Quality Transparency
Regional Healthcare Quality Report – March 2020

We are pleased to provide the regional summary report of clinical quality performance for data period **January 1, 2019 – December 31, 2019**. The purpose of this report is to promote healthcare quality transparency and improvement in the Greater Columbus region.

REGIONAL PERFORMANCE SNAPSHOT

Aggregated data represent **201 practices** serving a total of **930,092 patients**. Based on information shared by the organizations, we estimate the payer mix for all patients to be: Commercial = 54%, Medicare = 27%, Medicaid = 14%, Self-Pay/Other = 5%.

<table>
<thead>
<tr>
<th>Quality Measure</th>
<th>Aggregate performance¹</th>
<th>Total practices reporting</th>
<th>Total patients in denominator</th>
<th>2018 target²</th>
<th># of Practices at Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling High Blood Pressure</td>
<td>72.5%</td>
<td>195</td>
<td>172,106</td>
<td>75%</td>
<td>42</td>
</tr>
<tr>
<td>Colorectal Cancer Screening</td>
<td>62.7%</td>
<td>195</td>
<td>259,550</td>
<td>71%</td>
<td>31</td>
</tr>
<tr>
<td>Diabetes Care: Hemoglobin A1c Control³</td>
<td>78.3%</td>
<td>194</td>
<td>93,567</td>
<td>91%</td>
<td>11</td>
</tr>
<tr>
<td>Diabetes Care: Medical Attention for Nephropathy</td>
<td>79.6%</td>
<td>103</td>
<td>66,987</td>
<td>90%</td>
<td>25</td>
</tr>
<tr>
<td>Tobacco Use: Screening &amp; Cessation Intervention</td>
<td>90.8%</td>
<td>193</td>
<td>556,090</td>
<td>95%</td>
<td>37</td>
</tr>
<tr>
<td>Depression: Utilization of PHQ-9</td>
<td>39.2%</td>
<td>19</td>
<td>15,415</td>
<td>30%</td>
<td>5</td>
</tr>
<tr>
<td>Depression: Remission at Twelve Months</td>
<td>34.3%</td>
<td>36</td>
<td>4,498</td>
<td>2.20%</td>
<td>32</td>
</tr>
<tr>
<td>Depression: Response at Twelve Months</td>
<td>5.3%</td>
<td>6</td>
<td>379</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan</td>
<td>89.3%</td>
<td>56</td>
<td>182,839</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Green* – aggregate of reporting practices is above 2018 target; *Red* – aggregate of reporting practices is below 2018 target

¹ Aggregate performance is calculated as the total numerator divided by total denominator of all practices reporting; ² Reported as inverse of definition (in control); ³ Regional targets were collaboratively agreed upon in 2018 by project partners based on past regional performance and alignment with Comprehensive Primary Care Plus (CPC+) and other quality targets and benchmarks identified over the course of the project.

ABOUT THE PARTICIPANTS

The following 15 healthcare organizations contributed data for this performance period:

- Ajay Chawla, MD
- Central Ohio Primary Care
- CompDrug
- Concord Counseling Services
- Heart of Ohio Family Health Centers
- Hilliard Family Medicine
- Holmes Family Medicine
- Holzer Health System
- Lower Lights Christian Health Center
- Mount Carmel Medical Group
- OhioHealth Physician Group
- The Ohio State University Wexner Medical Center
- PrimaryOne Health
- Southeast, Inc.
- Syntero

Heart of Ohio Family Health Centers, Lower Lights Christian Health Center, PrimaryOne Health, and Southeast, Inc. are Federally Qualified Health Centers (FQHCs). They provide healthcare services to citizens and non-citizens who are medically underserved, underinsured, or uninsured. Southeast, Inc. serves homeless, most with mental health or substance use disorders.
REGIONAL PERFORMANCE DETAIL

Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period. (NQF#0018)

Regional performance for the current period = 72.5%

Observations about regional performance:
- Performance decreased by .5 percentage points from last period.
- We did not meet the regional target of 75%.
- Performance across all practices ranged from 56% to 91.7%.

The top performing practice was MCMG Taylor Station at 91.7%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

COPC Amy R Kelley MD
COPC Family Medicine North
COPC Granville Pike Family Physicians
COPC Northside Internal Medicine
COPC Suburban Internal Medicine

COPC Westerville
COPC Worthington Internal Medicine
MCMG Taylor Station
MCMG Worthington

Total Practices Reporting: 195
Total Patients in Denominator: 172,106
Colorectal Cancer Screening

The percentage of patients 50–75 years of age who had appropriate screening for colorectal cancer.
(NQF#0034)

Regional performance for the current period = 62.7%

Observations about regional performance:
• Performance increased by 3.7 percentage points from last period.
• We did not meet the regional target of 71%.
• Performance across all practices ranged from 27.7% to 87.5%.

The top performing practice was COPC Amico and Associates at 87.5%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

CarePoint East: Family Medicine
COPC Amico, Stock & Associates
COPC Granville Pike Family Physicians
COPC Northside Internal Medicine
COPC Westerville
COPC Worthington Internal Medicine
MCMG Trivillage
Ohio State Family Medicine at Thomas Rardin
Ohio State Primary Care at New Albany
Diabetes Care: Hemoglobin A1c Control

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) whose most recent HbA1c level during the measurement year was greater than 9.0% (poor control) or was missing a result, or if an HbA1c test was not done during the measurement year. (NQF#0059) (reported as in control)

Regional performance for the current period = 78.3%

Observations about regional performance:
- Performance decreased by .7 percentage points from last period.
- We did not meet the 2018 target of 91%.
- Performance across all practices ranged from 49.4% to 94.8%.

The top practice, performing at 94.8%, was Ohio State Outpatient Care Lewis Center: General Internal Medicine and Pediatrics.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:
- COPC Granville Pike Family Physicians
- Internal Medicine and Pediatrics at Grandview
- Internal Medicine and Pediatrics at Hilliard: General Internal Medicine and Pediatrics
- Martha Morehouse Medical Plaza: Primary Care – General Internal Medicine
- MCMG Taylor Station
- Ohio State Outpatient Care Lewis Center: General Internal Medicine and Pediatrics
- Ohio State Outpatient Care Upper Arlington: General Internal Medicine
- Ohio State Primary Care at New Albany
- Philip Heit Center for Healthy New Albany: Primary Care
- Stoneridge Medical Services: Primary Care-General Internal Medicine

Total Practices Reporting: 194
Total Patients in Denominator: 93,567
Diabetes Care: Medical Attention for Nephropathy

The percentage of patients 18-75 years of age with diabetes (type 1 and type 2) who received a nephropathy screening or monitoring test or had evidence of nephropathy during the measurement year. (NQF#0062)

Regional performance for the current period = 79.6%

Observations about regional performance:
- Performance increased by 1.6 percentage points from last period.
- We did not meet the regional target of 90%.
- Performance across all practices ranged from 29.4% to 98.6%.

The top performing practice was Mount Carmel Health Station Parsons at 98.6%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:
- COPC Stonegate Family Health
- MCMG Big Run
- MCMG Granville
- MCMG Grove City Stringtown
- MCMG Taylor Station
- MCMG Victorian Village
- MCMG Wedgewood
- Mount Carmel Health Station Parsons
- Mount Carmel Health Station Reynoldsburg

Total Practices Reporting: 103
Total Patients in Denominator: 66,987
Tobacco Use: Screening & Cessation Intervention

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user. (NQF#0028)

Regional performance for the current period = 90.8%

Observations about regional performance:
- Performance increased by 2.8% percentage point from last period.
- We did not meet the regional target of 95%.
- Performance across all practices ranged from 69% to 99.6%.

The top practices performing at 99.2% was COPC Arlington Mill Run.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

- COPC Arlington Mill Run
- COPC Granville Pike Family Physicians
- COPC Jasonway Internal Medicine
- COPC Lahue Gramann Boezi and Coss
- COPC McConnell Family Practice
- COPC Stonegate Family Health
- COPC Westerville Internal Medicine

Internal Medicine and Pediatrics at Grandview
Ohio State Family Medicine at Thomas Rardin
Ohio State Outpatient Care Upper Arlington: Family Medicine and Primary Care

Total Practices Reporting: 193
Total Patients in Denominator: 556,090
Depression: Utilization of the PHQ-9 Tool

Adult patients age 18 and older with the diagnosis of major depression or dysthymia who have a PHQ-9 tool administered at least once during the four-month measurement period. (NQF#0712)

Regional performance for the current period = 39.2%

Observations about regional performance:
- Performance increased by 13.2 percentage points from last period.
- We performed 9.2 percentage points above the regional target of 30%.
- Performance across all practices ranged from 5.4% to 75.5%.

The top performing practice was PrimaryOne Health Parsons Ave at 75.5%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

PrimaryOne Health Parsons Ave
Depression: Remission at Twelve Months

Adult patients age 18 and older with major depression or dysthymia and an initial PHQ-9 score > 9 who demonstrate remission at twelve months defined as a PHQ-9 score less than 5. (NQF#0710)

Regional performance for the current period = 34.3%

Observations about regional performance:
- Performance increased by 14.3 percentage point from last period.
- We exceeded the regional target of 2.2%
- Performance across all practices ranged from 2.6% to 61.1%.

The top performing practice was MCMG Polaris at 61.1%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

MCMG Big Run
MCMG Polaris
Depression: Response at Twelve months

Patients age 18 and older with major depression or dysthymia and an initial Patient Health Questionnaire (PHQ-9) score greater than nine who demonstrate remission at twelve months (+/- 30 days after an index visit) defined as a PHQ-9 score less than five (NQF #1885)

Regional performance for the current period = 5.3%

Observations about regional performance:
- Performance increased by 4.3 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 0% to 100%.
- Total Practices Reporting: 6
- Total Patients in Denominator: 379

The top performing practice was **PrimaryOne Health East 17th Avenue** at 100%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

PrimaryOne Health East 17th Avenue

Screening for Clinical Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen (NQF #0418)

Regional performance for the current period = 89.3%

Observations about regional performance:
- Performance increased by 10.3 percentage points from last period.
- There is currently not a regional target for this measure.
- Performance across all practices ranged from 25.5% to 98%.
- Total Practices Reporting: 56
- Total Patients in Denominator: 182,839

The top performing practice was **PrimaryOne Health South High Street** at 98%.

The following practices (listed alphabetically) performed in the top 10% of all practices reporting this measure:

MCMG Big Run
MCMG Grove City Stringtown
MCMG Lewis Center
Mount Carmel Health Station Reynoldsburg
PrimaryOne Health South High Street
COLLABORATIVE TERMS OF USE

The project partners participate under the following collaborative terms of use:

<table>
<thead>
<tr>
<th>Participating Organizations</th>
<th>Healthcare Collaborative of Greater Columbus</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Use reports to improve quality of care provided by your organization</td>
<td>• Maintain safe-space to enable the sharing of learning with participants</td>
</tr>
<tr>
<td>• Share lessons learned to help improve healthcare transparency in Greater Columbus</td>
<td>• Apply learning to catalyze best practices to improve transparency in Greater Columbus</td>
</tr>
<tr>
<td>• Will not use content to promote or publicize physician practices</td>
<td>• Will not use content to promote or publicize physician practices</td>
</tr>
</tbody>
</table>

ABOUT THE MEASURES AND DATA

Through collaborative agreement, project partners have selected measures that are meaningful in helping them improve quality for their patients and the region and align with quality improvement initiatives they are currently focused on. Organizations provide practice site-level data from their electronic health records and performance is then calculated for their practice site and the region. Data represent all patients and all payers for each practice site, which is based on the unique practice address.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Reporting Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controlling High Blood Pressure (ages 18-85)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Colorectal Cancer Screening (ages 50-75 years)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Diabetes Care: Hemoglobin A1c Control (reported as in control) (Ages 18-75)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Diabetes Care: Medical Attention for Nephropathy (Ages 18-75)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Tobacco Use: Screening &amp; Cessation Intervention (Ages 18+)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Depression: Utilization of PHQ-9 Tool (Ages 18+)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Depression: Remission at Twelve Months (Ages 18+)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Depression: Response at Twelve Months (Ages 18+)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Screening for Clinical Depression and Follow-Up Plan (Ages 12+)</td>
<td>X     X    X      X     X    X    X</td>
</tr>
<tr>
<td>Total Number of Practice Sites Reporting At Least One Measure</td>
<td>107   131   145    157    159  109  201</td>
</tr>
</tbody>
</table>

Notes: Southeast, Inc (3), Syntero (4), and OhioHealth Physician Group (85) reported at the organization level.
CENTRAL OHIO PATHWAYS HUB DATA SNAPSHOT

HCGC is pleased to provide a summary report of social determinants of health data related to HCGC reported clinical quality measures for the period March 1, 2019-February 29, 2020. The purpose of this addition is to provide related information and insights about those citizens receiving HUB services in our region.

The Central Ohio Pathways HUB is a care coordination model, nationally certified, and operated by HCGC for Franklin and contiguous counties. The HUB model utilizes partners in a community, called Care Coordination Agencies (CCAs), who deploy Community Health Workers (CHWs), to find and support clients in three eligibility categories: adults (defined as men age 18+ and women age 45+), maternal (defined as any women age 18-44), and pregnant women. By utilizing a tracking technology, Care Coordination Systems (CCS), CHWs visit with clients in their home or a community setting at least once per month in addition to other communications (text, phone call, emails) and help clients reach their health and social goals in the form of “pathways” (see box, right). Pathways’ progress is tracked and reported and when a successful outcome is achieved, it is considered “closed” and complete. The HUB has contracts with payers such as Medicaid Managed Care Plans, community partners, and other foundations to invoice for payments based on successful outcomes. The agency leadership and the HUB track process and quality assurance within the CCS system; the HUB also provides training, communication and leadership development for CHWs involved in the Central Ohio Pathways HUB.

It is the intention of HCGC to share data about the Central Ohio Pathways HUB with the same regional transparency and quality improvement culture that initiated the HCGC Quality Transparency report with our clinical providers. In addition, we believe clinical providers and the region generally may benefit from this data. As we continue to evolve our work, we anticipate standardized HUB data sets and quality improvement opportunities among clinical and community agencies. For more information about the central Ohio Pathways HUB, please visit www.hcgc.org.

ABOUT THE PARTICIPANTS

The following 10 Care Coordination Agencies (CCAs) provide data to the HUB.

- CelebrateOne
- Columbus Urban League
- Franklin County Public Health
- Heart of Ohio Family Health Centers
- OhioHealth
- PrimaryOne Health
- Physicians CareConnection
- The Breathing Association
- Urban Strategies Inc.
- Wellness First

OVERALL HUB DATA

<table>
<thead>
<tr>
<th></th>
<th>Reporting Period</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>03/1/19-2/29/2020</td>
</tr>
<tr>
<td>Total # of Adult Clients (men age 18+ and women age 45+)</td>
<td></td>
<td>234</td>
</tr>
<tr>
<td>Total Maternal Clients (women ages 18-44)</td>
<td></td>
<td>248</td>
</tr>
<tr>
<td>Total Pregnant Clients (all pregnant women)</td>
<td></td>
<td>261</td>
</tr>
<tr>
<td>Total Pathways Initiated</td>
<td></td>
<td>5,780</td>
</tr>
<tr>
<td>Total Pathways Completed</td>
<td></td>
<td>3,561</td>
</tr>
</tbody>
</table>
ADULT CLIENT DEMOGRAPHICS: AGE, RACE, GENDER, & FUNDER

For the purposes of this section of the data snapshot, adult eligibility category only is highlighted below, with adults self-reporting hypertension (high blood pressure), highlighted.

**Mean Age** 51.6 yrs
**Age Range** 20-66

### # of Adult Clients by Race (Self-Reported)
- Black or African American, 109
- White, 71
- One or More Races <2 Clients, 14
- Other, 40

### # of Adult Clients by Gender
- Male, 118
- Female, 114
- Transgender, 1
- Declined to Answer, 1

### # of Adult Clients by Funder
- In-Kind, 166
- United Healthcare, 17
- Buckeye, 13
- CareSource, 38
ADULT CLIENTS: GEOGRAPHIC LOCATION

ADULT CLIENTS: DO YOU HAVE A FAMILY DOCTOR?

# of Adult Clients with a Family Doctor (Self-Reported)

No, 103
Yes, 131
ADULT CLIENTS: CHRONIC CONDITIONS

Top Chronic Conditions Self-Reported by Adult HUB Clients

WHAT DO PATIENTS IN THE HUB WITH HYPERTENSION NEED TO HELP THEM MANAGE THEIR CONDITIONS?

Additional Unmet Needs for Adult Clients w/ Hypertension

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trouble Providing Transportation</td>
<td>21</td>
</tr>
<tr>
<td>Trouble Paying for Medication</td>
<td>30</td>
</tr>
<tr>
<td>Food Insecure</td>
<td>33</td>
</tr>
<tr>
<td>Recent Family Crisis</td>
<td>36</td>
</tr>
<tr>
<td>Scored Positive on PHQ-2</td>
<td>45</td>
</tr>
</tbody>
</table>

# of Adult Clients w/ Hypertension: 69

# of Adult Clients: 234
QT REPORT & PATHWAYS HUB: BEHAVIORAL HEALTH

The following maps and data display an intersection of information from HCGC's Pathways HUB and our quality transparency reporting partners. Using data from both projects allow stakeholders to see regional trends and the opportunity to drill down into granular details about individual zip codes and populations living there.

All HUB client types (Adult, Maternal, & Pregnant) are included. At each face-to-face meeting, CHWs administer a PHQ2 and clients who answer affirmatively to either PHQ2 question are also given a PHQ9.

### Central Ohio Pathways HUB PHQ-9 Data (All Client Types) 3/1/2019 - 1/31/2020

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Average Severity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td># Clients w/ PHQ9 Administered</td>
<td>313</td>
<td>6.4</td>
</tr>
<tr>
<td># PHQ9’s Administered</td>
<td>655</td>
<td>6.2</td>
</tr>
<tr>
<td># PHQ9’s w/ Score &gt;9</td>
<td>160</td>
<td>13.8</td>
</tr>
<tr>
<td>Total Behavioral Health Pathways</td>
<td>55</td>
<td>18</td>
</tr>
<tr>
<td>Total Medical Referral Pathways -Mental Health</td>
<td>40</td>
<td>8</td>
</tr>
<tr>
<td>Total Medical Referral Pathways - Substance Use</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

### QT Report: Screening for Clinical Depression and Follow-Up Plan

Percentage of patients aged 12 years and older screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND, if positive, a follow-up plan is documented on the date of the positive screen (NQF #0418)

Regional performance for the current period = 89.3%

Total Practices Reporting: 56
Total Patients in Denominator: 182,839
ZIP CODES WITH HIGHEST AVERAGE PHQ9 SCORE, # OF CLIENTS, & # OF PRACTICES IN QT REPORT

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Avg PHQ9 Score</th>
<th># of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>43206</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>43209</td>
<td>12.43</td>
<td>7</td>
</tr>
<tr>
<td>43125</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>43123</td>
<td>9.4</td>
<td>5</td>
</tr>
<tr>
<td>43207</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>43230</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>43016</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>43211</td>
<td>7.96</td>
<td>27</td>
</tr>
<tr>
<td>43204</td>
<td>7.13</td>
<td>15</td>
</tr>
<tr>
<td>43224</td>
<td>7.1</td>
<td>20</td>
</tr>
</tbody>
</table>

ZIP CODES WITH HIGHEST AVERAGE PHQ9 SCORE, # OF PRACTICES, CLIENTS & CENSUS DATA

<table>
<thead>
<tr>
<th>Race</th>
<th># of Clients</th>
<th>Type</th>
<th>Avg PHQ9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>72</td>
<td>Maternal</td>
<td>6.7</td>
</tr>
<tr>
<td>Black or African American</td>
<td>50</td>
<td>Adult</td>
<td>5.2</td>
</tr>
<tr>
<td>Black or African American</td>
<td>40</td>
<td>Pregnant</td>
<td>6.2</td>
</tr>
<tr>
<td>White</td>
<td>20</td>
<td>Adult</td>
<td>6.6</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
<td>Adult</td>
<td>6.2</td>
</tr>
<tr>
<td>White</td>
<td>14</td>
<td>Maternal</td>
<td>10.6</td>
</tr>
<tr>
<td>White</td>
<td>12</td>
<td>Pregnant</td>
<td>6.7</td>
</tr>
</tbody>
</table>
DRILLDOWN: ZIP CODES WITH HIGHEST AVERAGE PHQ9 SCORE, # OF PRACTICES, CLIENTS & CENSUS DATA

<table>
<thead>
<tr>
<th>Race</th>
<th># of Clients</th>
<th>Type</th>
<th>Avg PHQ9 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>6</td>
<td>Maternal</td>
<td>8.8</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3</td>
<td>Adult</td>
<td>7.3</td>
</tr>
<tr>
<td>Black or African American</td>
<td>2</td>
<td>Pregnant</td>
<td>11.5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>Maternal</td>
<td>12.0</td>
</tr>
<tr>
<td>White</td>
<td>1</td>
<td>Pregnant</td>
<td>7.0</td>
</tr>
</tbody>
</table>

2016 US MEDIAN HOUSEHOLD INCOME
- UNITED STATES: 60,548
- WITHIN SELECTION: 46,234

2016 US MEDIAN AGE BY GENDER
- UNITED STATES: 37.8, 40.7
- WITHIN SELECTION: Male 23.3, Female 24.8

2016 US POPULATION BY GENDER
- UNITED STATES: 60,548
- WITHIN SELECTION: Male 23.3, Female 24.8
CITIES WITH # OF PRACTICES, PATIENTS, AVERAGE PHQ9 SCORE, AND US CENSUS DATA

DRILLDOWN: CITIES WITH # OF PRACTICES, PATIENTS, AVERAGE PHQ9 SCORE, AND US CENSUS DATA