

# MINNESOTA HEALTH CARE QUALITY REPORT

## PART 1: CLINICAL QUALITY MEASURES REPORTED BY MEDICAL GROUPS

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Results for care delivered in 2022 | Report released August 2023

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### 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. Measuring and reporting on health care quality helps consumers understand how care varies across providers, allows providers to identify improvement opportunities and how their quality results compare to others, and helps health plans and other purchasers better understand and improve value for the money that is spent on health care.

### ABOUT THIS REPORT

MN Community Measurement's *Health Care Quality Report* will be released in three parts:

- **Part 1:** Clinical quality measures reported by medical groups (this report)
- **Part 2:** Clinical quality measures reported by health plans (late 2023)
- **Part 3:** Top performing medical groups across all quality measures (early 2024)

This report summarizes all clinical quality measures reported by medical groups for the 2022 measurement year and includes a total of 20 measures (11 for adults and 9 for children/adolescents). Measure topics include asthma, depression, diabetes, heart disease, and colorectal cancer screening. The report provides:

- Summary of performance rates with achievable benchmark goals by measure
- Trend in performance rates across multiple years for each measure
- Variation in performance rates across medical groups for each measure, including comparison to 2019 rates (i.e., pre-pandemic)
- Variation in performance rates across Minnesota three-digit ZIP code regions

Medical group and clinic performance rates are available through MNCM's Appendix Tables, available [here](#). Medical group and clinic profile pages through MNHealthScores are also available [here](#).

### ACKNOWLEDGEMENTS

This report is made possible by the engagement of numerous stakeholders, including 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.

### REPORT AUTHORS & CONTRIBUTORS

Jess Donovan, MPH, BSN  
*Clinical Measurement Analyst*

Liz Cinqueonce, MBA  
*Chief Operating Officer*

Julie Sonier, MPA  
*President*

Ma Xiong, MPH  
*Director, Data Strategy & Analytics*

DIRECT QUESTIONS OR COMMENTS TO  
[support@mncm.org](mailto:support@mncm.org)

# KEY FINDINGS IN 2022

## Comparison of 2022 Rates to 2021 Rates

### Significant Increases in 2022

- Six measures had significant increases in rates, ranging from increases of 0.7 to 6.0 percentage points:
  1. Adolescent Mental Health and/or Depression Screening (+0.7 percentage points)
  2. Optimal Diabetes Care (+1.0 percentage point)
  3. Adult Depression: Follow-up PHQ-9/9M at Six Months (+2.0 percentage points)
  4. Adolescent Depression: Follow-up PHQ-9/9M at Six Months (+2.6 percentage points)
  5. Adult Depression: PHQ-9/9M Utilization (+4.7 percentage points)
  6. Adolescent Depression: PHQ-9/9M Utilization (+6.0 percentage points)
- The largest increase for adults occurred in the Depression: PHQ-9/9M Utilization measure (+4.7 percentage points).
- Like adults, the largest increase for adolescents occurred in the Depression: PHQ-9/9M Utilization measure (+6.0 percentage points).

### Significant Decreases in 2022

- Five measures had significant decreases in rates, ranging from decreases of 0.5 to 4.4 percentage points:
  1. Adult Depression: Remission at 12 Months (-0.5 percentage points)
  2. Adult Depression: Response at 12 Months (-0.7 percentage points)
  3. Optimal Vascular Care (-1.2 percentage points)
  4. Optimal Asthma Control – Children (-2.7 percentage points)
  5. Colorectal Cancer Screening (-4.4 percentage points)
- The largest decrease for adults occurred in the Colorectal Cancer Screening measure (-4.4 percentage points). In 2022, the eligible age range was expanded to include patients ages 45 to 49 for the first time. This update is based on the updated U.S. Preventive Services Task Force (USPSTF) recommendation and in alignment with NCQA's Colorectal Cancer Screening measure.
  - Additional analysis by age revealed that without the expansion, the screening rate in 2022 would have been 71.9%. However, this rate is still significantly lower than the 2021 rate of 72.2%, showing that while the age expansion played a significant role in the rate decrease, other factors contributed to the decrease as well.
- The largest decrease for children and adolescents occurred in the Optimal Asthma Control measure (-2.7 percentage points).

## KEY FINDINGS IN 2022

### Comparison of 2022 Rates to 2019 Rates (Pre-Pandemic)

#### Significantly Higher in 2022

- Five measures had rates that were significantly higher in 2022 compared to 2019, with differences ranging from +0.4 to +3.3 percentage points:
  1. Adult Depression: Response at 12 Months (+0.4 percentage points)
  2. Adolescent Depression: Follow-up PHQ-9/9M at Six Months (+2.0 percentage points)
  3. Adult Depression: Follow-up PHQ-9/9M at 12 Months (+2.6 percentage points)
  4. Adolescent Depression: PHQ-9/9M Utilization (+3.2 percentage points)
  5. Adolescent Mental Health and/or Depression Screening (+3.3 percentage points).
- The largest difference occurred in the Adolescent Mental Health and/or Depression Screening measures (+3.3 percentage points).

#### Significantly Lower in 2022

- 12 measures had rates that were significantly lower in 2022 compared to 2019, with differences ranging from -0.8 to -5.4 percentage points:
  1. Optimal Diabetes Care (-0.8 percentage points)
  2. Adolescent Depression: Remission at 12 Months (-0.9 percentage points)
  3. Adolescent Depression: Remission at Six months (-1.0 percentage point)
  4. Adult Depression: Follow-up PHQ-9/9M at Six Months (-1.2 percentage points)
  5. Adult Depression: Remission at Six Months (-1.2 percentage points)
  6. Adult Depression: PHQ-9/9M Utilization (-1.3 percentage points)
  7. Adolescent Depression: Response at Six months (-1.3 percentage points)
  8. Adult Depression: Response at Six Months (-1.4 percentage points)
  9. Optimal Asthma Control – Adults (-3.1 percentage points)
  10. Optimal Asthma Control – Children (-4.8 percentage points)
  11. Optimal Vascular Care (-5.0 percentage points)
  12. Colorectal Cancer Screening (-5.4 percentage points)
- The largest difference occurred in the Colorectal Cancer Screening measure (-5.4 percentage points).

# KEY FINDINGS IN 2022

## Variation in Performance Rates

### Among Medical Groups

- Across all measures, there is significant variation in performance rates among medical groups.
- For the adult population:
  - The largest variation occurred in the Optimal Asthma Control and PHQ-9/9M Utilization measures (*Range: 0% to 100%*).
  - The smallest variation occurred in the Depression: Remission at 12 Months measure (*Range: 0% to 21.5%*).
- For the child and adolescent population:
  - The largest variation occurred in the Adolescent Mental Health and/or Depression Screening and PHQ-9/9M measures (*Range: 0% to 100%*).
  - The smallest variation occurred in the Depression: Remission at 12 Months measure (*Range: 0% to 16.7%*).

### Among Three-Digit ZIP Code Regions

- Across all measures, there is significant variation in performance rates among three-digit ZIP code regions.
- Patients living in the Minnetonka area (553xx ZIP codes) had significantly higher rates on six out of the eight measures featured in the geographic analysis compared to the Minnesota resident average:
  1. Colorectal Cancer Screening
  2. Optimal Asthma Control – Adults
  3. Optimal Diabetes Care
  4. Optimal Vascular Care
  5. Adolescent Mental Health and/or Depression Screening
  6. Optimal Asthma Control – Children
- Patients living in the Windom (561xx) and Thief River Falls (567xx) areas had significantly lower rates on seven out of the eight measures featured in the geographic analysis compared to the Minnesota resident average:

#### Windom (561xx)

1. Colorectal Cancer Screening
2. Optimal Asthma Control – Adults
3. Optimal Diabetes Care
4. Optimal Vascular Care
5. Adolescent Mental Health and/or Depression Screening
6. Optimal Asthma Control – Children
7. Adolescent Depression: Remission at Six Months

#### Thief River Falls (567xx)

1. Colorectal Cancer Screening
2. Optimal Asthma Control – Adults
3. Optimal Diabetes Care
4. Optimal Vascular Care
5. Adult Depression: Remission at Six Months
6. Adolescent Mental Health and/or Depression Screening
7. Optimal Asthma Control – Children

# STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

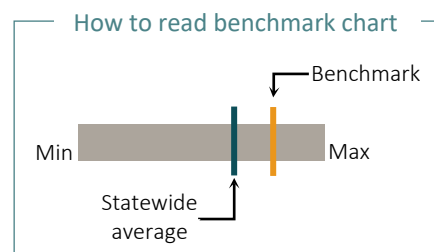
## Adults

2022 measurement year

QUALITY MEASURE		2022 Statewide Average	2022 Benchmark	Gap	Minimum	Maximum	Variation <i>Min/Statewide Average/Benchmark/Max</i>
Preventive Health & Chronic Conditions	Colorectal Cancer Screening	67.8%	71.6%	64,549	0.0%	85.1%	
	Optimal Asthma Control	50.3%	67.2%	24,260	0.0%	100.0%	
	Optimal Diabetes Care	44.6%	48.4%	13,151	7.2%	56.5%	
	Optimal Vascular Care	55.3%	59.2%	7,623	20.0%	68.3%	
Depression Care	PHQ-9/9M Utilization	76.5%	97.6%	41,616	0.0%	100.0%	
	Follow-up PHQ-9/9M at Six Months	47.3%	56.1%	11,992	0.0%	76.2%	
	Response at Six Months	17.9%	21.8%	5,811	0.0%	35.5%	
	Remission at Six Months	10.1%	12.2%	3,470	0.0%	22.2%	
	Follow-up PHQ-9/9M at 12 Months	44.4%	52.2%	11,011	0.0%	69.9%	
	Response at 12 Months	17.4%	19.7%	4,678	0.0%	33.8%	
	Remission at 12 Months	10.1%	12.4%	3,670	0.0%	21.5%	

**Benchmark:** 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

**Gap:** The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.



This table summarizes the statewide results for primary care measures included in this report. The benchmark provided is intended to illustrate an achievable target based on actual performance observed in the market. This information can be used by medical groups to understand their current performance relative to statewide performance and establish improvement goals aligned with benchmark for each measure.

For the adult population, the Optimal Asthma Control and PHQ-9/9M Utilization measures have the largest gaps between the statewide average and the benchmark for the measure:

- Over 24,000 adult patients with asthma would need to be added to the numerator in order to reach the Optimal Asthma Control benchmark goal of 67.2%.
- Nearly 42,000 adult patients with depression would need to be added to the numerator in order to reach the PHQ-9/9M Utilization benchmark goal of 97.6%.

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

## RATES OVER TIME

### Adults

MEASURE		MEASUREMENT YEAR				
		2018	2019	2020 <sup>^</sup>	2021	2022
Preventive Health & Chronic Conditions	Colorectal Cancer Screening	71.2%	73.2% ▲	70.6% ▼	72.2% ▲	67.8% ▼*
	Optimal Asthma Control	53.3%	53.4%	46.6% ▼	50.3% ▲	50.3%
	Optimal Diabetes Care	44.9%	45.4% ▲	40.6% ▼	43.6% ▲	44.6% ▲
	Optimal Vascular Care	61.1%	60.3% ▼	53.8% ▼	56.5% ▲	55.3% ▼
Depression Care	PHQ-9/9M Utilization	N/A	77.7%	68.7% ▼	71.7% ▲	76.5% ▲
	Follow-up PHQ-9/9M at Six Months	N/A	48.5%	47.9% ▼	45.3% ▼	47.3% ▲
	Response at Six Months	N/A	19.4%	18.9%	18.1% ▼	17.9%
	Remission at Six Months	N/A	11.3%	11.0%	10.3% ▼	10.1%
	Follow-up PHQ-9/9M at 12 Months	N/A	41.8%	39.6% ▼	43.9% ▲	44.4%
	Response at 12 Months	N/A	17.0%	16.5% ▼	18.1% ▲	17.4% ▼
	Remission at 12 Months	N/A	10.1%	9.9%	10.6% ▲	10.1% ▼

▲ Significantly higher than previous year (based on 95% confidence interval)

▼ Significantly lower than previous year (based on 95% confidence interval)

N/A Measure underwent significant changes in 2019 so comparison to prior years is not available

<sup>^</sup> Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

\* The eligible age range for the Colorectal Cancer Screening measure was expanded from 50-75 to 45-75 in 2022MY to reflect updated USPSTF recommendations and to align with NCQA's measure.

This table summarizes how performance rates have changed since 2018. The comparisons shown within the table are to the previous year.

Among adults, four of the eleven measures had significant decreases in rates in 2022 compared to 2021:

- Depression Remission at 12 Months  
-0.5 percentage points
- Depression Response at 12 Months  
-0.7 percentage points
- Optimal Vascular Care  
-1.2 percentage points
- Colorectal Cancer Screening  
-4.4 percentage points

However, three measures had significant increases:

- Optimal Diabetes Care  
+1.0 percentage point
- Depression Follow-up PHQ-9/ 9M at Six Months  
+2.0 percentage points
- Depression PHQ-9/9M Utilization  
+4.7 percentage points

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

## RATES OVER TIME

### Optimal Diabetes & Vascular Care Components

MEASURE		MEASUREMENT YEAR				
		2018	2019	2020^	2021	2022
Optimal Diabetes Care	Optimal Care (Composite)	44.9%	45.4% ▲	40.6% ▼	43.6% ▲	44.6% ▲
	Blood Pressure Control	83.1%	83.1%	76.0% ▼	79.0% ▲	79.7% ▲
	Daily Aspirin Use	99.4%	99.3% ▼	99.1% ▼	99.1%	98.7% ▼
	HbA1c Control	69.5%	70.2% ▲	67.2% ▼	70.5% ▲	71.8% ▲
	Statin Use	88.1%	88.3%	87.4% ▼	87.9% ▲	88.0%
	Tobacco-free	84.0%	84.2%	84.0%	84.1%	84.6% ▲
Optimal Vascular Care	Optimal Care (Composite)	61.1%	60.3% ▼	53.8% ▼	56.5% ▲	55.3% ▼
	Blood Pressure Control	83.7%	83.9%	76.9% ▼	79.9% ▲	80.5% ▲
	Daily Aspirin Use	92.5%	90.9% ▼	88.0% ▼	89.8% ▲	87.3% ▼
	Statin Use	91.6%	91.7%	90.9% ▼	91.5% ▲	91.4%
	Tobacco-free	82.4%	82.5%	82.0% ▼	82.4% ▲	82.4%

▲ Significantly higher than previous year (based on 95% confidence interval)

▼ Significantly lower than previous year (based on 95% confidence interval)

N/A Measure underwent significant changes in 2019 so comparison to prior years is not available

^ Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

This table summarizes how performance rates have changed within the Optimal Diabetes and Vascular Care components since 2018. The comparisons shown within the table are to the previous year.

#### Optimal Diabetes Care

The rate for the Daily Aspirin Use Component significantly decreased in 2022 compared to 2021 (-0.4 percentage points).

The rates of three of the five components have significantly increased in 2022 compared to 2021:

- Being tobacco-free  
+0.5 percentage points
- Blood pressure control  
+0.7 percentage points
- HbA1c control  
+1.3 percentage points

#### Optimal Vascular Care

The rate for the Daily Aspirin Use Component significantly decreased in 2022 compared to 2021 (-2.5 percentage points).

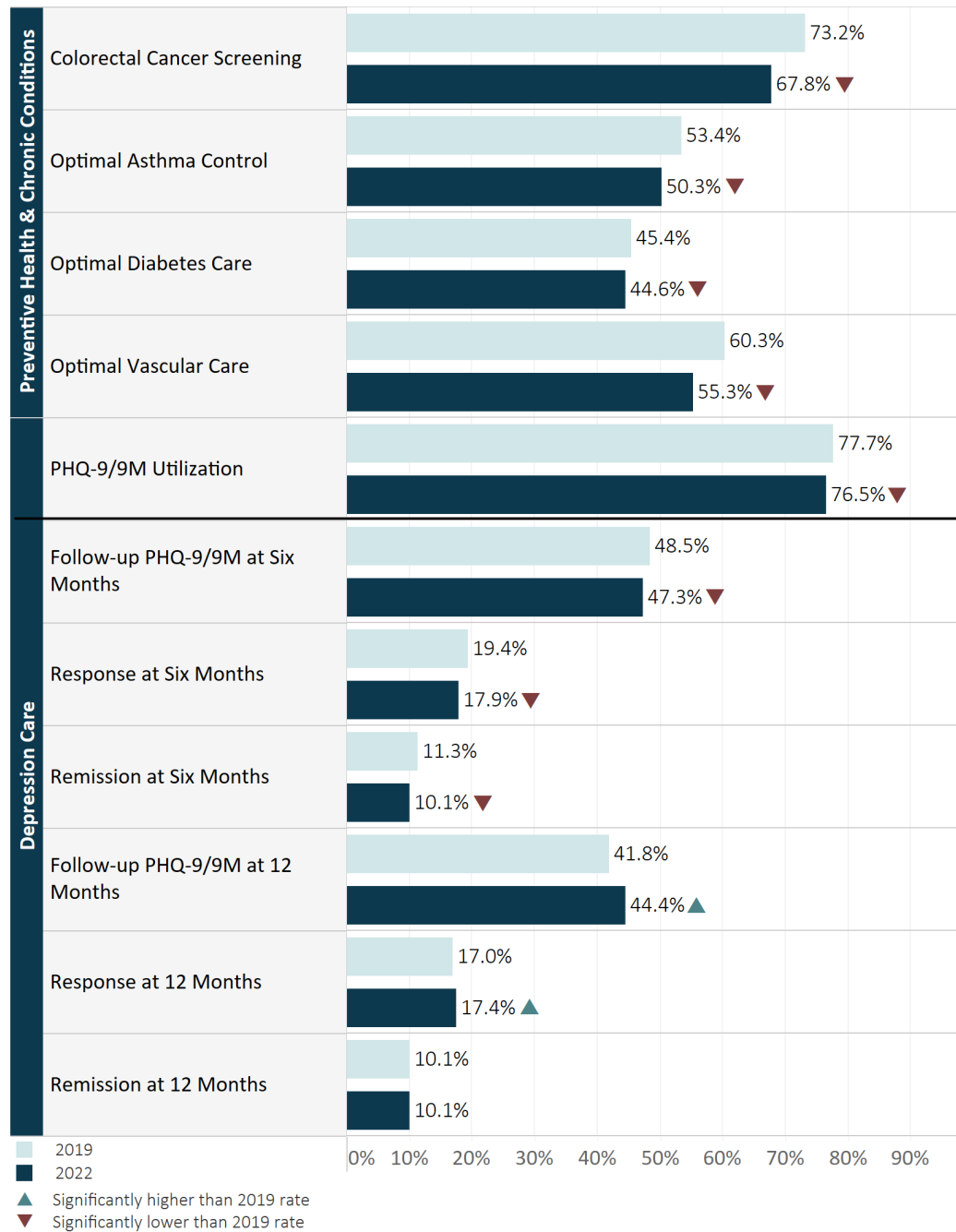
The rate for the Blood Pressure Control component significantly increased in 2022 compared to 2021 (+0.6 percentage points).

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



# COMPARISON TO PRE-PANDEMIC RATES

## Adults



This chart displays performance rates across the adult measures in 2022 compared to 2019 (i.e., pre-pandemic).

Among the adult population, the 2022 rates were significantly lower than the 2019 rates for eight of the eleven measures:

- Optimal Diabetes Care  
-0.8 percentage points
- Follow-up PHQ-9/9M at Six Months  
-1.2 percentage points
- Remission at Six Months  
-1.2 percentage points
- PHQ-9/9M Utilization  
-1.3 percentage points
- Response at Six Months  
-1.4 percentage points
- Optimal Asthma Control  
-3.1 percentage points
- Optimal Vascular Care  
-5.0 percentage points
- Colorectal Cancer Screening  
-5.4 percentage points

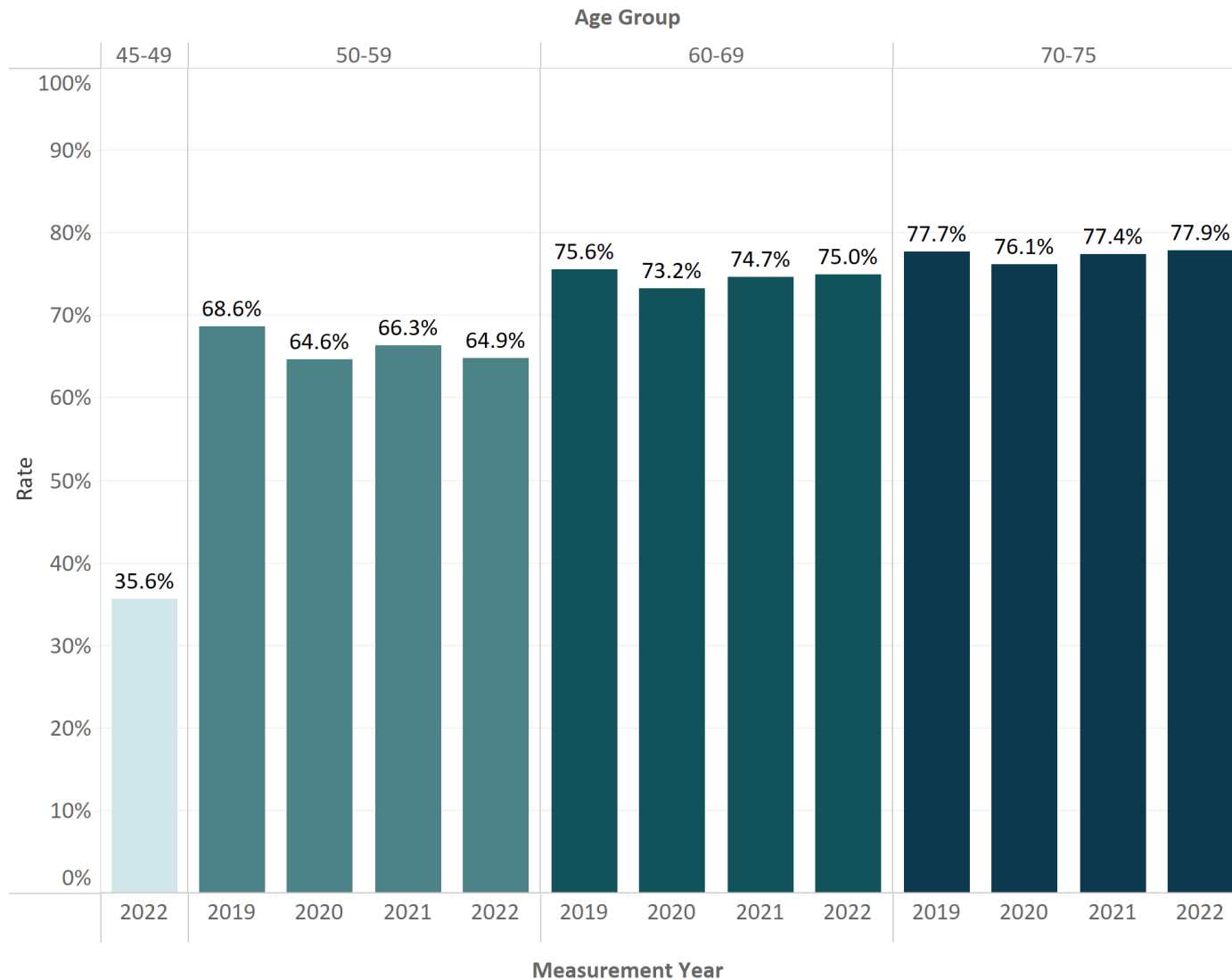
However, the 2022 rates were significantly higher than the 2019 rates for two of the Depression Care measures:

- Response at 12 Months  
+0.4 percentage points
- Follow-up PHQ-9/9M at 12 Months  
+2.6 percentage points

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

# AGE ANALYSIS IN COLORECTAL CANCER SCREENING

## Impacts of Age Expansion on 2022 Rate



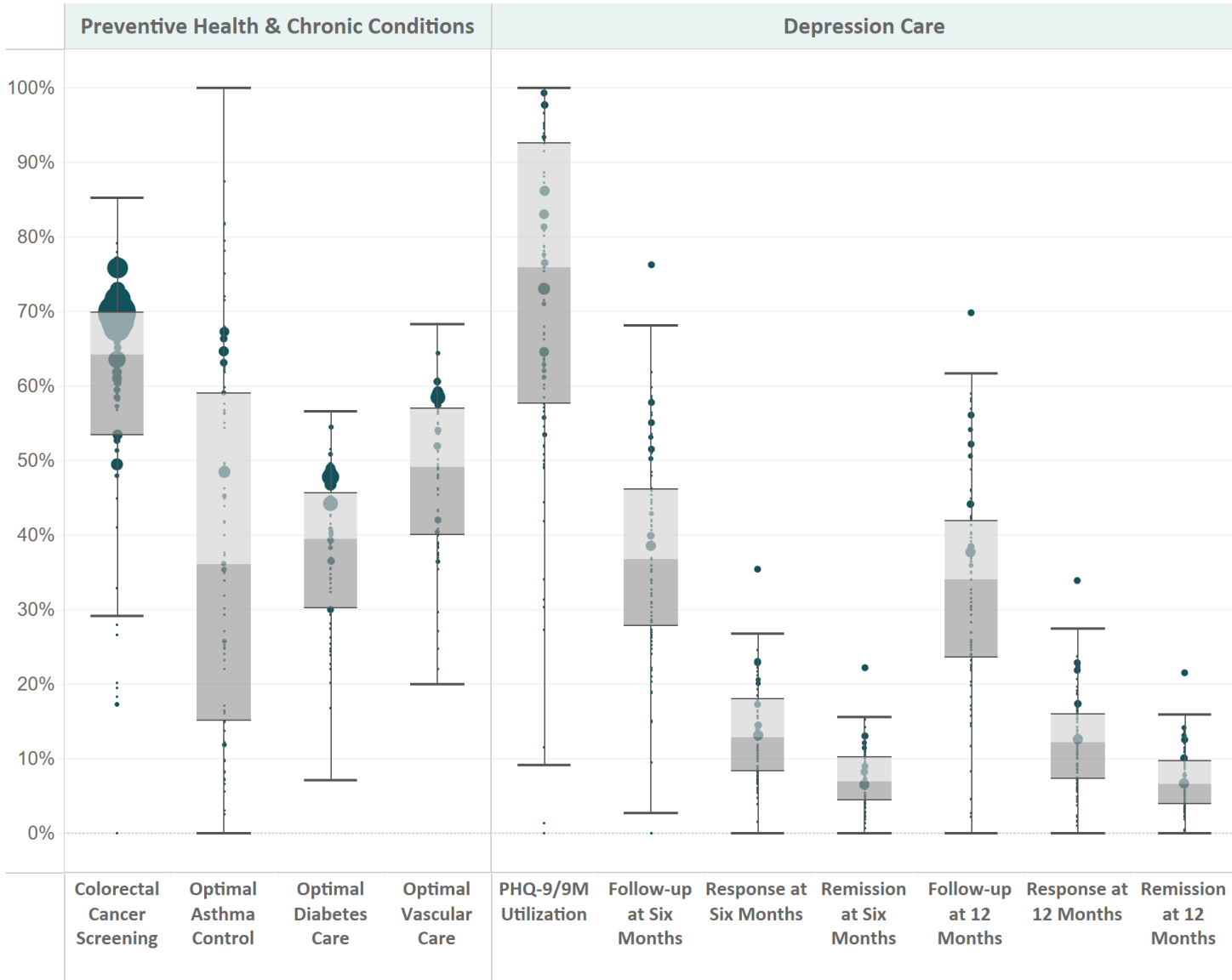
In 2022, the eligible age range for the Colorectal Cancer Screening measure was expanded from 50-75 to 45-75 to reflect updated USPSTF recommendations and to align with NCQA’s Colorectal Cancer Screening measure.

The actual screening rate in 2022 was 67.8%. Additional analysis revealed that without the age expansion, the 2022 rate would have been 71.9%. However, this rate is still significantly lower than the 2021 rate of 72.2%, indicating that while the age expansion played a significant role in the decrease in the statewide screening rate, other factors contributed to the decrease as well.

# RATE VARIATION BY MEDICAL GROUP

## Adults

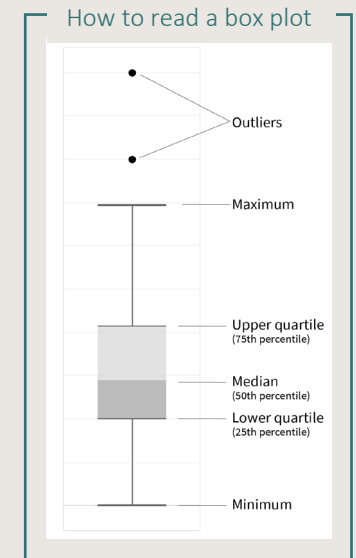
2022 measurement year



Does not include medical groups with less than 30 patients for a measure

This chart displays the variation in performance rates across medical groups for the 2022 measurement year.

- There continues to be significant variation among all measures for adults.
- The largest variation occurred in the following measures for this population:
  - Optimal Asthma Control  
*Range: 0% to 100%*
  - PHQ-9/9M Utilization  
*Range: 0% to 100%*
- The smallest variation occurred in the Remission at 12 Months measure (*Range: 0% to 21.5%*).

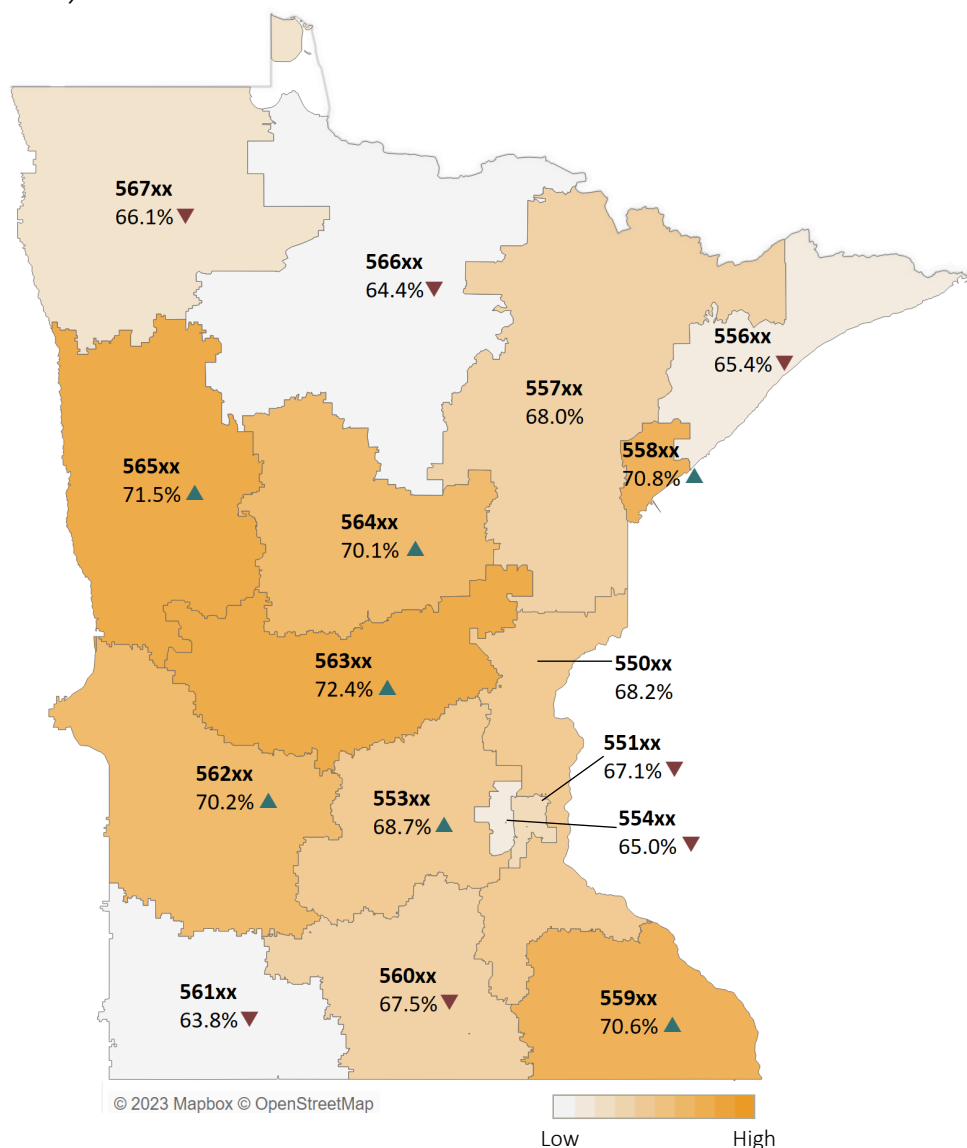


[Click here](#) for a complete list of measure definitions.

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Colorectal Cancer Screening

2022 measurement year



The following maps display the performance rate variation across three-digit ZIP code region in Minnesota for the 2022 measurement year. These ZIP codes are based on patient residence.

Seven regions had Colorectal Cancer Screening rates that were significantly below the Minnesota resident average, while seven regions had screening rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>68.0%</b>
550xx	Stillwater	68.2%
551xx	St. Paul	67.1% ▼
553xx	Minnetonka	68.7% ▲
554xx	Minneapolis	65.0% ▼
556xx	Two Harbors	65.4% ▼
557xx	Cloquet	68.0%
558xx	Duluth	70.8% ▲
559xx	Rochester	70.6% ▲
560xx	Mankato	67.5% ▼
561xx	Windom	63.8% ▼
562xx	Willmar	70.2% ▲
563xx	St. Cloud	72.4% ▲
564xx	Brainerd	70.1% ▲
565xx	Detroit Lakes	71.5% ▲
566xx	Bemidji	64.4% ▼
567xx	Thief River Falls	66.1% ▼

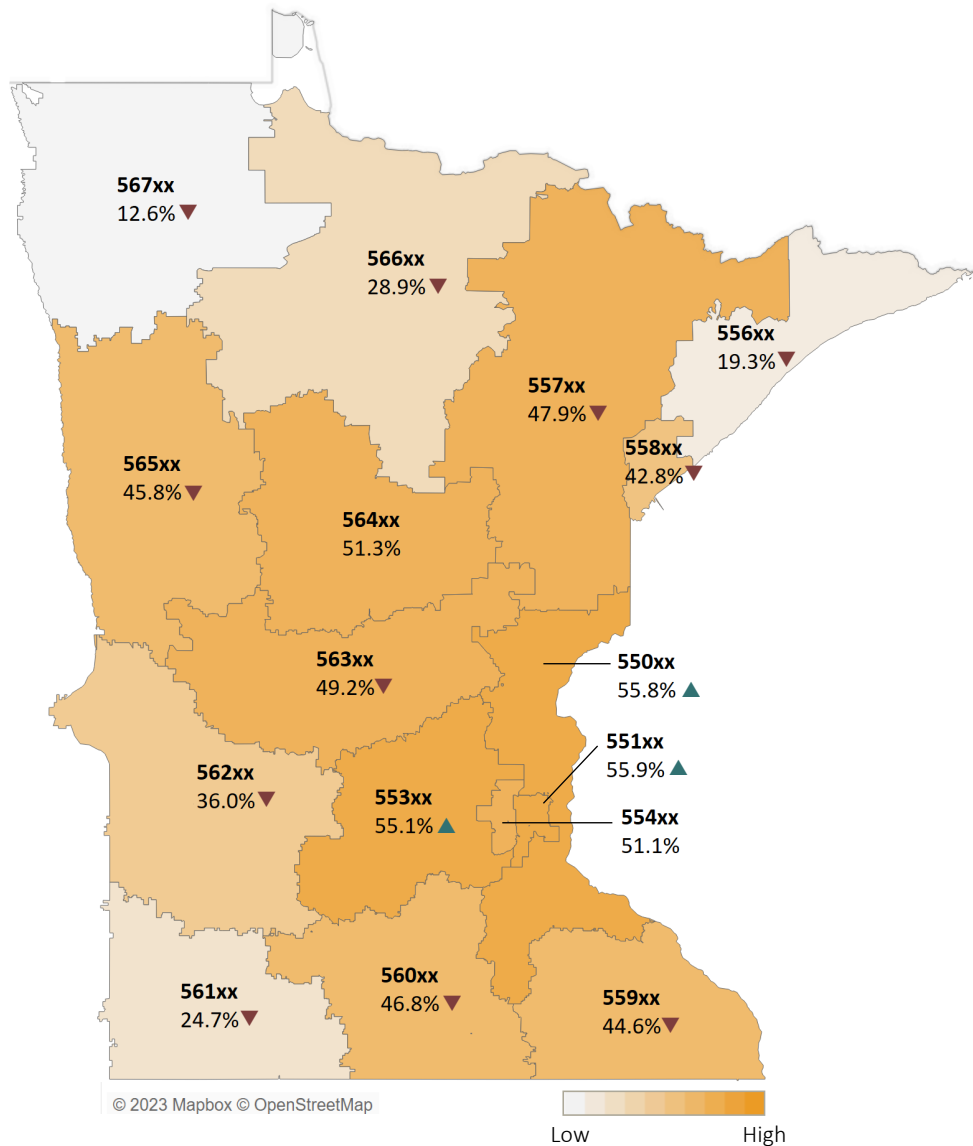
Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Optimal Asthma Control – Adults

2022 measurement year



11 regions had Optimal Asthma Control rates for adults that were significantly below the Minnesota resident average, while three regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>50.8%</b>
550xx	Stillwater	55.8% ▲
551xx	St. Paul	55.9% ▲
553xx	Minnetonka	55.1% ▲
554xx	Minneapolis	51.1%
556xx	Two Harbors	19.3% ▼
557xx	Cloquet	47.9% ▼
558xx	Duluth	42.8% ▼
559xx	Rochester	44.6% ▼
560xx	Mankato	46.8% ▼
561xx	Windom	24.7% ▼
562xx	Willmar	36.0% ▼
563xx	St. Cloud	49.2% ▼
564xx	Brainerd	51.3%
565xx	Detroit Lakes	45.8% ▼
566xx	Bemidji	28.9% ▼
567xx	Thief River Falls	12.6% ▼

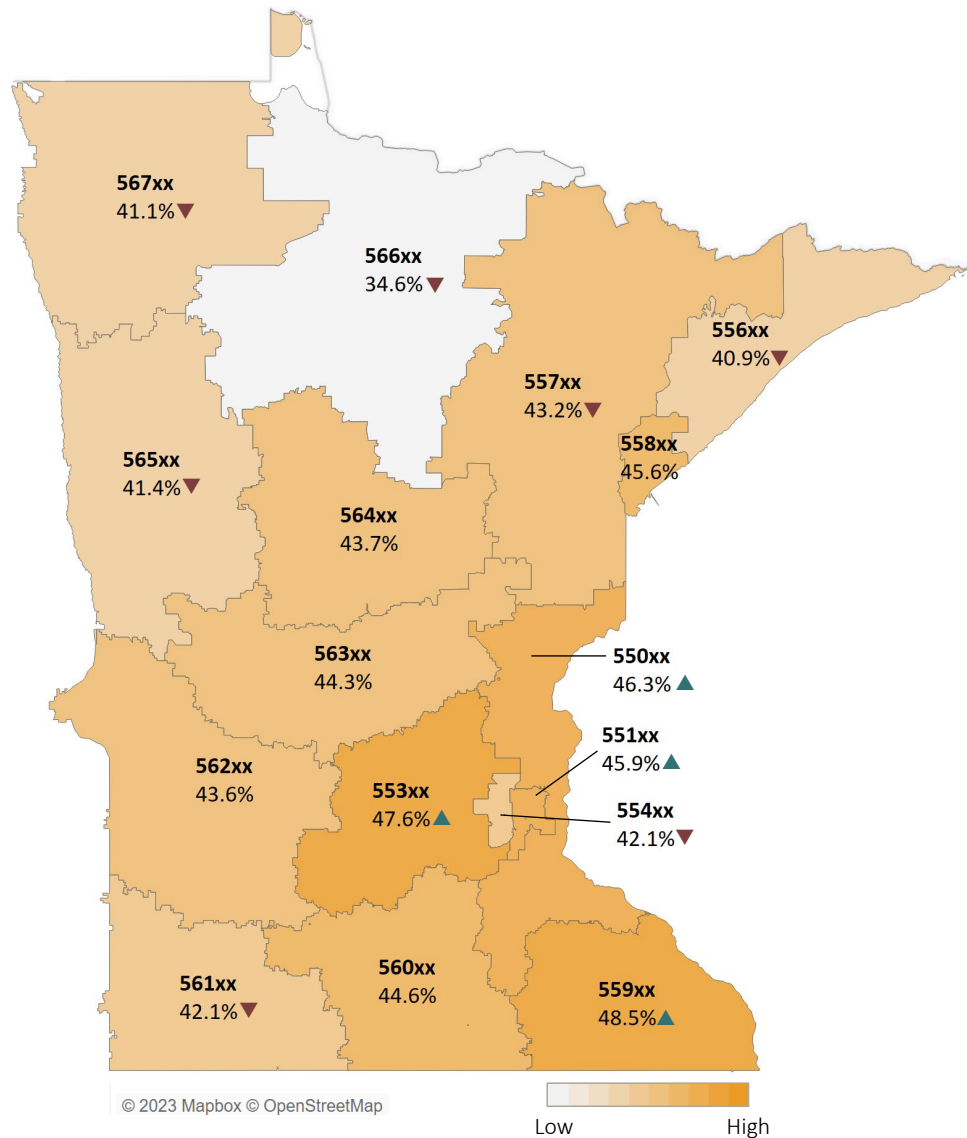
Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Optimal Diabetes Care

2022 measurement year



Seven regions had Optimal Diabetes Care rates that were significantly below the Minnesota resident average, while four regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>44.8%</b>
550xx	Stillwater	46.3% ▲
551xx	St. Paul	45.9% ▲
553xx	Minnetonka	47.6% ▲
554xx	Minneapolis	42.1% ▼
556xx	Two Harbors	40.9% ▼
557xx	Cloquet	43.2% ▼
558xx	Duluth	45.6%
559xx	Rochester	48.5% ▲
560xx	Mankato	44.6%
561xx	Windom	42.1% ▼
562xx	Willmar	43.6%
563xx	St. Cloud	44.3%
564xx	Brainerd	43.7%
565xx	Detroit Lakes	41.4% ▼
566xx	Bemidji	34.6% ▼
567xx	Thief River Falls	41.1% ▼

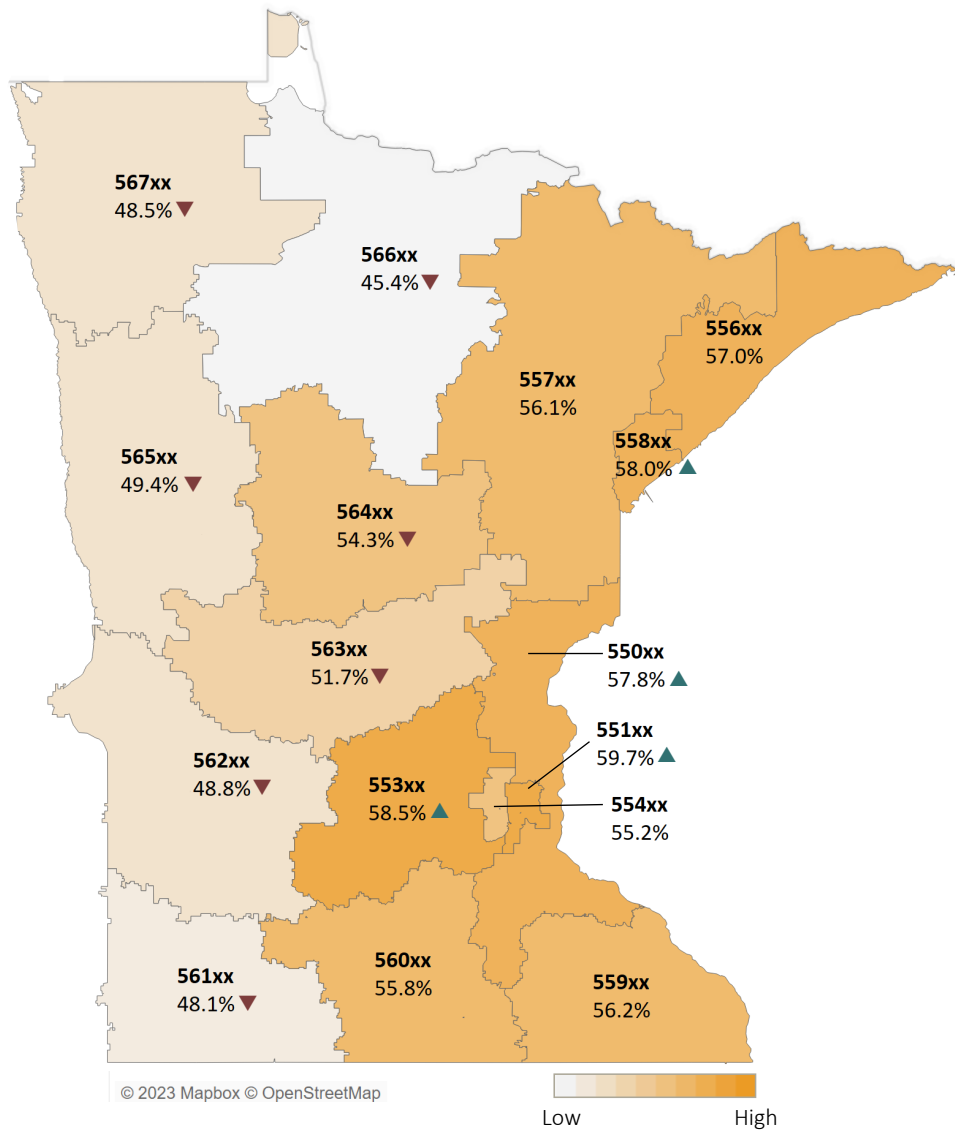
Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Optimal Vascular Care

2022 measurement year



Seven regions had Optimal Vascular Care rates that were significantly below the Minnesota resident average, while four regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>55.9%</b>
550xx	Stillwater	57.8% ▲
551xx	St. Paul	59.7% ▲
553xx	Minnetonka	58.5% ▲
554xx	Minneapolis	55.2%
556xx	Two Harbors	57.0%
557xx	Cloquet	56.1%
558xx	Duluth	58.0% ▲
559xx	Rochester	56.2%
560xx	Mankato	55.8%
561xx	Windom	48.1% ▼
562xx	Willmar	48.8% ▼
563xx	St. Cloud	51.7% ▼
564xx	Brainerd	54.3% ▼
565xx	Detroit Lakes	49.4% ▼
566xx	Bemidji	45.4% ▼
567xx	Thief River Falls	48.5% ▼

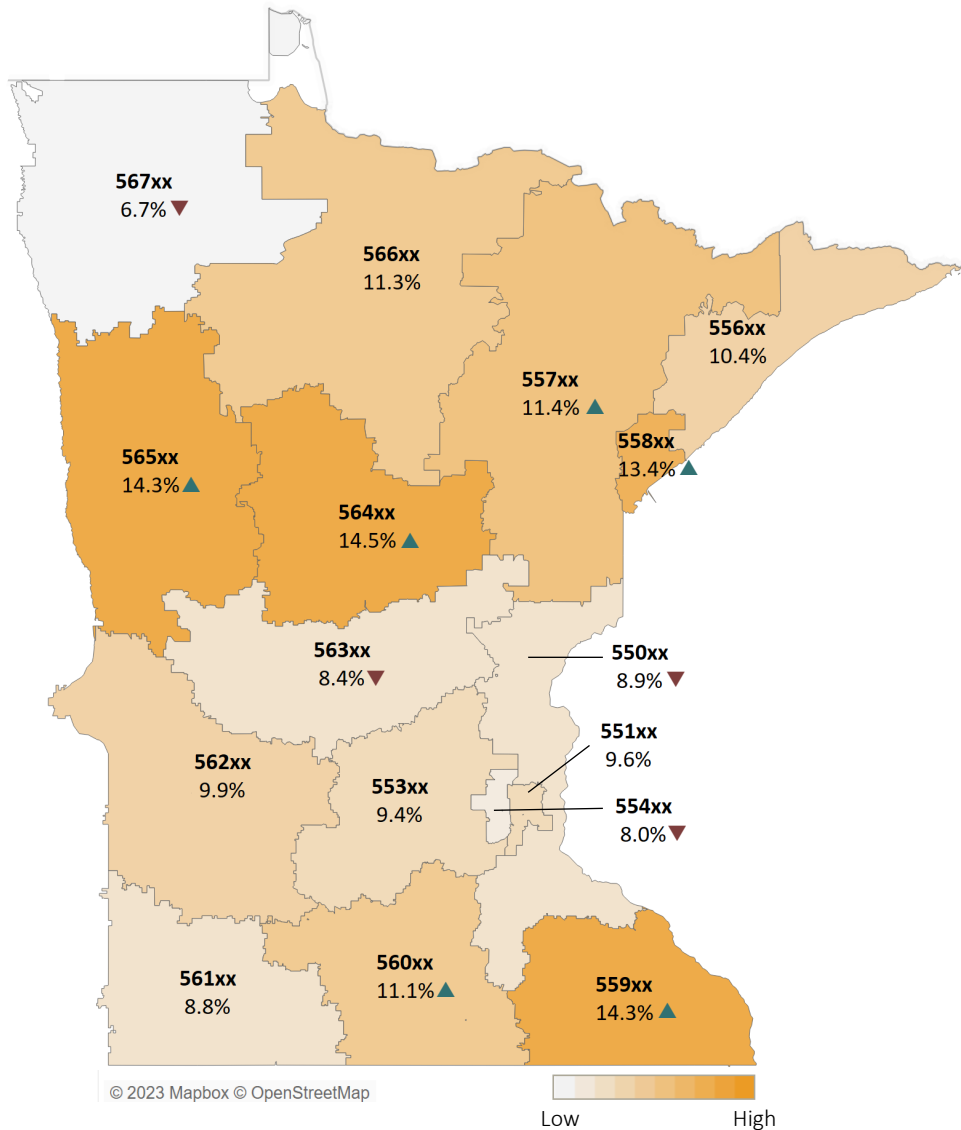
Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Adult Depression: Remission at Six Months

2022 measurement year



Four regions had rates of Remission at Six Months for the adult population that were significantly below the Minnesota resident average, while six regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>9.9%</b>
550xx	Stillwater	8.9% ▼
551xx	St. Paul	9.6%
553xx	Minnetonka	9.4%
554xx	Minneapolis	8.0% ▼
556xx	Two Harbors	10.4%
557xx	Cloquet	11.4% ▲
558xx	Duluth	13.4% ▲
559xx	Rochester	14.3% ▲
560xx	Mankato	11.1% ▲
561xx	Windom	8.8%
562xx	Willmar	9.9%
563xx	St. Cloud	8.4% ▼
564xx	Brainerd	14.5% ▲
565xx	Detroit Lakes	14.3% ▲
566xx	Bemidji	11.3%
567xx	Thief River Falls	6.7% ▼

Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)



## SUMMARY OF RATE VARIATION BY THREE-DIGIT ZIP CODE

### Adults

2022 measurement year

Three-digit ZIP Code	Major City	Colorectal Cancer Screening	Optimal Asthma Control	Optimal Diabetes Care	Optimal Vascular Care	Depression: Remission at Six Months	# of Measures Above Average	# of Measures Below Average
<b>Minnesota Resident Average</b>		<b>68.0%</b>	<b>50.8%</b>	<b>44.8%</b>	<b>55.9%</b>	<b>9.9%</b>		
550xx	Stillwater	68.2%	55.8% ▲	46.3% ▲	57.8% ▲	8.9% ▼	3	1
551xx	St. Paul	67.1% ▼	55.9% ▲	45.9% ▲	59.7% ▲	9.6%	3	1
553xx	Minnetonka	68.7% ▲	55.1% ▲	47.6% ▲	58.5% ▲	9.4%	4	0
554xx	Minneapolis	65.0% ▼	51.1%	42.1% ▼	55.2%	8.0% ▼	0	3
556xx	Two Harbors	65.4% ▼	19.3% ▼	40.9% ▼	57.0%	10.4%	0	3
557xx	Cloquet	68.0%	47.9% ▼	43.2% ▼	56.1%	11.4% ▲	1	2
558xx	Duluth	70.8% ▲	42.8% ▼	45.6%	58.0% ▲	13.4% ▲	3	1
559xx	Rochester	70.6% ▲	44.6% ▼	48.5% ▲	56.2%	14.3% ▲	3	1
560xx	Mankato	67.5% ▼	46.8% ▼	44.6%	55.8%	11.1% ▲	1	2
561xx	Windom	63.8% ▼	24.7% ▼	42.1% ▼	48.1% ▼	8.8%	0	4
562xx	Willmar	70.2% ▲	36.0% ▼	43.6%	48.8% ▼	9.9%	1	2
563xx	St. Cloud	72.4% ▲	49.2% ▼	44.3%	51.7% ▼	8.4% ▼	1	3
564xx	Brainerd	70.1% ▲	51.3%	43.7%	54.3% ▼	14.5% ▲	2	1
565xx	Detroit Lakes	71.5% ▲	45.8% ▼	41.4% ▼	49.4% ▼	14.3% ▲	2	3
566xx	Bemidji	64.4% ▼	28.9% ▼	34.6% ▼	45.4% ▼	11.3%	0	4
567xx	Thief River Falls	66.1% ▼	12.6% ▼	41.1% ▼	48.5% ▼	6.7% ▼	0	5

Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# STATEWIDE RESULTS FOR PRIMARY CARE MEASURES

## Children & Adolescents

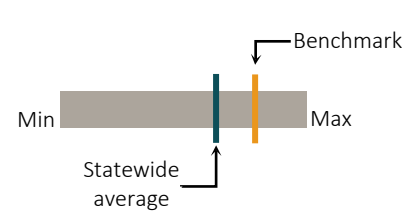
2022 measurement year

QUALITY MEASURE		2022 Statewide Average	2022 Benchmark	Gap	Minimum	Maximum	Variation <i>Min/Statewide Average/Benchmark/Max</i>
Preventive Health & Chronic Conditions	Optimal Asthma Control	53.5%	65.5%	7,361	0.0%	98.5%	
	Adolescent Mental Health and/or Depression Screening	92.0%	98.3%	10,092	0.0%	100.0%	
Depression Care	PHQ-9/9M Utilization	81.6%	96.5%	1,638	10.2%	100.0%	
	Follow-up PHQ-9/9M at Six Months	45.4%	57.1%	1,655	6.5%	65.0%	
	Response at Six Months	14.2%	21.0%	1,039	0.0%	29.7%	
	Remission at Six Months	7.0%	10.5%	545	0.0%	20.3%	
	Follow-up PHQ-9/9M at 12 Months	38.9%	51.0%	1,770	7.3%	62.6%	
	Response at 12 Months	13.6%	20.3%	1,016	0.0%	25.0%	
	Remission at 12 Months	6.9%	11.1%	657	0.0%	16.7%	

**Benchmark:** 90th percentile of medical groups or 90th percentile of patients, whichever is lower. This method prevents the benchmark from being too heavily influenced by only a few medical groups or by medical groups with small numbers of patients.

**Gap:** The additional number of patients who would reach optimal status or goal if all medical groups' rates were at least at benchmark.

### How to read benchmark chart



This table summarizes the statewide results for primary care measures included in this report. The benchmark provided is intended to illustrate an achievable target based on actual performance observed in the market. This information can be used by medical groups to understand their current performance relative to statewide performance and establish improvement goals aligned with benchmark for each measure.

The measure with the largest gap between the statewide average and the benchmark for children and adolescents is the PHQ-9/9M Utilization measure. Just over 1,600 adolescents with depression would need to be added to the numerator to reach the benchmark rate of 96.5%.

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

# RATES OVER TIME

## Children & Adolescents

MEASURE		MEASUREMENT YEAR				
		2018	2019	2020 <sup>^</sup>	2021	2022
Preventive Health & Chronic Conditions	Adolescent Mental Health and/or Depression Screening	86.1% ▲	88.7% ▲	89.8% ▲	91.2% ▲	92.0% ▲
	Optimal Asthma Control	59.9% ▲	58.3% ▼	56.0% ▼	56.2%	53.5% ▼
Depression Care	PHQ-9/9M Utilization	N/A	78.4%	72.2% ▼	75.5% ▲	81.6% ▲
	Follow-up PHQ-9/9M at Six Months	N/A	43.4%	45.5% ▲	42.8% ▼	45.4% ▲
	Response at Six Months	N/A	15.5%	16.5%	14.3% ▼	14.2%
	Remission at Six Months	N/A	8.0%	8.5%	7.4% ▼	7.0%
	Follow-up PHQ-9/9M at 12 Months	N/A	38.9%	35.6% ▼	40.1% ▲	38.9%
	Response at 12 Months	N/A	14.5%	13.2% ▼	13.3%	13.6%
	Remission at 12 Months	N/A	7.8%	7.0%	7.0%	6.9%

▲ Significantly higher than previous year (based on 95% confidence interval)

▼ Significantly lower than previous year (based on 95% confidence interval)

N/A Measure underwent significant changes in 2019 so comparison to prior years is not available

<sup>^</sup> Due to the COVID-19 pandemic, we urge caution in using 2020 data for comparison to other years and to draw general conclusions about quality of care.

This table summarizes how performance rates have changed since 2018. The comparisons shown within the table are to the previous year.

Among children and adolescents, the Optimal Asthma Control measure had a significant decrease in rate in 2022 compared to 2021 (-2.7 percentage points).

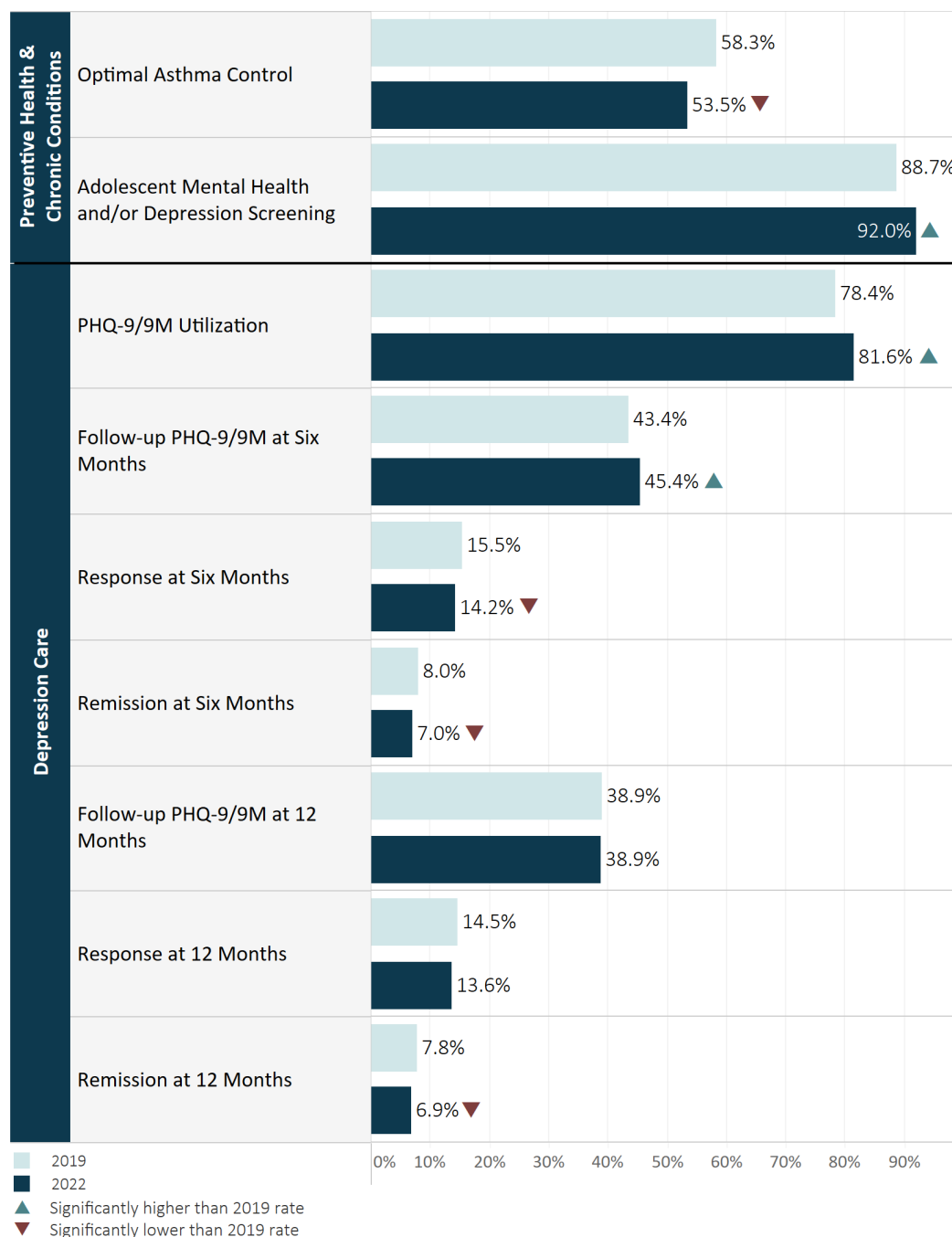
Of the nine measures for the child and adolescent population, three had significant increases in rates in 2022 compared to 2021:

- Adolescent Mental Health and/or Depression Screening +0.7 percentage points
- PHQ-9/9M Utilization +6.0 percentage points
- Follow-up PHQ-9/9M at Six Months +2.6 percentage points

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

# COMPARISON TO PRE-PANDEMIC RATES

## Children & Adolescents



This chart displays performance rates across the adult measures in 2022 compared to 2019 (i.e., pre-pandemic).

Among the child and adolescent population, the 2022 rates were significantly lower than the 2019 rates for four of the nine measures:

- Remission at 12 Months *-0.9 percentage points*
- Remission at Six Months *-1.0 percentage points*
- Response at Six Months *-1.3 percentage points*
- Optimal Asthma Control *-4.8 percentage points*

However, the 2022 rates were significantly higher than the 2019 rates for three of the nine measures:

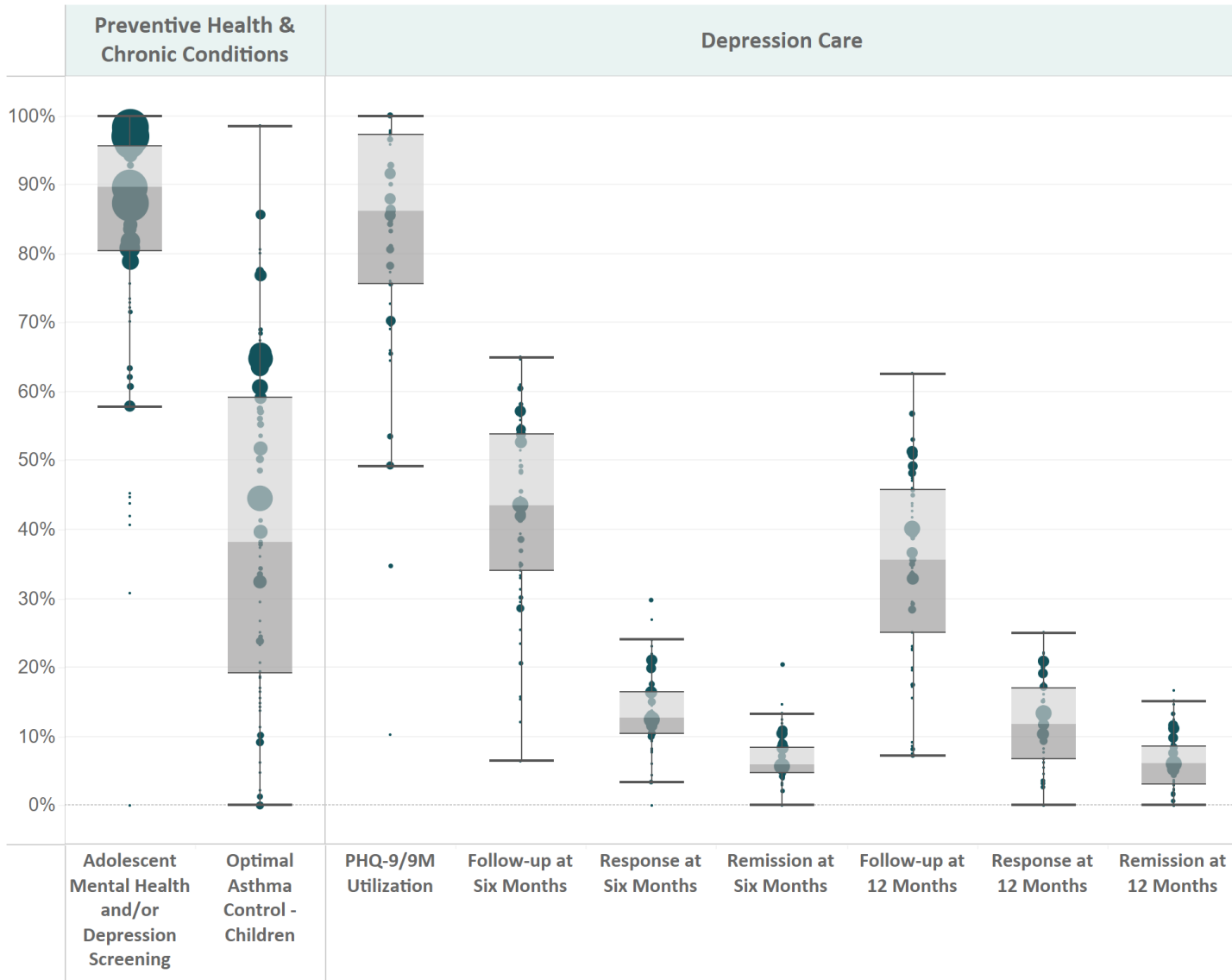
- Follow-up PHQ-9/9M at Six Months *+2.0 percentage points*
- PHQ-9/9M Utilization *+3.2 percentage points*
- Adolescent Mental Health and/or Depression Screening *+3.3 percentage points*

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

# RATE VARIATION BY MEDICAL GROUP

## Children & Adolescents

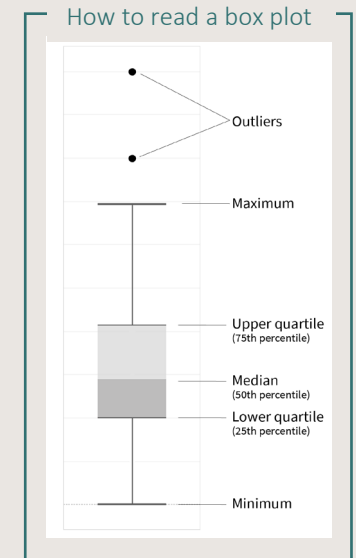
2022 measurement year



Does not include medical groups with less than 30 patients for a measure

This chart displays the variation in performance rates across medical groups for the 2022 measurement year.

- There continues to be significant variation across all measures for children and adolescents.
- The largest variation occurred in the following measures for this population:
  - Adolescent Mental Health and/or Depression Screening  
Range: 0% to 100%
  - PHQ-9/9M Utilization  
Range: 0% to 100%
- The smallest variation occurred in the Remission at 12 Months measure (Range: 0% to 16.7%).

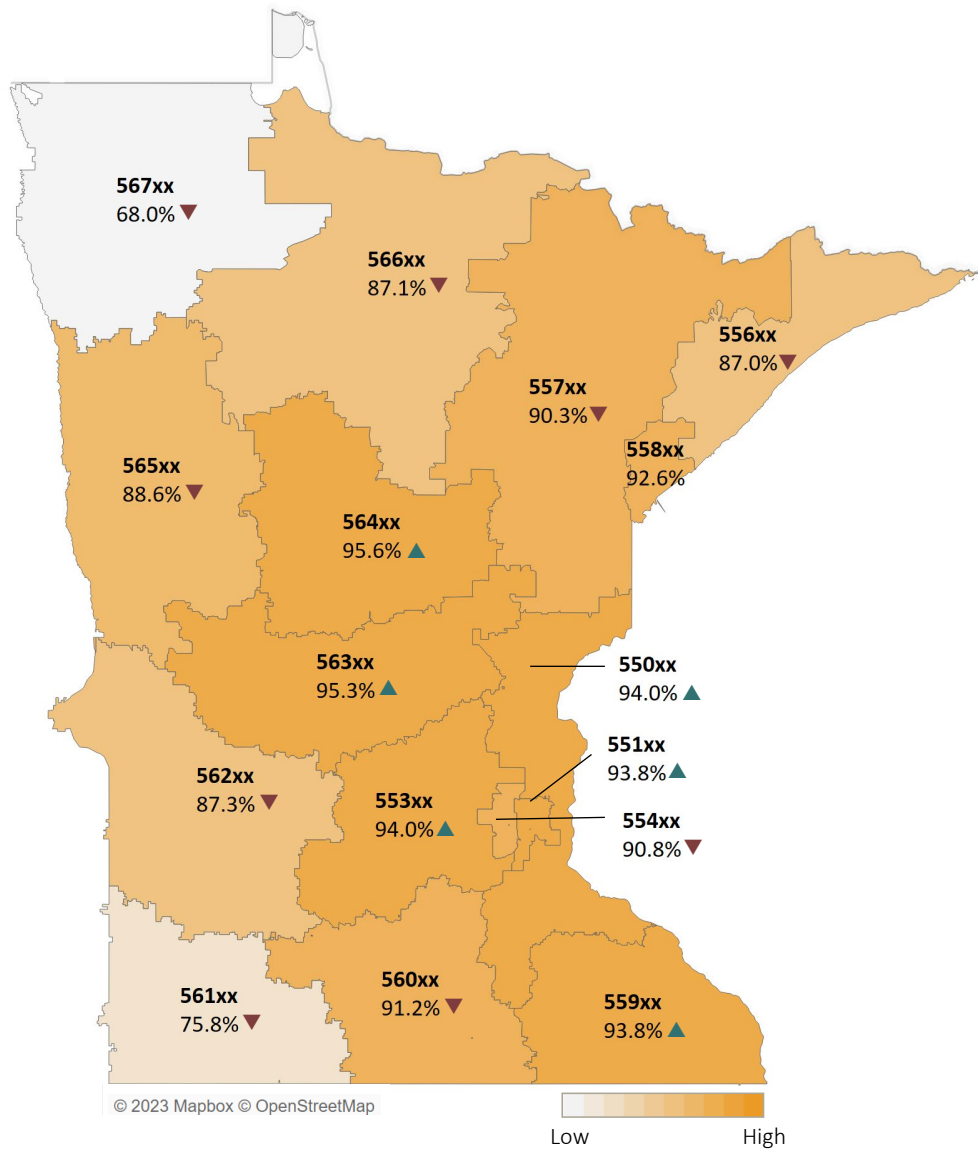


[Click here](#) for a complete list of measure definitions.

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Adolescent Mental Health and/or Depression Screening

2022 measurement year



Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

The following maps display the performance rate variation across three-digit ZIP code region in Minnesota for the 2022 measurement year. These ZIP codes are based on patient residence.

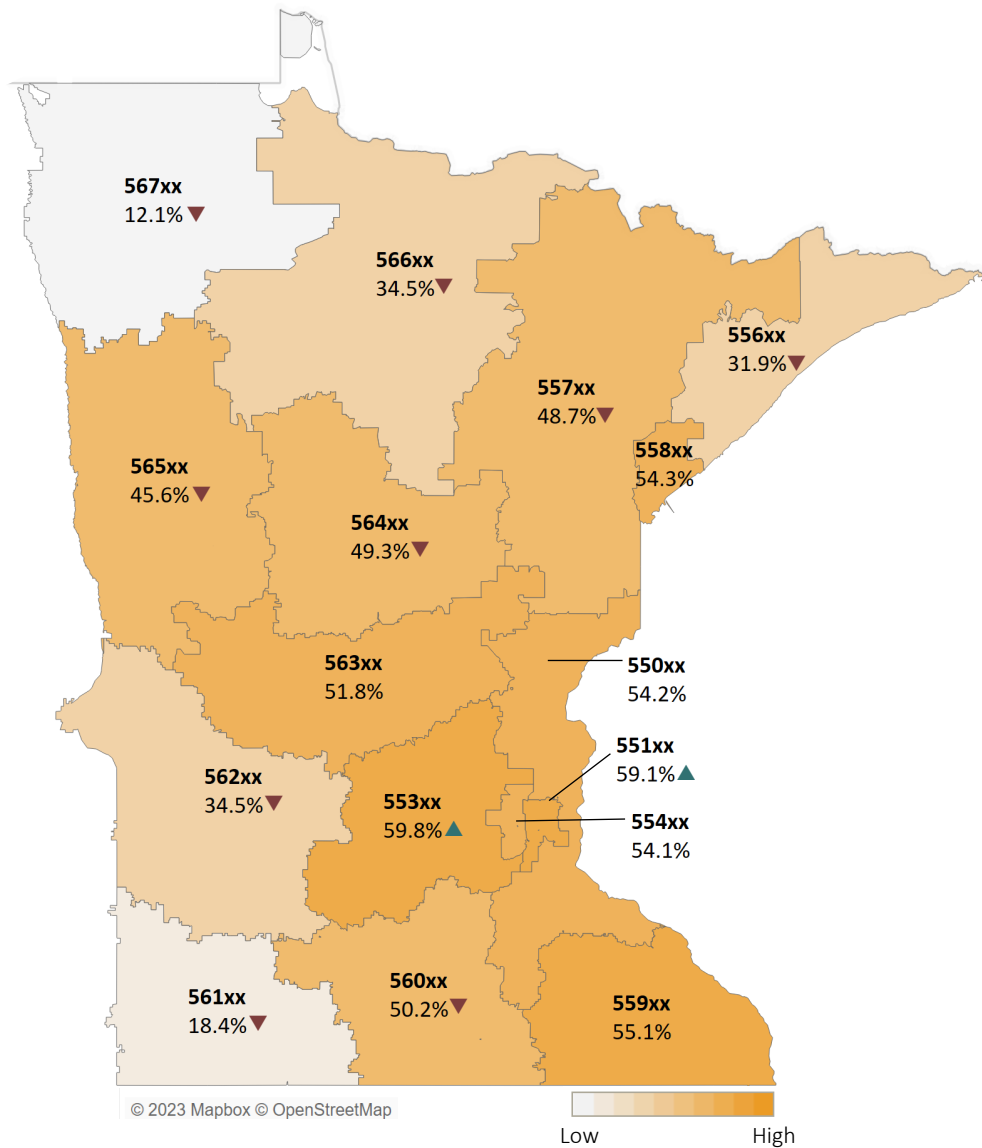
Nine regions had Adolescent Mental Health Screening rates that were significantly below the Minnesota resident average, while six regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>92.5%</b>
550xx	Stillwater	94.0% ▲
551xx	St. Paul	93.8% ▲
553xx	Minnetonka	94.0% ▲
554xx	Minneapolis	90.8% ▼
556xx	Two Harbors	87.0% ▼
557xx	Cloquet	90.3% ▼
558xx	Duluth	92.6%
559xx	Rochester	93.8% ▲
560xx	Mankato	91.2% ▼
561xx	Windom	75.8% ▼
562xx	Willmar	87.3% ▼
563xx	St. Cloud	95.3% ▲
564xx	Brainerd	95.6% ▲
565xx	Detroit Lakes	88.6% ▼
566xx	Bemidji	87.1% ▼
567xx	Thief River Falls	68.0% ▼

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Optimal Asthma Control – Children

2022 measurement year



Nine regions had Optimal Asthma Control rates for children that were significantly below the Minnesota resident average, while two regions had rates that were significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>53.6%</b>
550xx	Stillwater	54.2%
551xx	St. Paul	59.1% ▲
553xx	Minnetonka	59.8% ▲
554xx	Minneapolis	54.1%
556xx	Two Harbors	31.9% ▼
557xx	Cloquet	48.7% ▼
558xx	Duluth	54.3%
559xx	Rochester	55.1%
560xx	Mankato	50.2% ▼
561xx	Windom	18.4% ▼
562xx	Willmar	34.5% ▼
563xx	St. Cloud	51.8%
564xx	Brainerd	49.3% ▼
565xx	Detroit Lakes	45.6% ▼
566xx	Bemidji	34.5% ▼
567xx	Thief River Falls	12.1% ▼

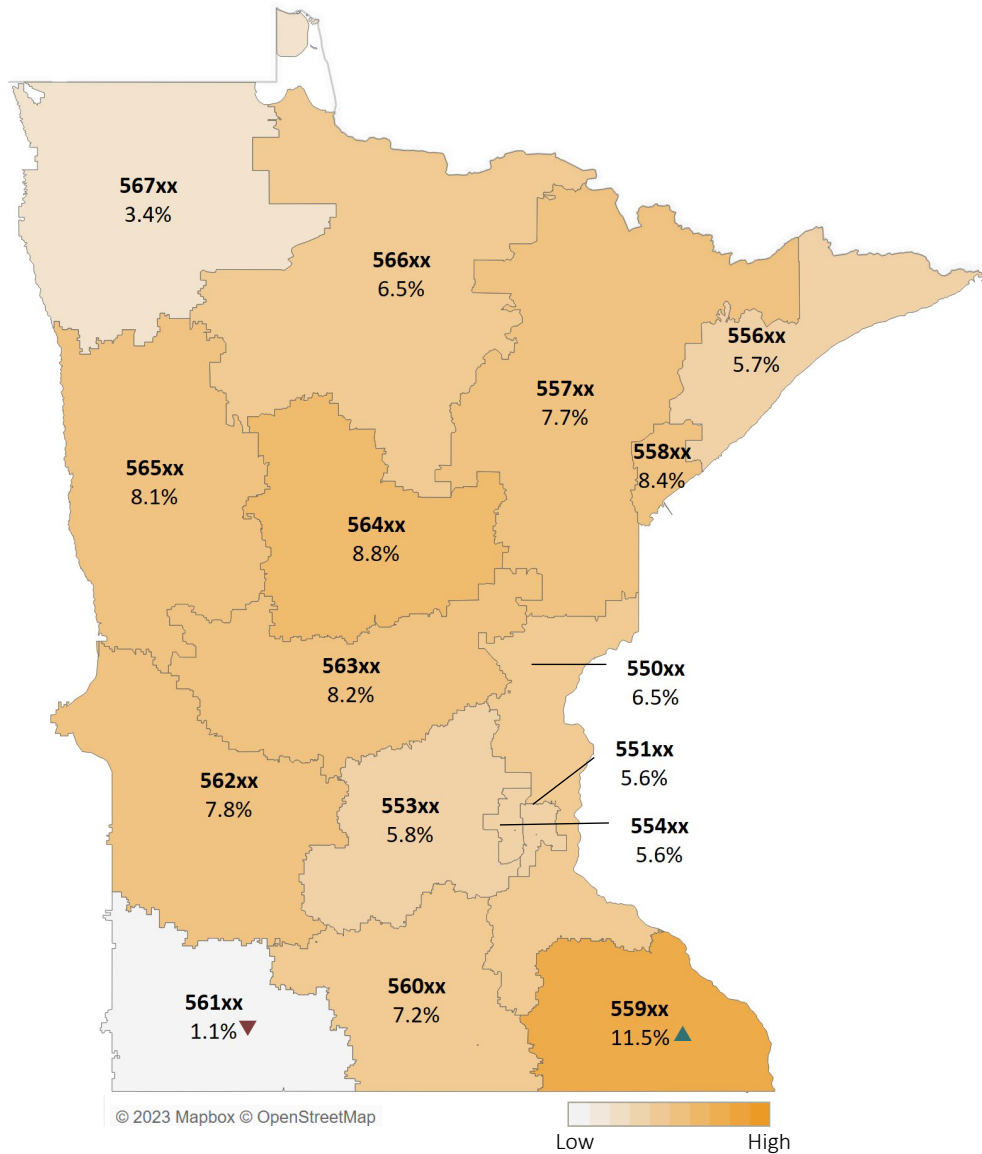
Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# RATE VARIATION BY THREE-DIGIT ZIP CODE (PATIENT RESIDENCE)

## Adolescent Depression: Remission at Six Months

2022 measurement year



One region had a rate of Remission at Six months for adolescents that was significantly below the Minnesota resident average, while one region had a rate that was significantly above.

3-digit ZIP Code	Major City	Rate
<b>Minnesota Resident Average</b>		<b>6.8%</b>
550xx	Stillwater	6.5%
551xx	St. Paul	5.6%
553xx	Minnetonka	5.8%
554xx	Minneapolis	5.6%
556xx	Two Harbors	5.7%
557xx	Cloquet	7.7%
558xx	Duluth	8.4%
559xx	Rochester	11.5% ▲
560xx	Mankato	7.2%
561xx	Windom	1.1% ▼
562xx	Willmar	7.8%
563xx	St. Cloud	8.2%
564xx	Brainerd	8.8%
565xx	Detroit Lakes	8.1%
566xx	Bemidji	6.5%
567xx	Thief River Falls	3.4%

Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

- ▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)
- ▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)



## SUMMARY OF RATE VARIATION BY THREE-DIGIT ZIP CODE

### Children & Adolescents

2022 measurement year

Three-digit ZIP Code	Major City	Adolescent Mental Health Screening	Optimal Asthma Control	Depression: Remission at Six Months	# of Measures Above Average	# of Measures Below Average
<b>Minnesota Resident Average</b>		<b>92.5%</b>	<b>53.6%</b>	<b>6.8%</b>		
550xx	Stillwater	94.0% ▲	54.2%	6.5%	1	0
551xx	St. Paul	93.8% ▲	59.1% ▲	5.6%	2	0
553xx	Minnetonka	94.0% ▲	59.8% ▲	5.8%	2	0
554xx	Minneapolis	90.8% ▼	54.1%	5.6%	0	1
556xx	Two Harbors	87.0% ▼	31.9% ▼	5.7%	0	2
557xx	Cloquet	90.3% ▼	48.7% ▼	7.7%	0	2
558xx	Duluth	92.6%	54.3%	8.4%	0	0
559xx	Rochester	93.8% ▲	55.1%	11.5% ▲	2	0
560xx	Mankato	91.2% ▼	50.2% ▼	7.2%	0	2
561xx	Windom	75.8% ▼	18.4% ▼	1.1% ▼	0	3
562xx	Willmar	87.3% ▼	34.5% ▼	7.8%	0	2
563xx	St. Cloud	95.3% ▲	51.8%	8.2%	1	0
564xx	Brainerd	95.6% ▲	49.3% ▼	8.8%	1	1
565xx	Detroit Lakes	88.6% ▼	45.6% ▼	8.1%	0	2
566xx	Bemidji	87.1% ▼	34.5% ▼	6.5%	0	2
567xx	Thief River Falls	68.0% ▼	12.1% ▼	3.4%	0	2

Minnesota resident average includes only patients submitted with a Minnesota ZIP code as their place of residence.

▲ Significantly higher than Minnesota resident average (based on 95% confidence interval)

▼ Significantly lower than Minnesota resident average (based on 95% confidence interval)

# 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 45-75 (*new age range in 2022 MY*) 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

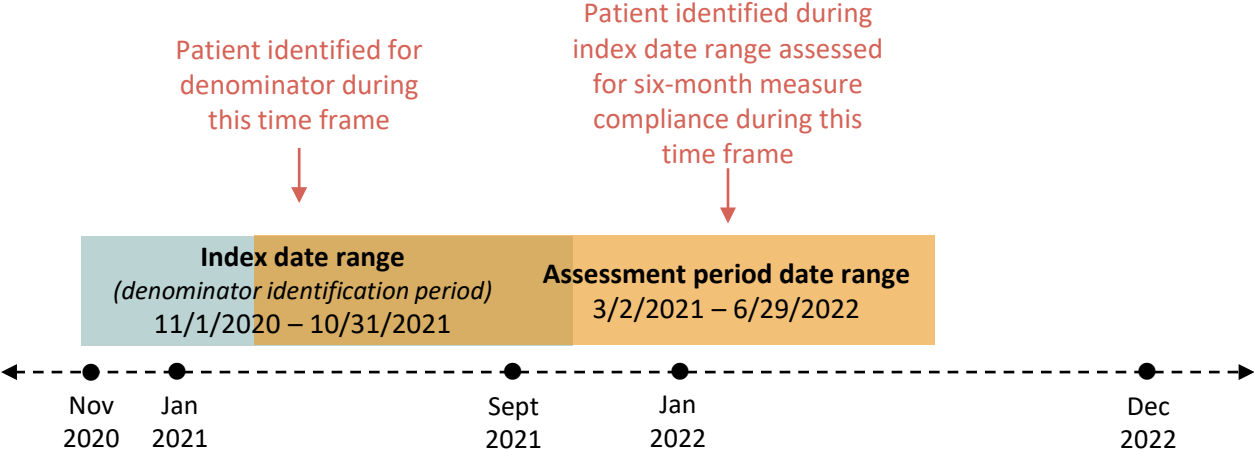
**Optimal Vascular Care:** The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:

- 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

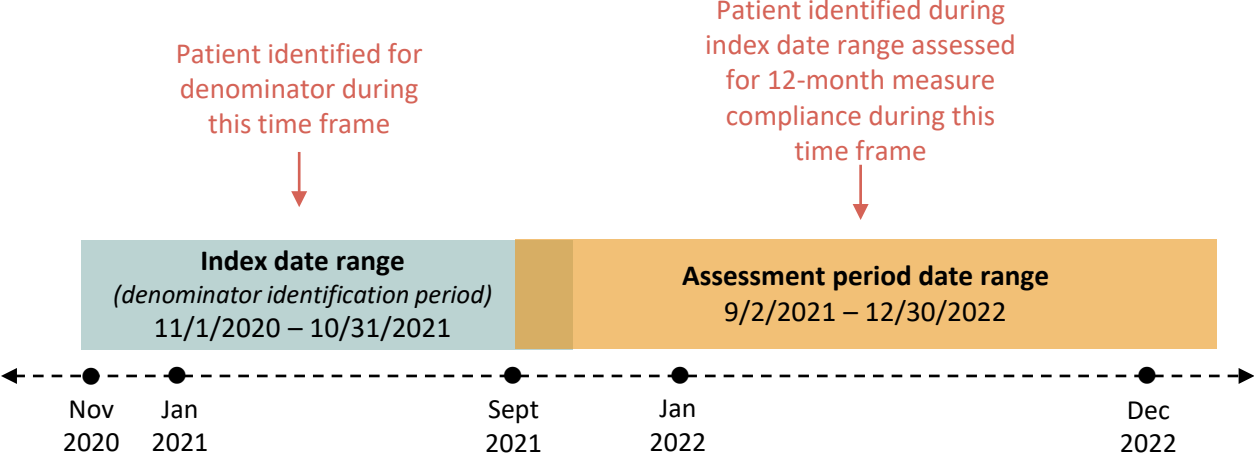
# OVERVIEW OF DEPRESSION MEASURES

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



## SUMMARY OF MEASURE TYPES

QUALITY MEASURE	PROCESS	OUTCOME	PRO-PM	COMPOSITE
PREVENTIVE HEALTH & CHRONIC CONDITIONS	Adolescent Mental Health and/or Depression Screening	•		
	Colorectal Cancer Screening	•		
	Optimal Asthma Control (Adults & Children)		•	•
	Optimal Diabetes Care		•	•
	Optimal Vascular Care		•	•
DEPRESSION CARE	PHQ-9 Utilization	•		
	Follow-up PHQ-9/9M at 6/12 Months	•		
	Response at 6/12 Months		•	•
	Remission at 6/12Months		•	•

**Composite measures:** A measure of two or more component measures, each of which individually reflects quality of care, combined into a single performance measure with a single score. The individual components are treated equally (not weighted). Every component must meet criteria to be counted in the numerator for the overall composite measure.

**Outcome measures:** These measures reflect the actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change.

**Patient-reported outcome measures (PROM):** A validated survey instrument or tool used to collect information directly from a patient.

**Patient-reported outcome performance measures (PRO-PM):** The measure built from a PROM.

**Process measures:** A measure that shows whether steps proven to benefit patients are being used. They measure whether an action was completed (e.g., having a medical exam or test, writing a prescription or administering a drug).

## 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. Following the Methods section is a table that shows the number of patients included in each measure from 2020 to 2022.

### 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 53 percent of the data reported to MNMCM for the clinical quality measures for Measurement Year 2022 was submitted via PIPE, and the transition to the new system is expected to be complete by the 2024.

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

### MEDICAL GROUP AND CLINIC LEVEL RESULTS

Medical group and clinic level results and ratings for the 2022 measurement year can be found via MNMCM's Appendix Tables, which can be accessed [here](#).

### 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.

## METHODS CONTINUED

### RISK ADJUSTMENT

Risk adjustment is a technique used to enable fair comparisons of clinics/medical groups by adjusting for the differences in risk among specific patient groups. It is especially important for outcome measures that are influenced by factors outside of the control of health care providers. MNCM uses an “Actual to Expected” methodology for risk adjustment. This methodology does not alter a clinic/medical group’s result as the actual rate remains unchanged. Instead, each clinic/medical group’s rate is compared to an “expected rate” for that clinic/medical group based on the specific characteristics of patients seen by the clinic/medical group, compared to the total patient population.

All expected values for clinical quality measures reported by medical groups are calculated using a logistic regression model including the following variables:

Measure	Risk Adjustment Variables
Colorectal Cancer Screening	Insurance product, deprivation index, patient age
Optimal Asthma Control	Insurance product, deprivation index
Optimal Diabetes Care	Insurance product, deprivation index, patient age, diabetes type
Optimal Vascular Care	Insurance product, deprivation index, patient age
Depression Care Suite	Insurance product, deprivation index, patient age, depression severity

**Insurance product type** includes commercial, Medicare, Medicaid, uninsured, unknown.

The **deprivation index** was added in 2018 and includes ZIP code level average of poverty, public assistance, unemployment, single female with child(ren), and food stamps (SNAP) converted to a single index that is a proxy for overall socioeconomic status.

A Chi-square test is used to determine whether there is a statistically significant difference between the expected and actual rates of optimally managed patients attributed to each clinic/medical group. The methodology uses a 95 percent test of significance.

Measures that are not risk adjusted include: Adolescent Mental Health and/or Depression Screening and the PHQ-9/9M Utilization measures. This is because these are process measures that are not generally influenced by factors outside of a health care provider’s control.



## NUMBER OF PATIENTS INCLUDED IN QUALITY MEASURES BY MEASUREMENT YEAR (MY)

QUALITY MEASURE	Age Range	2020 MY	2021 MY	2022 MY
Adolescent Mental Health and/or Depression Screening	12-17	132,070	166,104	158,741
Colorectal Cancer Screening	45-75 <sup>^</sup>	1,308,314*	1,363,905*	1,565,854*
Adolescent Depression Measure Suite	12-17	13,559	12,501	16,587
Adolescent PHQ-9/9M Utilization	12-17	21,011	19,672	14,893
Adult Depression Measure Suite	18+	126,114	103,024	113,762
Adult PHQ-9/9M Utilization	18+	244,114	206,588	196,817
Optimal Asthma Control – Adults	18-50	141,659	146,176	143,631*
Optimal Asthma Control – Children	5-17	59,661	61,049	59,469*
Optimal Diabetes Care	18-75	314,316	331,212	325,697
Optimal Vascular Care	18-75	178,460	186,878	184,417

The measures in this report are collected from clinics and enables reporting by clinic location and medical group

This table shows the number of patients included in each measure by measurement year.

Some measures allow for medical groups to submit a sample of their eligible population. The numbers provided in the table represent the actual number of patients submitted for the measure. Denominators that include samples are denoted with an asterisk (\*).

NOTE: The COVID-19 pandemic affected many aspects of health care, including care delivery and access. Since the measures apply to those who accessed care, fewer people were included in the measure denominators in 2020 as a result.

<sup>^</sup>Age range changed in 2022MY from 50-75 to 45-75