

## Depression Care in 2020 *Adults & Adolescents*

### OVERVIEW

2020 was a year like no other, with the COVID-19 pandemic having dramatic impacts on most aspects of life including how patients sought care and how health care providers delivered it.

This issue brief presents statewide data for 2020 for the Depression Care measures for both adults and adolescents, with comparison to 2019 as context for understanding the disruptions experienced in 2020. In many respects, however, 2020 should be considered a new baseline from which recovery should be measured. Although MNCM is also publishing 2020 quality measures for individual medical groups\*, we urge caution in using this data or changes in rates for specific medical groups between 2019 and 2020 to draw general conclusions about quality of care. Organizations faced different types of challenges, that are likely reflected in the data in ways that are not typical of overall quality of care. However, MNCM stakeholders strongly supported continuing to make the data publicly transparent.

### KEY FINDINGS

#### Adults

- Statewide, the PHQ-9/PHQ-9M Follow-up at 12 Months rate among adults decreased from 41.8% in 2019 to 39.6% in 2020. Additionally, the Remission at 12 Month rate among adults decreased from 10.1% in 2019 and 9.9% in 2020.
- In general, all demographic categories showed a decrease in both follow-up and remission rates between 2019 and 2020 for adults.
- The groups who experienced a significant worsening in their existing disparities were patients with the following demographic characteristics:
  - **Follow-up at 12 Months:** Asian, Native Hawaiian/Other Pacific Islander, on MHCP insurance and patients who are uninsured
  - **Remission at 12 Months:** Patients who are uninsured
  - Additionally, disparities worsened in some regions more than others.

#### Adolescents

- Statewide, the PHQ-9/PHQ-9M Follow-up at 12 Months rate among adolescents decreased from 38.9% in 2019 to 35.6% in 2020. Additionally, the Remission at 12 Month rate among adolescents decreased from 7.8% in 2019 and 7.0% in 2020.
- In general, all demographic categories showed a decrease in both follow-up and remission rates between 2019 and 2020 for adolescents.
- The groups who experienced a significant worsening in their existing disparities were patients with the following demographic characteristics:
  - **Follow-up at 12 Months:** Asian, males and on MHCP insurance
  - **Remission at 12 Months:** Asian
  - Additionally, disparities worsened in some regions more than others.

\*Quality measures for individual clinic locations will not be public for 2020

## Depression Care in 2020 *Adults & Adolescents*

### DEPRESSION CARE

The percentage of adolescents (12-17 years of age) and adults (18 years and older) with Major Depression or Dysthymia with and index PHQ-9/PHQ-9M score of greater than nine who achieved the following:



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

Had a completed PHQ-9/PHQ-9M tool 12 months (+/- 60 days) after the index event

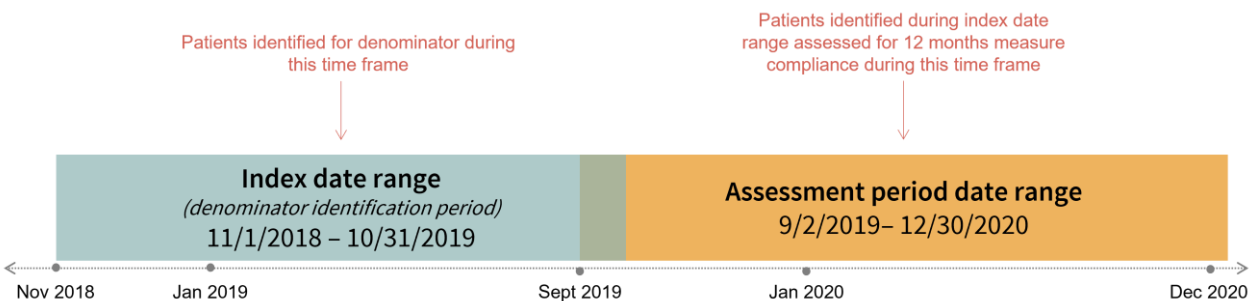


#### Remission at 12 Months

Reached remission (PHQ-9/PHQ-9M score less than five) 12 months (+/- 60 days) after the index event

### 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.



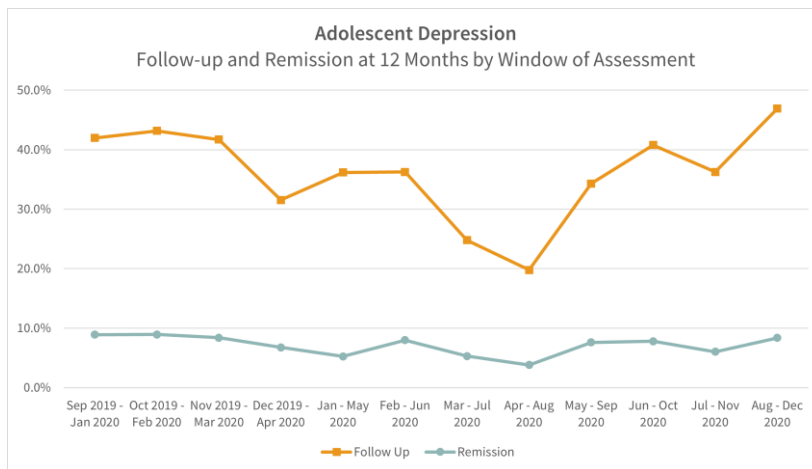
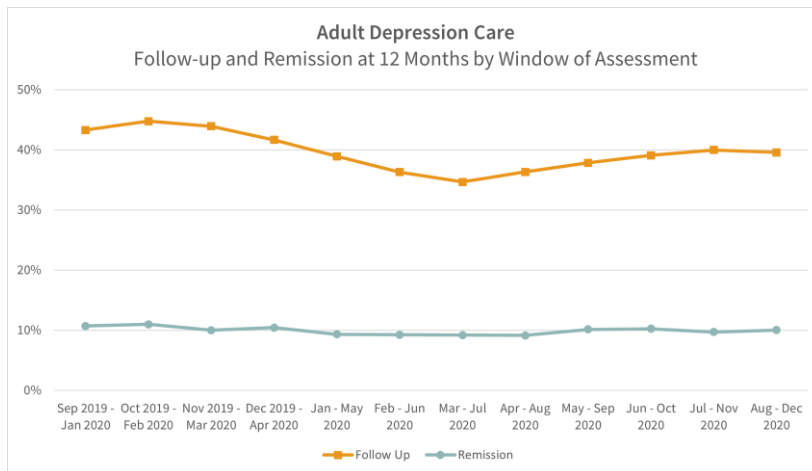
### NOTES

- Considering the denominator certification period and the assessment period date ranges, only the 12-month measures are included in this report. The assessment period for these measures covered all of 2020 and provide more insight into the changes that occurred in 2020 compared to the six-month measures. Summary level information for the six-month measures are displayed in the [Spotlight Report](#).
- 2020 was the second year of reporting for the adolescent depression measures.



## Depression Care in 2020 *Adults & Adolescents*

Since the design of the depression care measures tracks patients by the period of time in which they return the clinic for follow-up at 12 months, it is possible to see the impact at specific times during 2020.



The orange line shows the percentage of patients that received a follow-up PHQ-9/PHQ-9M tool at 12 months. The light blue line shows the percentage of patients who were considered in remission at 12 months (PHQ-9/PHQ-9M score less than 5). For each patient, the assessment window is 12 months (+/-60 days) after their index date, which creates some overlap in the time periods in the graph.

As expected, in 2020, the second quarter and the beginning of third quarter saw the lowest follow-up rates. This corresponds with the height of the COVID-19 disruptions to health care delivery. Interestingly, for adults, the rate of remission did not see the same decline. Despite the denominator for the adolescent population being smaller and thus having more volatile changes in rates, the population followed a similar pattern as the adult population.

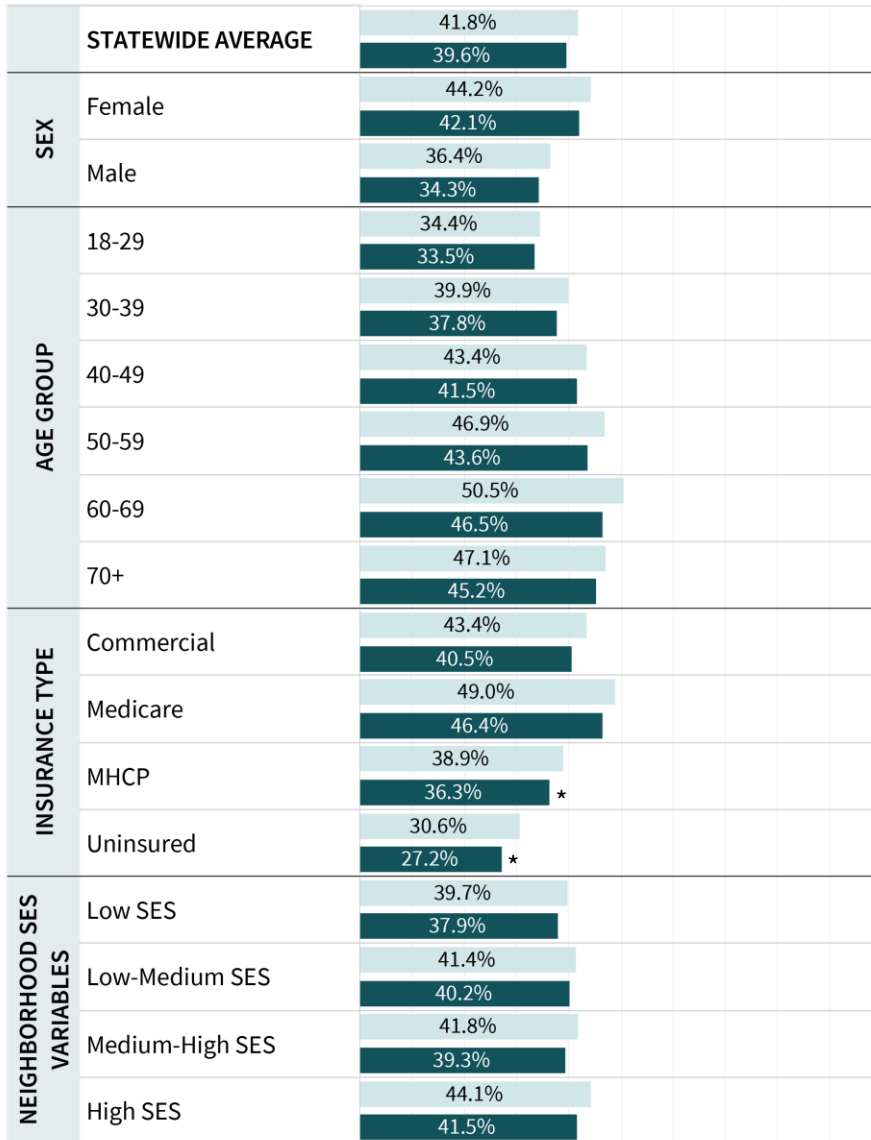


### RATE CHANGES – ADULTS

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

#### Sex, Age Group, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019



■ 2019  
■ 2020

Rates of follow-up at 12 months in 2020 were generally statistically stable among the adult population. However, the following groups showed the largest significant decreases:

- Females  
*(-2.2 percentage points)*
- 60-69 age group  
*(-4.1 percentage points)*
- Uninsured  
*(-3.4 percentage points)*
- High SES  
*(-2.6 percentage points)*

Additionally, in 2020, patients with MHCP insurance and patients who were uninsured had a significant worsening of their existing disparities for follow-up at 12 months among adults.

Socioeconomic status (SES) variables represent quartiles of distribution of SES data from the Census Bureau, which is based on zip codes in which patients reside.

\* Disparity between the rate for this category and the statewide average increased in 2020  
 MHCP = Minnesota Health Care Program  
 2019 = care delivered in 2019 and reported in 2020  
 2020 = care delivered in 2020 and reported in 2021

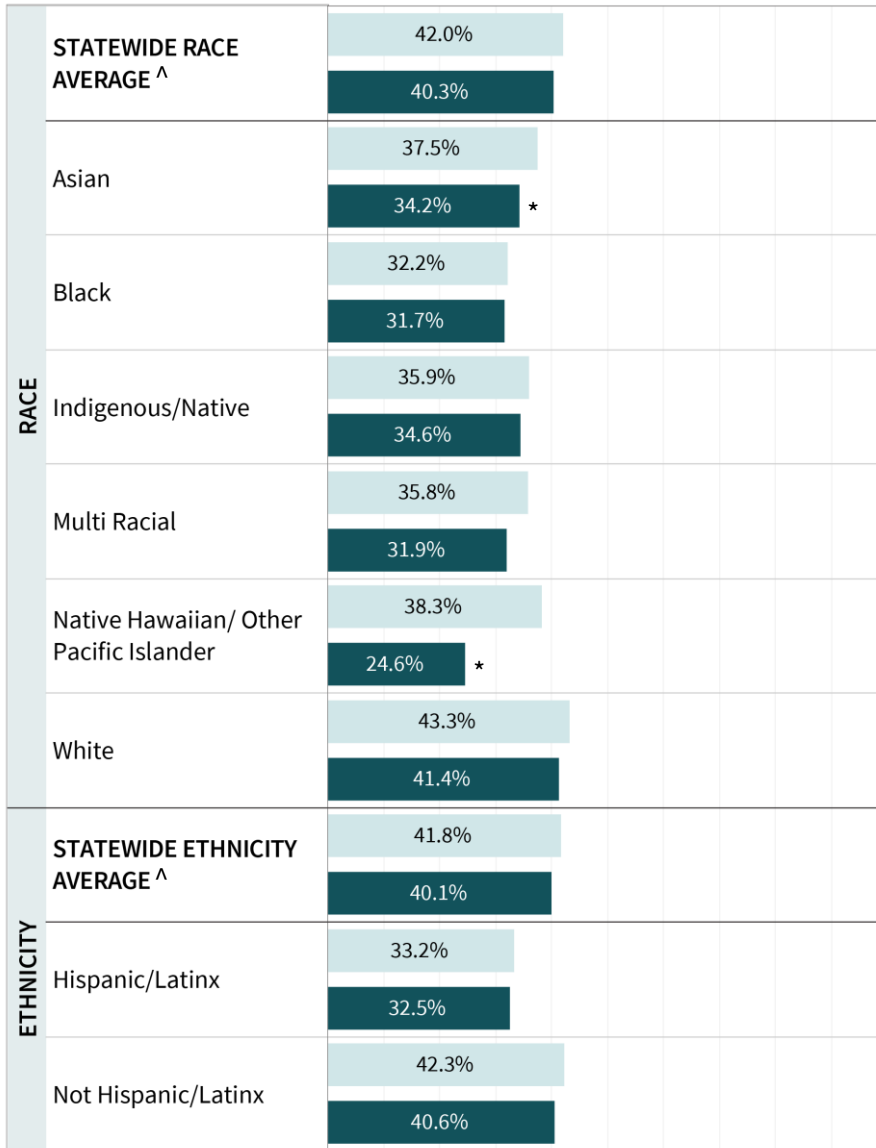


### RATE CHANGES – ADULTS

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

#### Race/Ethnicity

Comparison of 2020 to 2019



Rates of follow-up at 12 months in 2020 were generally statistically stable among the adult population. However, the following groups showed significant decreases:

- White  
*(-1.9 percentage points)*
- Not Hispanic/Latinx  
*(-1.7 percentage points)*

Additionally, in 2020, Asian and Native Hawaiian/Other Pacific Islander adult patients had a significant worsening of their existing disparities for follow-up at 12 months.

\* Disparity between the rate for this category and the statewide average increased in 2020

^ Statewide race/ethnicity averages are averages for patients with race/ethnicity information available

2019 = care delivered in 2019 and reported in 2020

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### RATE CHANGES – ADULTS

#### Remission at 12 Months

#### Sex, Age Group, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019

		2019	2020
	<b>STATEWIDE AVERAGE</b>	10.1%	9.9%
<b>SEX</b>	Female	10.5%	10.2%
	Male	9.3%	9.2%
<b>AGE GROUP</b>	18-29	7.9%	7.5%
	30-39	10.2%	9.3%
	40-49	9.8%	9.9%
	50-59	10.2%	10.4%
	60-69	13.5%	13.5%
	70+	14.5%	14.2%
	<b>INSURANCE TYPE</b>	Commercial	11.9%
Medicare		11.7%	11.9%
MHCP		6.8%	6.8%
Uninsured		8.1%	6.3% *
<b>NEIGHBORHOOD SES VARIABLES</b>	Low SES	8.7%	8.6%
	Low-Medium SES	9.8%	9.9%
	Medium-High SES	10.0%	9.9%
	High SES	12.0%	11.1%

2019  
2020

Remission rates at 12 months were statistically stable across most demographic groups in the adult population, but declined significantly for the following groups:

- 30-39 age group  
*(-0.9 percentage points)*
- Uninsured  
*(-1.8 percentage points)*
- Commercial  
*(-0.8 percentage points)*
- High SES  
*(-0.9 percentage points)*

Additionally, in 2020, adults who were uninsured had a significant worsening of their existing disparities for remission at 12 months.

Socioeconomic status (SES) variables represent quartiles of distribution of SES data from the Census Bureau, which is based on zip codes in which patients reside.

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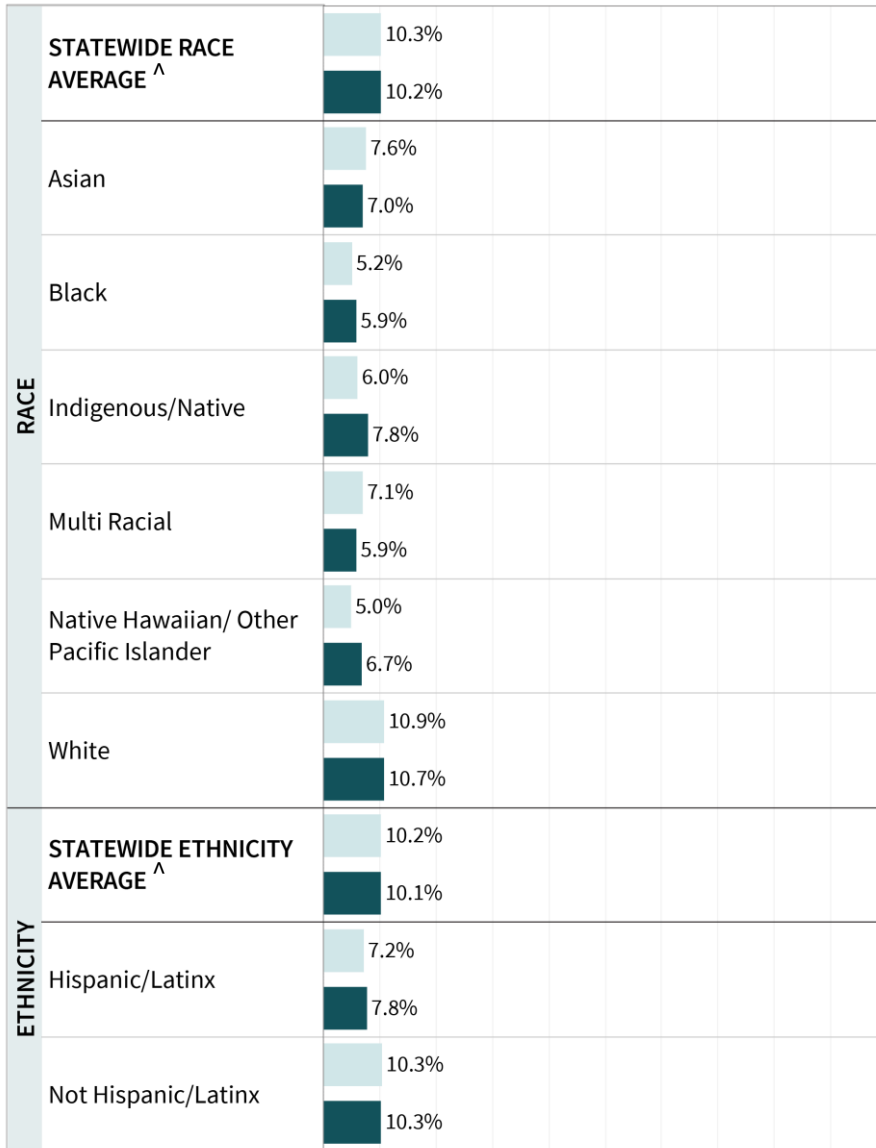
## Depression Care in 2020 Adults & Adolescents

### RATE CHANGES – ADULTS

#### Remission at 12 Months

#### Race/Ethnicity

Comparison of 2020 to 2019



Remission rates at 12 months were statistically stable for all race/ethnicity categories for the adult population.

\* Disparity between the rate for this category and the statewide average increased in 2020

<sup>^</sup>Statewide race/ethnicity averages are averages for patients with race/ethnicity information available

2019 = care delivered in 2019 and reported in 2020

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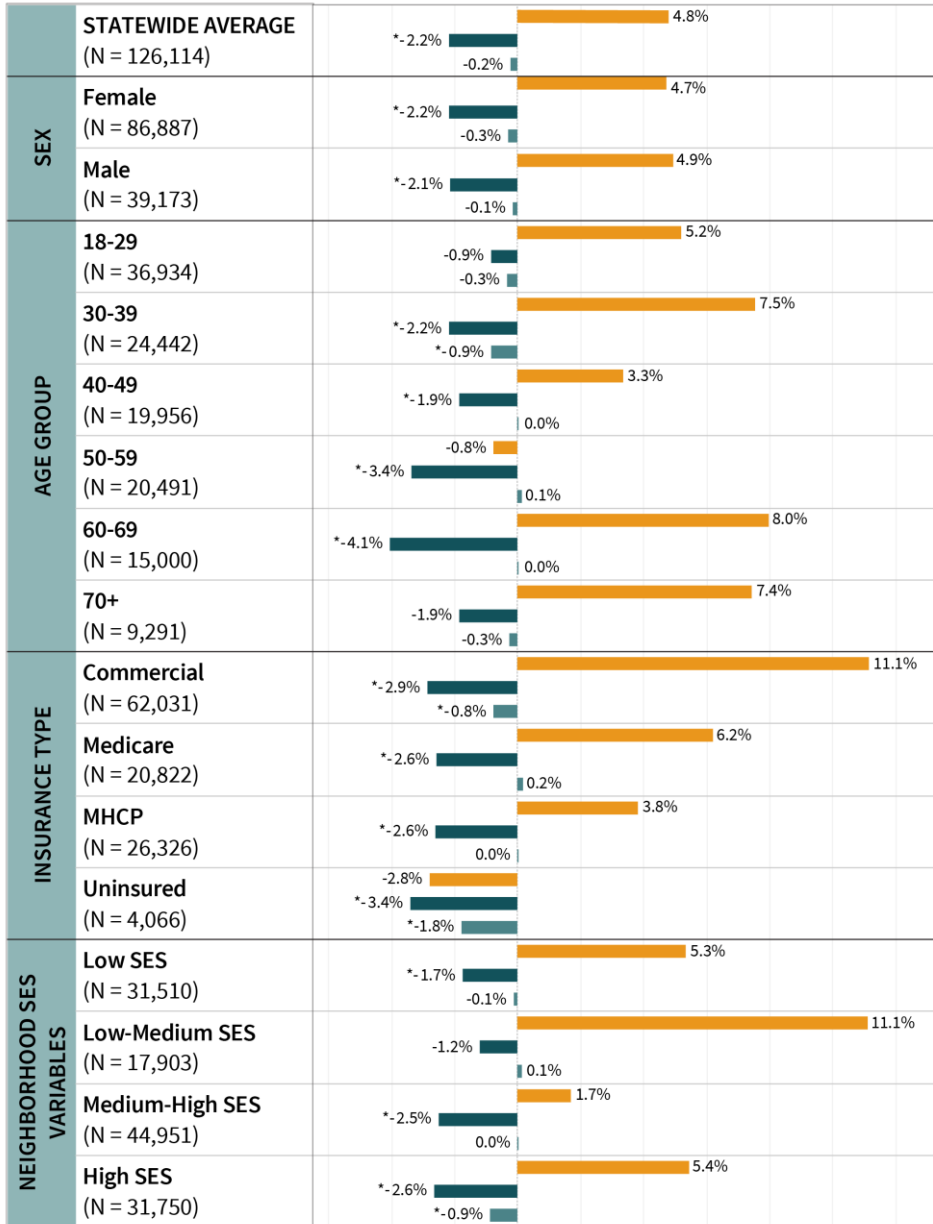


## Depression Care in 2020 Adults & Adolescents

### POPULATION & RATE CHANGES – ADULTS

#### Sex, Age, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019



- Patients (Percent change)
- 12 Month Follow-up Rate (Percentage point change)
- 12 Month Remission Rate (Percentage point change)

Because of how the measure is designed, the population changes shown here reflect what happened in 2019.

Socioeconomic status (SES) variables represent quartiles of distribution of SES data from the Census Bureau, which is based on zip codes in which patients reside.

\*Significant rate change from 2019

Note: Ns in chart are 2020 denominators

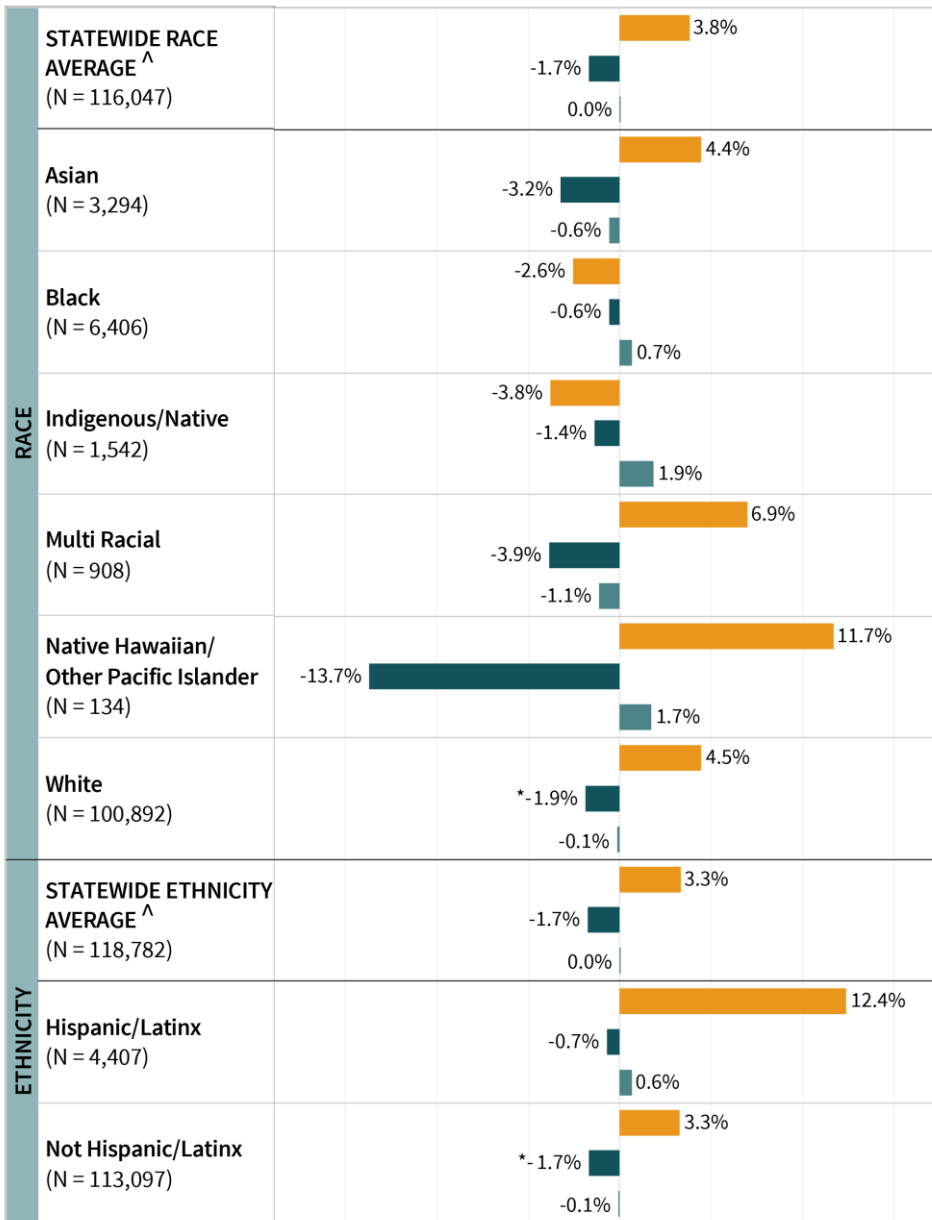




### POPULATION CHANGES & RATE CHANGES – ADULTS

#### Race/ethnicity

Comparison of 2020 to 2019



- Patients (Percent change)
- 12 Month Follow-up Rate (Percentage point change)
- 12 Month Remission Rate (Percentage point change)

Because of how the measure is designed, the population changes shown here reflect what happened in 2019.

The Hispanic/Latinx and multi-race populations showed large increases in number of patients; however, the number of patients reporting Hispanic/Latinx ethnicity or multiple races has been increasing for several years and is not unique to 2019 dates of service.

\*Significant rate change from 2019

^Statewide race/ethnicity averages are averages for patients with race/ethnicity information available

Note: Ns in chart are 2020 denominators



## Depression Care in 2020 *Adults & Adolescents*

### THREE-DIGIT ZIP CODE – ADULTS *Follow-up PHQ-9/PHQ-9M at 12 Months*

Three-digit Zip Code	Major City in Zip Code Area	2019	2020
550xx	Stillwater	41.8%	41.7%
551xx	St. Paul	42.2%	38.8% *
553xx	Minnetonka	41.0%	38.7%
554xx	Minneapolis	38.9%	36.4%
556xx	Two Harbors	36.1%	26.3% *
557xx	Cloquet	46.3%	44.0%
558xx	Duluth	48.0%	44.8%
559xx	Rochester	48.1%	54.2%
560xx	Mankato	49.1%	50.6%
561xx	Windom	38.1%	35.3%
562xx	Wilmar	30.1%	33.6%
563xx	St. Cloud	29.1%	20.2% *
564xx	Brainerd	50.1%	47.9%
565xx	Detroit Lakes	47.7%	41.2%
566xx	Bemidji	47.7%	43.8%
567xx	Thief River Falls	30.3%	29.6%

2019  
2020

#### FOR REFERENCE



\* Disparity between the rate for this category and the statewide average increased in 2020  
2019 = care delivered in 2019 and reported in 2020  
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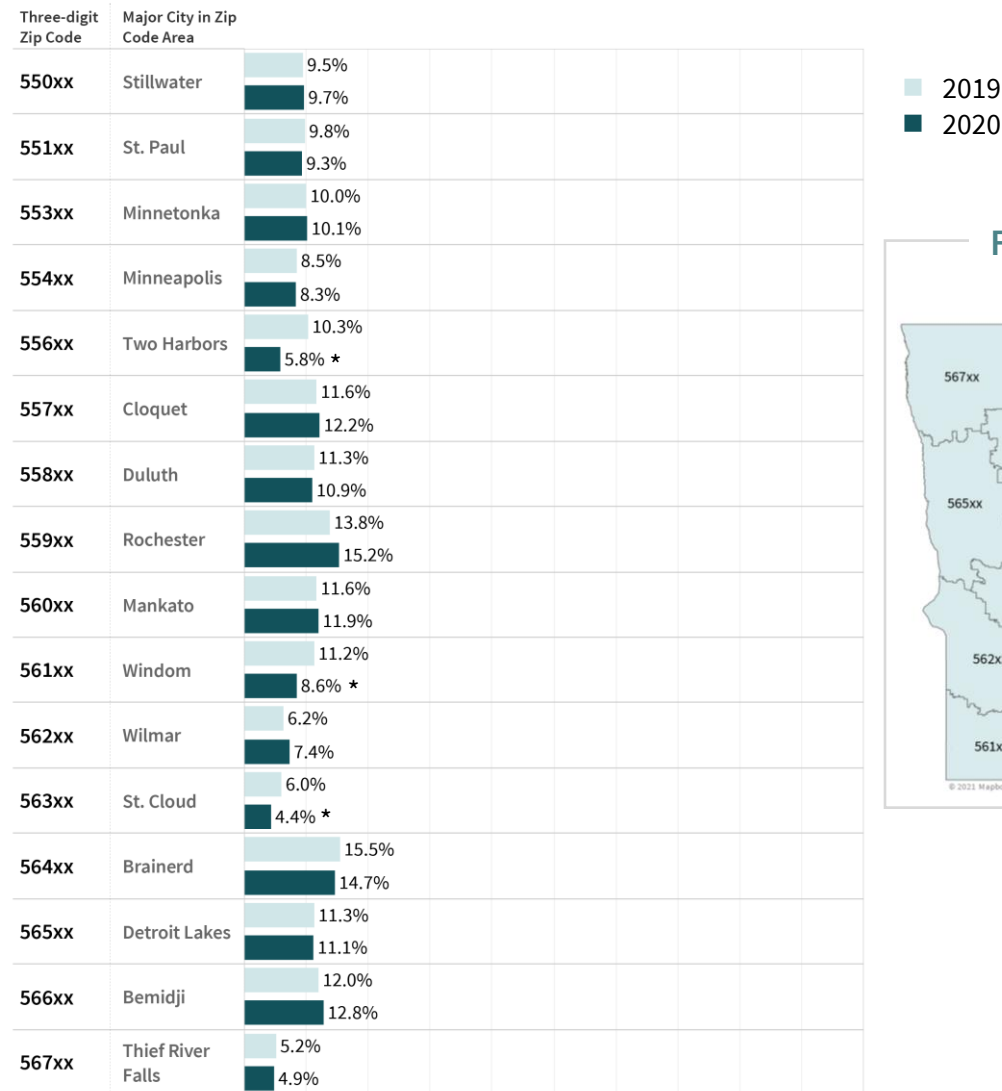
From 2019 to 2020, the rates of follow-up at 12 months in some three-digit zip code areas decreased while rates increased other areas. In 2020, the 551 (St. Paul area), 556 (Two Harbors area) and 563 (St. Cloud area) regions showed a significant worsening of their existing disparities for follow-up at 12 months among adults.



## Depression Care in 2020 *Adults & Adolescents*

### THREE-DIGIT ZIP CODE – ADULTS

#### Remission at 12 Months



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From 2019 to 2020, the rates of remission at 12 months in some three-digit zip code areas decreased while rates increased other areas. In 2020, the 556 (Two Harbors area), 561 (Windom area) and 563 (St. Cloud area) regions showed a significant worsening of their existing disparities for remission at 12 months among adults.

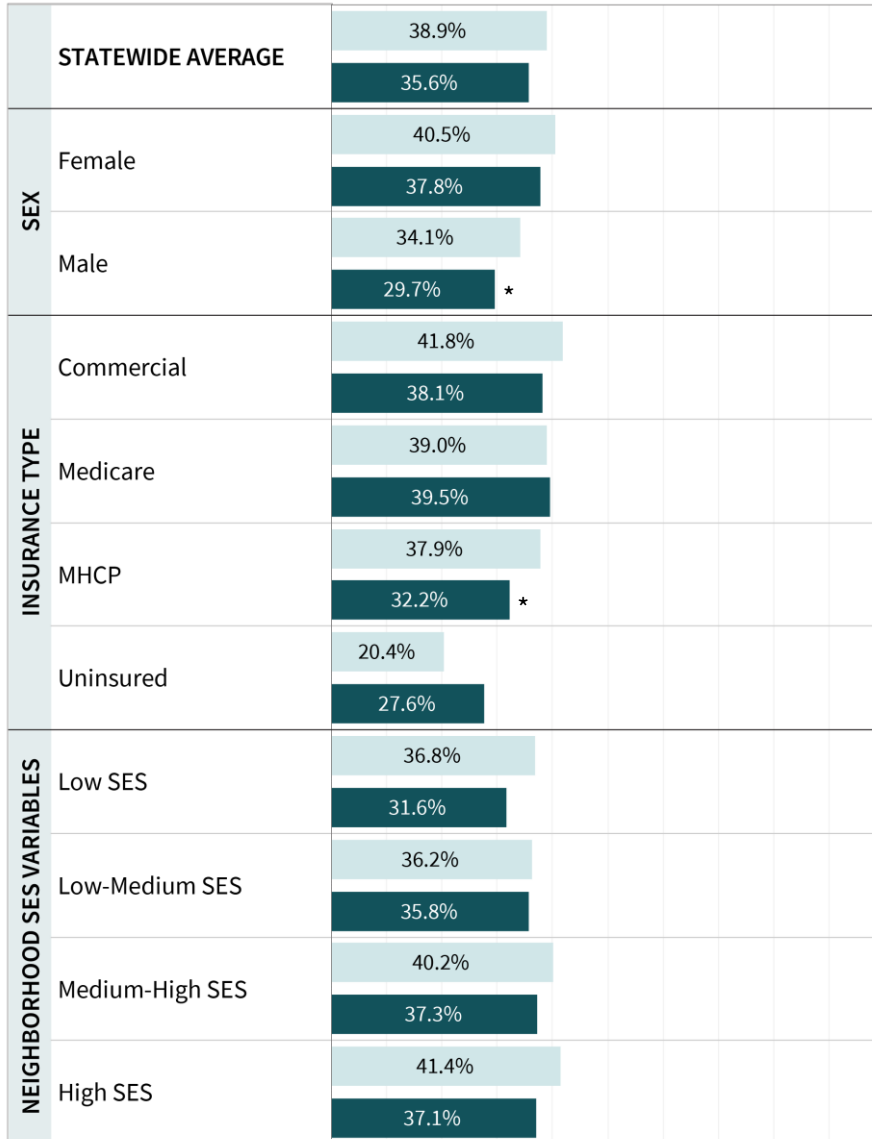


### RATE CHANGES – ADOLESCENTS

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

#### Sex, Age Group, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019



Rates of follow-up at 12 months in 2020 were generally statistically stable among the adolescent population. However, the following groups showed the largest significant decreases:

- Males  
*(-4.4 percentage points)*
- MHCP insurance  
*(-5.7 percentage points)*
- Low SES  
*(-5.2 percentage points)*

Additionally, in 2020, male patients and patients with MHCP insurance had a significant worsening of their existing disparities for follow-up at 12 months among adolescents.

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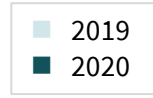
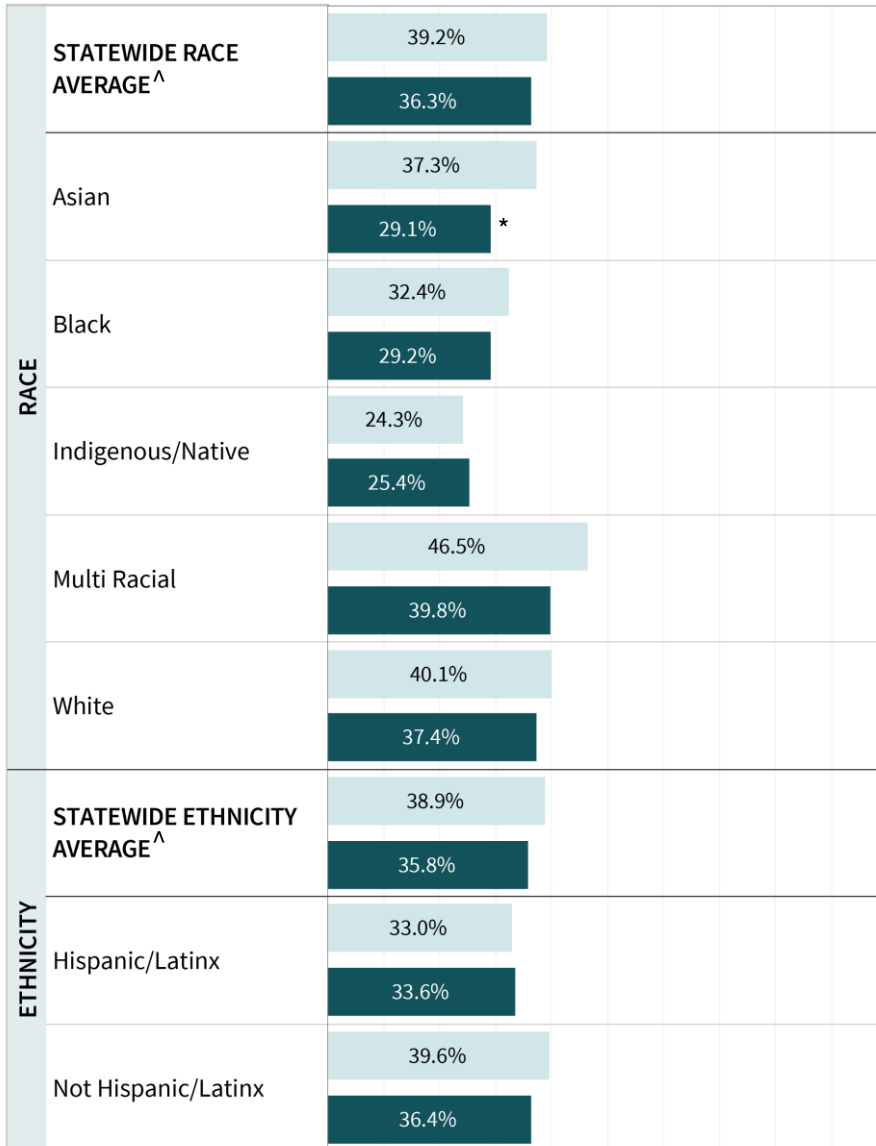


### RATE CHANGES – ADOLESCENTS

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

#### Race/Ethnicity

Comparison of 2020 to 2019



Rates of follow-up at 12 months in 2020 were generally statistically stable among the adolescent population. However, the following groups showed significant decreases:

- White  
*(-2.7 percentage points)*
- Not Hispanic/Latinx  
*(-3.2 percentage points)*

Additionally, in 2020, Asian adolescent patients had a significant worsening of their existing disparities for follow-up at 12 months.

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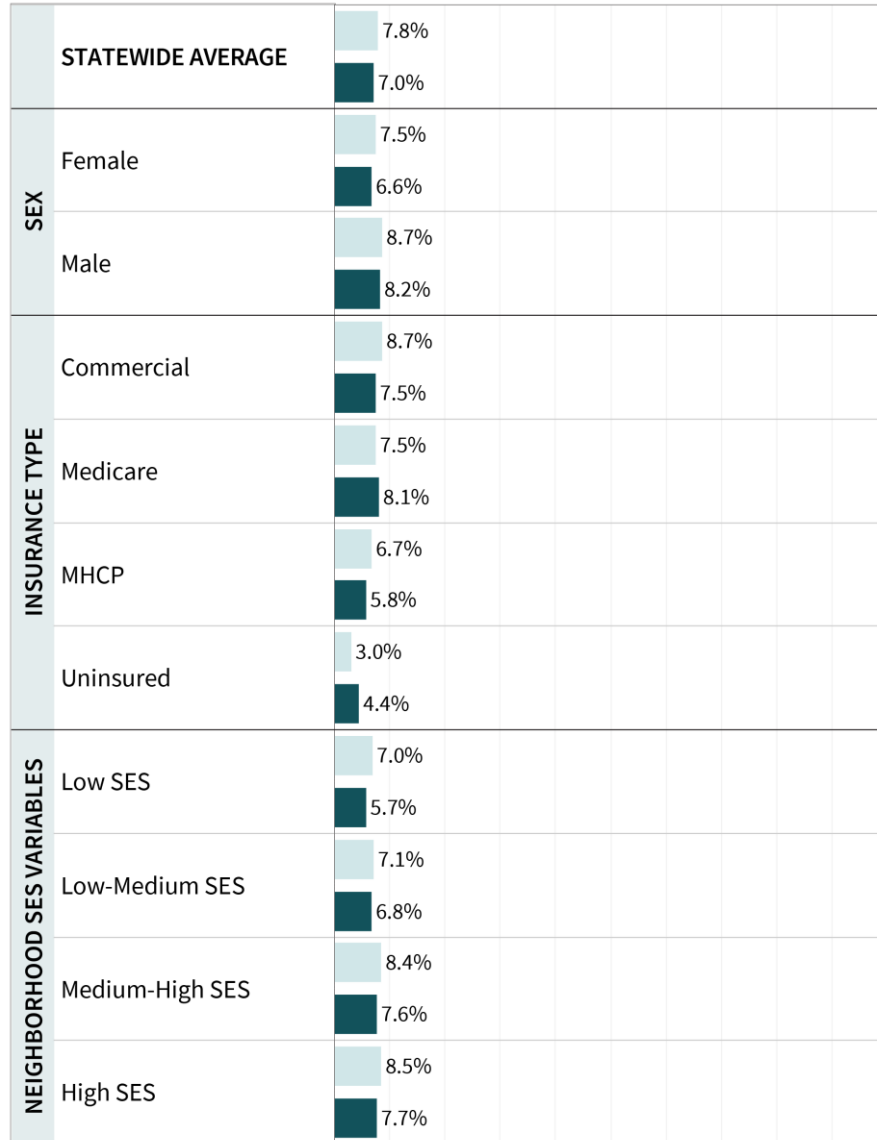


### RATE CHANGES – ADOLESCENTS

#### Remission at 12 Months

#### Sex, Age Group, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019



2019  
2020

Remission rates at 12 months were statistically stable for all demographic categories for the adolescent population.

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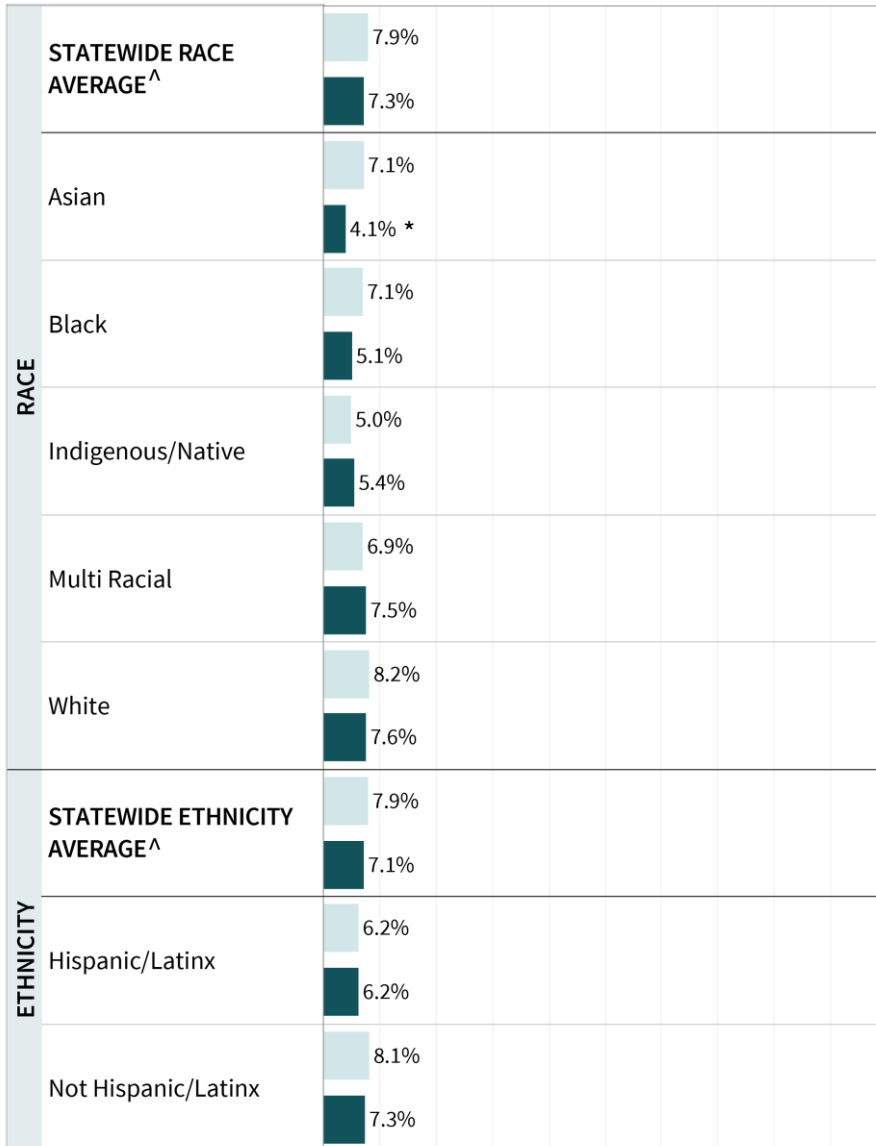


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#### Remission at 12 Months

#### Race/Ethnicity

Comparison of 2020 to 2019



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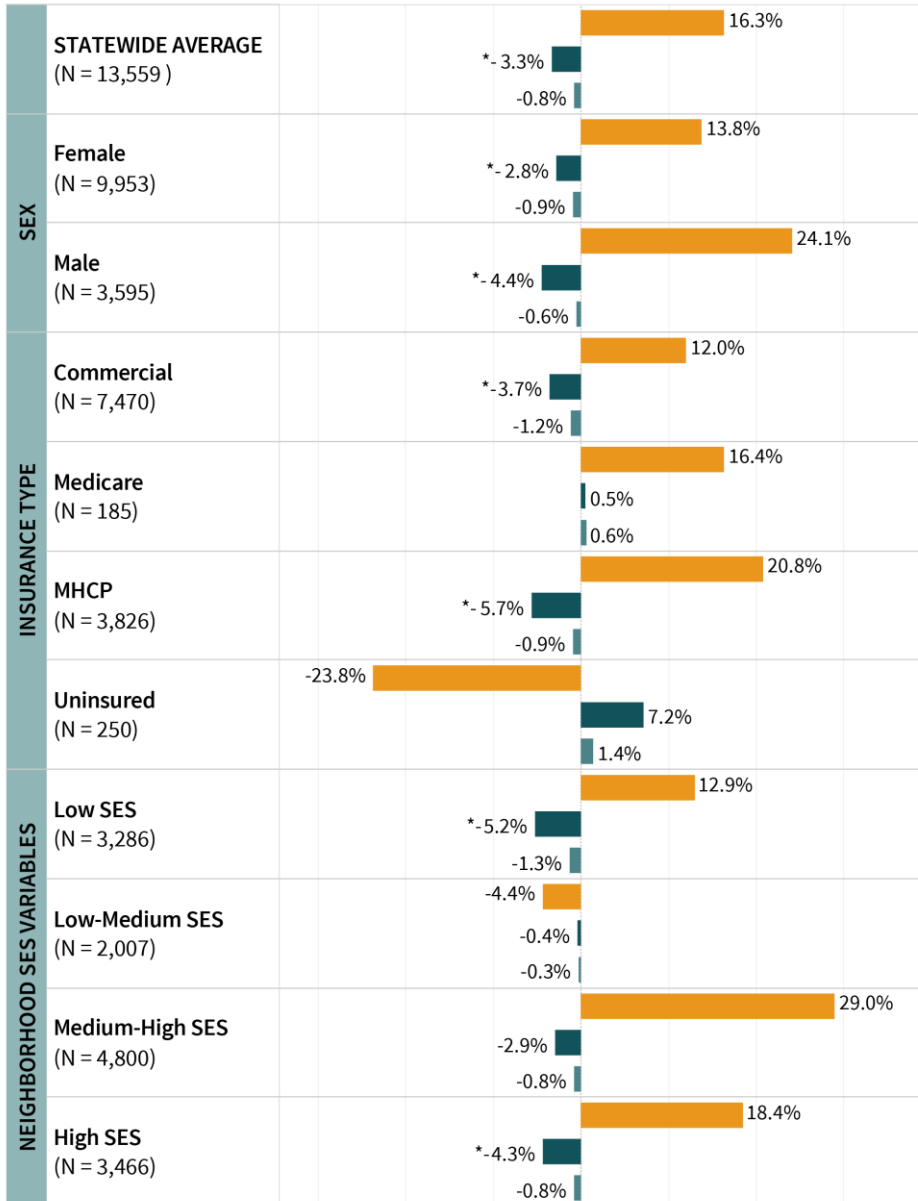


## Depression Care in 2020 Adults & Adolescents

### POPULATION & RATE CHANGES – ADOLESCENTS

#### Sex, Age, Insurance Type, Neighborhood Socioeconomic (SES) Variables

Comparison of 2020 to 2019



- Patients (Percent change)
- 12 Month Follow-up Rate (Percentage point change)
- 12 Month Remission Rate (Percentage point change)

Because of how the measure is designed, the population changes shown here reflect what happened in 2019.

Additionally, the adolescent depression measures were first publicly reported in the 2020 report year and so population increases are expected for the first few years in reporting a new measure.

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\*Significant rate change from 2019  
Note: Ns in chart are 2020 denominators



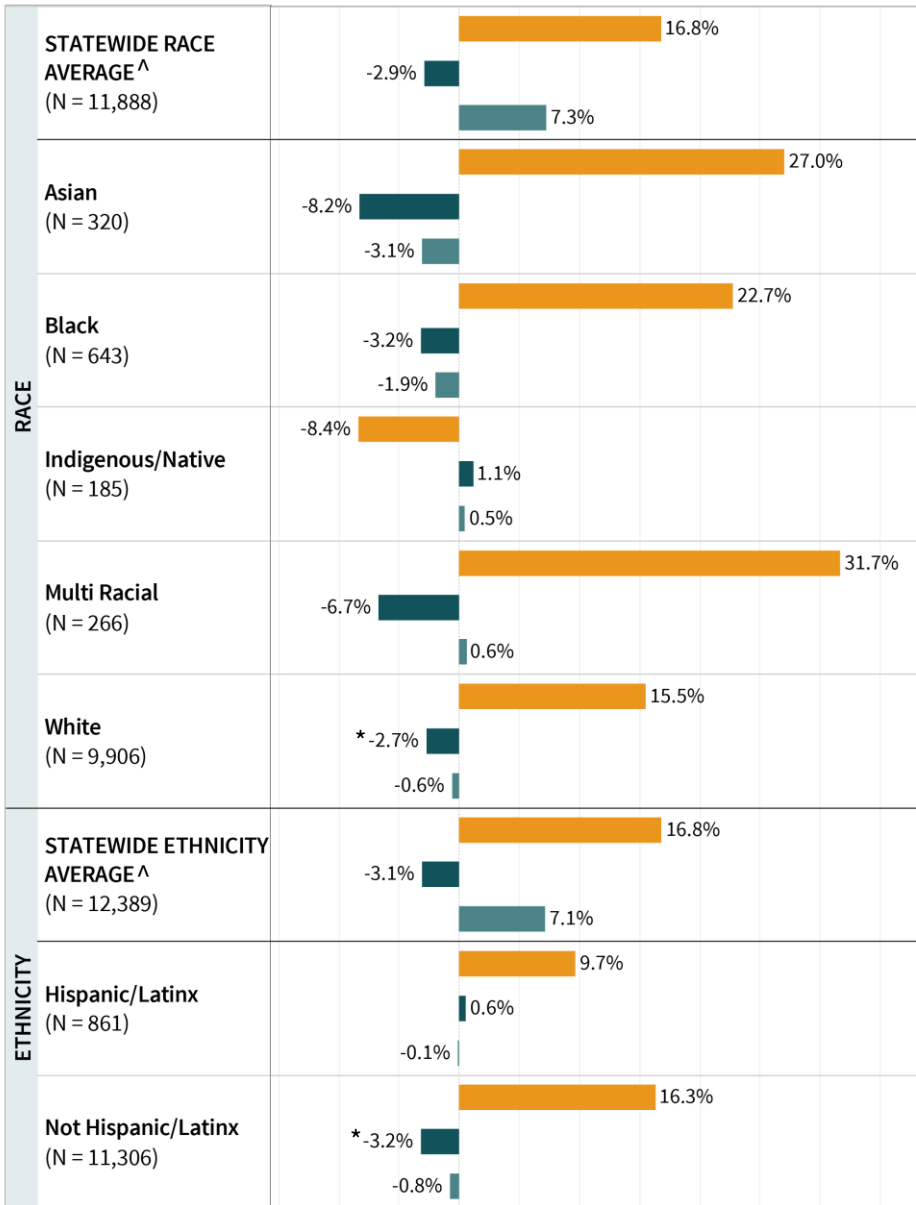


## Depression Care in 2020 Adults & Adolescents

### POPULATION CHANGES & RATE CHANGES – ADOLESCENTS

#### Race/ethnicity

Comparison of 2020 to 2019



- Patients (Percent change)
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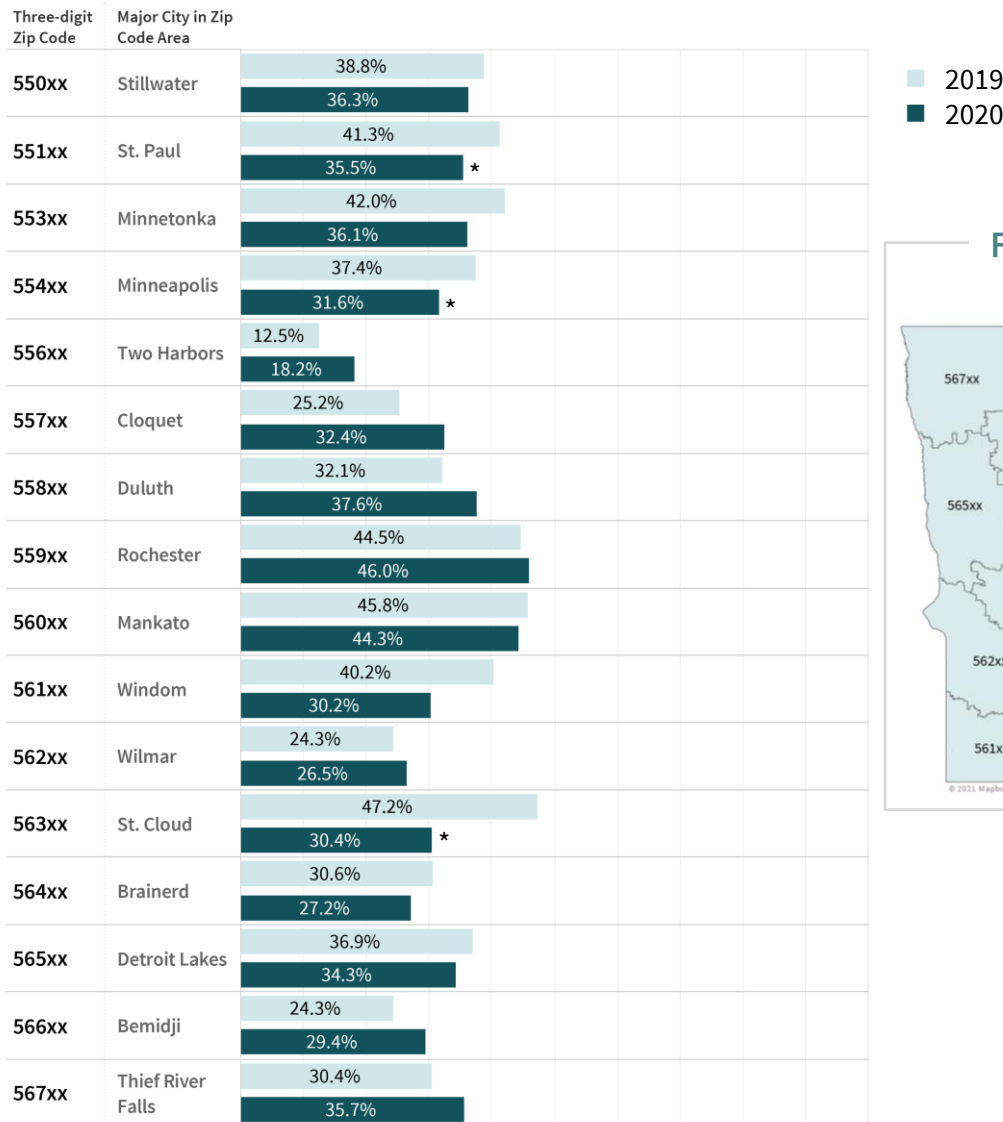
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## Depression Care in 2020 *Adults & Adolescents*

### THREE-DIGIT ZIP CODE – ADOLESCENTS

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



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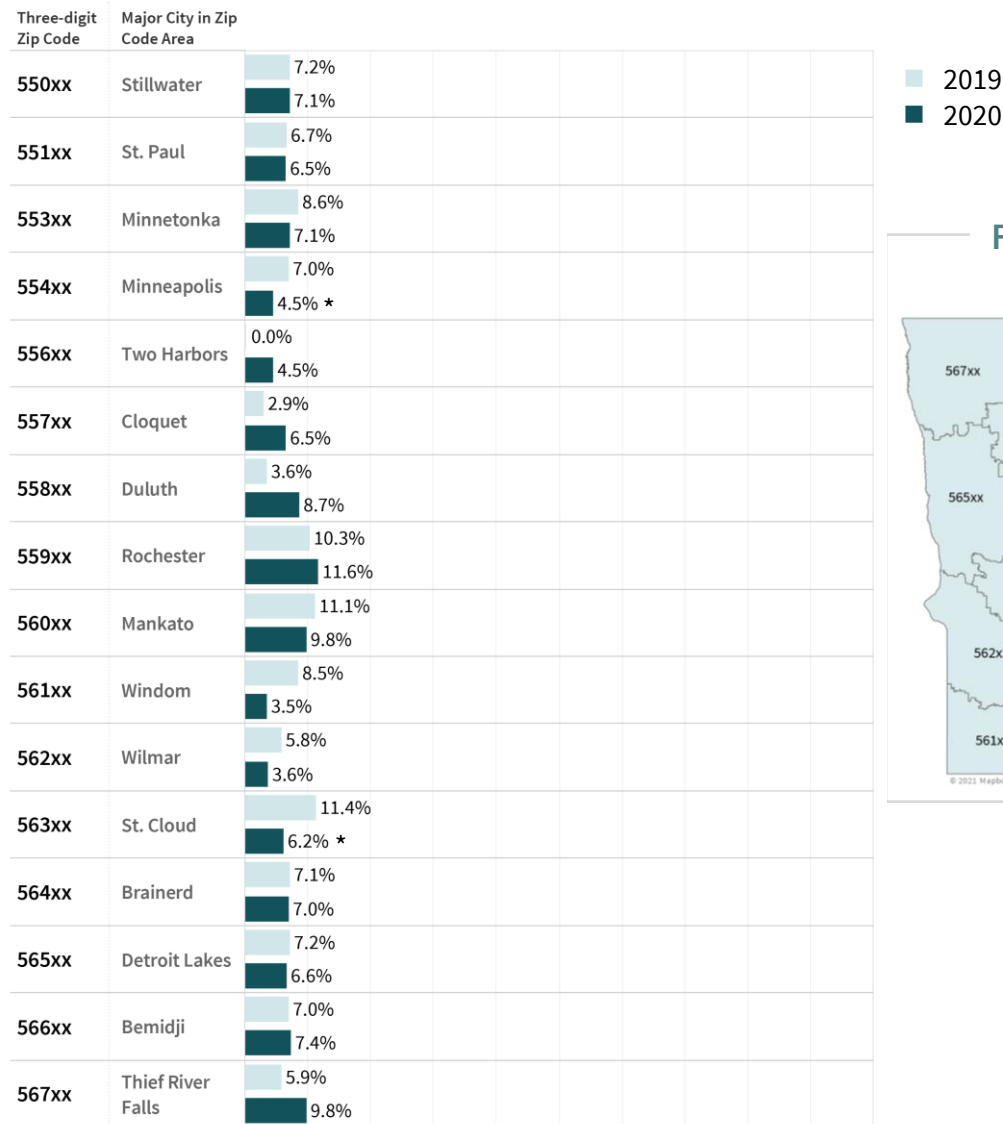
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## Depression Care in 2020 *Adults & Adolescents*

### THREE-DIGIT ZIP CODE – ADOLESCENTS

#### Remission at 12 Months



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From 2019 to 2020, the rates of remission at 12 months in some three-digit zip code areas decreased while rates increased other areas. In 2020, the 554 (Minneapolis area) and the 563 (St. Cloud area) regions showed a significant worsening of their existing disparities for remission at 12 months among adolescents.



## ISSUE BRIEF SERIES

This issue brief is one of a series of issue briefs that summarizes the impact of COVID-19 at the demographic level for each of the measures. The measures featured in the summary report and in the issue briefs are measures collected by MNCM directly from medical groups and clinics. Below are links to each of the other measure issue briefs as well as the spotlight report which summarizes the overall rate changes and findings.

- [Spotlight Report](#)
- [Optimal Diabetes Care](#)
- [Optimal Vascular Care](#)
- [Optimal Asthma Control](#)
- [Colorectal Cancer Screening](#)
- [Adolescent Mental Health and/or Depression Screening](#)

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