MN Community MEASUREMENT

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 Optimal Diabetes Care measure, 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

- Statewide, the Optimal Diabetes Care measure decreased from 45.4% in 2019 to 40.6% in 2020.

- The blood pressure control and HbA1c control components saw large decreases in rates in 2020. Much of this change is attributable to the fact that HbA1c tests and blood pressures were not performed for many patients.

- In general, all demographic categories showed a decline in patient volume between 2019 and 2020.

- Groups who experienced a significant worsening in their existing disparities for optimal diabetes care include patients with the following demographic characteristics: Black patients, aged 40-59, on commercial insurance, uninsured or in the lowest socioeconomic status (SES) quartile. Additionally, disparities worsened in some regions more than others.

OPTIMAL DIABETES CARE

The percentage of patients between 18-75 years of age with diabetes who had at least one eligible office visit with an eligible provider between 1/1/2020 and 12/31/2020 and who met all of the following criteria:

Most recent HbA1c less than 8.0

Most recent blood pressure less than 140/90

Tobacco-free

On a statin medication

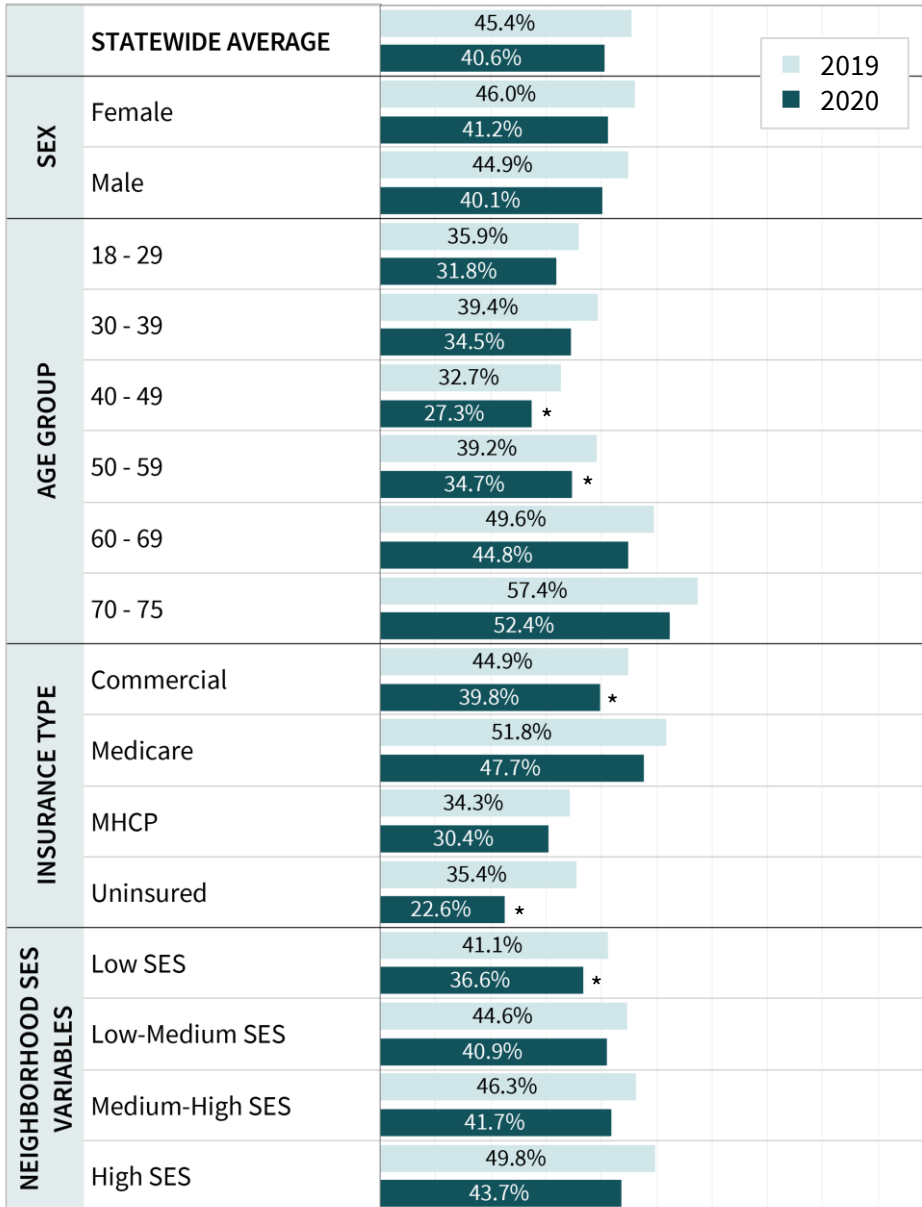**If diagnosed with ischemic vascular disease, on a daily aspirin (unless contraindication)**

*Quality measures for individual clinic locations will not be public for 2020
HbA1c = Hemoglobin A1c test; measures average blood sugar levels over three months

Optimal Diabetes Care in 2020

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MEASUREMENT

RATE CHANGES

Sex, Age Group, Insurance Type, Neighborhood Socioeconomic (SES) Variables
Comparison of 2020 to 2019

		2019	2020
	STATEWIDE AVERAGE	45.4%	40.6%
SEX	Female	46.0%	41.2%
	Male	44.9%	40.1%
AGE GROUP	18 - 29	35.9%	31.8%
	30 - 39	39.4%	34.5%
	40 - 49	32.7%	27.3% *
	50 - 59	39.2%	34.7% *
	60 - 69	49.6%	44.8%
	70 - 75	57.4%	52.4%
INSURANCE TYPE	Commercial	44.9%	39.8% *
	Medicare	51.8%	47.7%
	MHCP	34.3%	30.4%
	Uninsured	35.4%	22.6% *
NEIGHBORHOOD SES VARIABLES	Low SES	41.1%	36.6% *
	Low-Medium SES	44.6%	40.9%
	Medium-High SES	46.3%	41.7%
	High SES	49.8%	43.7%

* 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

Optimal Diabetes Care rates decreased across all demographic groups shown here. The largest significant decreases in rates occurred in the following groups within each demographic category:

- Females
(-4.8 percentage points)

- 40-49 Age Group
(-5.4 percentage points)

- Uninsured
(-12.9 percentage points)

- High SES
(-6.0 percentage points)

Additionally, in 2020, patients between the ages of 40-59, those who are uninsured, those with commercial insurance or those in the lowest SES quartile had a significant worsening of their existing disparities for optimal diabetes care.

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.
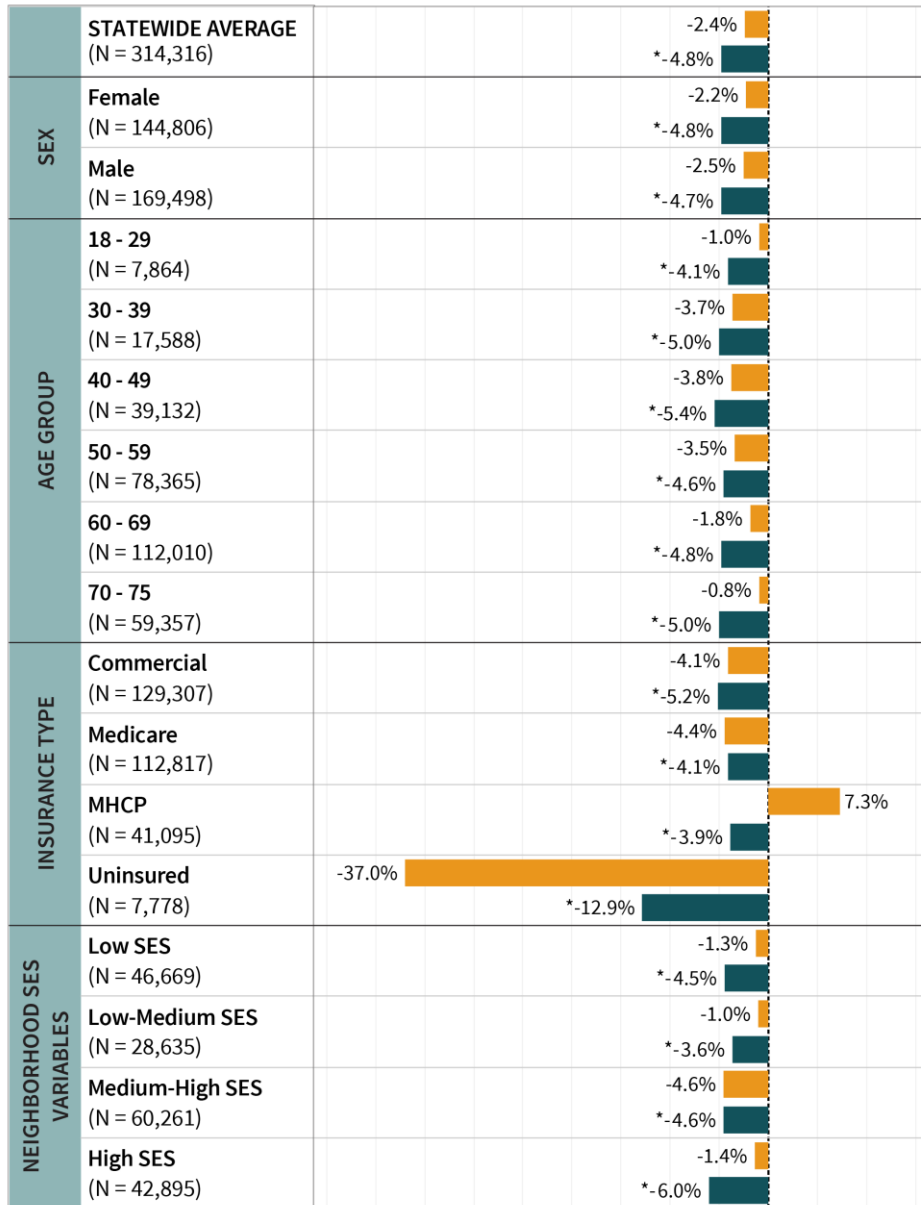
POPULATION & RATE CHANGES

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

Comparison of 2020 to 2019

Category	Group	Patients (Percent change)	Rate (Percentage point change)
	STATEWIDE AVERAGE (N = 314,316)	-2.4%	*-4.8%
SEX	**Female** (N = 144,806)	-2.2%	*-4.8%
	Male (N = 169,498)	-2.5%	*-4.7%
AGE GROUP	**18 - 29** (N = 7,864)	-1.0%	*-4.1%
	30 - 39 (N = 17,588)	-3.7%	*-5.0%
	40 - 49 (N = 39,132)	-3.8%	*-5.4%
	50 - 59 (N = 78,365)	-3.5%	*-4.6%
	60 - 69 (N = 112,010)	-1.8%	*-4.8%
	70 - 75 (N = 59,357)	-0.8%	*-5.0%
INSURANCE TYPE	**Commercial** (N = 129,307)	-4.1%	*-5.2%
	Medicare (N = 112,817)	-4.4%	*-4.1%
	MHCP (N = 41,095)	7.3%	*-3.9%
	Uninsured (N = 7,778)	-37.0%	*-12.9%
NEIGHBORHOOD SES VARIABLES	**Low SES** (N = 46,669)	-1.3%	*-4.5%
	Low-Medium SES (N = 28,635)	-1.0%	*-3.6%
	Medium-High SES (N = 60,261)	-4.6%	*-4.6%
	High SES (N = 42,895)	-1.4%	*-6.0%

■ Patients (Percent change)
■ Rate (Percentage point change)

In general, the decline in number of patients was consistent across all demographic categories. The largest declines occurred in the uninsured and the medium-high SES populations.

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

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.
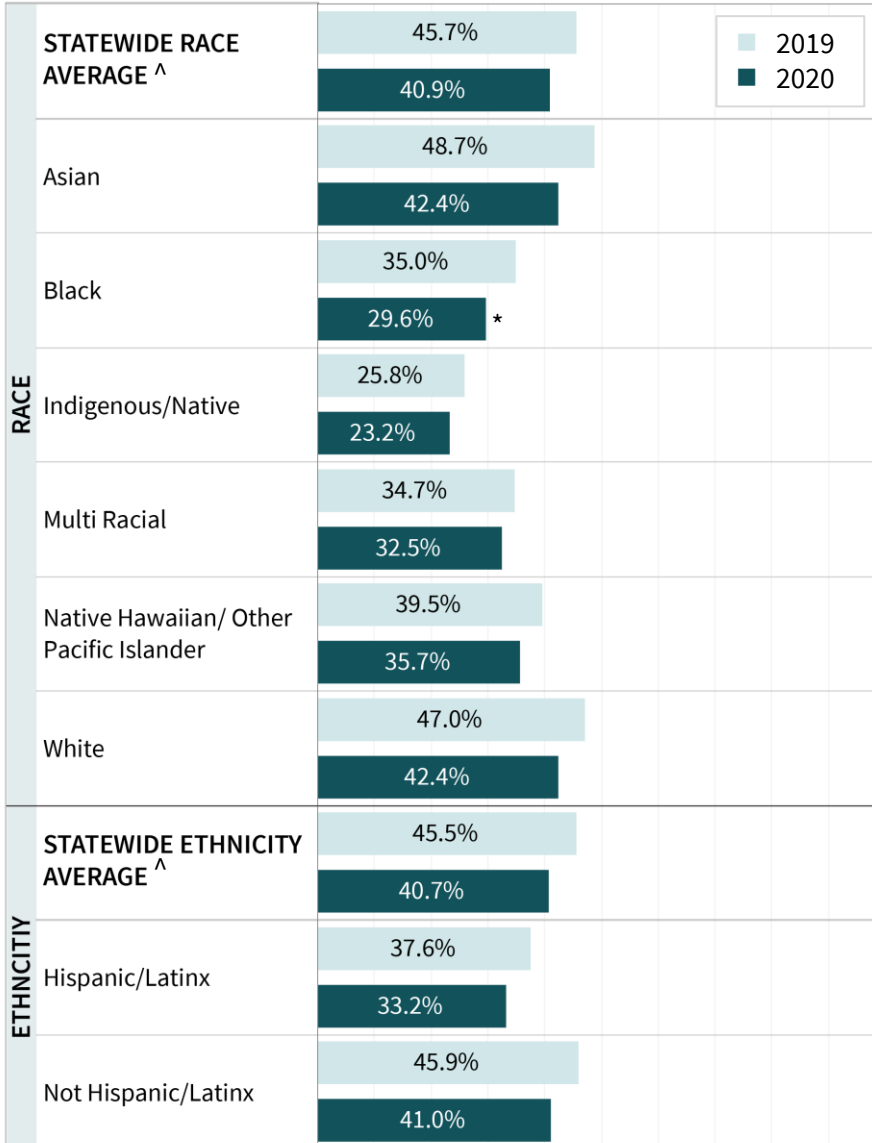
MN Community MEASUREMENT

RATE CHANGES

Race/Ethnicity

Comparison of 2020 to 2019

RACE	Category	2019	2020
	STATEWIDE RACE AVERAGE ^	45.7%	40.9%
	Asian	48.7%	42.4%
	Black	35.0%	29.6% *
	Indigenous/Native	25.8%	23.2%
	Multi Racial	34.7%	32.5%
	Native Hawaiian/ Other Pacific Islander	39.5%	35.7%
	White	47.0%	42.4%
ETHNICITY	STATEWIDE ETHNICITY AVERAGE ^	45.5%	40.7%
	Hispanic/Latinx	37.6%	33.2%
	Not Hispanic/Latinx	45.9%	41.0%

Within the diabetes population, patients from all races and ethnicities experienced lower rates of optimal care in 2020. The following groups showed significant decreases:

- Asian
  (-6.3 percentage points)

- Black
  (-5.4 percentage points)

- White
  (-4.6 percentage points)

- Indigenous/Native
  (-2.7 percentage points)

- Not Hispanic/Latinx
  (-4.8 percentage points)

- Hispanic/Latinx
  (-4.4 percentage points)

Additionally, in 2020, the Black population showed a significant worsening of their existing disparity for optimal diabetes care.

* 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
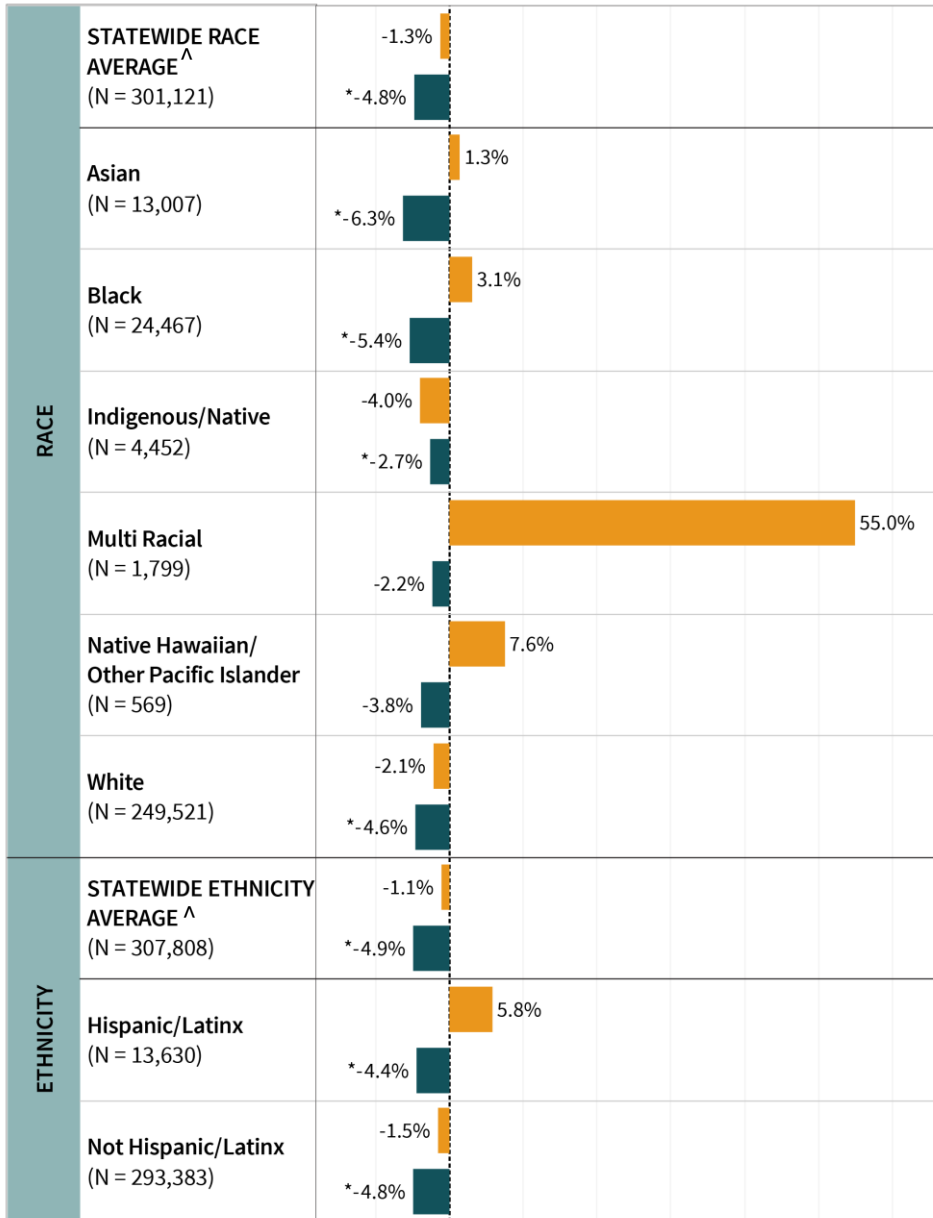2019 = care delivered in 2019 and reported in 2020
2020 = care delivered in 2020 and reported in 2021

ISSUE BRIEF

Optimal Diabetes Care in 2020

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POPULATION & RATE CHANGES

Race/ethnicity

Comparison of 2020 to 2019

Legend:
- Patients (Percent change)
- Rate (Percentage point change)

RACE

Category	Patients (Percent change)	Rate (Percentage point change)
STATEWIDE RACE AVERAGE ^ (N = 301,121)	-1.3%	*-4.8%
Asian (N = 13,007)	1.3%	*-6.3%
Black (N = 24,467)	3.1%	*-5.4%
Indigenous/Native (N = 4,452)	-4.0%	*-2.7%
Multi Racial (N = 1,799)	55.0%	-2.2%
Native Hawaiian/ Other Pacific Islander (N = 569)	7.6%	-3.8%
White (N = 249,521)	-2.1%	*-4.6%

ETHNICITY

Category	Patients (Percent change)	Rate (Percentage point change)
STATEWIDE ETHNICITY AVERAGE ^ (N = 307,808)	-1.1%	*-4.9%
Hispanic/Latinx (N = 13,630)	5.8%	*-4.4%
Not Hispanic/Latinx (N = 293,383)	-1.5%	*-4.8%

The multi racial and Hispanic/Latinx population showed a large increase in number of patients; however, the number of patients reporting multiple races or Hispanic/Latinx ethnicity has been increasing for several years and is not unique to 2020 dates of service.

*Significant rate change from 2019
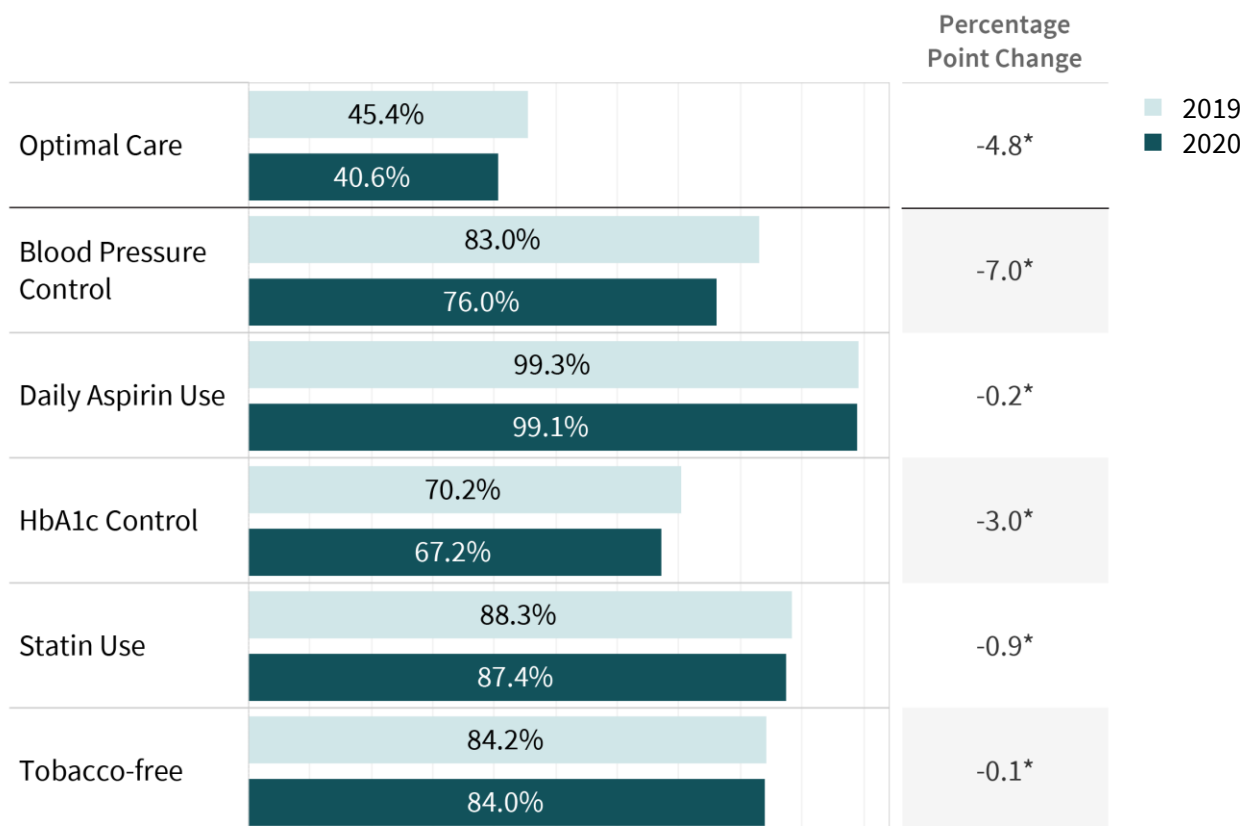^Statewide race/ethnicity averages are averages for patients with race/ethnicity information available
Note: Ns in chart are 2020 denominators

MN Community MEASUREMENT

RATE CHANGES
Diabetes Components
Comparison of 2020 to 2019

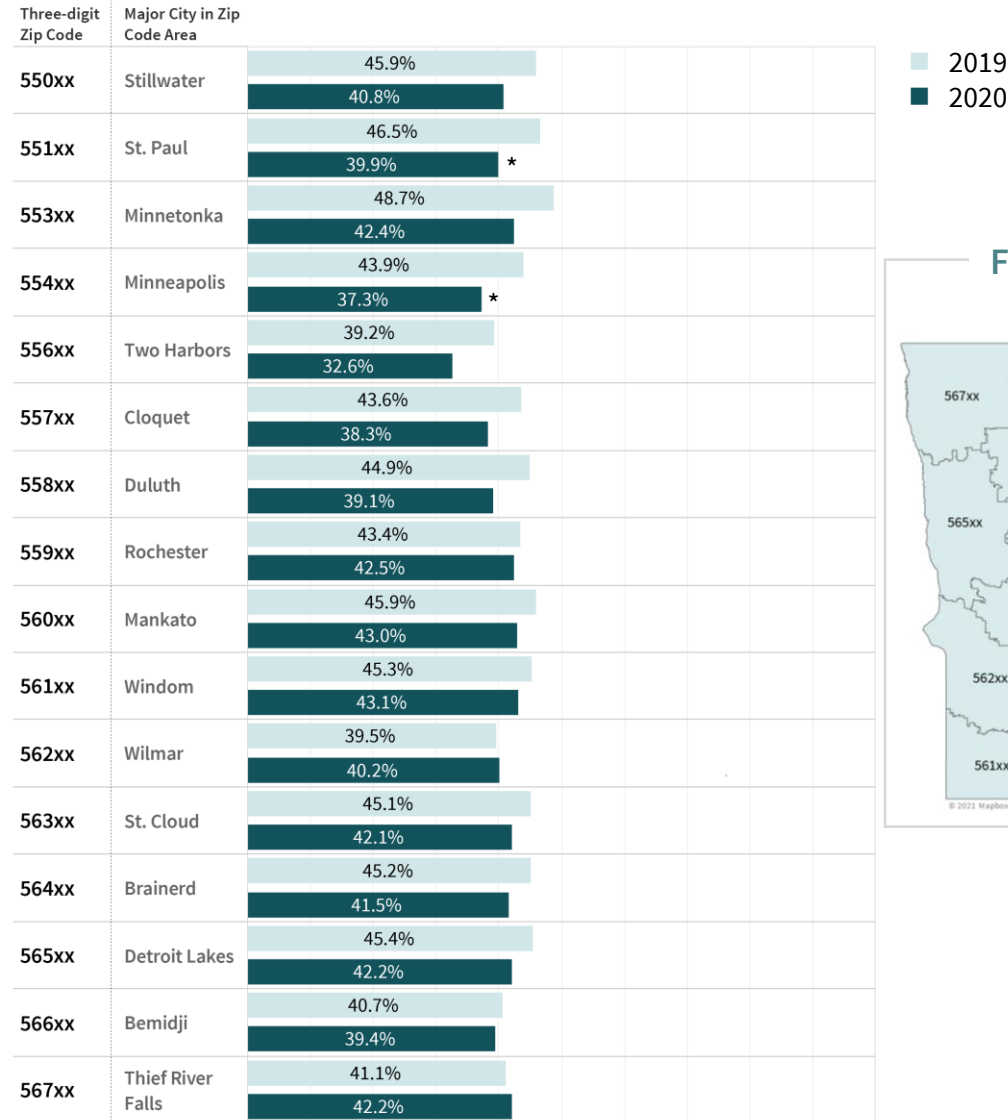|	Percentage Point Change
Optimal Care	-4.8*
2019: 45.4%	
2020: 40.6%	
Blood Pressure Control	-7.0*
2019: 83.0%	
2020: 76.0%	
Daily Aspirin Use	-0.2*
2019: 99.3%	
2020: 99.1%	
HbA1c Control	-3.0*
2019: 70.2%	
2020: 67.2%	
Statin Use	-0.9*
2019: 88.3%	
2020: 87.4%	
Tobacco-free	-0.1*
2019: 84.2%	
2020: 84.0%	

Legend: 2019, 2020

*Significant rate change from 2019
2019 = care delivered in 2019 and reported in 2020
2020 = care delivered in 2020 and reported in 2021

Each of the five measure components saw a significant decrease in rate in the 2020 measurement year. However, the blood pressure control and the HbA1c control components saw the largest decrease (-7.0 percentage points and -3.0 percentage points, respectively). A large part of these decreases can be attributed to changes in care delivery. For example, patients who received services via telehealth may not have had completed lab tests and blood pressures may not have been recorded. The share of patients with no blood pressure recorded during the year rose from 0.4% in 2019 to 6.2% in 2020. Similarly, the share of patients with no HbA1c tests rose from 5.2% in 2019 to 8.9% in 2020.

THREE-DIGIT ZIP CODE

Three-digit Zip Code	Major City in Zip Code Area	2019	2020
550xx	Stillwater	45.9%	40.8%
551xx	St. Paul	46.5%	39.9% *
553xx	Minnetonka	48.7%	42.4%
554xx	Minneapolis	43.9%	37.3% *
556xx	Two Harbors	39.2%	32.6%
557xx	Cloquet	43.6%	38.3%
558xx	Duluth	44.9%	39.1%
559xx	Rochester	43.4%	42.5%
560xx	Mankato	45.9%	43.0%
561xx	Windom	45.3%	43.1%
562xx	Wilmar	39.5%	40.2%
563xx	St. Cloud	45.1%	42.1%
564xx	Brainerd	45.2%	41.5%
565xx	Detroit Lakes	45.4%	42.2%
566xx	Bemidji	40.7%	39.4%
567xx	Thief River Falls	41.1%	42.2%

Legend: 2019, 2020

FOR REFERENCE

(Map of Minnesota three-digit zip code regions: 567xx, 566xx, 556xx, 557xx, 565xx, 564xx, 558xx, 563xx, 550xx, 551xx, 554xx, 553xx, 562xx, 560xx, 559xx, 561xx)
© 2021 Mapbox © OpenStreetMap

* Disparity between the rate for this category and the statewide average increased in 2020
2019 = care delivered in 2019 and reported in 2020
2020 = care delivered in 2020 and reported in 2021

For most three-digit zip code areas, the rates of optimal diabetes care decreased from 2019 to 2020. In 2020, the 551 region (St. Paul area) and the 554 region (Minneapolis area) showed a significant worsening of their existing disparities for optimal diabetes care.

MN Community
MEASUREMENT

ISSUE BRIEF SERIES

This issue brief is one in 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 Vascular Care](#)

- [Optimal Asthma Control](#)

- [Colorectal Cancer Screening](#)

- [Adolescent Mental Health and/or Depression Screening](#)

- [Depression Care](#)

REPORTS CREATED BY

Jessica Donovan, MPH, BSN
Clinical Measurement Analyst

Gunnar Nelson
Health Economist

Julie Sonier, MPA
President & CEO of MNCM