

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 Vascular 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 Vascular Care measure decreased from 60.3% in 2019 to 53.8% in 2020.
- The blood pressure control component saw a large decrease in rate in 2020. Much of this change is attributable to the fact that 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 vascular care include patients with the following demographic characteristics: aged 50-59 and on commercial insurance. Additionally, disparities worsened in some regions more than others.

OPTIMAL VASCULAR CARE

The percentage of patients between 18-75 years of age with ischemic vascular disease 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 blood pressure less than 140/90



Tobacco-free



On a statin medication



On a daily aspirin (unless contraindication)

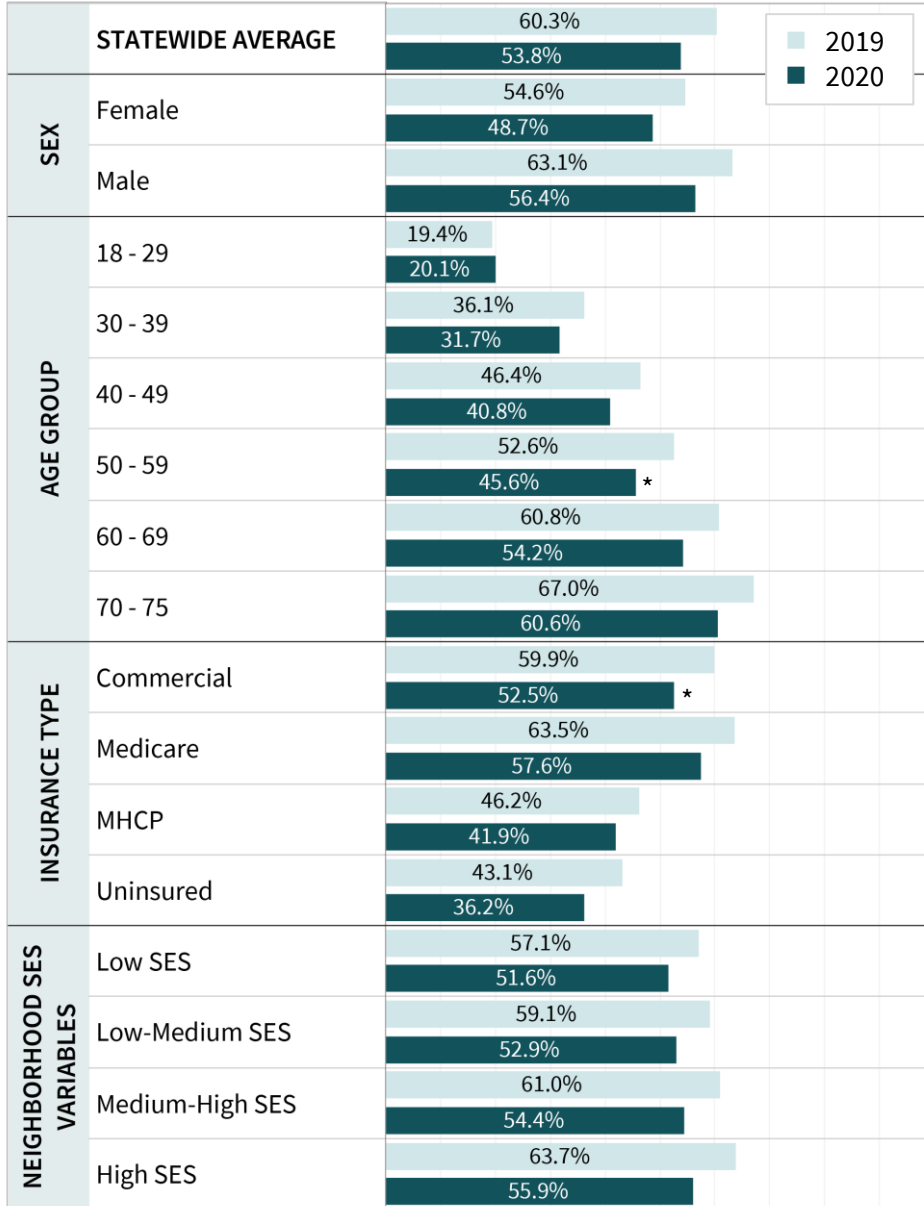
*Quality measures for individual clinic locations will not be public for 2020



RATE CHANGES

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

Comparison of 2020 to 2019



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

- Males (-6.7 percentage points)
- 50-59 Age Group (-6.9 percentage points)
- Commercial (-7.4 percentage points)
- High SES (-7.8 percentage points)

Additionally, in 2020, patients between the ages of 50-59 and those with commercial insurance had a significant worsening of their existing disparities for optimal vascular 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.

* 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

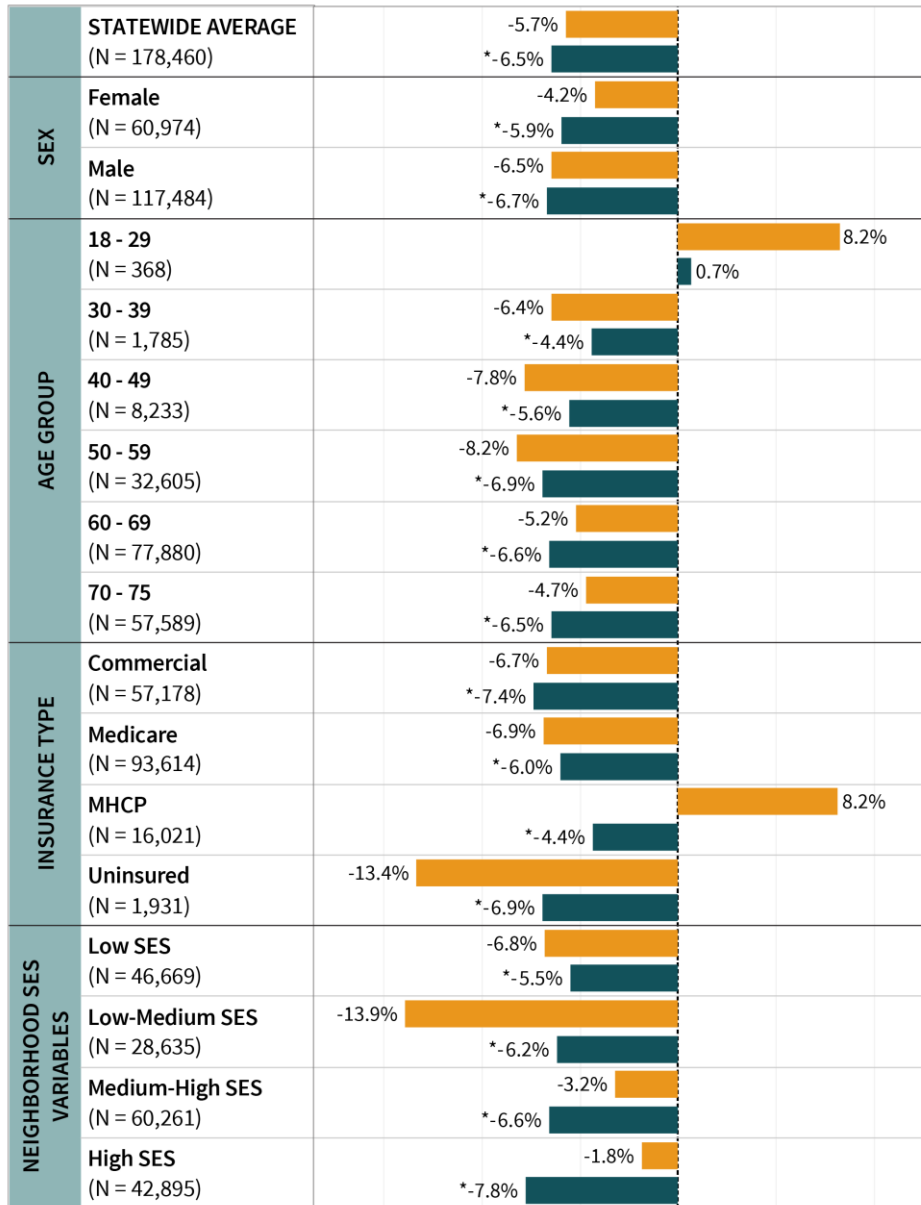
2020 = care delivered in 2020 and reported in 2021



POPULATION & RATE CHANGES

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

Comparison of 2020 to 2019



- 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 low-medium SES populations (-13.4% and -13.9%, respectively).

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.

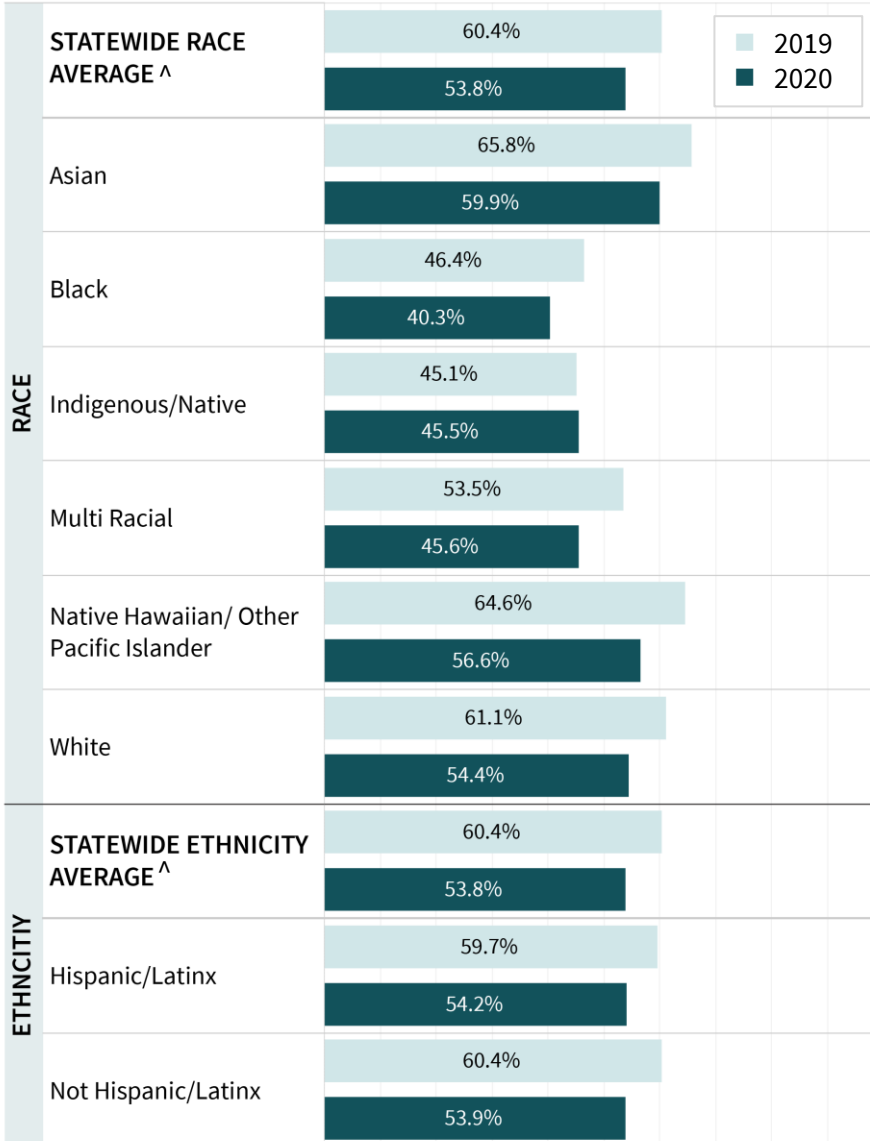
*Significant rate change from 2019
 Note: Ns in chart are 2020 denominators



RATE CHANGES

Race/Ethnicity

Comparison of 2020 to 2019



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

- White (-6.6 percentage points)
- Black (-5.9 percentage points)
- Asian (-5.9 percentage points)
- Not Hispanic/Latinx (-6.6 percentage points)
- Hispanic/Latinx (-5.5 percentage points)

2019 = care delivered in 2019 and reported in 2020

2020 = care delivered in 2020 and reported in 2021

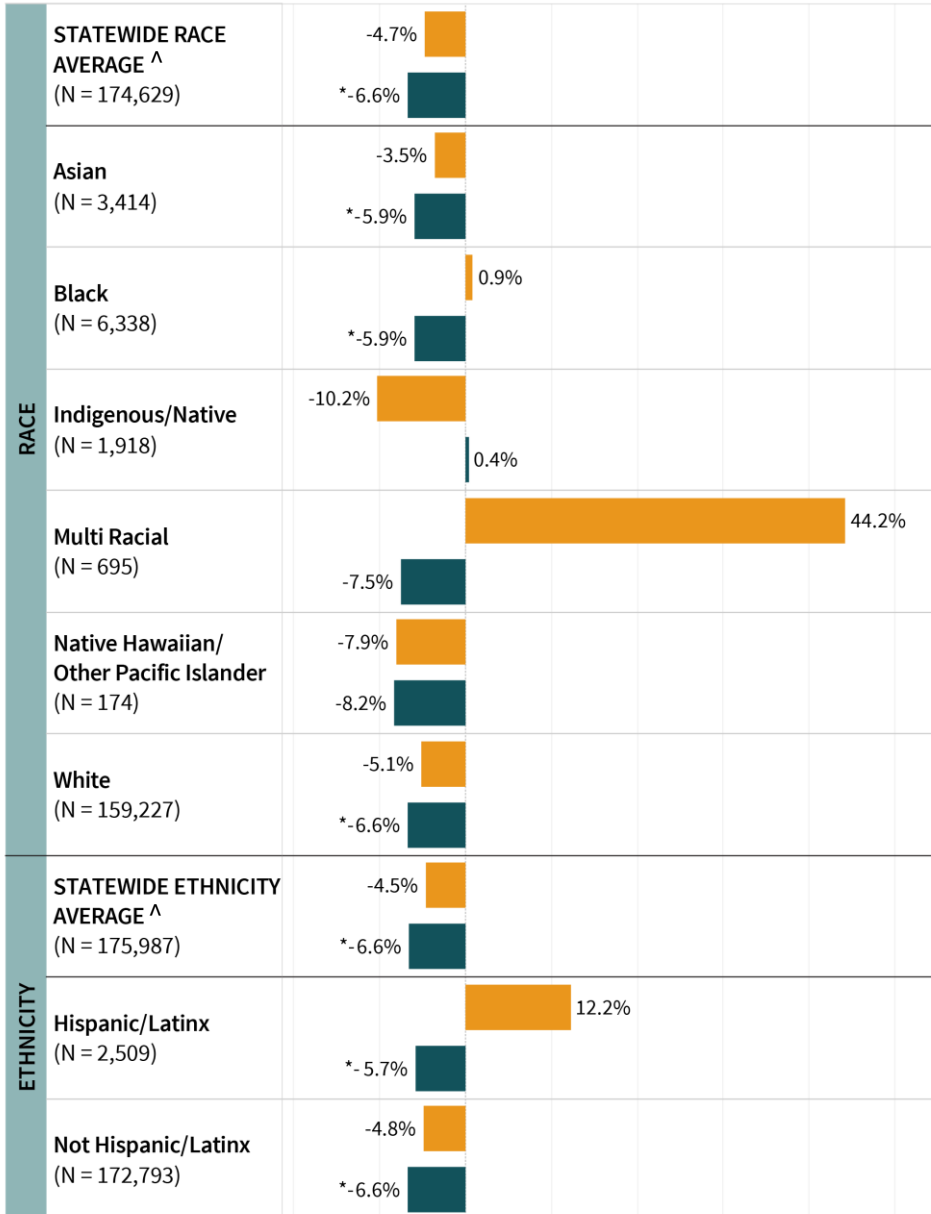
^Statewide race/ethnicity averages are averages for patients with race/ethnicity information available



POPULATION & RATE CHANGES

Race/ethnicity

Comparison of 2020 to 2019



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

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. Additionally, the actual number of patients is relatively small within the respective populations.

In general, the number of patients declined across most race/ethnicity categories.

*Significant rate change from 2019

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

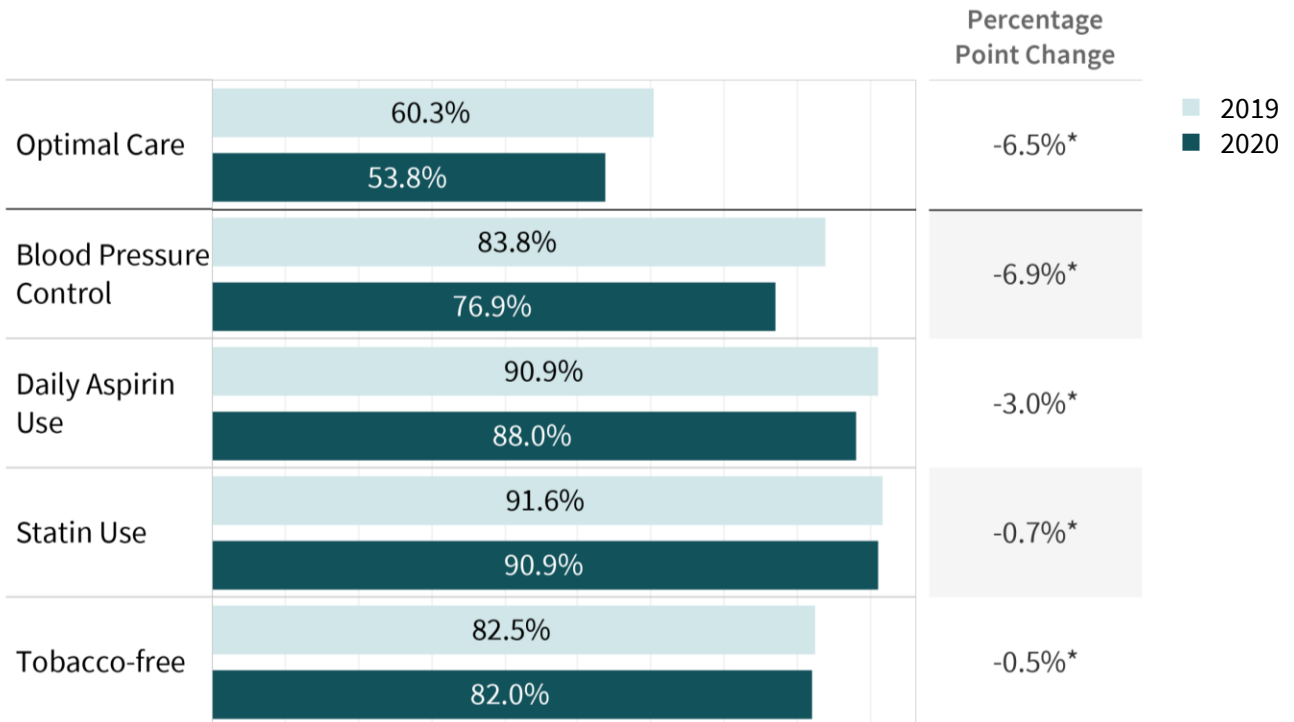
Note: Ns in chart are 2020 denominators



RATE CHANGES

Vascular Components

Comparison of 2020 to 2019



*Significant rate change from 2019

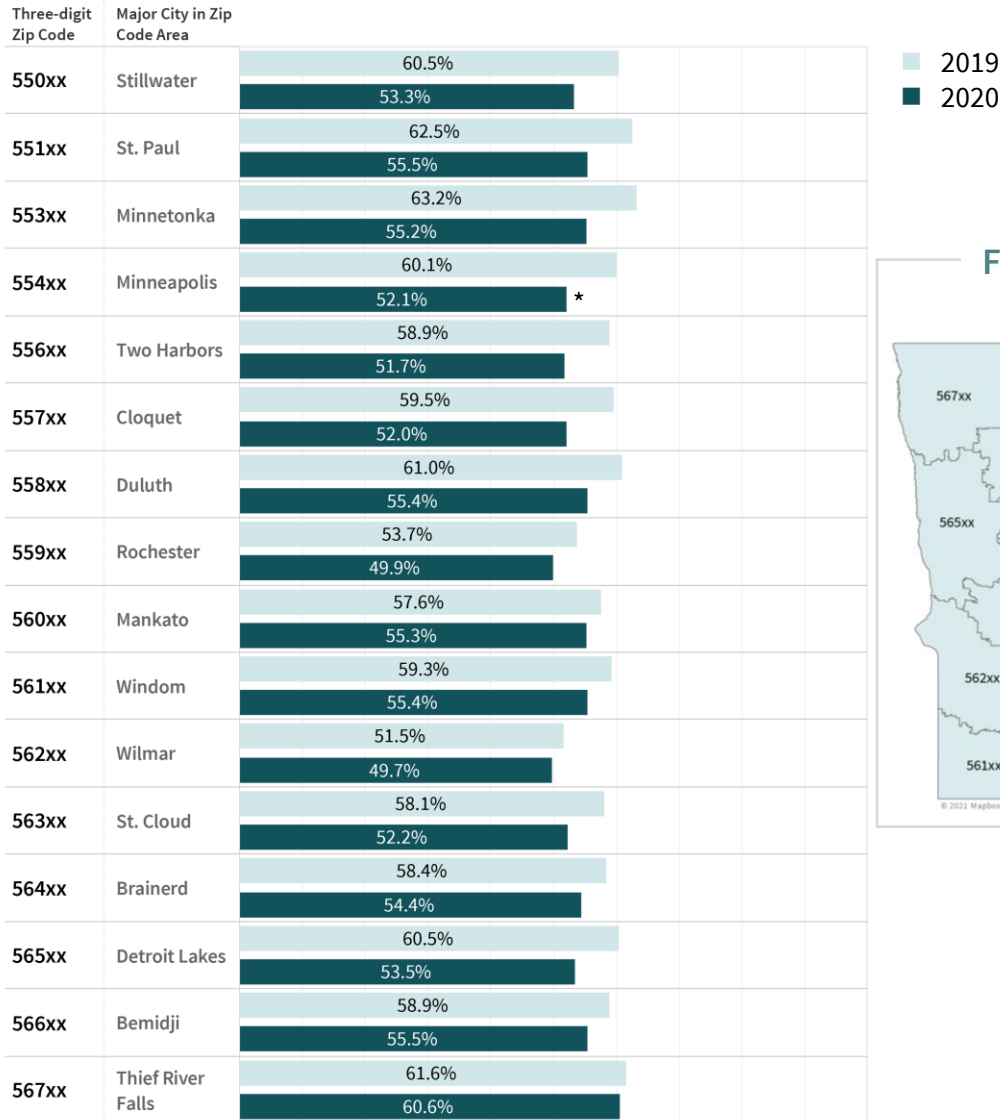
2019 = care delivered in 2019 and reported in 2020

2020 = care delivered in 2020 and reported in 2021

Each of the four measure components saw a significant decrease in rate in the 2020 measurement year. However, the blood pressure control component saw the largest decrease (-6.9 percentage points). A large part of this decrease can be attributed to changes in care delivery. For example, patients who received services via telehealth may not have had blood pressures recorded. The share of patients with no blood pressure recorded during the year rose from 0.3% in 2019 to 5.8% in 2020.



THREE-DIGIT ZIP CODE



* 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 vascular care decreased from 2019 to 2020. In 2020, the 554 region (Minneapolis area) showed a significant worsening of the region’s existing disparity for optimal vascular care.



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 Asthma Control](#)
- [Colorectal Cancer Screening](#)
- [Adolescent Mental Health and/or Depression Screening](#)
- [Depression Care](#)

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