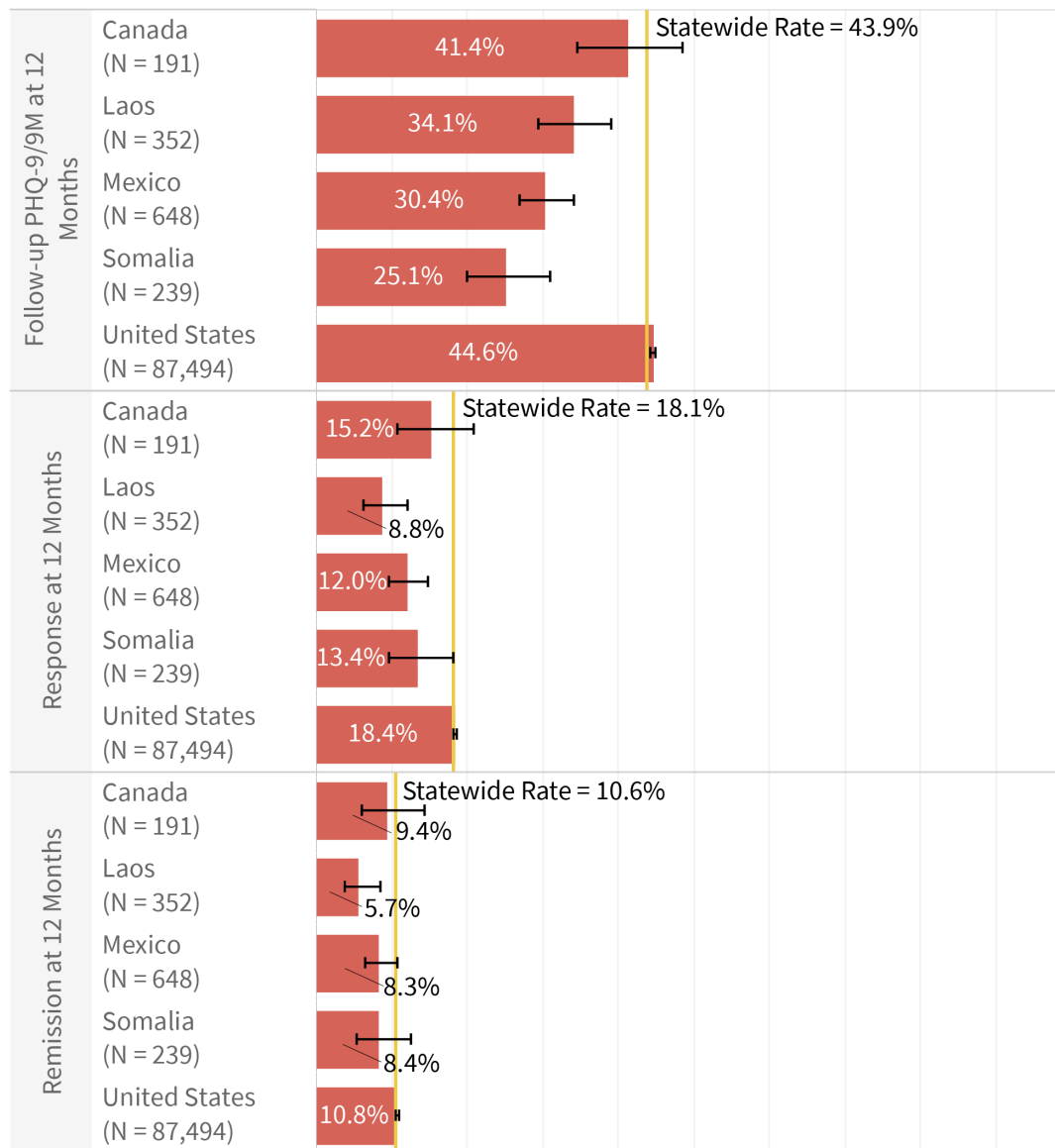
Adult patients from Laos or Mexico have significantly lower rates of remission at six months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: 12 MONTH MEASURES

Country of Origin Summary

2021 measurement year



— Represents 95% confidence interval

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

Adult patients from Laos, Mexico or Somalia have significantly lower rates of follow-up at 12 months compared to the statewide rate.

Adult patients from the United States have significantly higher rates of follow-up at 12 months compared to the statewide rate.

Response at 12 Months

Adult patients from Laos or Mexico have significantly lower rates of response at 12 months compared to the statewide rate.

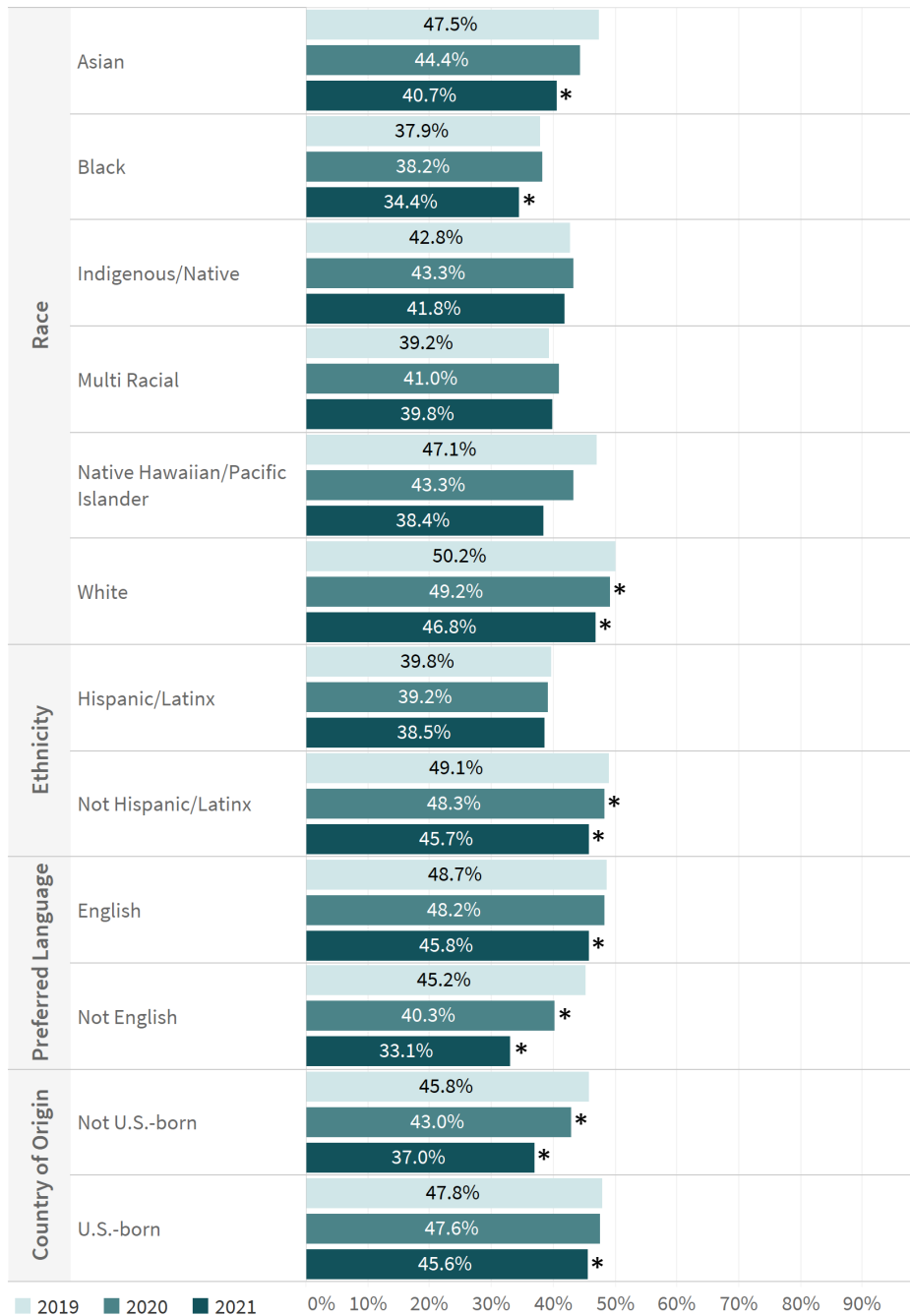
Remission at 12 Months

Adult patients from Laos have a significantly lower rate of remission at 12 months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: FOLLOW-UP PHQ-9/9M AT SIX MONTHS

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The follow-up rates for adults in 2021 significantly decreased compared to the respective 2020 rates in all subpopulations, *except for*:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The follow-up rates for adults in 2021 remained significantly lower than the respective 2019 rates in all subpopulations, *except for*:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx

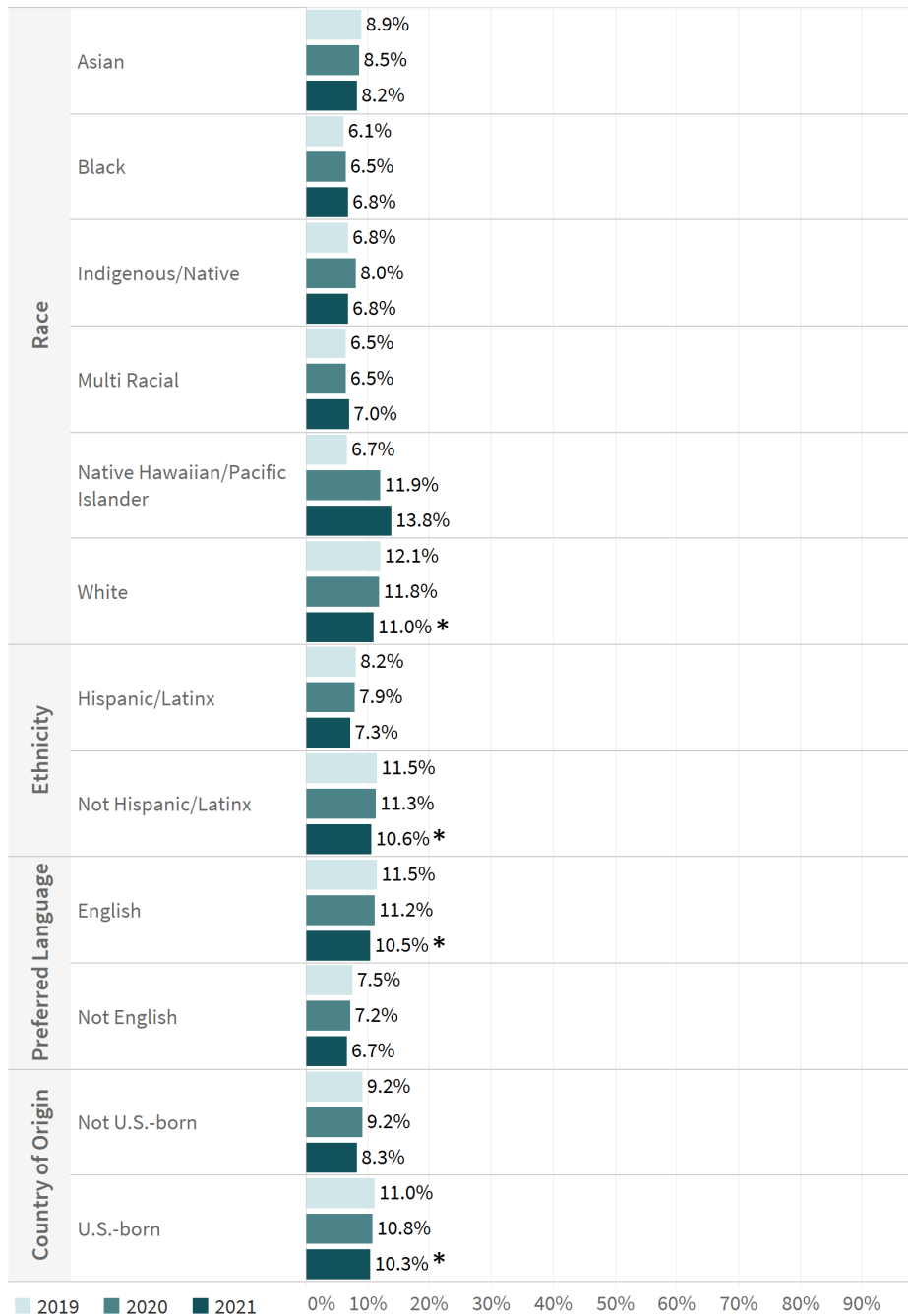
The 2021 rates for these subpopulations were not significantly different than the 2019 rates.

*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ADULT DEPRESSION: REMISSION AT SIX MONTHS

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The remission rates for adults in 2021 significantly decreased compared to the respective 2020 rates in the following subpopulations:

- White
- Not Hispanic/Latinx
- English-speaking
- U.S.-born

The rates for all other subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The remission rates for adults in 2021 remained significantly lower than the respective 2019 rates in the following subpopulations:

- White
- Not Hispanic/Latinx
- English-speaking
- U.S.-born

The rates for all other subpopulations did not significantly change.

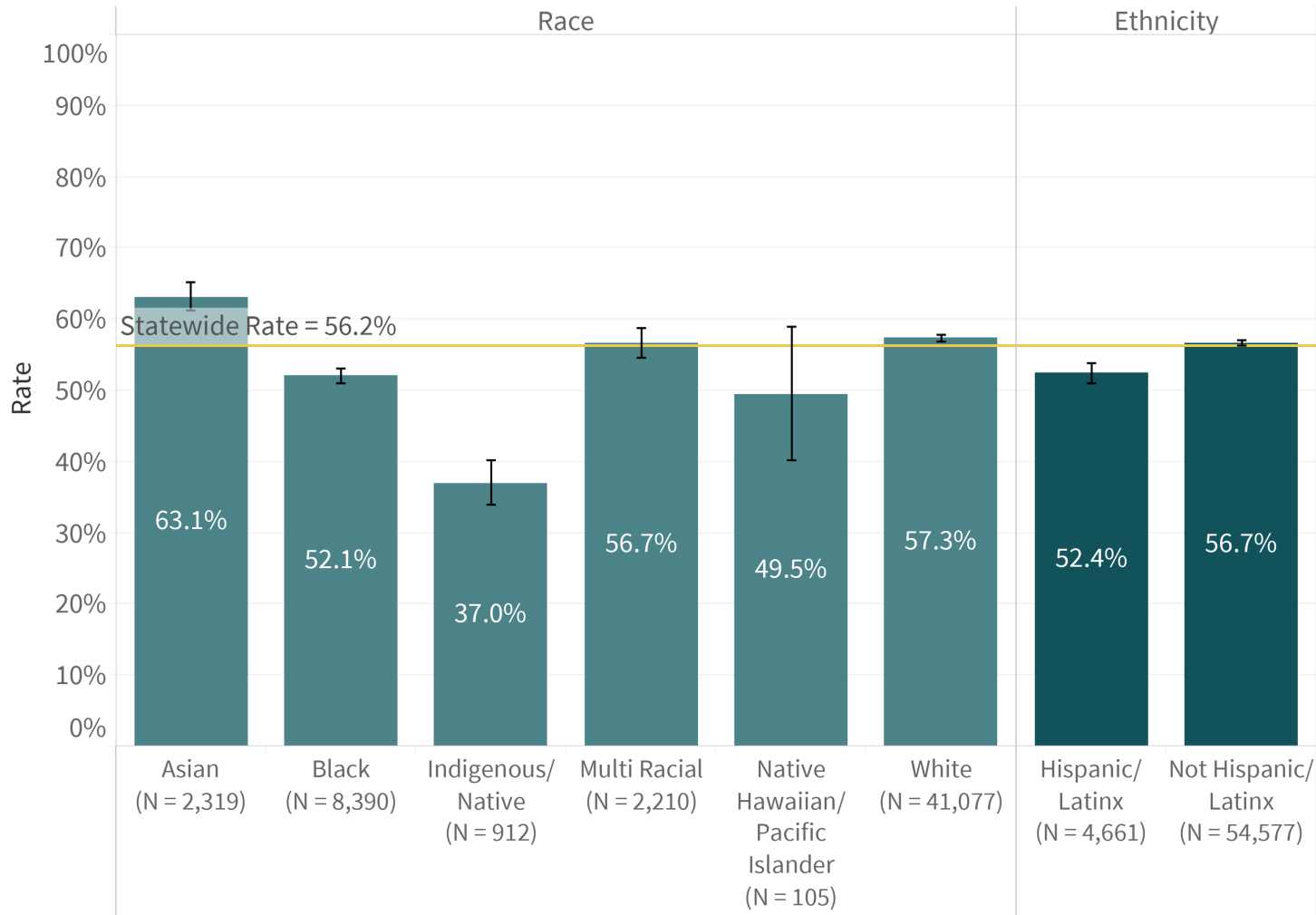
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - CHILDREN

Race/Ethnicity Summary

2021 measurement year



┆ Represents 95% confidence interval

Race

Children who are Asian or White have significantly higher rates of optimal asthma control compared to the statewide rate.

Children who are Black or Indigenous/Native has significantly lower rates of optimal control compared to the statewide rate.

Ethnicity

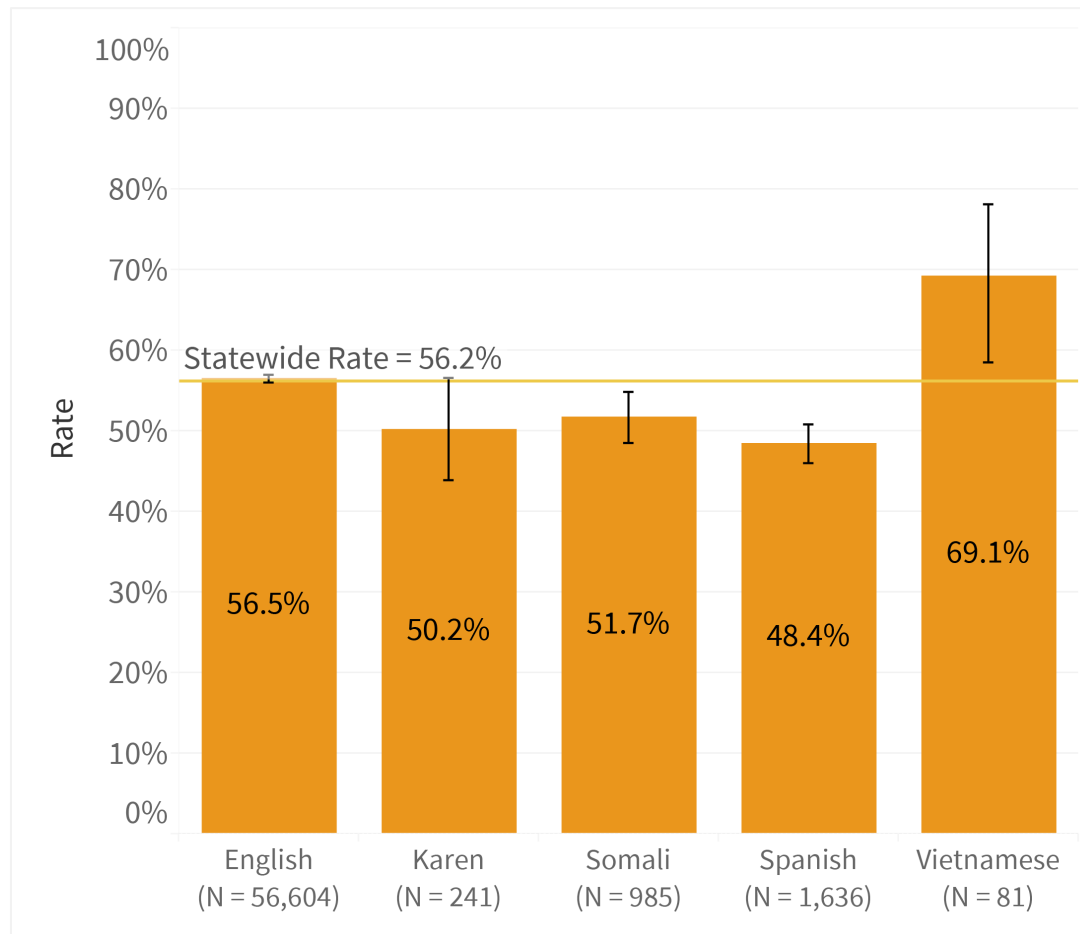
Children who are Hispanic/Latinx have significantly lower rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - CHILDREN

Preferred Language Summary

2021 measurement year



I Represents 95% confidence interval

Children who prefer to speak English, Karen, Somali, Spanish or Vietnamese make up 99 percent of the eligible population for the Optimal Asthma Control measure.

Children who prefer to speak Somali or Spanish have significantly lower rates of optimal control compared to the statewide rate.

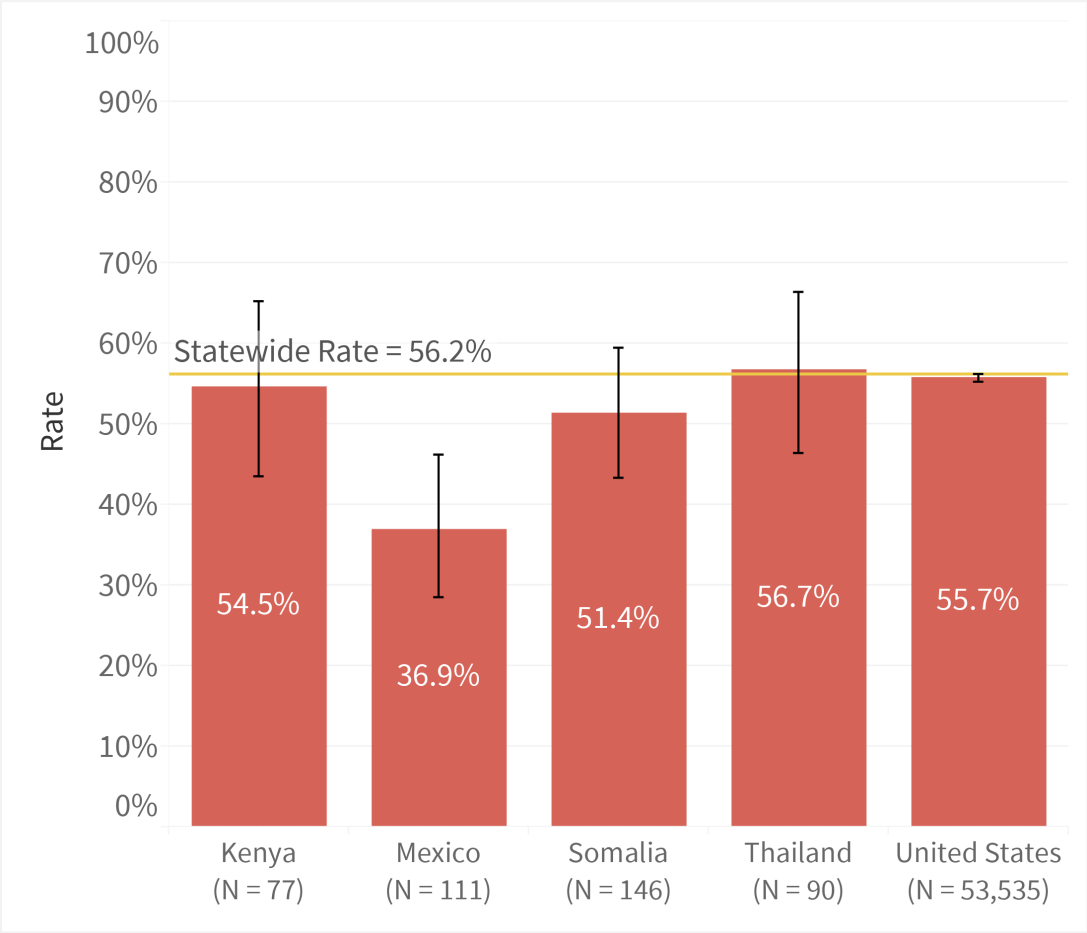
Children who prefer to speak Vietnamese have significantly higher rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL - CHILDREN

Country of Origin Summary

2021 measurement year



I Represents 95% confidence interval

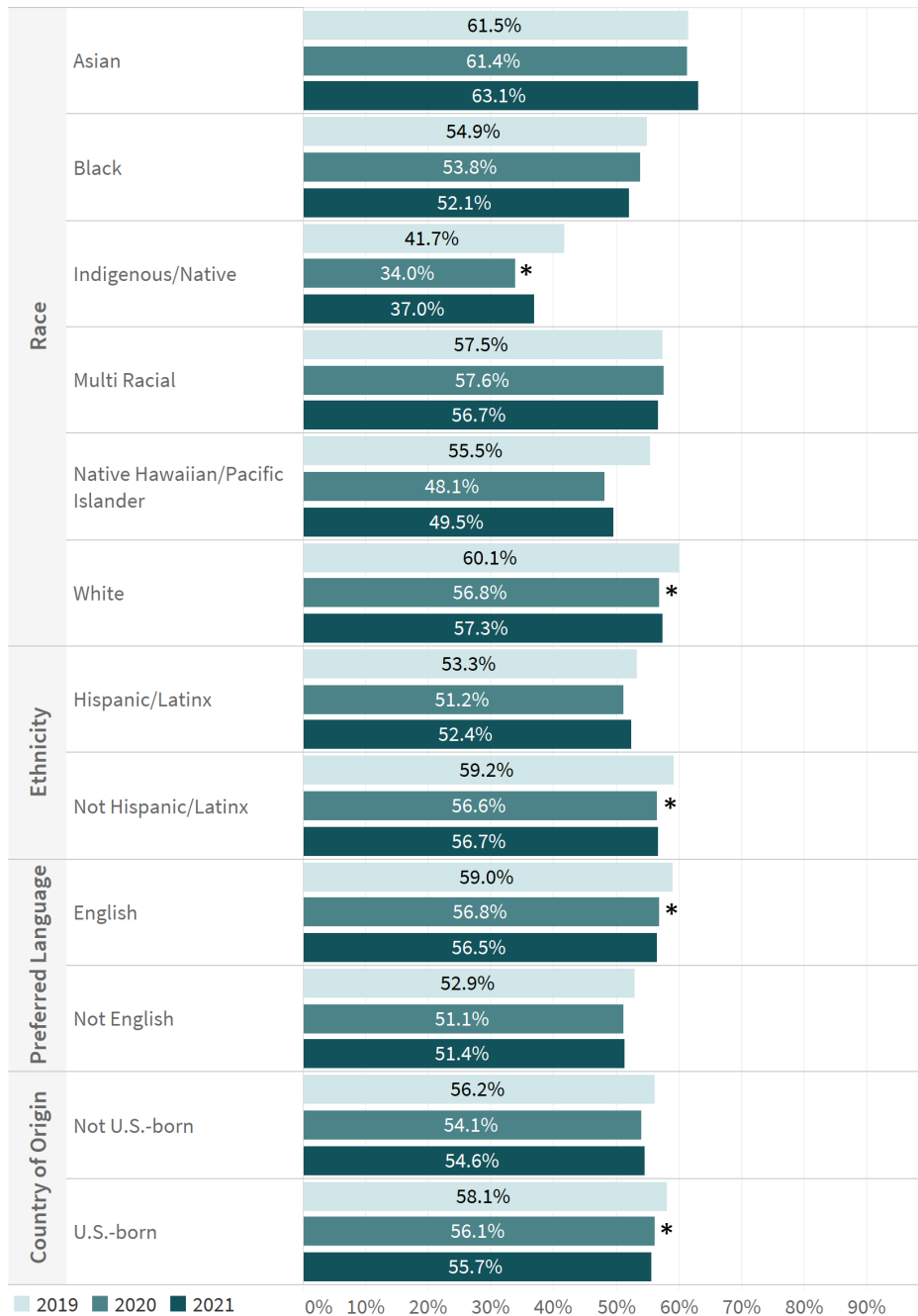
Children from Kenya, Mexico, Somalia, Thailand and the United States make up 97 percent of the eligible population for the Optimal Asthma Control measure.

Children from Mexico have significantly lower rates of optimal control compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

OPTIMAL ASTHMA CONTROL – CHILDREN

Trend by RELC Subpopulation



2021 Rates vs. 2020 Rates

The optimal control rates among children in 2021 did not significantly change from 2020 for any of the subpopulations.

2021 Rates vs. 2019 Rates

The optimal control rates among children in 2021 remained significantly lower than the respective 2019 rates in the following subpopulations:

- Black
- White
- Not Hispanic/Latinx
- English-speaking
- U.S.-born

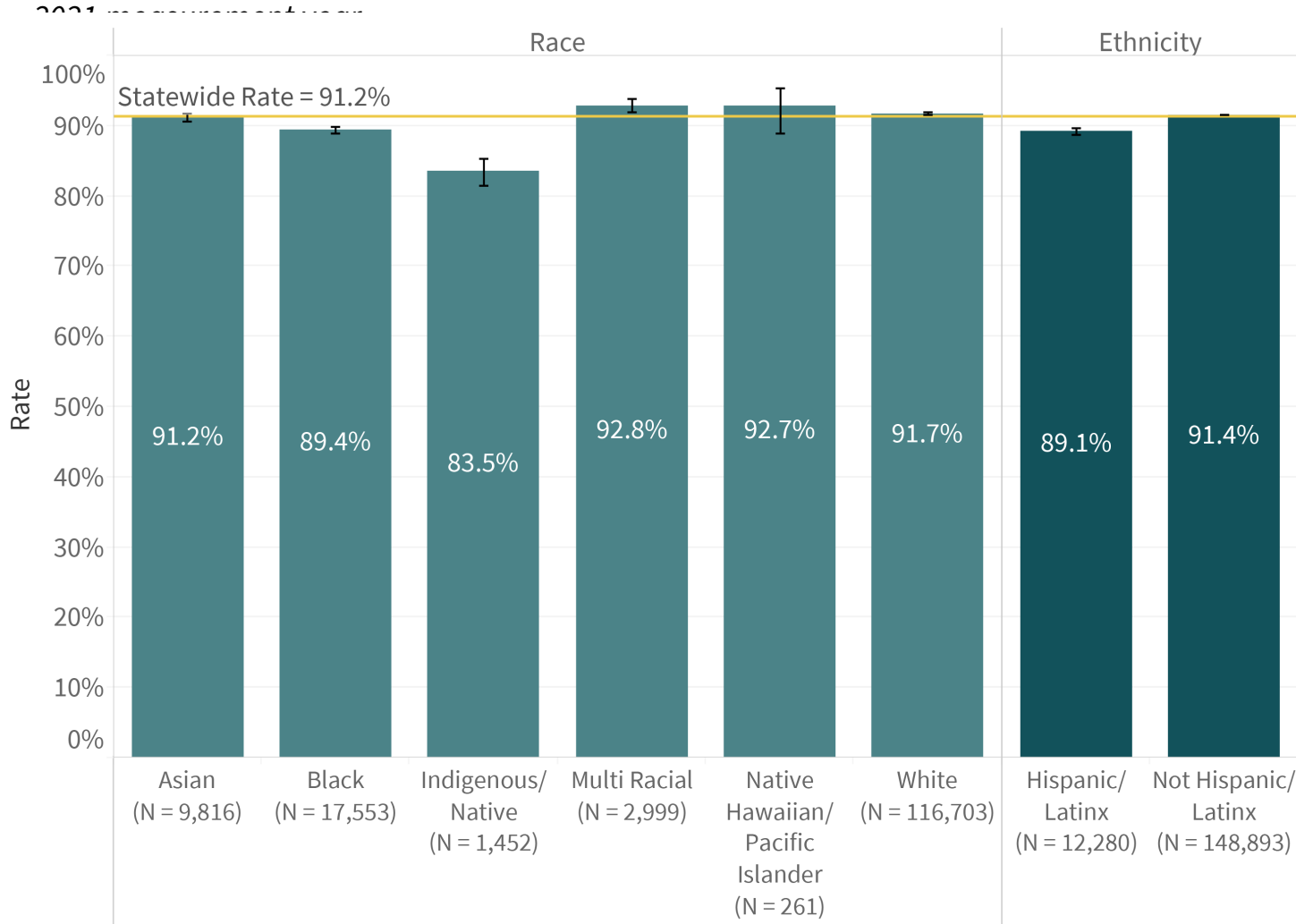
The 2021 rates for all other subpopulations were not significantly different than the 2019 rates.

*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Race/Ethnicity Summary



⌋ Represents 95% confidence interval

Race

Patients who are Multi-race or White have significantly higher rates of adolescent mental health screening compared to the statewide rate.

Patients who are Black or Indigenous/Native have significantly lower rates of screening compared to the statewide rate.

Ethnicity

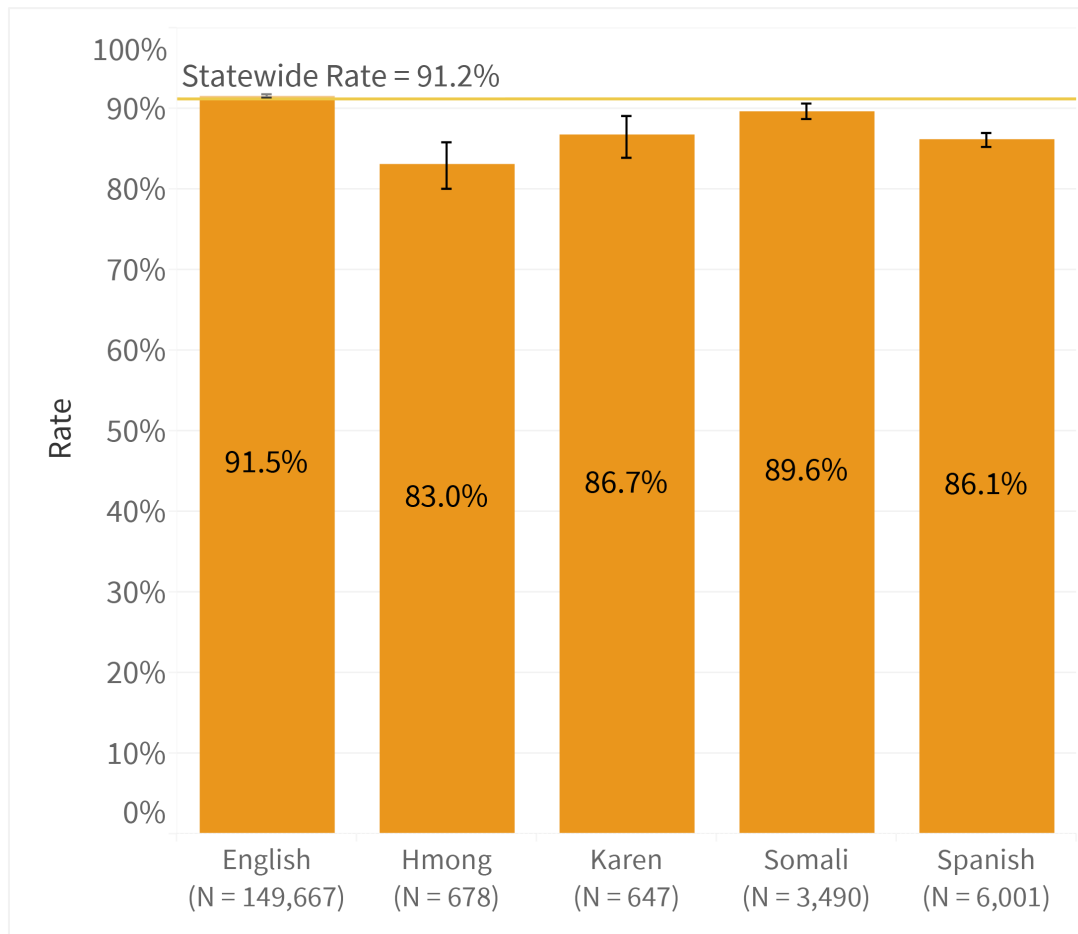
Patients who are Hispanic/Latinx have significantly lower rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Preferred Language Summary

2021 measurement year



I Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Karen, Somali or Spanish make up 98 percent of the eligible population for the Adolescent Mental Health and/or Depression Screening measure.

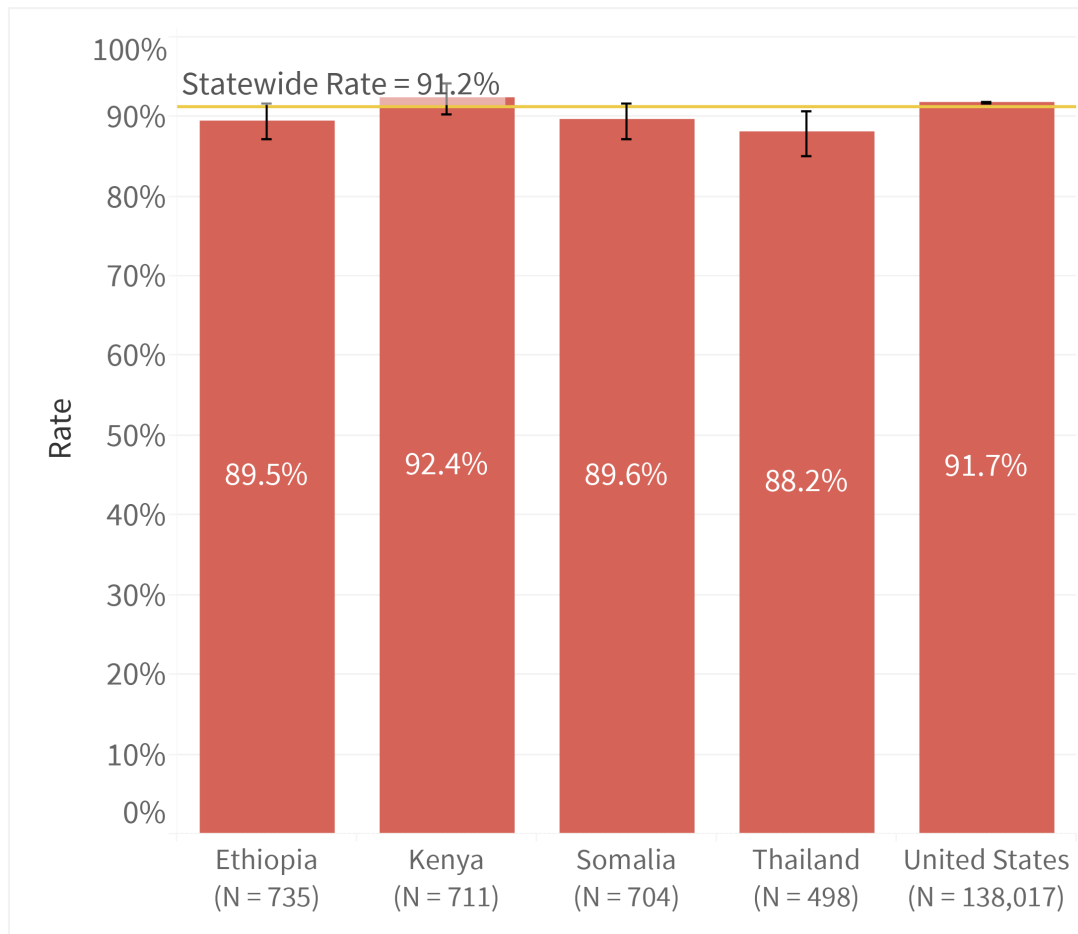
Patients who prefer to speak Hmong, Karen, Somali or Spanish have significantly lower rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Country of Origin Summary

2021 measurement year



I Represents 95% confidence interval

Patients from Ethiopia, Kenya, Somalia, Thailand and the United States make up 95 percent of the eligible population for the Adolescent Mental Health and/or Depression Screening measure.

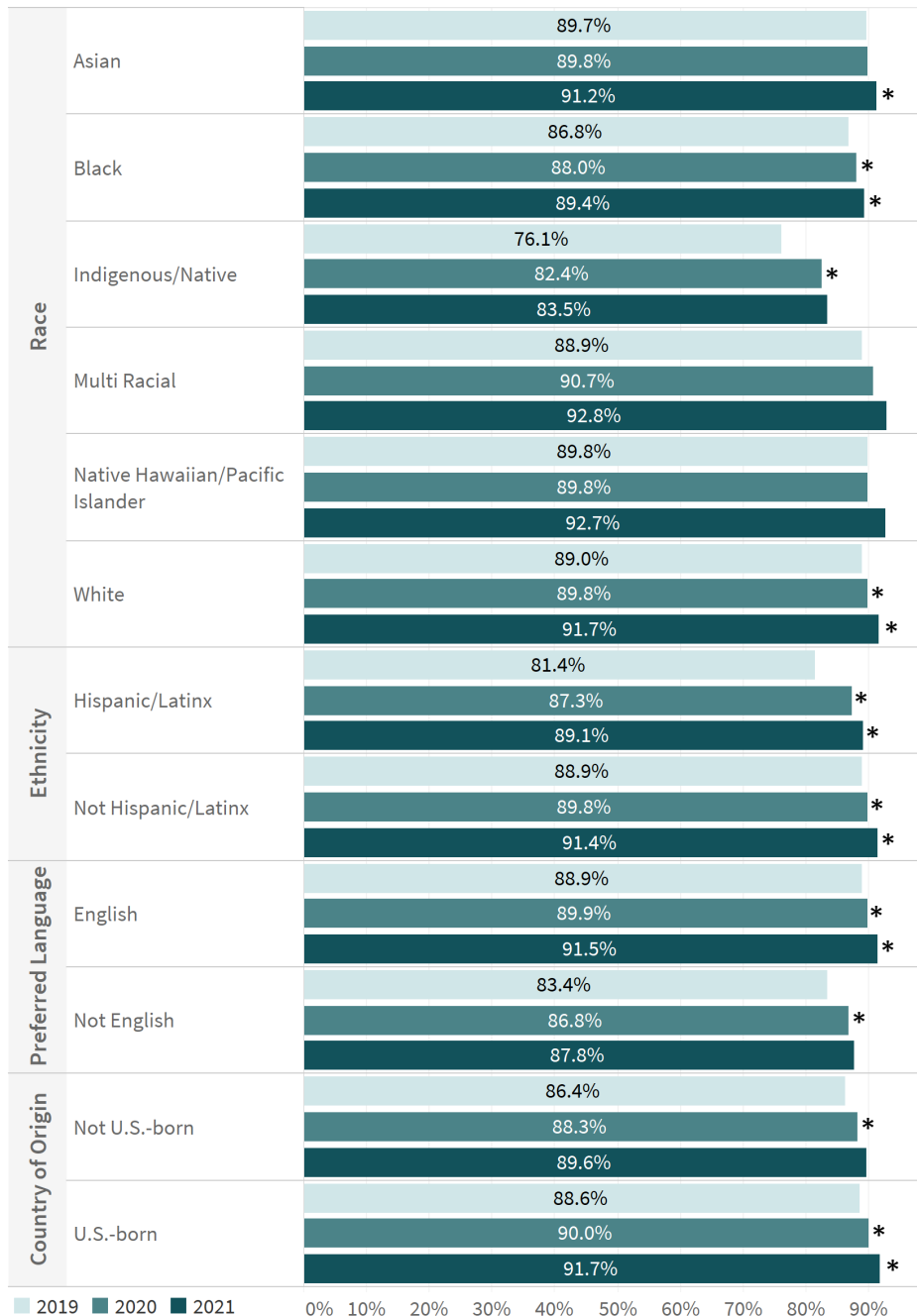
Patients from Thailand have significantly lower rates of screening compared to the statewide rate.

Patients from the United States have significantly higher rates of screening compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Trend by RELC Subpopulation



2021 Rates vs. 2020 Rates

The screening rates in 2021 significantly increased compared to the respective 2020 rates in all subpopulations, *except for*:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English-speaking
- Not U.S.-born

The rates for these subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The screening rates in 2021 remained significantly higher than the respective 2019 rates in all subpopulations, *except for* the Native Hawaiian/Pacific Islander subpopulation, which was not significantly different.

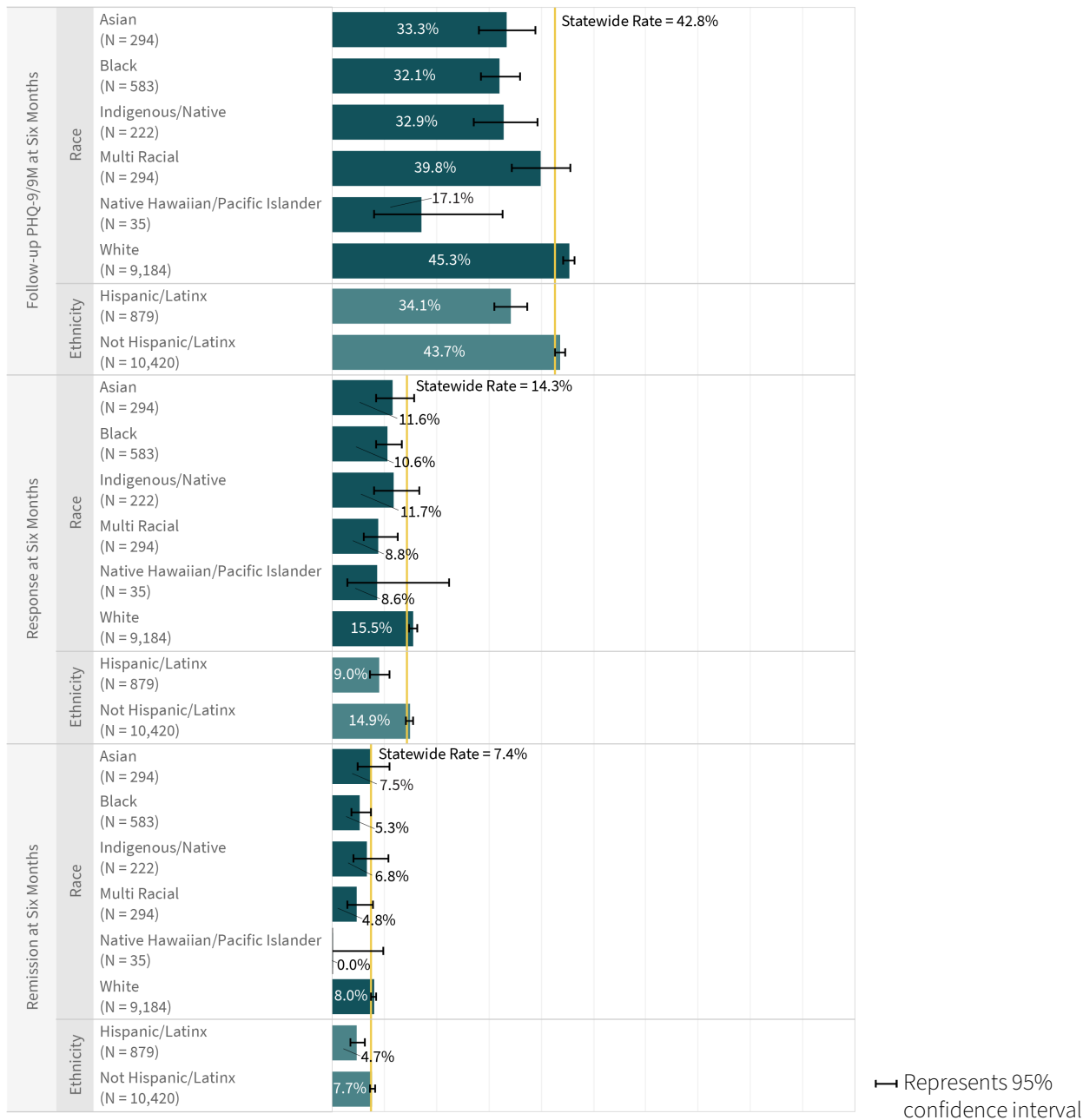
*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES

Race/Ethnicity Summary

2021 measurement year



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

Adolescent patients who are Asian, Black, Indigenous/Native or Native Hawaiian/Pacific Islander have significantly lower rates of follow-up at six months compared to the statewide rate. Similarly, adolescent patients who are Hispanic/Latinx have significantly lower rates of follow-up at six months compared to the statewide rate.

Adolescent patients who are White have a significantly higher rate of follow-up at six months compared to the statewide rate.

Response at Six Months

Adolescent patients who are Black or Multi Racial have significantly lower rates of response at six months compared to the statewide rate. Similarly, adolescent patients who are Hispanic/Latinx have a significantly lower rate of response at six months compared to the statewide rate.

Remission at Six Months

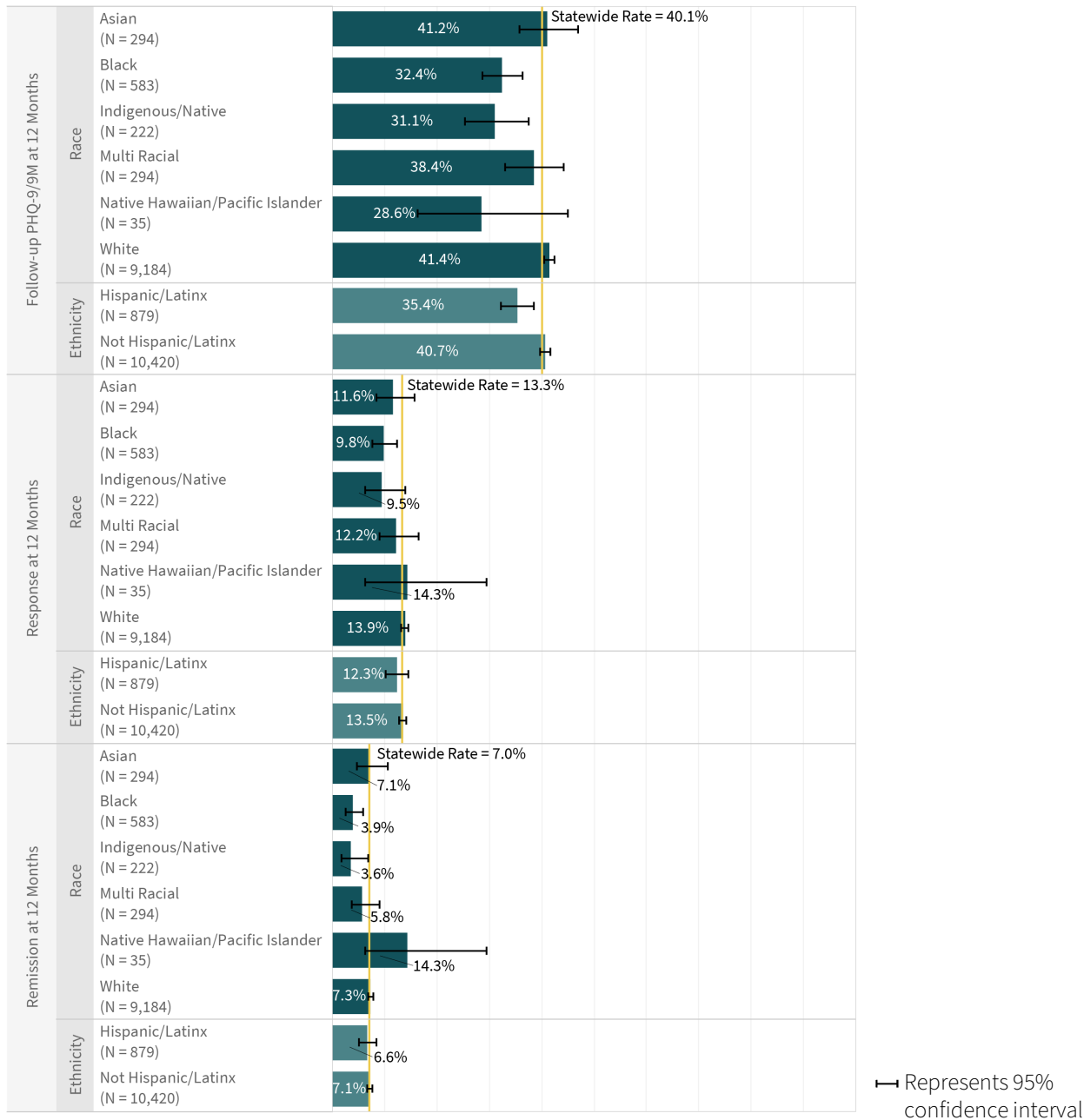
Adolescent patients who are Hispanic/Latinx have a significantly lower rate of remission at six months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES

Race/Ethnicity Summary

2021 measurement year



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

Adolescent patients who are Black or Indigenous/Native have significantly lower rates of follow-up at 12 months compared to the statewide rate. Similarly, adolescent patients who are Hispanic/Latinx have significantly lower rates of follow-up at 12 months compared to the statewide rate.

Response at 12 Months

Adolescent patients who are Black have a significantly lower rate of response at 12 months compared to the statewide rate.

Remission at 12 Months

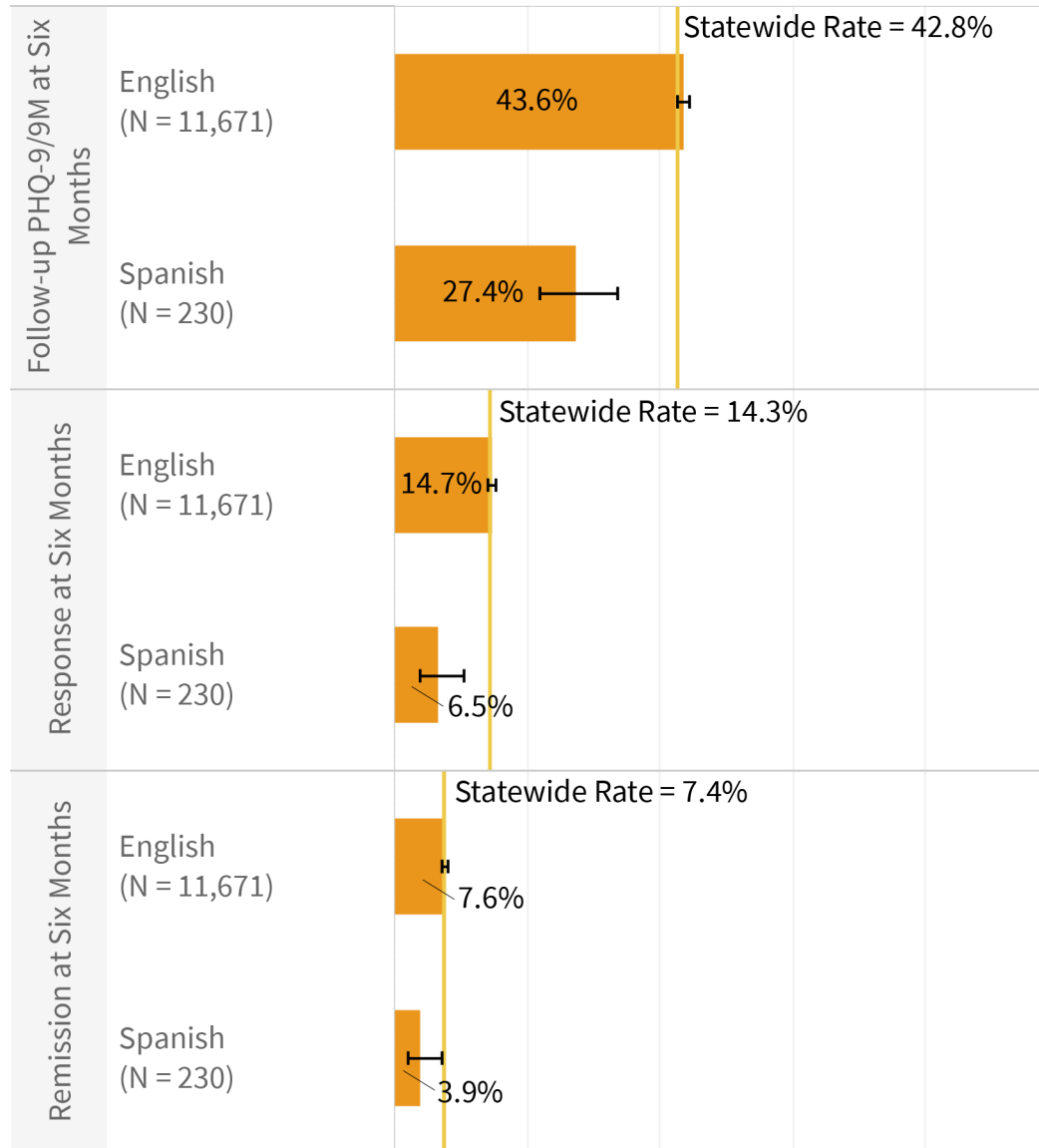
Adolescent patients who are Black have a significantly lower rate of remission at 12 months compared to the statewide rate.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES

Preferred Language Summary

2021 measurement year



↔ Represents 95% confidence interval

Patients who prefer to speak English or Spanish make up 99 percent of the eligible population for the adolescent depression measures.

Adolescent patients who prefer to speak Spanish have significantly lower rates of follow-up and response at six months compared to the respective statewide rates.

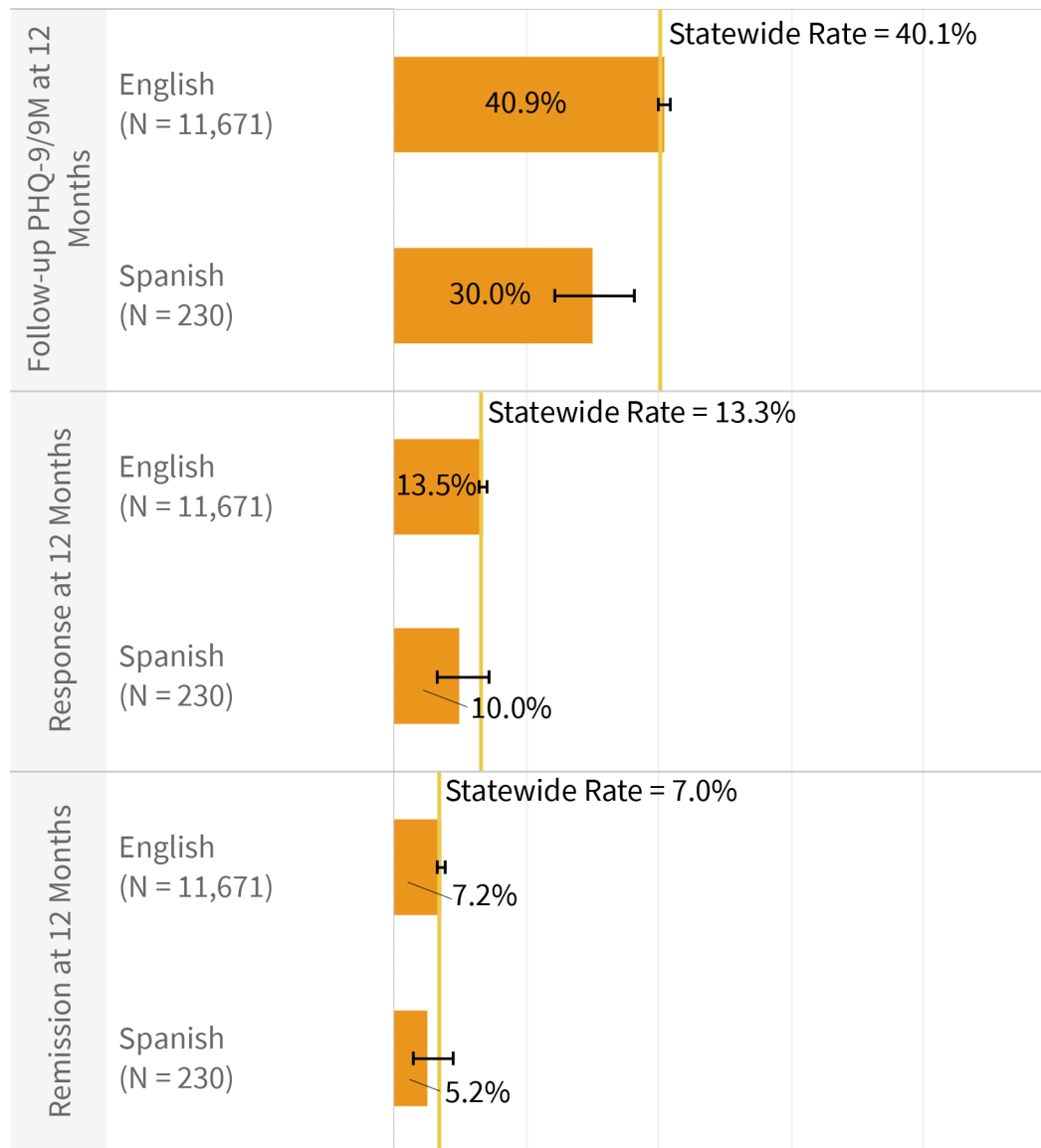
Note about Country of Origin: The United States was the only country with over 30 patients for the Adolescent Depression measures. As a result, this graph has been omitted.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES

Preferred Language Summary

2021 measurement year



↔ Represents 95% confidence interval

Patients who prefer to speak English or Spanish make up 99 percent of the eligible population for the adolescent depression measures.

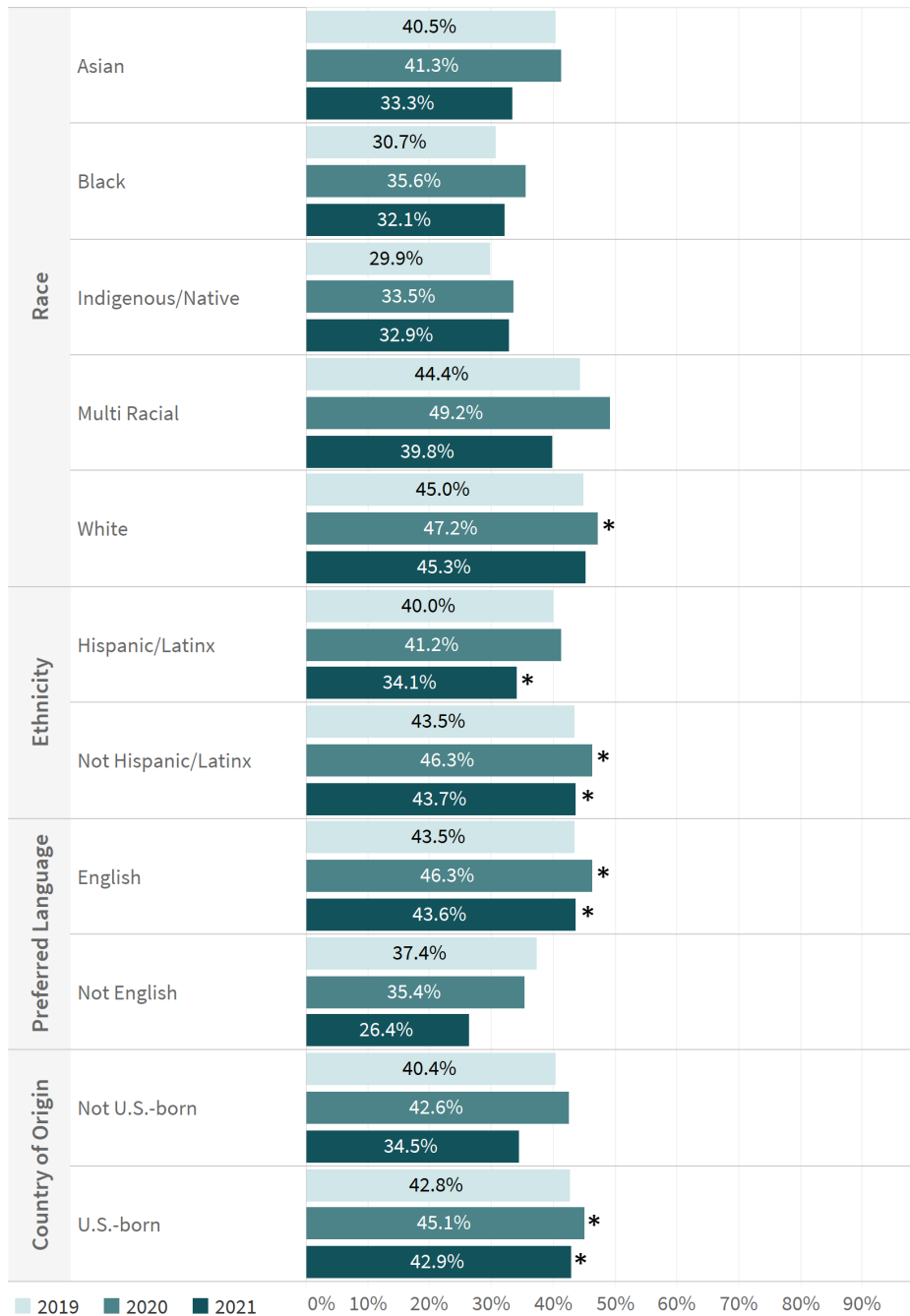
Adolescent patients who prefer to speak Spanish have a significantly lower rate of follow-up at 12 months compared to the statewide rate.

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.

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: FOLLOW-UP PHQ-9/9M AT SIX MONTHS

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The follow-up rates for adolescents in 2021 significantly decreased compared to the respective 2020 rates in the following subpopulations:

- Hispanic/Latinx
- Not Hispanic/Latinx
- English-speaking
- U.S.-born

The rates for all other subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

The follow-up rates for adolescents in 2021 remained significantly lower than the respective 2019 rates in the non-English-speaking subpopulations.

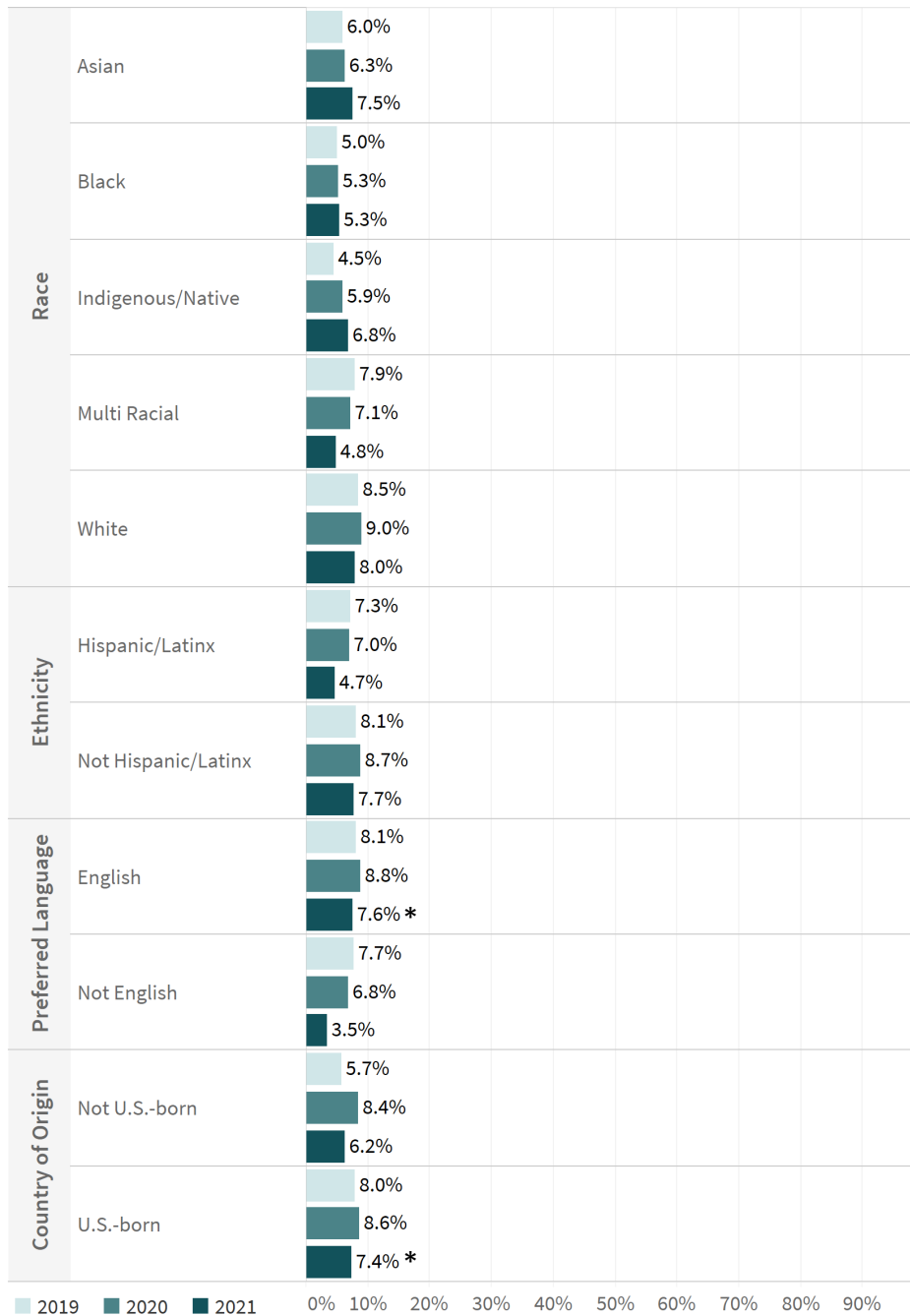
The 2021 rates for all other subpopulations were not significantly different than the 2019 rates.

*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ADOLESCENT DEPRESSION: REMISSION AT SIX MONTHS

Trend by RELC Subpopulations



2021 Rates vs. 2020 Rates

The remission rates for adolescents in 2021 significantly decreased compared to the respective 2020 rates in the following subpopulations:

- English-speaking
- U.S.-born

The rates for all other subpopulations did not significantly change.

2021 Rates vs. 2019 Rates

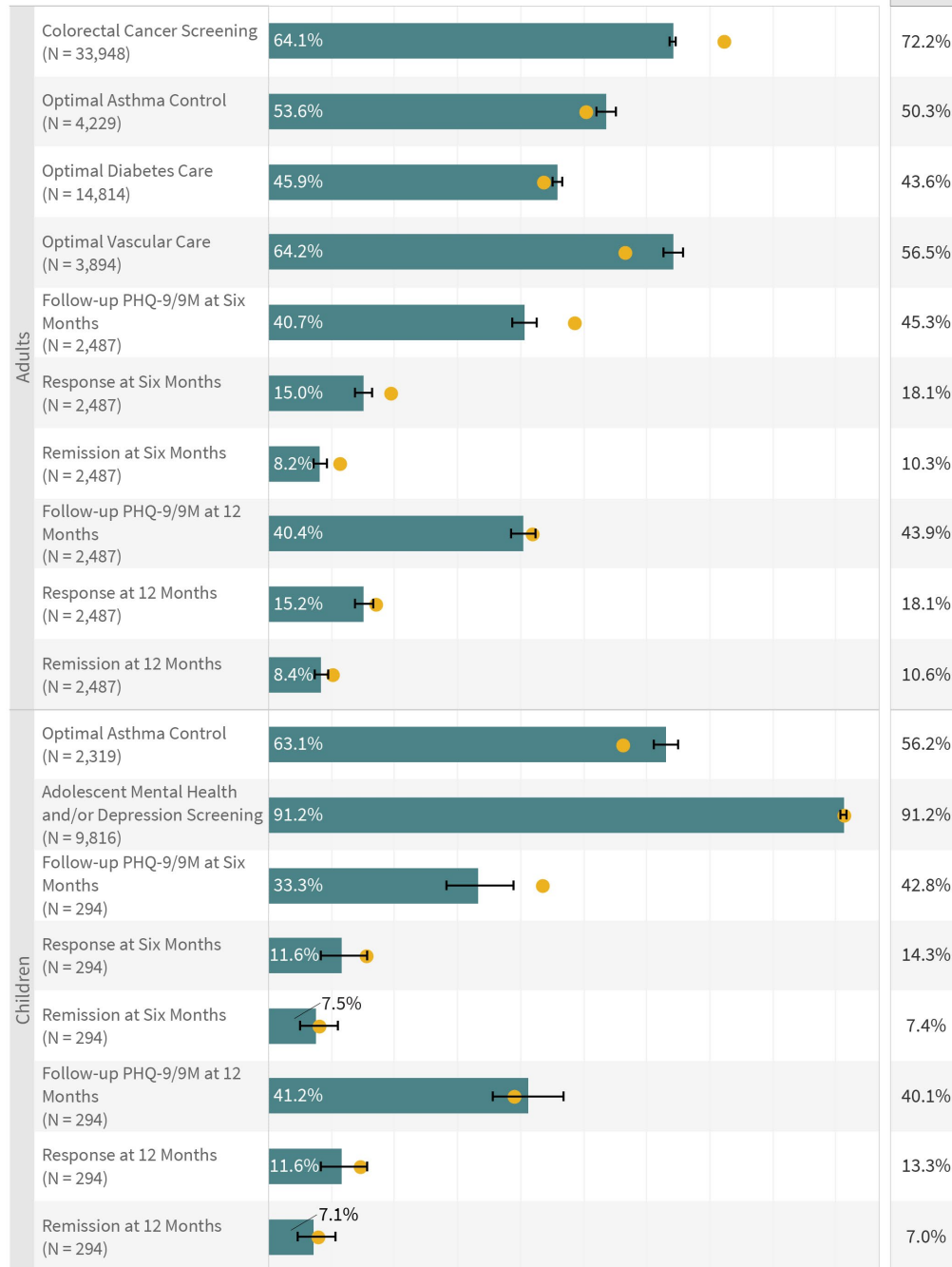
The remission rates for adolescents in 2021 were not significantly different than the respective 2019 rates.

*Significant change from previous year

[Click here](#) for a complete list of measure definitions.

ASIAN PATIENTS

2021 Snapshot Summary



— 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:

+ 2,811

Colorectal Cancer Screening

+ 119

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

+ 54

Adult Depression: Remission at Six Months

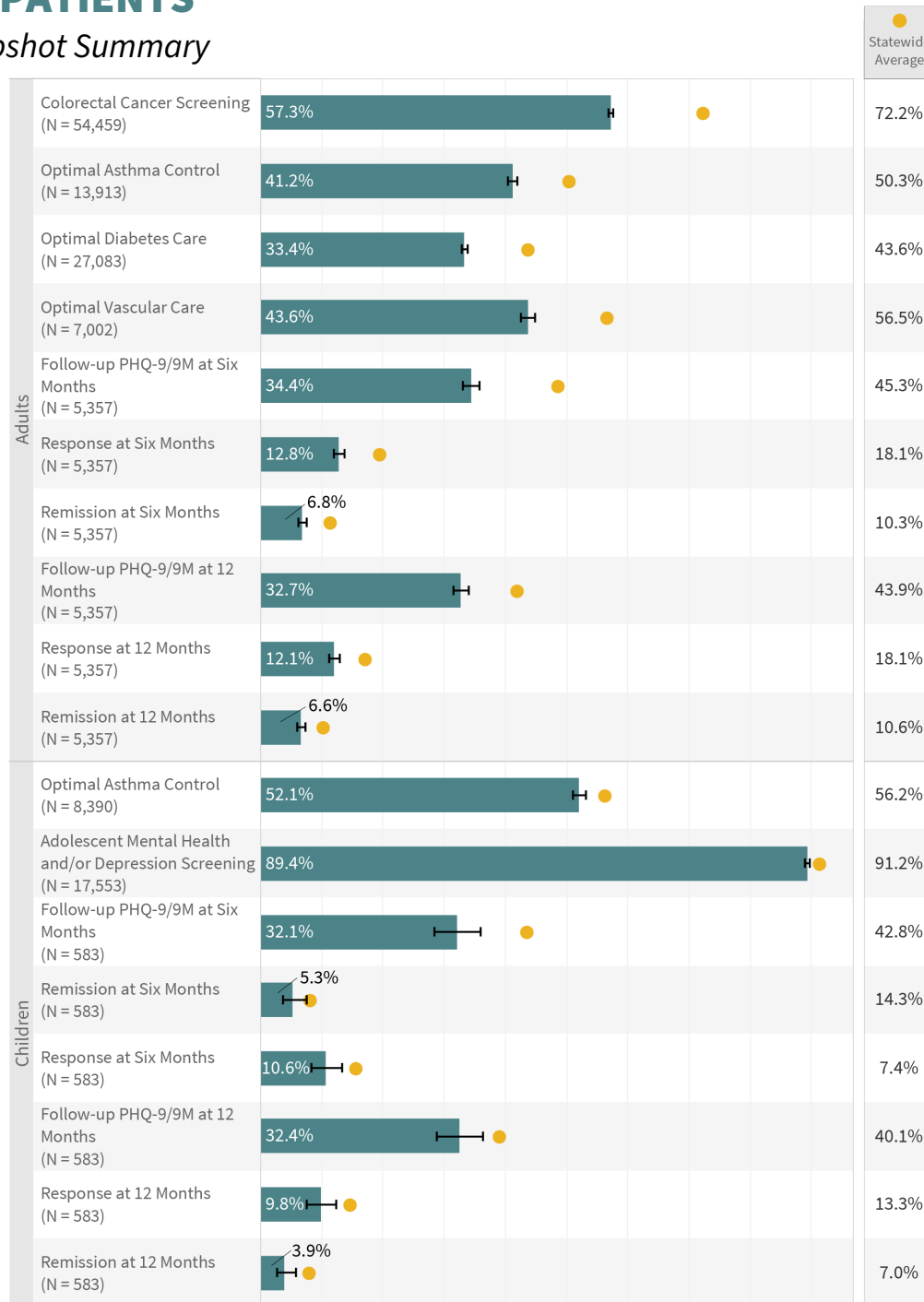
+ 28

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

[Click here](#) for a complete list of measure definitions.

BLACK PATIENTS

2021 Snapshot Summary



— 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:

+ 8,462

Colorectal Cancer Screening

+ 1,404

Optimal Asthma Control – Adults

+ 3,021

Optimal Diabetes Care

+ 938

Optimal Vascular Care

+ 617

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

+ 199

Adult Depression: Remission at Six Months

+ 401

Optimal Asthma Control – Children

+ 368

Adolescent Mental Health and/or Depression Screening

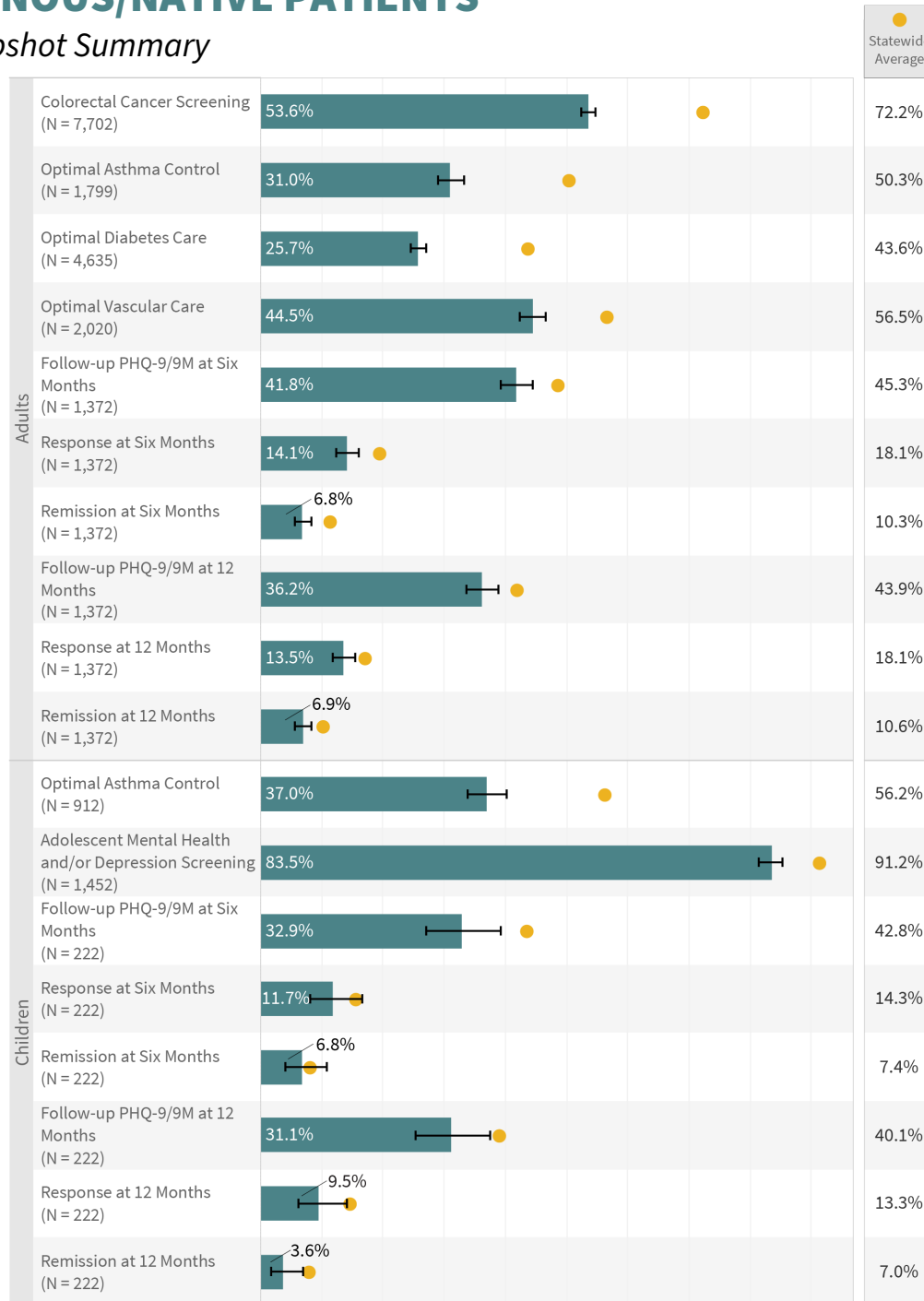
+ 65

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

[Click here](#) for a complete list of measure definitions.

INDIGENOUS/NATIVE PATIENTS

2021 Snapshot Summary



— 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:

+ 1,442

Colorectal Cancer Screening

+ 351

Optimal Asthma Control - Adults

+ 840

Optimal Diabetes Care

+ 246

Optimal Vascular Care

+ 48

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

+50

Adult Depression: Remission at Six Months

+ 178

Optimal Asthma Control – Children

+ 114

Adolescent Mental Health and/or Depression Screening

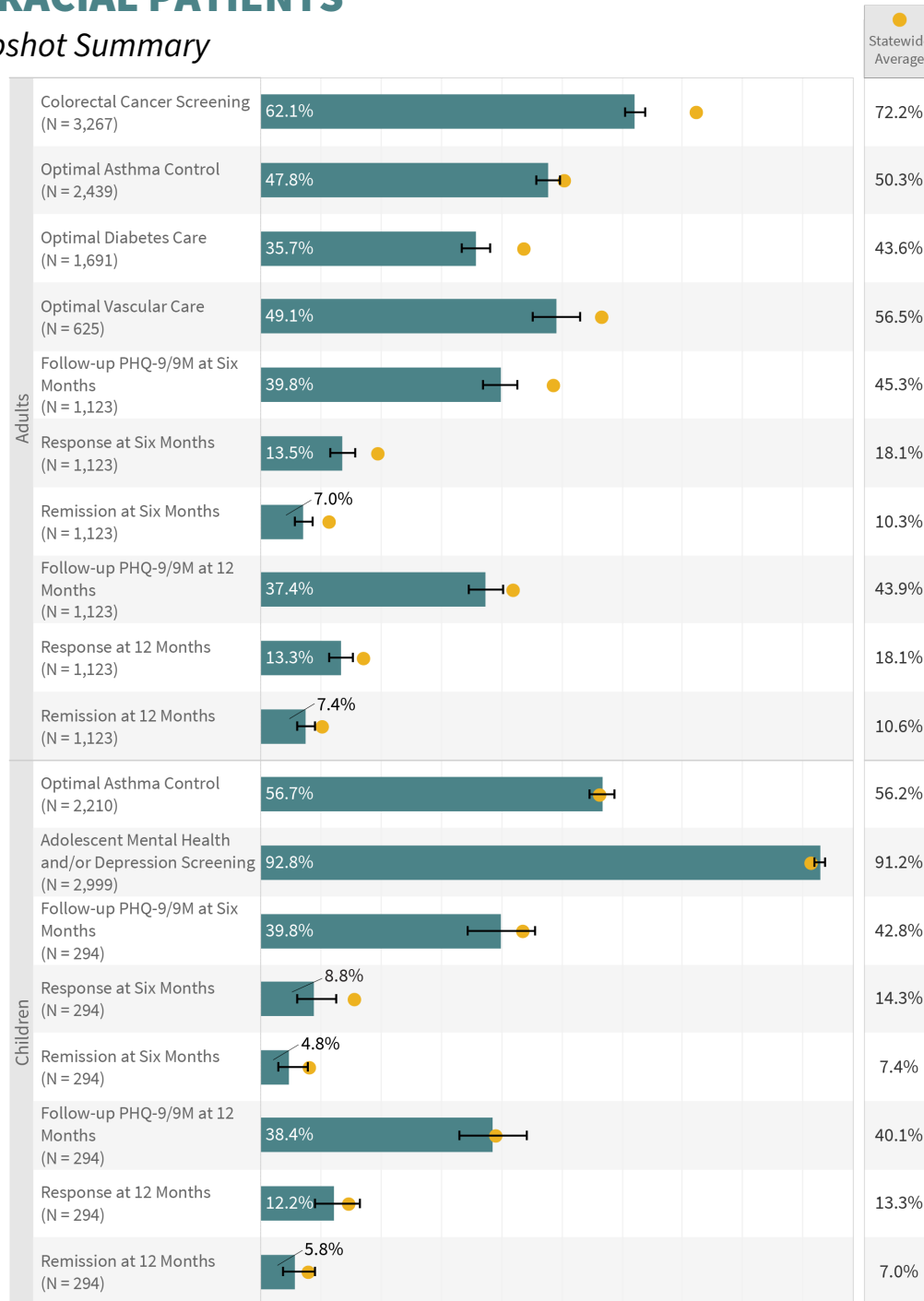
+ 22

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

[Click here](#) for a complete list of measure definitions.

MULTI RACIAL PATIENTS

2021 Snapshot Summary



— Represents 95% confidence interval

Eliminating Disparities

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

+ 331

Colorectal Cancer Screening

+ 63

Optimal Asthma Control - Adults

+ 134

Optimal Diabetes Care

+ 46

Optimal Vascular Care

+ 63

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

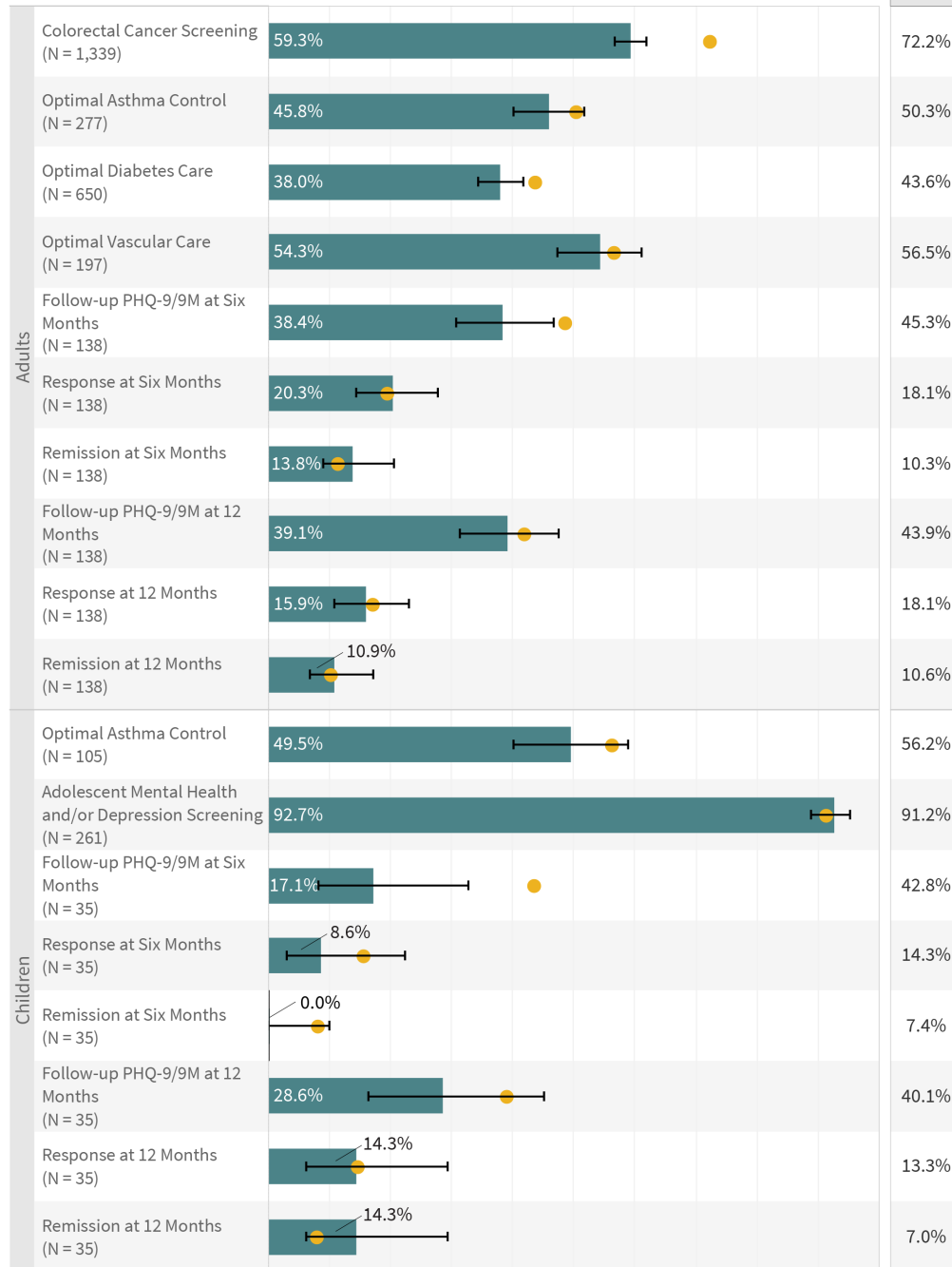
+38

Adult Depression: Remission at Six Months

[Click here](#) for a complete list of measure definitions.

NATIVE HAWAIIAN/PACIFIC ISLANDER PATIENTS

2021 Snapshot Summary



— 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:

+ 173

Colorectal Cancer Screening

+ 37

Optimal Diabetes Care

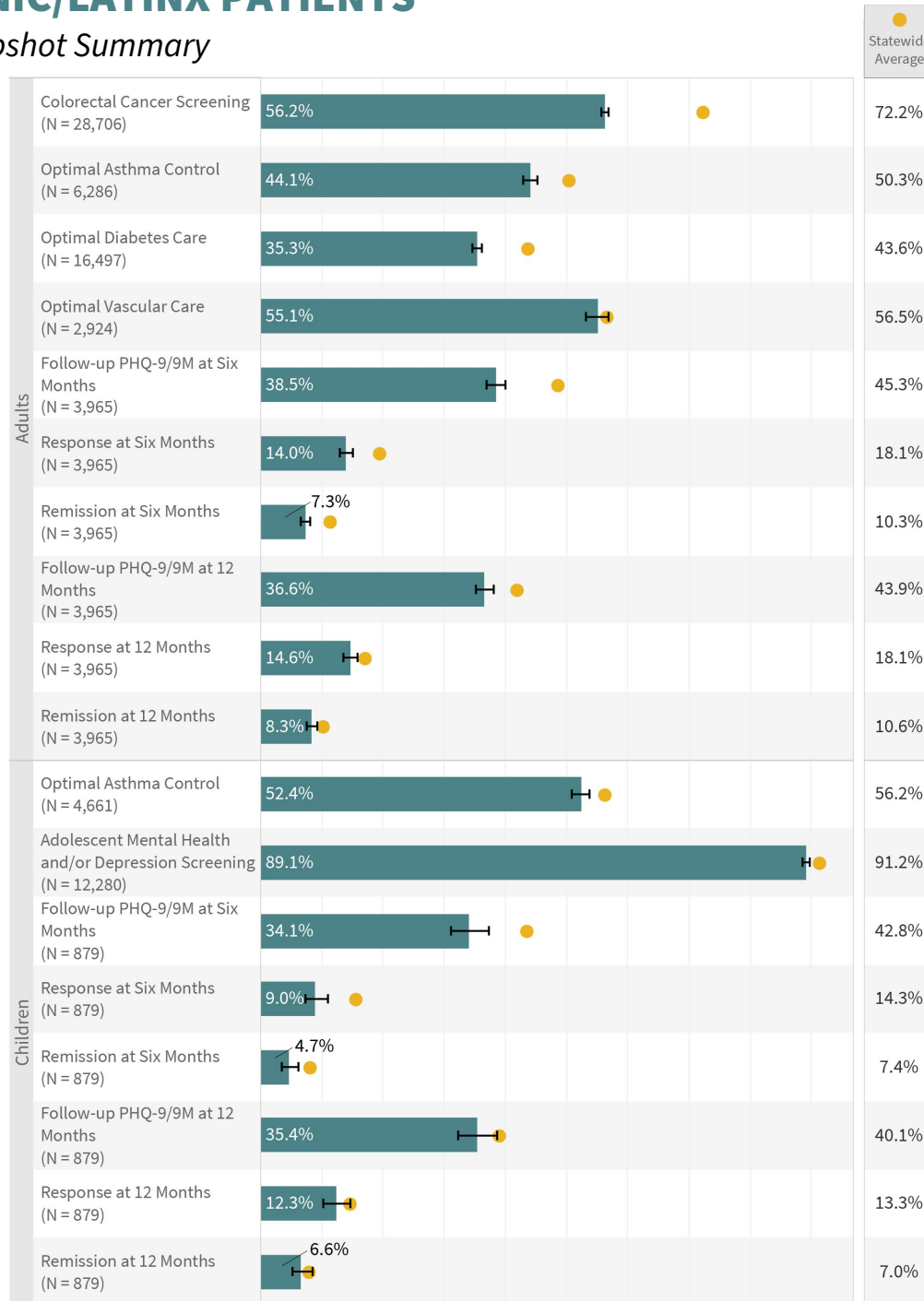
+ 9

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

[Click here](#) for a complete list of measure definitions.

HISPANIC/LATINX PATIENTS

2021 Snapshot Summary



— 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:

+ 4,691

Colorectal Cancer Screening

+ 407

Optimal Asthma Control - Adults

+ 1,434

Optimal Diabetes Care

+ 281

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

+127

Adult Depression: Remission at Six Months

+191

Optimal Asthma Control – Children

+ 280

Adolescent Mental Health and/or Depression Screening

+ 45

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

+ 26

Adolescent Depression: Remission at Six Months

[Click here](#) for a complete list of measure definitions.

STATEWIDE SUMMARY BY RACE AND HISPANIC/LATINX ETHNICITY

Adult Population

Rate comparison of race/ethnicity rates to statewide rate

| Measure | Statewide Rate | RACE | | | | | | ETHNICITY | | |
|---------------------------------|----------------------------------|---------|---------|-----------------------|--------------|--|---------|---------------------|----------------------------|---------|
| | | Asian | Black | Indigenous/ Native | Multi Racial | Native Hawaiian/ Pacific Islander | White | Hispanic/ Latinx | Not Hispanic/ Latinx | |
| Colorectal Cancer Screening | 72.2% | 64.1% ▼ | 57.3% ▼ | 53.6% ▼ | 62.1% ▼ | 59.3% ▼ | 73.8% ▲ | 56.2% ▼ | 72.8% ▲ | |
| Optimal Asthma Control – Adults | 50.3% | 53.6% ▲ | 41.2% ▼ | 31.0% ▼ | 47.8% ▼ | 45.8% ● | 51.8% ▲ | 44.1% ▼ | 50.6% ● | |
| Optimal Diabetes Care | 43.6% | 45.9% ▲ | 33.4% ▼ | 25.7% ▼ | 35.7% ▼ | 38.0% ▼ | 45.3% ▲ | 35.3% ▼ | 44.1% ▲ | |
| Optimal Vascular Care | 56.5% | 64.2% ▲ | 43.6% ▼ | 44.5% ▼ | 49.1% ▼ | 54.3% ● | 57.1% ▲ | 55.1% ● | 56.6% ● | |
| ADULT DEPRESSION | Follow-up PHQ-9/9M at Six Months | 45.3% | 40.7% ▼ | 34.4% ▼ | 41.8% ▼ | 39.8% ▼ | 38.4% ● | 46.8% ▲ | 38.5% ▼ | 45.7% ● |
| | Response at Six Months | 18.1% | 15.0% ▼ | 12.8% ▼ | 14.1% ▼ | 13.5% ▼ | 20.3% ● | 19.1% ▲ | 14.0% ▼ | 18.5% ● |
| | Remission at Six Months | 10.3% | 8.2% ▼ | 6.8% ▼ | 6.8% ▼ | 7.0% ▼ | 13.8% ● | 11.0% ▲ | 7.3% ▼ | 10.6% ● |
| | Follow-up PHQ-9/9M at 12 Months | 43.9% | 40.4% ▼ | 32.7% ▼ | 36.2% ▼ | 37.4% ▼ | 39.1% ● | 45.9% ▲ | 36.6% ▼ | 44.7% ▲ |
| | Response at 12 Months | 18.1% | 15.2% ▼ | 12.1% ▼ | 13.5% ▼ | 13.3% ▼ | 15.9% ● | 19.2% ▲ | 14.6% ▼ | 18.5% ● |
| | Remission at 12 Months | 10.6% | 8.4% ▼ | 6.6% ▼ | 6.9% ▼ | 7.4% ▼ | 10.9% ● | 11.3% ▲ | 8.3% ▼ | 10.8% ● |

▼ Below statewide rate ● Not statistically different from statewide rate ▲ Above statewide rate

[Click here](#) for a complete list of measure definitions.

STATEWIDE SUMMARY BY RACE AND HISPANIC/LATINX ETHNICITY

Child & Adolescent Population

Rate comparison of race/ethnicity rates to statewide rate

| Measure | Statewide Rate | RACE | | | | | | ETHNICITY | | |
|--|----------------------------------|---------|---------|-----------------------|--------------|--|---------|---------------------|----------------------------|---------|
| | | Asian | Black | Indigenous/ Native | Multi Racial | Native Hawaiian/ Pacific Islander | White | Hispanic/ Latinx | Not Hispanic/ Latinx | |
| Optimal Asthma Control – Children | 56.2% | 63.1% ▲ | 52.1% ▼ | 37.0% ▼ | 56.7% ● | 49.5% ● | 57.3% ▲ | 52.4% ▼ | 56.7% ● | |
| Adolescent Mental Health and/or Depression Screening | 91.2% | 91.2% ● | 89.4% ▼ | 83.5% ▼ | 92.8% ▲ | 92.7% ● | 91.7% ▲ | 89.1% ▼ | 91.4% ● | |
| ADOLESCENT DEPRESSION | Follow-up PHQ-9/9M at Six Months | 42.8% | 33.3% ▼ | 32.1% ▼ | 32.9% ▼ | 39.8% ● | 17.1% ▼ | 45.3% ▲ | 34.1% ▼ | 43.7% ● |
| | Response at Six Months | 14.3% | 11.6% ● | 10.6% ▼ | 11.7% ● | 8.8% ▼ | 8.6% ● | 15.5% ● | 9.0% ▼ | 14.9% ● |
| | Remission at Six Months | 7.4% | 7.5% ● | 5.3% ● | 6.8% ● | 4.8% ● | 0.0% ● | 8.0% ● | 4.7% ▼ | 7.7% ● |
| | Follow-up PHQ-9/9M at 12 Months | 40.1% | 41.2% ● | 32.4% ▼ | 31.1% ▼ | 38.4% ● | 28.6% ● | 41.4% ● | 35.4% ▼ | 40.7% ● |
| | Response at 12 Months | 13.3% | 11.6% ● | 9.8% ▼ | 9.5% ● | 12.2% ● | 14.3% ● | 13.9% ● | 12.3% ● | 13.5% ● |
| | Remission at 12 Months | 7.0% | 7.1% ● | 3.9% ▼ | 3.6% ● | 5.8% ● | 14.3% ● | 7.3% ● | 6.6% ● | 7.1% ● |

▼ Below statewide rate ● Not statistically different from statewide rate ▲ Above statewide rate

[Click here](#) for a complete list of measure definitions.

DEFINITIONS & METHODOLOGY

DEFINITIONS

GENERAL DEFINITIONS

Established patient criteria: Several measures use an established patient criteria, which requires that the patient have at least one established patient office or telehealth visit during the measurement period in order to be included in the measure. Measures that utilize this criteria include Optimal Asthma Control; Optimal Diabetes Care; and Optimal Vascular Care.

Measurement year: The time period being assessed and the year in which care was delivered.

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 excluded from this measure.*

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

Depression Measures (Adults & Adolescents)

- **PHQ-9/9M Utilization:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with a diagnosis of Major Depression or Dysthymia who also have a completed PHQ-9/9M tool during the measurement period.
- **Follow-up PHQ-9/9M at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who have a completed PHQ-9/9M tool within six or 12 months after the index event (+/- 60 days).
- **Response at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who demonstrated a response to treatment (at least 50 percent improvement) six or 12 months after the index event (+/- 60 days).
- **Remission at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who reached remission (PHQ-9/9M score less than five) six months after the index event (+/- 60 days).

[Click here](#) for more information about how the index event is defined.

DEFINITIONS

MEASURE DEFINITIONS CONTINUED

Optimal Asthma Control (Adults & Children): The percentage of adults (18-50 years of age) and 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

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

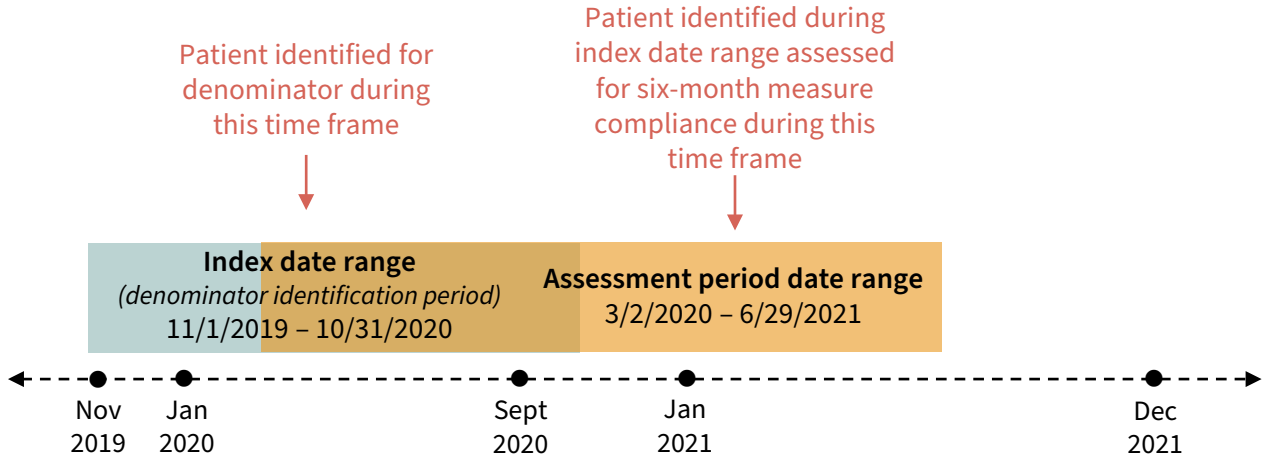
Optimal Vascular Care: The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:

- 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

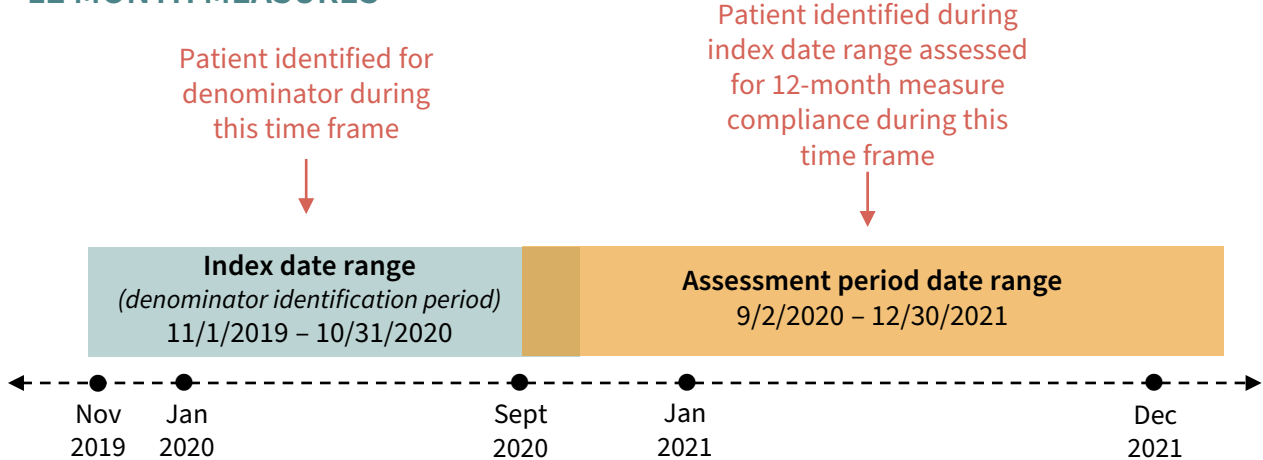
OVERVIEW OF DEPRESSION MEASURES

The depression measures are unique in that the time period for identifying eligible patients for the denominators does not follow the typical measurement period of a calendar year 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 MEASURES



12 MONTH MEASURES



METHODS

The measures in this report are collected from medical groups that submit data directly to MN Community Measurement. These clinical quality measures enable reporting of results by clinic location as well as by medical group.

DATA COLLECTION

MNCM is in the midst of transitioning its data collection for the clinical quality measures reported by medical groups to a modernized system known as PIPE that reduce quality measurement burden on health care providers and enables more timely feedback on performance. The previous data collection system, known as Direct Data Submission or DDS, required providers to separately identify the relevant population for each measure. The new PIPE system identifies the numerators, denominators, and performance rates for each measure centrally. About 28 percent of the data reported to MNMCM for the clinical quality measures for Measurement Year 2021 was submitted via PIPE, and the transition to the new system is expected to be complete by the end of 2023.

CONFIDENCE INTERVALS

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 rate is displayed when comparing a single medical group/clinic to the performance of all medical groups/clinics to provide context. The statewide rate is calculated using all data submitted to MNMCM which may include some data from clinics located in neighboring states.

MEDICAL GROUP RESULTS

Medical group results and ratings for the 2021 measurement year can be found via the appendix tables, which can be accessed in the following links:

- [Race/Ethnicity](#)
- [Preferred Language](#)
- [Country of Origin](#)

THRESHOLD FOR PUBLIC REPORTING

MNCM has established minimum thresholds for public reporting of clinical quality measures reported by medical groups to ensure statistically reliable rates. Only medical groups and clinics that meet the threshold of 30 patients in the denominator of a 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 MNMCM's clinical data submission process. Please refer to the MNMCM [*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 MNMCM 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 |