PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (http://bmjopen.bmj.com/site/about/resources/checklist.pdf) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

<table>
<thead>
<tr>
<th>TITLE (PROVISIONAL)</th>
<th>Trends in forgone medical care and unmet needs among Medicare beneficiaries with a history of depression during the COVID-19 pandemic: a national, repeated cross-sectional study</th>
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<tbody>
<tr>
<td>AUTHORS</td>
<td>Kim, Jihye; Kim, Yeunkyung; Li, Yue</td>
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VERSION 1 – REVIEW

<table>
<thead>
<tr>
<th>REVIEWER</th>
<th>Jalilian, Habib</th>
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<tr>
<td>Ahvaz Jundishapur University of Medical Sciences</td>
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<tr>
<td>REVIEW RETURNED</td>
<td>30-Aug-2023</td>
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</table>

GENERAL COMMENTS

This study reports on “Trends in Forgone Medical Care and Unmet Needs Among Medicare Beneficiaries with Depression During the COVID-19 Pandemic”. The topic is of interest. However, I accept manuscript after some revision.

- Some suggestions are listed below, which may be useful to the authors as they seek to revise their manuscript.

Abstract
Background: Please write the country/city the study conducted.
Methodology: Please write the type of the study in this section.

Introduction:
- I invite the authors to report the depression’s statistic among older adults in the country/city the study conducted.
Methods:
- This section should be organized well. Please write this section based on STROBE checklist: https://www.equator-network.org/reporting-guidelines/strobe/
- What is the data collection tools?
- Please explain this clearly.
- In this section is necessary to clarify in the text how the collection was carried out and put each piece of information in its proper place, what was the collection technique? what was the instrument used for collection? who collected?

Written/verbal consent was obtained before participation?

- Results and discussion are well-written.
Conclusions:
- Please remove the reference in this section, and begin this section with the study’s key results.
- Also, provide more useful strategies/interventions to improve health care utilization, and alleviate forgone medical care, basic needs disruption, and financial and mental health disruption among older adults with depression during emergencies and crises.
GENERAL COMMENTS

General:
The study is timely and addresses unmet healthcare needs using multiple waves of MCBS data, which represents an improvement on previously documented studies. However, several aspects of the manuscript need to be revised. Below, I provide specific comments.

Abstract:
Since the study focuses on trends, the objectives should explicitly mention trends in the study's goals. Also all sections of the abstract should be revised based on the comments below.

Strengths and Limitations:
The authors should enhance the description of the study's strengths. For instance, following the STROBE guidelines or using multivariate logistic regression should not be presented as strengths. Instead, emphasize the gap the study fills and unique aspects related to the database used. Avoid using "will" in the second point under the strength of the study.

Introduction:
1. Please clarify whether the stated prevalence of depression is a global, regional, or national estimate.
2. Address the timing of the COVID-19 pandemic by specifying that it started in 2019 but was declared a pandemic on March 11, 2020.
3. On page 4, lines 87-89, consider revising to "previous studies related to COVID."
4. The aim of the study should specify that it concerns older adults who are Medicare beneficiaries.

Methods:
1. Begin by identifying the data used (page 5, lines 110-113) before describing the survey's characteristics (page 5, lines 106-108).
2. Enhance the methods section by providing more information about the MCBS, including its scope and sampling methodology.
3. Describe the study sample adequately, including any eligibility criteria.
4. Consider adding variables related to the ascertainment of depression, such as symptoms suggestive of depression or current medication use. Distinguish between "history of depression" and "current depression" if necessary.
5. Clarify the rationale for selecting covariates, whether based on a theoretical model or prior literature.
6. Specify the descriptive analyses performed to address the research question.
7. Change "multivariate" to "multivariable," and when referring to the analysis with survey weights, use "weighted multivariable logistic regression."
8. On line 166, include "were used to estimate the association."
9. Mention that all estimates were presented as odds ratios with corresponding confidence intervals.

Results:
1. Address the statement "After adjusting for individual-level characteristics" (Line 185) by specifying how covariates were categorized. Revise the statistical analysis section accordingly.
2. If using "self-reported history of depression," ensure the results reflect this distinction (e.g., "with a history of depression" or "without a history of depression").
3. Analyze and present how the associations change across different waves to align with the study's objective of analyzing trends in forgone care.

Discussion:
1. Discuss whether the results were consistent across all waves of the survey.
2. Address the concern raised in line 221 regarding the definition of the exposure variable and its generalizability to elderly adults with current depression.
3. Highlight the importance of the points raised in lines 225-227.
4. Explicitly state the implications of the study for future research, policy, and practice.

References
1. Most of the references are incomplete or/and not in the appropriate format. Please revise accordingly. For example, the suggested citation for reference # 3 is : Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

VERSION 1 – AUTHOR RESPONSE

Reviewers’ comments:

Reviewer #1:
Dr. Habib Jalilian, Ahvaz Jundishapur University of Medical Sciences
Comments to the Author:

This study reports on “Trends in Forgone Medical Care and Unmet Needs Among Medicare Beneficiaries with Depression During the COVID-19 Pandemic”. The topic is of interest. However, I accept manuscript after some revision. Some suggestions are listed below, which may be useful to the authors as they seek to revise their manuscript.

Abstract
1. Background: Please write the country/city the study conducted.

   Thank you for your comments. We have included the suggested information (“… among community-living Medicare beneficiaries in the United States with and without a self-reported history of depression from Summer 2020 to Winter 2021.”) in the Background section of the Abstract (please see page 2, lines 25-28).

2. Methodology: Please write the type of the study in this section.

   In Methods section of the Abstract, we have indicated that “This repeated cross-sectional study used three rounds of survey data from the Medicare Current Beneficiary Survey COVID-19 Supplement Public Use Files…” (please see page 2, lines 29-31).

Introduction:
1. I invite the authors to report the depression’s statistic among older adults in the country/city the study conducted.
We have added the depression’s statistic and corresponding references to reflect that of older adults in the United States (please see page 5, lines 99-101).

Methods:

2. This section should be organized well. Please write this section based on STROBE checklist: https://www.equator-network.org/reporting-guidelines/strobe/

The Methods section was revised based on STROBE checklist (please see pages 6-10).

3. What is the data collection tools? Please explain this clearly.
   -In this section is necessary to clarify in the text how the collection was carried out and put each piece of information in its proper place, what was the collection technique? what was the instrument used for collection? who collected?
   -Written/verbal consent was obtained before participation?
   -Results and discussion are well-written.

This study used three waves of the Medicare Current Beneficiary Survey (MCBS) COVID-19 Supplement Public Use Files, which were publicly available for download in the Centers for Medicare & Medicaid Services (CMS) repository, https://www.cms.gov/research-statistics-data-and-systems/downloadable-public-use-files/mcbs-public-use-file. The survey was administered by telephone in either English or Spanish on existing MCBS respondents living in the community from June 2020 to April 2021. This study sample included those who have been continuously enrolled in Medicare from the beginning of 2020 and at the time of their interview. By the CMS, the sponsor of the survey, all direct identifiers have been removed and the public data do not permit direct identification of any individuals.

We have updated the “Study Design, Setting, and Data Source” in the Methods section with more detailed information (please see pages 6-7) and the “Data Availability Statement” (please see page 17).

Written/verbal consent was not obtained because this study is based on the secondary analysis of existing survey data. We have included the language “This study is based on the secondary analysis of existing publicly available survey data that does not require Institutional Review Board review” and “Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research” (please see page 10).

Conclusions:

1. Please remove the reference in this section, and begin this section with the study’s key results.

   As suggested, we have removed the reference and revised the Conclusions section to start with “In this repeated cross-sectional study, we found that…” (please see page 15, lines 352-356).

2. Also, provide more useful strategies/interventions to improve health care utilization, and alleviate forgone medical care, basic needs disruption, and financial and mental health disruption among older adults with depression during emergencies and crises.

   We have revised the Discussion section to include more useful and detailed strategies/interventions to improve access to mental health care (please see page 13, lines 292-310).

   We have also revised the Discussion section to include example interventions to alleviate basic needs disruption, and financial and mental health disruption (please see page 14, lines 323-329).

Reviewer #2:
General:
The study is timely and addresses unmet healthcare needs using multiple waves of MCBS data, which represents an improvement on previously documented studies. However, several aspects of the manuscript need to be revised. Below, I provide specific comments.

Abstract:
1. Since the study focuses on trends, the objectives should explicitly mention trends in the study’s goals.

   Thank you for your comments. We have mentioned that the objective is to investigate trends in outcomes in the Background of Abstract (please see page 2, line 25).

2. Also all sections of the abstract should be revised based on the comments below.

Strengths and Limitations:
The authors should enhance the description of the study’s strengths. For instance, following the STROBE guidelines or using multivariate logistic regression should not be presented as strengths. Instead, emphasize the gap the study fills and unique aspects related to the database used. Avoid using “will” in the second point under the strength of the study.

   As suggested, we have revised the Strengths and Limitations section such that it highlights the unique aspects related to the database (please see page 4).

Introduction:
1. Please clarify whether the stated prevalence of depression is a global, regional, or national estimate.

   We have updated the prevalence rates of depression among older adults and corresponding references with estimates of the United States (please see page 5, lines 99-101).

2. Address the timing of the COVID-19 pandemic by specifying that it started in 2019 but was declared a pandemic on March 11, 2020.

   Thank you for the suggestion. We have edited the corresponding sentence accordingly. (please see page 5, lines 107-109).

3. On page 4, lines 87-89, consider revising to "previous studies related to COVID."

   We have revised it as suggested (please see page 5, line 113).

4. The aim of the study should specify that it concerns older adults who are Medicare beneficiaries.

   We have changed the corresponding part (please see page 6, line 124).

Methods:
1. Begin by identifying the data used (please see page 5, lines 110-113) before describing the survey’s characteristics (please see page 5, lines 106-108).
We have revised by identifying the data used at the beginning of “Study Design, Setting, and Data Source” section (please see page 6, lines 134-138).

2. Enhance the methods section by providing more information about the MCBS, including its scope and sampling methodology.

   We have included more detailed information about the MCBS, including the scope and sampling methodology (please see pages 6-7).

3. Describe the study sample adequately, including any eligibility criteria.

   The eligibility criteria were mentioned in the “Study Sample” section (please see page 7, lines 166-169).

4. Consider adding variables related to the ascertainment of depression, such as symptoms suggestive of depression or current medication use. Distinguish between “history of depression” and “current depression” if necessary.

   In the dataset we used in this manuscript, the MCBS COVID-19 Supplement Public Use Files, only the “history of depression” variable was available and there was no “current depression” variable. Therefore, to be clear, throughout the manuscript, we have used “a history of depression” wherever applicable.

   The variable of whether the respondent was able to get medication was included as one of the questions to define an outcome variable, “basic needs disruption caused by the pandemic”, in our manuscript. Please note that the medication could be any medication including, but not limited to, medication for depressive symptoms.

   We have stated unavailability of further information about the current status of depression in the limitation (see page 15, lines 338-341).

5. Clarify the rationale for selecting covariates, whether based on a theoretical model or prior literature.

   We have selected covariates based on prior literature. A set of covariates used in this study is consistent with covariates used in the prior literature. These covariates have been known to be associated with outcomes of interest in this study.

   We revised the lines 204-205 on page 9 as follows: “Sociodemographic and clinical characteristics selected based on prior literature were included as covariates in all models.” Also, we have added two references below to support the statement in the revised manuscript.

   References:

6. Specify the descriptive analyses performed to address the research question.

   In the section of statistical analysis, we stated that “We assessed differences in outcomes and individual characteristics by self-reported history of depression of beneficiaries, based on Wald $\chi^2$ tests.” (see page 10, lines 217-218)
7. Change "multivariate" to "multivariable," and when referring to the analysis with survey weights, use "weighted multivariable logistic regression."

   We have changed the term to "weighted multivariable logistic regression" throughout the manuscript.

8. On line 166, include "were used to estimate the association."

   We have edited the sentence as suggested (please see page 10, lines 218-219).

9. Mention that all estimates were presented as odds ratios with corresponding confidence intervals.

   Thank you for the suggestion. We have included the sentence (page 10, line 222).

Results:
1. Address the statement "After adjusting for individual-level characteristics" (Line 185) by specifying how covariates were categorized. Revise the statistical analysis section accordingly.

   In the section of statistical analysis, we stated "Models were adjusted for the set of sociodemographic and clinical characteristics described above..." (page 10, lines 219-221)

2. If using "self-reported history of depression," ensure the results reflect this distinction (e.g., "with a history of depression" or "without a history of depression").

   We have revised the manuscript by using "with/without a history of depression" throughout the revised manuscript.

3. Analyze and present how the associations change across different waves to align with the study's objective of analyzing trends in forgone care.

   From figures 1 & 2, we presented the average predicted probabilities of self-reported forgone medical care and other secondary outcomes between Medicare beneficiaries with a history of depression and those without a history of depression across different rounds, which showed persistent differences in the values across all rounds (see page 11, lines 249-257).

   Regarding this comment, we additionally estimated the weighted multivariable logistic regression models for association of each outcome with interaction terms between a history of depression and each round (summer and fall 2020 and winter 2021), and we confirmed that the results showed persistent differences across all rounds for all outcomes.

Discussion:
1. Discuss whether the results were consistent across all waves of the survey.

   To emphasize our results of persistent gap in access to health care between those with and without a history of depression across all study periods, we have edited the sentence to include "across all study periods" (please see page 12, lines 280-285).

2. Address the concern raised in line 221 regarding the definition of the exposure variable and its generalizability to elderly adults with current depression.
Please see our response to #4 in Methods part regarding the use of “a history of depression” and “current depression”. We have included “a history of” in front of “depression” throughout the manuscript (please see page 12, lines 280-285).

We have also revised the Limitations section as follows: “Second, the survey included information on whether the respondent had a history of depression, but no further information including the timing or severity of the diagnosis and current status of depressive symptoms.” (please see page 15, lines 339-341)

3. Highlight the importance of the points raised in lines 225-227.

Please see our comment #2 of Conclusions section for the reviewer 1. Please see lines 292-310 on page 13 of our revised manuscript.

4. Explicitly state the implications of the study for future research, policy, and practice.

Please see lines 361-363 on pages 15-16 that were included to emphasize this study’s implications: “This study emphasizes the greater challenges faced by older adults with a history of depression during the pandemic and informs health care policy experts about the needs of healthcare, financial and administrative support to these population.”

References
1. Most of the references are incomplete or/and not in the appropriate format. Please revise accordingly. For example, the suggested citation for reference # 3 is : Depression and Other Common Mental Disorders: Global Health Estimates. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.

Thank you for the comment. We have revised and updated the list of references to follow the journal’s guidelines.

Reviewer: 1
Competing interests of Reviewer: There are no competing interests.

Reviewer: 2
Competing interests of Reviewer: None

VERSION 2 – REVIEW

<table>
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<tr>
<th>REVIEWER</th>
<th>Ujah, O.I.</th>
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<tr>
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<td>University of South Florida</td>
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<td>REVIEW RETURNED</td>
<td>18-Nov-2023</td>
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GENERAL COMMENTS
I would like to commend the authors for the substantial improvement to the manuscript. However, there are a number of outstanding considerations that warrant the need for further revision of the manuscript to improve its rigor and quality. These considerations are outlined below.
The title should not be “beneficiaries with depression” but “beneficiaries with a history of depression”
Abstract
Results: The authors state “after adjusting for individual-level characteristics”. However, in the main text, there were no variables categorized as “individual-level variables”. An alternative to this would be to state “after adjusting for potential confounders”.
Strength and limitations
The bullet point #3 is written as an objective and not stated as a limitation. The authors should revise this.

Introduction
Page 5, line 107-109: the sentence is missing. Perhaps, “a pandemic” would make it complete.
Page 6, line 124: should be “65 years or older”

Methods
Study design: I am a bit unclear if this paper is a “repeated cross-sectional study” or a “a secondary analysis of data obtained from repeated cross-sectional surveys”. Although I would differ to the latter, some clarification is needed here.
Page 6, line 140: should be “to aid the CMS”

Page 7, line 165-169: Unfortunately, description of the study sample is still inadequate and does not provide much information on how the sample for the study was achieved. Perhaps, if would be reworded that “The sample consisted of older adults (aged 65 years and above) who were Medicare beneficiaries residing in communities within the United States. These individuals were included in the study based on their provision of valid data regarding their reported history of depression”

Again, were any exclusions made? If so, it would be important to state so. Also. What was the unweighted size of the sample (categorizing them by the three survey rounds).

Statistical analysis
Page 8, line 181-185: The authors should be consistent on either the use of “individual characteristics” or “sociodemographic and clinical characteristics”
Page 8, line 182: State the rationale for weighting.
Page 8, line 186: presented should read “presented as crude and adjusted odds ratio (OR) and 95% confidence intervals (CIs).”

The authors indicated in the STROBE checklist that handling of missing data is described on Page 9, line 199-200 where they further stated, “Outcomes coded with “do not know” and “refused” were excluded from the analyses”. In the same checklist, they further state “NA” for number of participants with missing data.

This buttresses the observation raised in the sample used for this analysis. First, what was the total number of Medicare beneficiaries in the dataset. How many were aged 65+?, How many provided valid data on self-reports of a history of depression and the outcome variables? If there were missing data on the outcome variables, how did the authors handle this. It is surprising that no comments were made on missing variables on the covariates of interest. These are important considerations in terms of reproducibility and not being explicit about this casts doubts on the extent to which estimates are valid. A flow chart may be helpful.

Results
Page 11, line 244: Same comment on individual-level characteristics.

Discussion
I’m concerned about Pg 12, line 283. “faced by depressed older adults”. The use of the word depressed seems to connote “a current or ongoing depressive state” rather than the focus of this study. This perhaps may need to be changed. Same concern relates to line 287-289.

Page 13, line 292-295: Kindly review this sentence for grammar.

References
Although improved, corrections to some references remains unresolved (e.g., 16, 22, 33, 35, 43)

Table 1
No need to include the self-reported depression variable in Table 1 as this may confuse readers.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 2
Dr. O.I. Ujah, University of South Florida

Comments to the Author:
I would like to commend the authors for the substantial improvement to the manuscript. However, there are a number of outstanding considerations that warrant the need for further revision of the manuscript to improve its rigor and quality. These considerations are outlined below.
The title should not be “beneficiaries with depression” but “beneficiaries with a history of depression”

- Thank you for your review and the comments. We have changed the title to “Trends in forgone medical care and unmet needs among Medicare beneficiaries with a history of depression during the COVID-19 pandemic: a national, repeated cross-sectional study”.

Abstract
Results: The authors state “after adjusting for individual-level characteristics”. However, in the main text, there were no variables categorized as “individual-level variables”. An alternative to this would be to state “after adjusting for potential confounders”.

- Thank you for the comment. We have changed the corresponding part as suggested (page 2, line 43-44).

Strength and limitations
The bullet point #3 is written as an objective and not stated as a limitation. The authors should revise this.

- Page 4, line 73-74: We have deleted the original bullet point #3, and we have added the new bullet point #5 to include an additional important limitation: “We assessed time trends of outcomes for the period of Summer 2020 to Winter 2021 and further analyses are needed to elucidate the trends in the recent times.”

Introduction
Page 5, line 107-109: the sentence is missing. Perhaps, “a pandemic” would make it complete.

- In page 5, line 107-109, the subject of the sentence is “The COVID-19 pandemic”. This was probably confusing due to the reference number (13). Therefore, there is no need to add “a pandemic” in the sentence.

Page 6, line 124: should be “65 years or older”

- Thank you. In page 6 (line 124-125), we have changed the language to: “individuals 65 years and above or individuals under 65 years with disability”.

Methods
Study design: I am a bit unclear if this paper is a “repeated cross-sectional study” or a “a secondary analysis of data obtained from repeated cross-sectional surveys”. Although I would differ to the latter, some clarification is needed here.
• Page 6, line 135: As suggested, I changed the sentence to “This is a secondary analysis of data obtained from three rounds of repeated cross-sectional survey from the Medicare Current Beneficiary Survey (MCBS) COVID-19 Supplement Public Use Files (PUF) which were administered as a supplement to the main MCBS: the Summer 2020 (administered from June to July 2020), Fall 2020 (administered from October to November 2020), and Winter 2021 (administered from March to April 2021) Supplement PUFs.”

Page 6, line 140: should be “to aid the CMS”

• Page 6, line 141: We have changed it as suggested.

Page 7, line 165-169: Unfortunately, description of the study sample is still inadequate and does not provide much information on how the sample for the study was achieved. Perhaps, if would be reworded that “The sample consisted of older adults (aged 65 years and above) who were Medicare beneficiaries residing in communities within the United States. These individuals were included in the study based on their provision of valid data regarding their reported history of depression” Again, were any exclusions made? If so, it would be important to state so. Also, What was the unweighted size of the sample (categorizing them by the three survey rounds).

• We have changed the sentence as suggested (page 7, line 158-166): “The sample consisted of Medicare beneficiaries (individuals 65 years of age and above or individuals under age 65 with disability) residing in communities in the United States and have been continuously enrolled in Medicare from the beginning of 2020 and at the time of their interview. These individuals were included in the study based on their provision of valid data and samples with missing values in key variables were excluded from the analyses (see the supplementary figure S1 for flow chart of sample exclusion procedure).”

• For exclusion criteria, we have created flow chart of sample exclusion procedure for primary outcome variable (forgone medical care) and added it as a supplementary figure S1. We have also specified the number of observations by survey round in this figure (Summer 2020 N=9,912; Fall 2020 N=8,609; and Winter 2021 N=9,959).

Statistical analysis
Page 8, line 181-185: The authors should be consistent on either the use of “individual characteristics” or “sociodemographic and clinical characteristics”

• Page 9, line 213; page 11, line 242; page 25, line 554; page 26, line 582: We have changed “individual characteristics” to “sociodemographic and clinical characteristics” throughout the manuscript.

Page 8, line 182: State the rationale for weighting.

• The MCBS COVID-19 PUF includes preliminary survey weights that allow for analyses that are nationally representative of the population of beneficiaries that was ever enrolled in Medicare at any point in 2020 and continued to be enrolled through Winter 2021, for the Winter 2021 data file, for example. Details on construction of the preliminary weights were provided by the CMS in the publicly available MCBS Data User Guide.

• In our study, all analyses were estimated with sampling weights to generate nationally representative results of Medicare beneficiaries.

• Page 7, line 149-152: We have mentioned that “the sample represents a randomly selected cross-section of all Medicare beneficiaries with sampling weights”. Here, we have included a new reference for the user guide that includes detailed explanation on construction of the preliminary weights (Reference # 23).

• Page 9-10, line 216-218: We have also mentioned that “analyses were estimated with the MCBS sampling weights to make results nationally representative of the population of Medicare beneficiaries”.


Page 8, line 186: presented should read “presented as crude and adjusted odds ratio (OR) and 95% confidence intervals (CIs).”

- We have changed the sentence to: “All estimates were presented as adjusted odds ratios (ORs) and 95% confidence intervals (CIs).”

The authors indicated in the STROBE checklist that handling of missing data is described on Page 9, line 199-200 where they further stated, “Outcomes coded with “do not know” and “refused” were excluded from the analyses”. In the same checklist, they further state “NA” for number of participants with missing data. This buttresses the observation raised in the sample used for this analysis. First, what was the total number of Medicare beneficiaries in the dataset. How many were aged 65+? How many provided valid data on self-reports of a history of depression and the outcome variables? If there were missing data on the outcome variables, how did the authors handle this. It is surprising that no comments were made on missing variables on the covariates of interest. These are important considerations in terms of reproducibility and not being explicit about this casts doubts on the extent to which estimates are valid. A flow chart may be helpful.

- We have created a flow chart of sample exclusion procedure for primary outcome variable (forgone medical care) and added it as a supplementary figure S1. In the statistical analysis section, we have also added the following sentence: “Any missing values of outcome variables and covariates were excluded from the statistical analyses.”

Results
Page 11, line 244: Same comment on individual-level characteristics.

- We have changed “individual characteristics” to “sociodemographic and clinical characteristics” throughout the manuscript.

Discussion
I’m concerned about Pg 12, line 283. “faced by depressed older adults”. The use of the word depressed seems to connote “a current or ongoing depressive state” rather than the focus of this study. This perhaps may need to be changed. Same concern relates to line 287-289.

- Page 12, line 283: We have changed the expression to “Medicare beneficiaries with a history of depression”.
- Page 12-13, line 287-289: Similarly, we have changed the sentence to “Thus, our findings highlight the urgent need for efforts to reduce disparities in medical care access between those with and without a history of depression, especially during the time of public health crisis.”

Page 13, line 292-295: Kindly review this sentence for grammar.

- Page 13, line 294: Thank you. We have reviewed the grammar and edited.

References
Although improved, corrections to some references remains unresolved (e.g., 16, 22, 33, 35, 43)

- Thank you. As suggested, we have updated the reference # 16, 22, 34, 36, 44.
- We have also updated the reference #14.

Table 1
No need to include the self-reported depression variable in Table 1 as this may confuse readers.
• We have deleted the corresponding row in Table 1.

Reviewer: 2
Competing interests of Reviewer: None