azara
USER CONFERENCE
APR 29–MAY 1
BOSTON, MA
2025

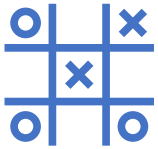
Data Validation to Transformation

HCCNS Supporting Health Centers

Today's Speaker

Amber King
Data Strategies Director
Alabama Primary Health Care Association

Today's Objectives



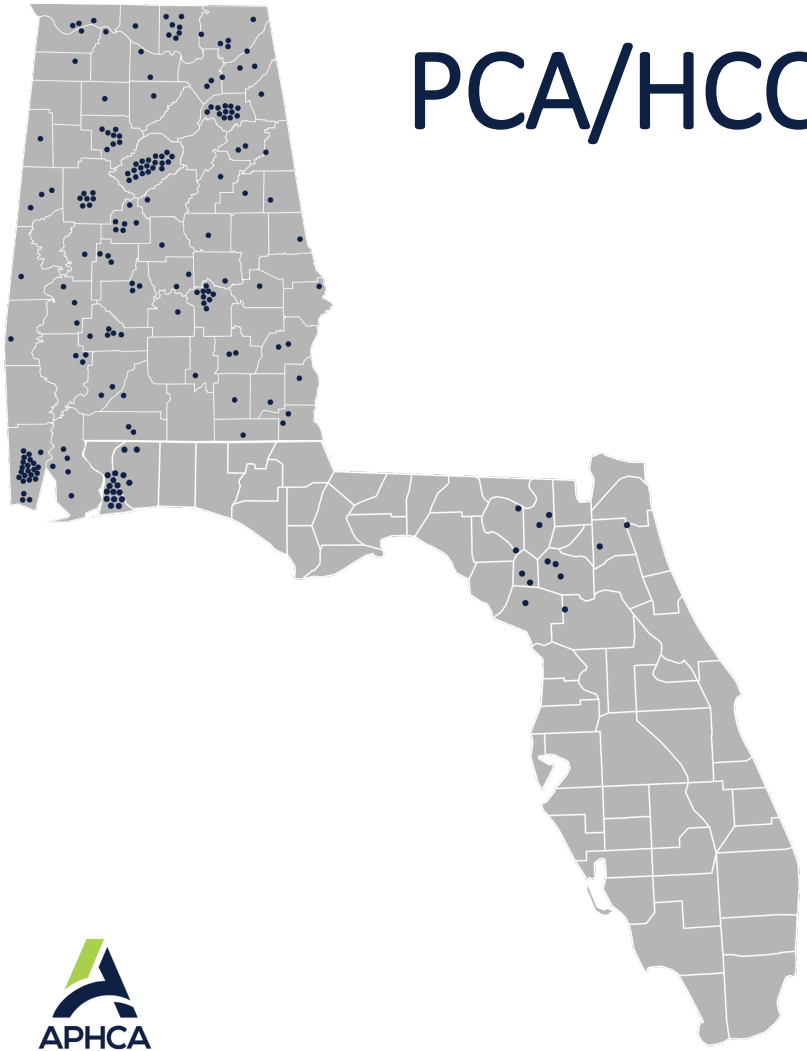
Initial project:
Data validation strategies and lessons learned

Data hygiene hurdles!
Health center challenges with ongoing data hygiene and DRVS

ID, please
Strategy for identifying health centers under-utilizing DRVS

Plan of action
(and lessons learned along the way!)

PCA/HCCN Members



Alabama Regional Medical Services
Aletheia House
AltaPointe Health Systems
Bayou La Batre Area Health Development Board
Cahaba Medical Care
Capstone Rural Health Center
Central North Alabama Health Services
Christ Health Center
Community Health Northwest Florida
Family Health/MCHD
Franklin Primary Health Center
HAPPI Health
Health Services
Northeast Alabama Health Services
Physicians Care of Clarke
Quality of Life Health Services
Rural Health Medical Program
Southeast Alabama Rural Health Associates
Thrive Alabama
Trenton Medical Center
Whatley Health Services

APHCA | Quality Connect Network

21 Health Center Organizations across 2 states

- 206 care delivery sites
- Representing over 450,000 patient lives

Began partnering with Azara in 2021/2022

- Currently have 19 out of 21 organizations live
- 1 center in implementation process

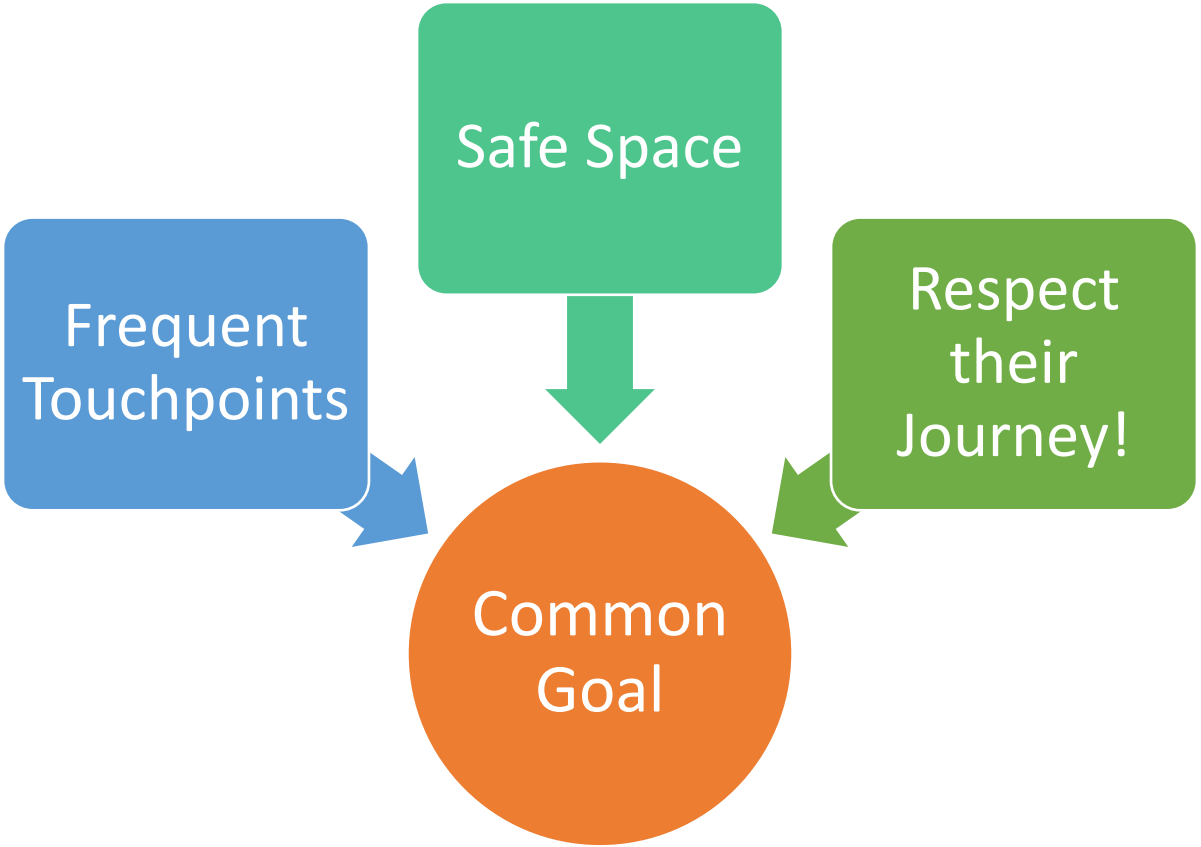
HCCN staff (4 primary members) built relationships through:

- Quality Connect monthly meetings
- User Groups – EHR and Azara
- CLIMB - quarterly in person, quality work group

APHCA | Quality Connect Network

- Identify challenges seen in centers
- Share best practices through collaborative learning
- Provide training forums monthly for EHR use, Azara best practices, and workflow challenges
- Provided **55** trainings and **658** technical assistance sessions in 2024!

Relationship with Health Centers



Quality Connect Monthly Meetings

When?: Once a month at a consistent day and time

Who?: Quality, Data/IT, and Clinical Staff (this includes CMO for some centers)

What?: Review workplan activities, identify QI projects for center, include in various areas. Technical needs include: Azara Training, Practice Facilitation, Policy and Compliance, and PCMH

Woah!: Participation rate above 85%

Azara User Groups & Office Hours

Azara User Groups

- 18–20 attendees from 10-12 health centers (on average)
- Primarily used to identify needs across network, collaborative discussion, and targeted technical assistance
- Larger scale training: Risk Stratification, Hep C, HIV, Transitions of Care, Admin Functionality

Azara Office Hours

- 8-10 attendees from 6-8 health centers (on average)
- Open discussion time
- Short, targeted assistance
- Reminders of upcoming trainings

EHR User Groups

athenahealth — 10 centers

Greenway Health — 2 centers

Epic — 3 centers

eClinicalWorks — 4 centers

Henry Schein MicroMD — 1 center

nextgen healthcare — 1 center

All EHR User Groups are a platform for peer learning and discussion as well as training opportunities!

Additional Learning Groups

HIV Work Group

- 25-30 attendees from 16-18 centers
- Developed as part of Ending the Epidemic Initiative
- Found that connecting with each other was more beneficial than training and lectures
- Completed comprehensive assessment for challenges and barriers
- Used feedback to develop topics for HIV Training

Referral Work Group

- 20-25 attendees from 17-18 health centers
- Developed as a combination of Azara User Groups and EHR User Groups
- Consistent challenges with both EHR and Azara
- 2025 is planned with PDSA cycles in mind
- Identified challenges across network as we work collaboratively to clean up and close outstanding referrals

CLIMB Quality Workgroup

APHCA
CLINICAL LEADERS
Improving Measures Boldly

Data Validation Phase

Biggest Data Hurdles

Biggest Challenge: Data “Trust”

No ongoing hygiene plan

Understanding how to validate

Expecting data to always be “right”

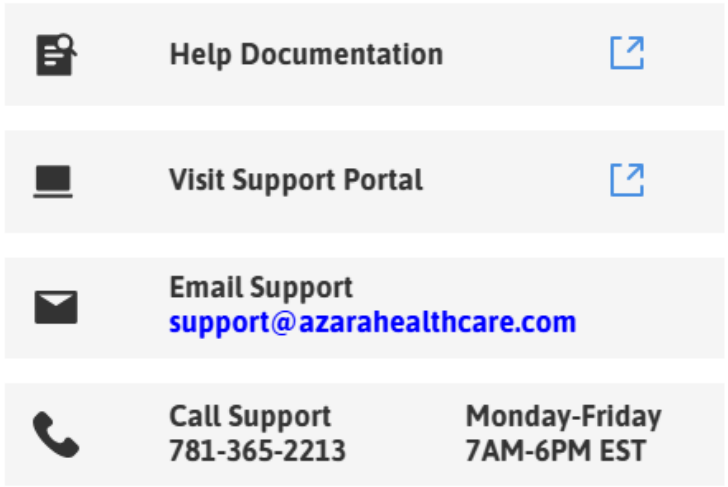
More Validation & Hygiene Challenges

- Competing Priorities – both HCCN and PHC
- Staff turnover
- Understanding of practically “how” to validate
- Identification of responsible parties
- How to report issues and when
- Level setting and expectations

Deep Dive the Data!

1. Identify areas of concern
2. Compare DRVS data to EHR data
   - Understand each EHR's specific requirements
   - Validate challenges found with each center on same EHR
3. Training how to enter Azara Support tickets
4. See one, do one, teach one

Azara Support Ticket | Best Practices



Training in Help Section (linked here!)

Visit Support Portal

- Network helps with sign up challenges
- Network trains center on how to manage when employees leave

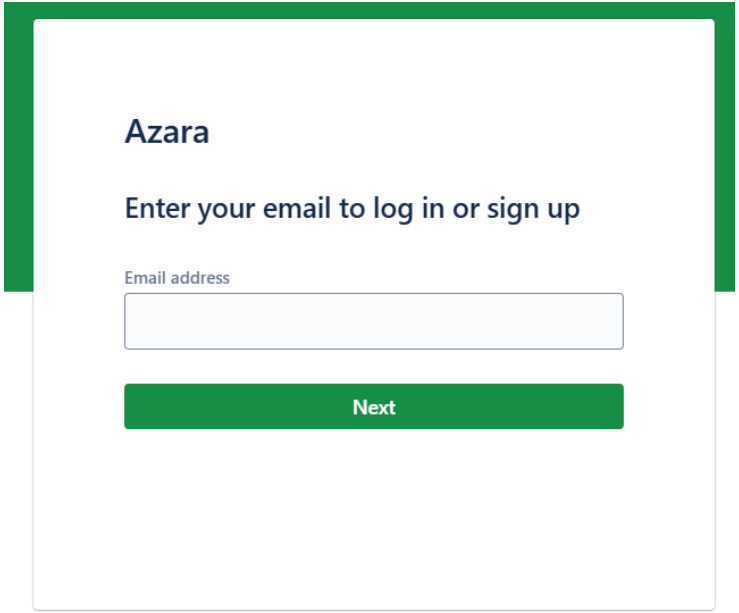
Email Support

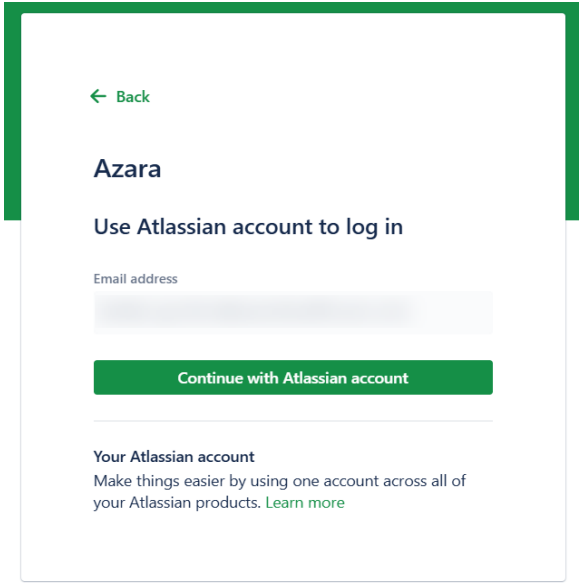
- Not encrypted
- Tracking challenges

Call Support

- Great for trouble logging in
- Simple requests

Creating a Jira/Atlassian Account





1. [Go to Azara Customer Support Portal (linked here!)]
2. Enter your email to log in or sign up, and click “Next”
3. Confirm your email address and click “Continue with Atlassian account”

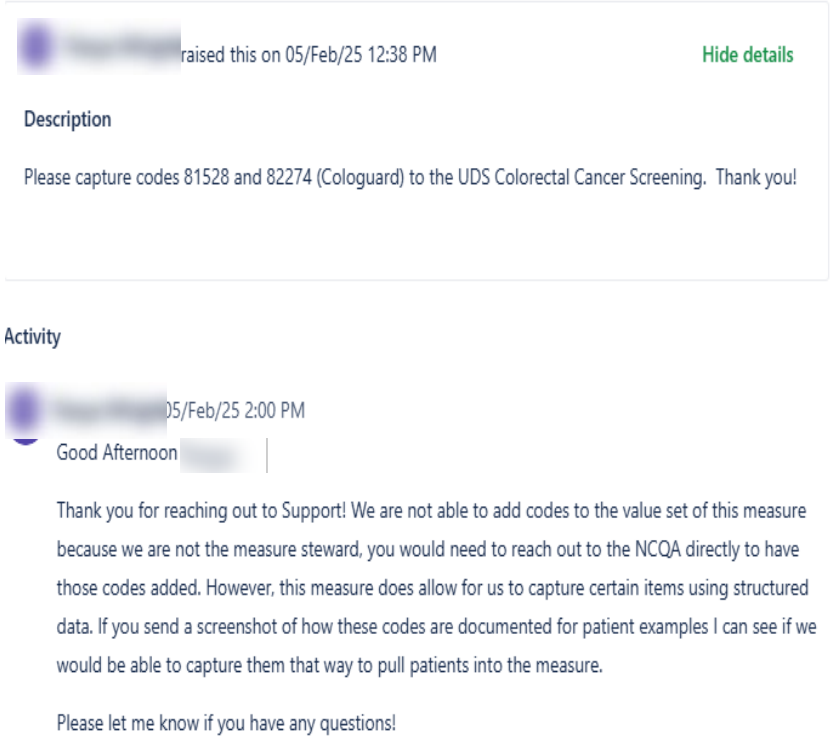
⚠ When a user leaves your organization, don’t forget to disable their account through a Support Ticket!

Azara Support Ticket | Challenges

Not understanding how measure code value sets are defined in Azara.

Not providing patient examples with screen shots.

Took 8 weeks to resolve due to missing information



raised this on 05/Feb/25 12:38 PM Hide details

Description

Please capture codes 81528 and 82274 (Cologuard) to the UDS Colorectal Cancer Screening. Thank you!

Activity

05/Feb/25 2:00 PM

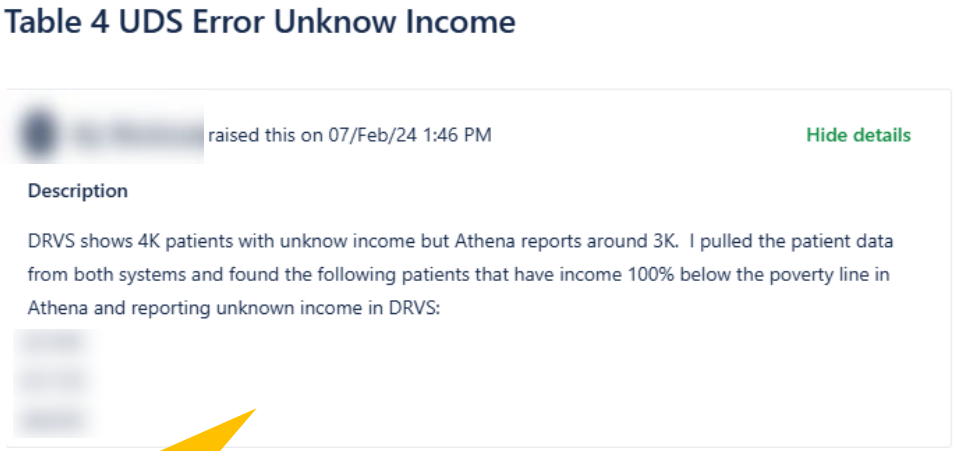
Good Afternoon

Thank you for reaching out to Support! We are not able to add codes to the value set of this measure because we are not the measure steward, you would need to reach out to the NCQA directly to have those codes added. However, this measure does allow for us to capture certain items using structured data. If you send a screenshot of how these codes are documented for patient examples I can see if we would be able to capture them that way to pull patients into the measure.

Please let me know if you have any questions!

Azara Support Ticket | Challenges

- Although patient example MRNs provided, did not provide screenshots.
- Screen shots once attached cut off the MRN for patient and the date the values were entered.

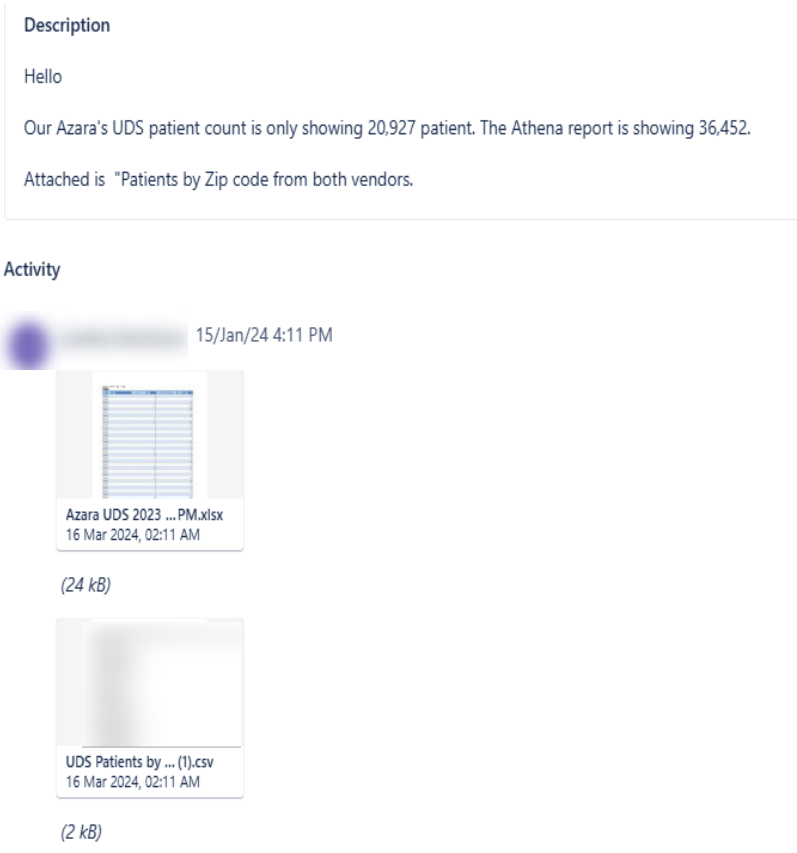


Took 2 months to resolve due to missing information

Azara Support Ticket | Almost There…

Provided both specific EHR and Azara reports as attachments.

Did not provide screenshots from EHR of the patients missing in Azara.



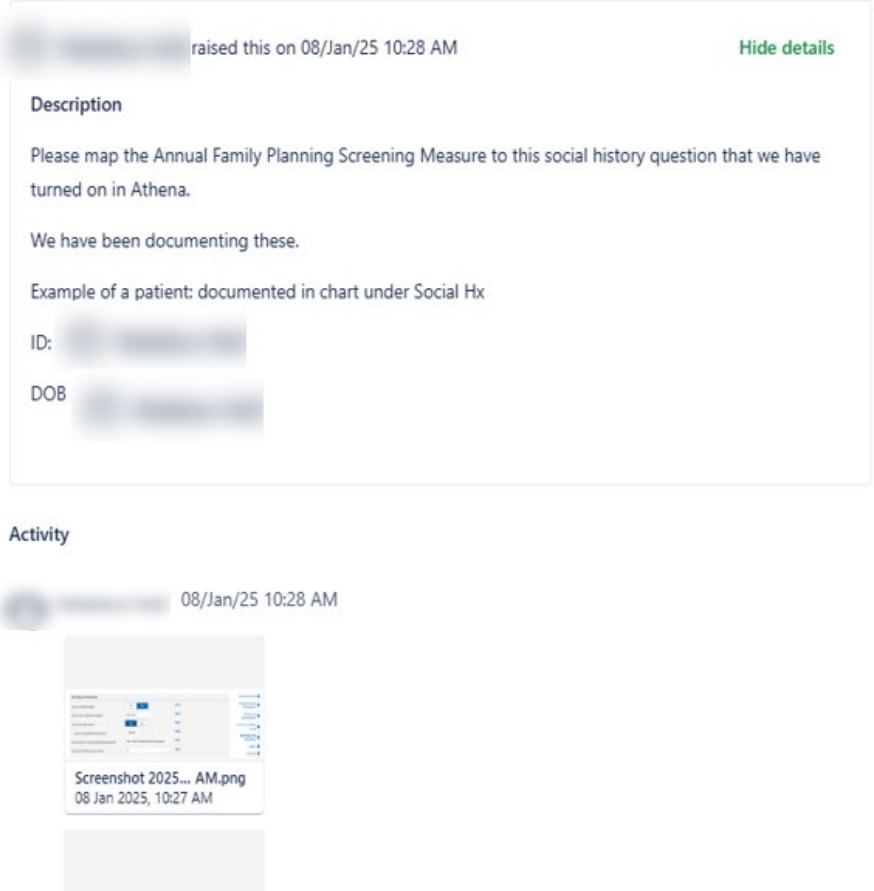
Azara Support Ticket | Success!

Specific measure identified

EHR Screen shots – best practices:

- For missing patients, show the encounter AND the codes billed/charged/documented on the encounter
- For missing data, show how the documentation occurred in EHR – specific workflow if possible
- For new mapping, workflow is key to show exactly where documentation occurs and how it appears in chart
- Ideally can provide both a “positive” example and “negative”

This ticket was resolved within a few weeks



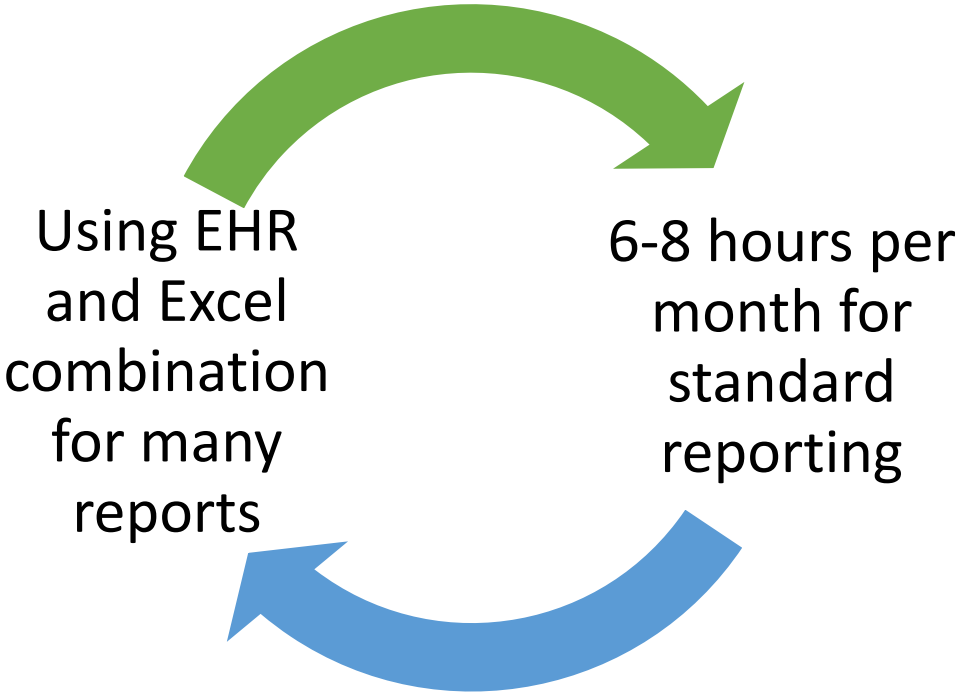
Optimization

Identify the Need

Requests for Support

- Using filters
- How to find specific patients
- Navigation to find the data
- Azara Office Hours
- Dashboard vs. Scorecards

Needs Assessment



Clinical Staff

Not using data at point of service

Clinical staff unsure how to use data to drive change

Data was not relevant –“How does this help me?”

Usage Reports

Primary reports utilized: CQM scorecards or UDS reports

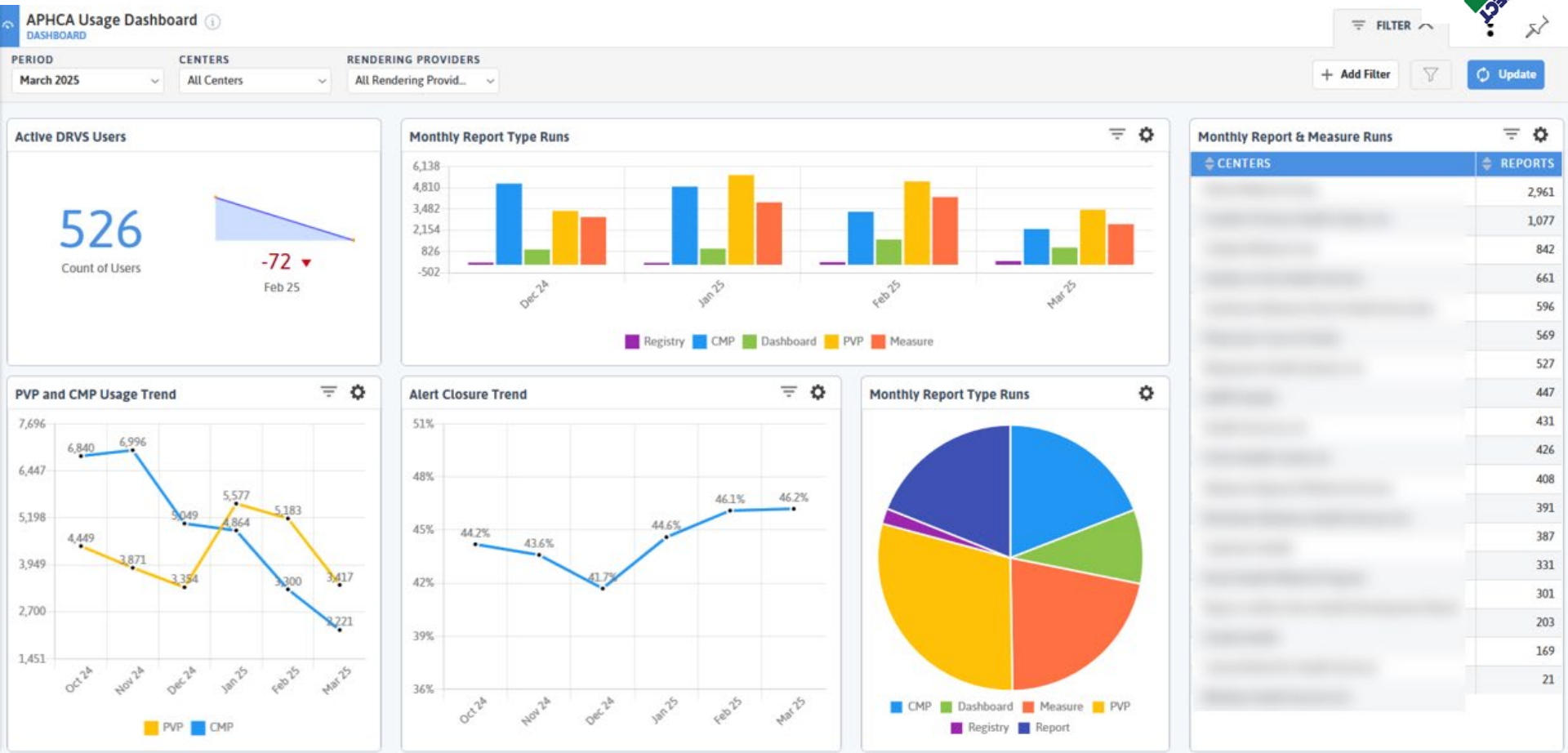
Breaking out by center and then by user helped to identify trends

Using the module filters!

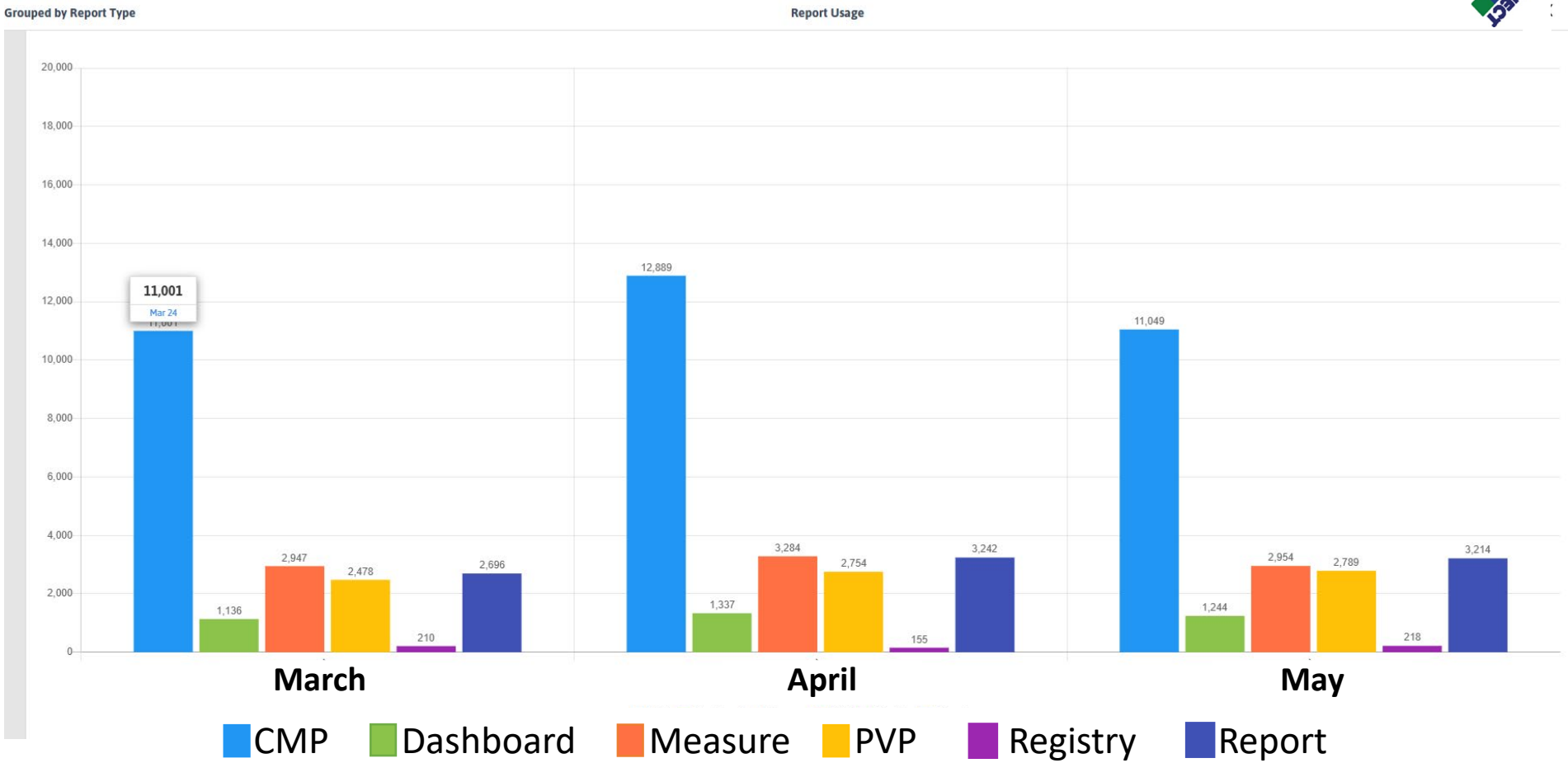
While CMP and PVP usage were higher, the other aspects of DRVS were underutilized

Primarily quality staff utilizing DRVS

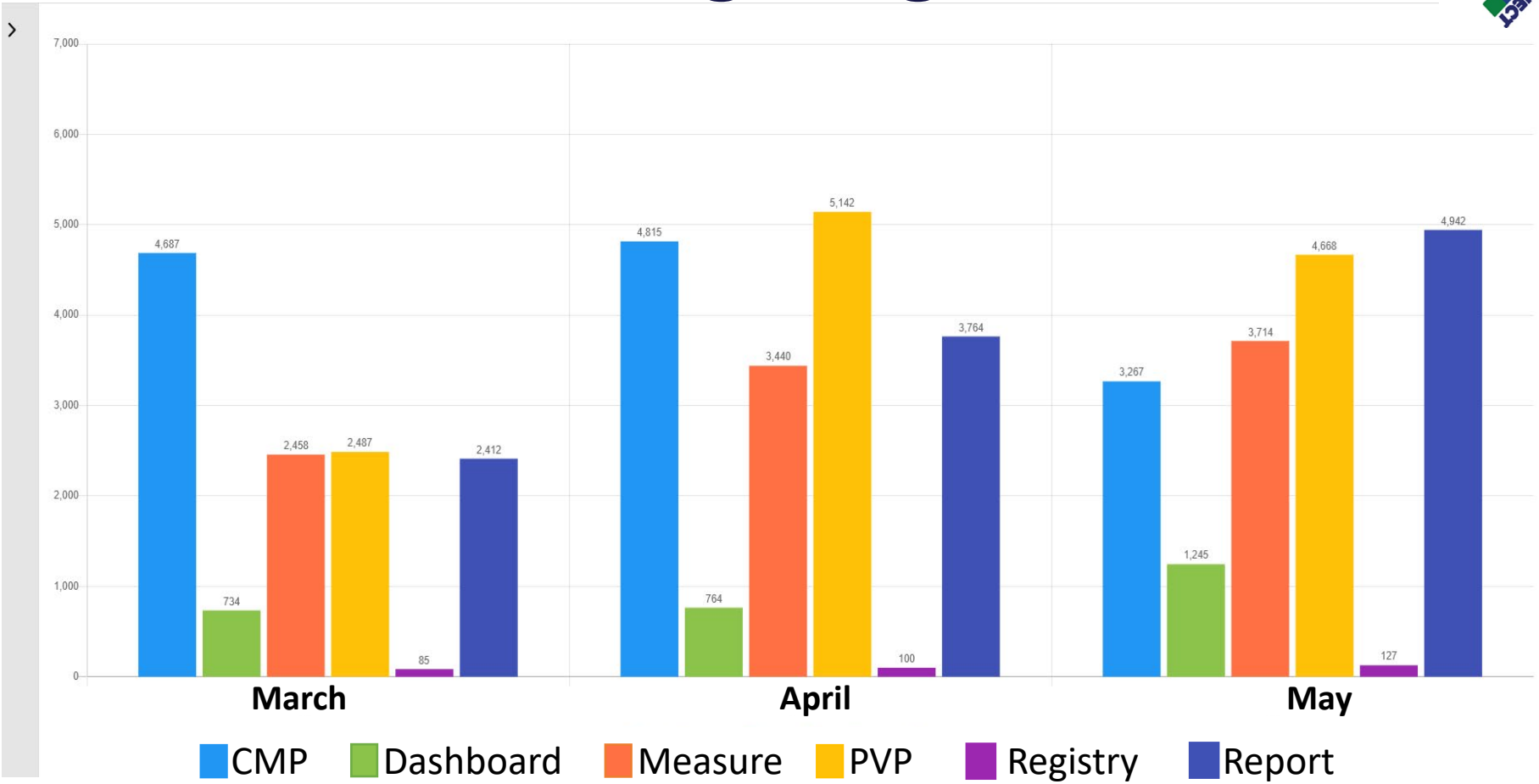
Network Usage Dashboard



Starting Out



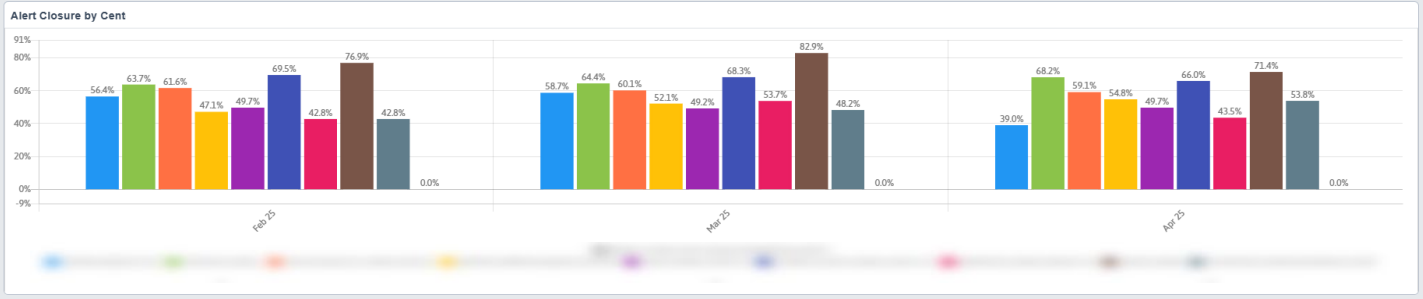
Making Progress

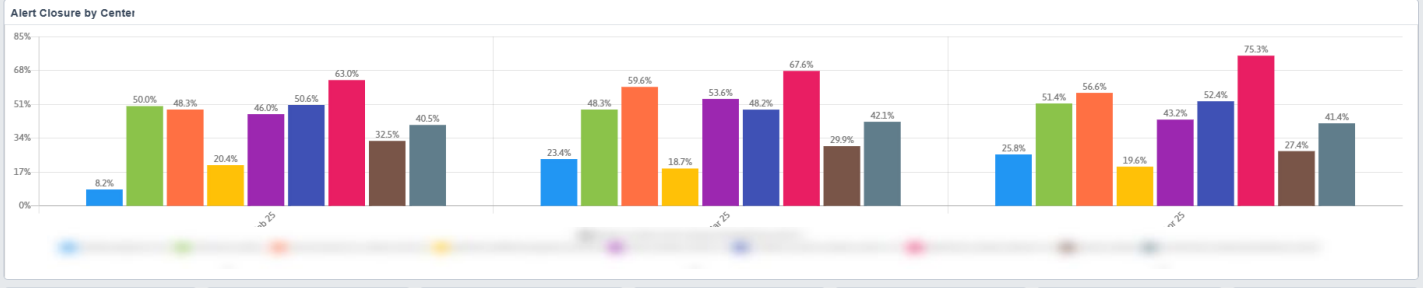


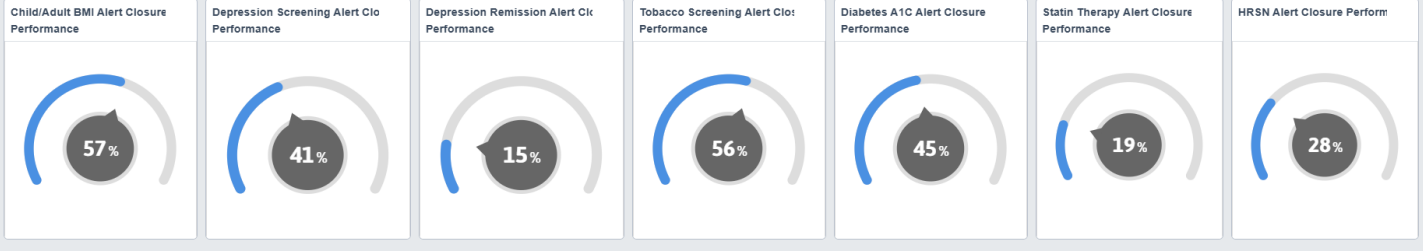
Reporting to Leadership

Leadership Alert Closure

APHCA Alert Closure Board Dashboard







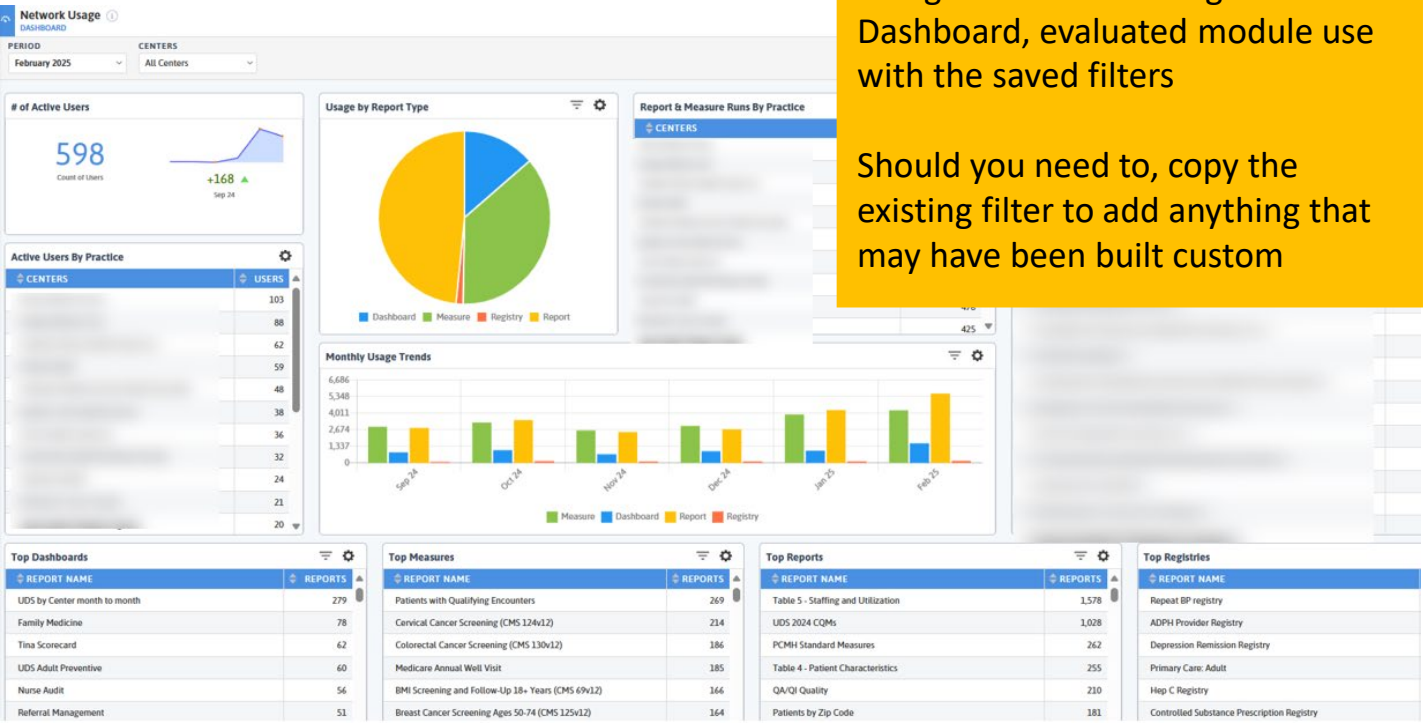
DRVS Usage Reports | By Type

TYPE	NAME	FIRST RUN	LAST RUN	DISTINCT USERS ↑	REPORTS GENERATED
Report	Patient Visit Planning (PVP)	10/01/2024	10/31/2024	293	4,446
Report	UDS 2024 CQMs	10/01/2024	10/31/2024	61	1,114
Report	Care Management Passport (CMP)	10/01/2024	10/31/2024	49	6,837
Measure	Cervical Cancer Screening (CMS 124v12)	10/01/2024	10/31/2024	37	126
Measure	Breast Cancer Screening Ages 50-74 (CMS 125v1...	10/01/2024	10/31/2024	36	262
Measure	Colorectal Cancer Screening (CMS 130v12)	10/02/2024	10/31/2024	31	100
Measure	Diabetes A1c > 9 or Untested (CMS 122v12)	10/01/2024	10/29/2024	27	83
Measure	Screening for Depression and Follow-Up Plan (C...	10/01/2024	10/31/2024	23	128
Measure	Hypertension Controlling High Blood Pressure (...	10/01/2024	10/30/2024	23	57
Measure	Childhood Immunization Status (CMS 117v12)	10/01/2024	10/31/2024	19	69
Measure	BMI Screening and Follow-Up 18+ Years (CMS 6...	10/01/2024	10/31/2024	19	67
Measure	Tobacco Use: Screening and Cessation (CMS 138...	10/01/2024	10/31/2024	18	68
Measure	Patients with Qualifying Encounters	10/01/2024	10/31/2024	17	370
Measure	Depression Remission at Twelve Months (CMS 1...	10/02/2024	10/31/2024	17	56
Measure	HIV Screening (CMS 349v6)	10/01/2024	10/29/2024	17	58
Measure	Child Weight Assessment / Counseling for Nutrit...	10/02/2024	10/31/2024	16	62
Dashboard	UDS Adult Preventive	10/01/2024	10/31/2024	15	21
Dashboard	UDS by Center month to month 2024	10/01/2024	10/30/2024	15	97
Report	Table 4 - Patient Characteristics	10/01/2024	10/30/2024	15	76
Report	QA/QI Quality	10/02/2024	10/31/2024	14	290

DRVS Usage Reports | Remove PVP + CMP

TYPE	DISPLAY NAME	DATE	COUNT
Report	Provider Quality- Family Practice	10/01/2024	2
Measure	Completed Referrals	10/01/2024	4
Registry	Hep C Screening - Aly	10/01/2024	1
Measure	Early Entry Into Prenatal Care (UDS)	10/01/2024	3
Registry	HIV Screenings - Aly	10/01/2024	1
Report	UDS 2024 CQMs	10/01/2024	21
Registry	OUD pts - Aly	10/01/2024	1
Measure	Annual Family Planning and Contraception Scre...	10/01/2024	2
Measure	Low Birth Weight - UDS 7a	10/01/2024	1
Measure	Childhood Immunization Status (CMS 117v12)	10/01/2024	1
Report	UDS 2024 CQMs	10/01/2024	1
Measure	Diabetes A1c > 9 or Untested (CMS 122v12)	10/01/2024	1
Measure	UDS Qualifying Encounters	10/01/2024	5
Measure	Patients with Qualifying Encounters	10/01/2024	4
Measure	Breast Cancer Screening Ages 50-74 (CMS 125v1...	10/01/2024	19
Report	OB Pregnancy Episode Summary	10/01/2024	1
Measure	Cervical Cancer Screening (CMS 124v12)	10/01/2024	4
Measure	Alert Closure - Point of Care (POC)	10/01/2024	7
Registry	Social Drivers of Health (SDOH)	10/01/2024	1
Measure	Social Drivers of Health Assessment Recorded	10/01/2024	5

Module Usage & Saved Filters



Using the Network Usage Dashboard, evaluated module use with the saved filters

Should you need to, copy the existing filter to add anything that may have been built custom

Saved Filters | + Add New

MY FILTERS

No Saved Filters

SHARED FILTERS

- Transitions of Care - Module Usage
- Referral Management - Module Usage
- Controlled Substance - Module Usage
- Fin Ops - Module Usage
- HIV - Module Usage
- Hep C - Module Usage
- Payer Integration - Module Usage
- Dental - Module Usage
- SDOH - Module Usage
- Risk - Module Usage

Optimization Process

Start with wide net

Drill down to pointed questions

List and provide a copy of reports they pull routinely

Discussion group with quality and clinical

Biggest pain point – what takes the longest?

Draw it out

Targets and Goal Setting

TARGETS - Method to our madness?

- Are we setting goals with a plan or just using the path of least resistance?
- Why does specific goal setting planning matter?
  - Setting goals helps us assess where we currently are and to envision the future
  - Provides direction
  - Improves focus
  - Tool for motivation

Where Do We Start?

Where are the Gaps?

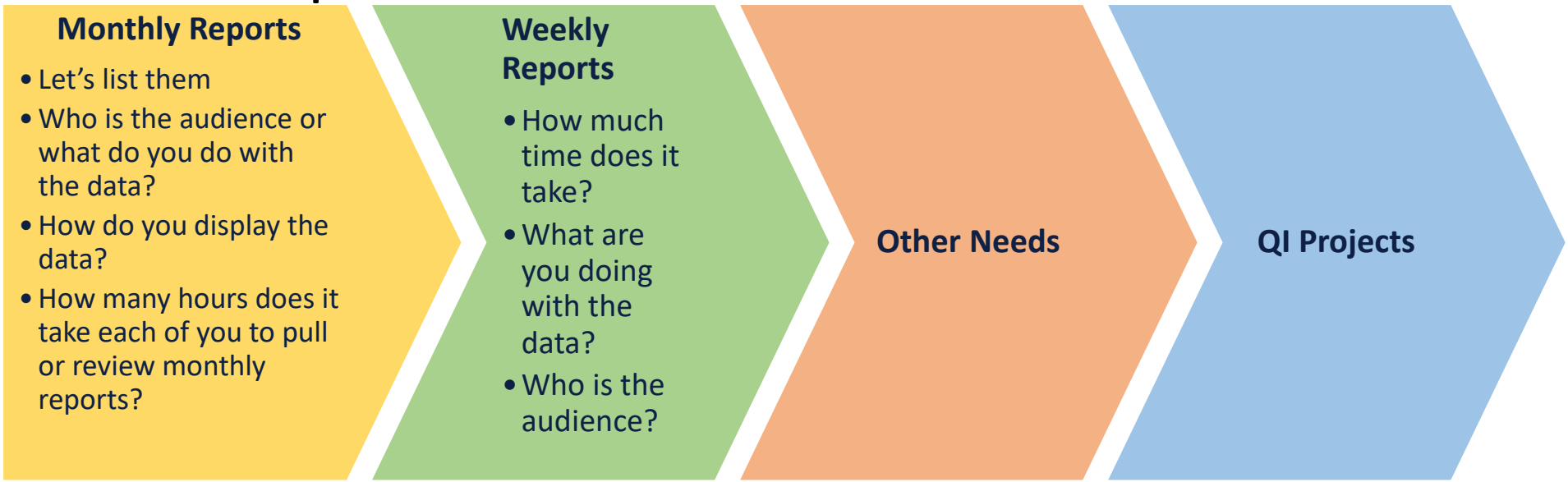
MEASURE	RESULT	CHANGE
Childhood Immunization Status (CMS 117v12)	0.0%	0.0%
Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v12)	18.8%	- 3.2% ▼
BMI Screening and Follow-Up 18+ Years (CMS 69v12)	89.9%	+ 3.5% ▲
Depression Remission at Twelve Months (CMS 159v12)	0.0%	0.0%
Screening for Depression and Follow-Up Plan (CMS 2v13)	0.4%	- 0.4% ▼
Tobacco Use: Screening and Cessation (CMS 138v12)	85.1%	- 0.8% ▼
Colorectal Cancer Screening (CMS 130v12)	7.4%	+ 1.2% ▲
Cervical Cancer Screening (CMS 124v12)	4.5%	- 0.2% ▼
Breast Cancer Screening Ages 50-74 (CMS 125v12)	17.8%	+ 0.3% ▲
Hypertension Controlling High Blood Pressure (CMS165v12)	70.1%	+ 2.6% ▲
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v7)	80.1%	+ 1.0% ▲
Diabetes A1c > 9 or Untested (CMS 122v12)	19.7%	- 0.5% ▼
IVD Aspirin Use (CMS 164v7)	71.8%	- 7.9% ▼
HIV Screening (CMS 349v6)	3.9%	+ 1.6% ▲
HIV and Pregnant	0.0%	0.0%
HIV Linkage to Care	0.0%	0.0%
Dental Sealants for Children between 6-9 Years (CMS 277v0)	0.0%	0.0%

Getting Data into Greenway Discussion

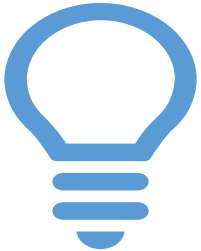
Scanning Discussion

Optimization Process

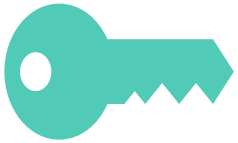
Discussion Examples:



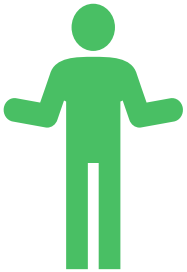
Making Data Come to Life



Giving real time view and idea of what they are looking for



In person was key



The “dream” – what have you always wanted to see?

Follow up sessions

Ongoing Work

Training and Understanding

- Azara data is vast!
- Initial Implementation Training specifically functional
- Easy to use what you are comfortable with only
- Data can't drive quality if you don't explore it!

Training Plan

Face to Face

- Initial data validation training
- Walk through questions
- Identify modules under-utilized
- Role based uses

Ongoing sessions

- Validation
- Training
- Workflow identification

Role Based Discussions

Registration Staff

- Discuss workflow – what do they collect, document, scan?
- How is information communicated to clinical staff?
- Do they have appointment type template? (example AWV take longer)
- What feedback on performance do they receive?
- Are they involved with huddles?

Medical Assistant/Intake

- Discuss workflow – what do they collect, document, scan?
- How is "positive" information communicated to clinical staff?
- Do they have template or standard for what to collect? (Health Related Social Needs, Depression, etc)
- Do they have tools to identify care gaps?
- Are they involved with huddles?
- Standing orders?
- What do they do if the patient says they visited ED or another specialist?
- What feedback on performance do they receive?

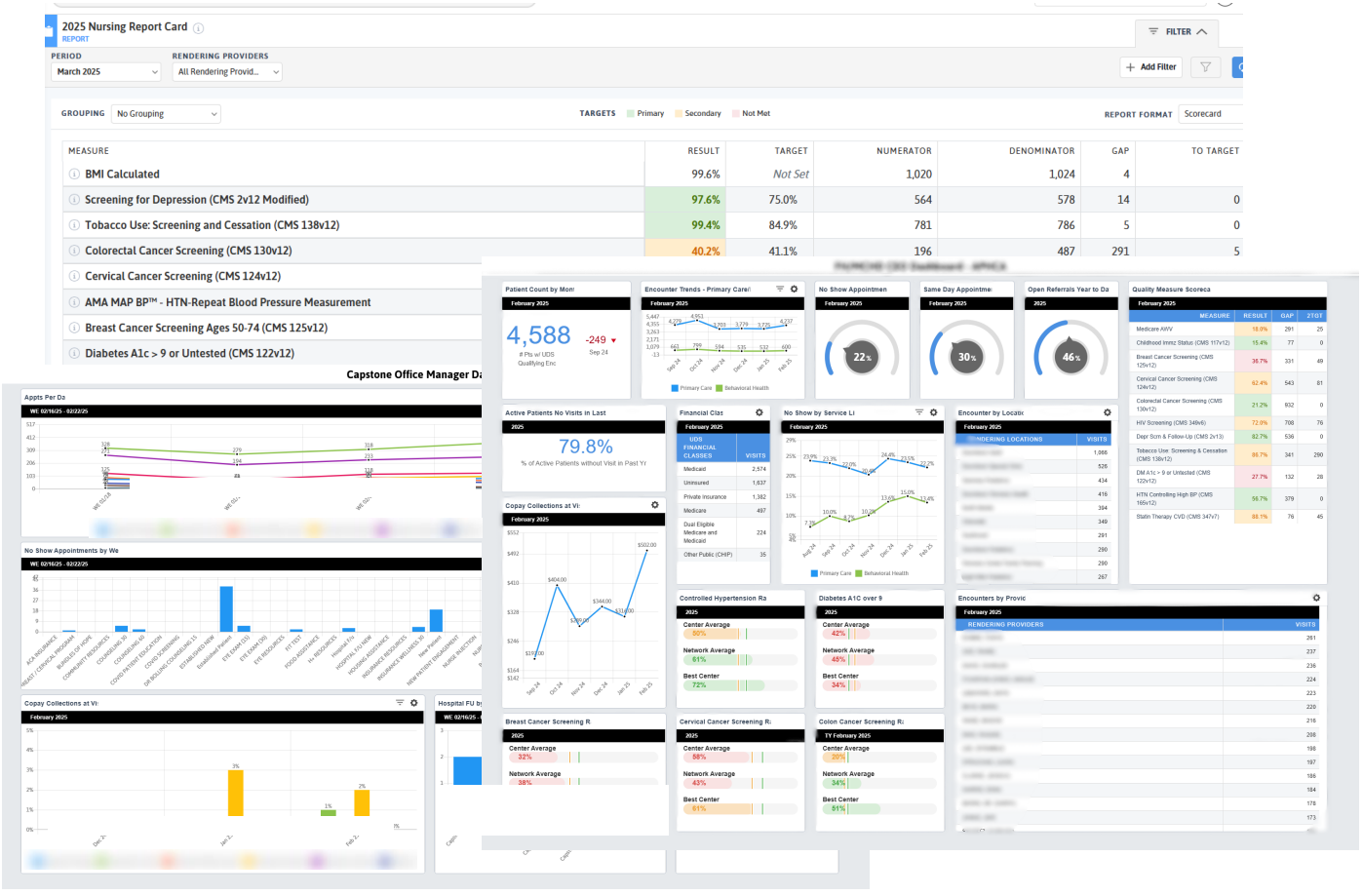
Follow up/Care Coordination

- Discuss workflow – what do they collect, document, scan?
- What is documented in EHR?
- How are referral follow ups documented and scanned?
- What is process for documenting Health Related Social Needs referrals – and how is that ongoing follow up?
- What feedback on performance do they receive?
- Are they involved with huddles?

Provider Staff

- Discuss workflow – what do they collect, document, review
- How is information communicated to clinical staff?
- Do they have appointment type template? (example AWV take longer)
- What feedback on performance do they receive?
- Are they involved with huddles?

Custom Builds Based on Center Needs



Custom Nursing Scorecard

2025 Nursing Report Card

REPORT

FILTER

PERIOD: March 2025

RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

GROUPING: No Grouping

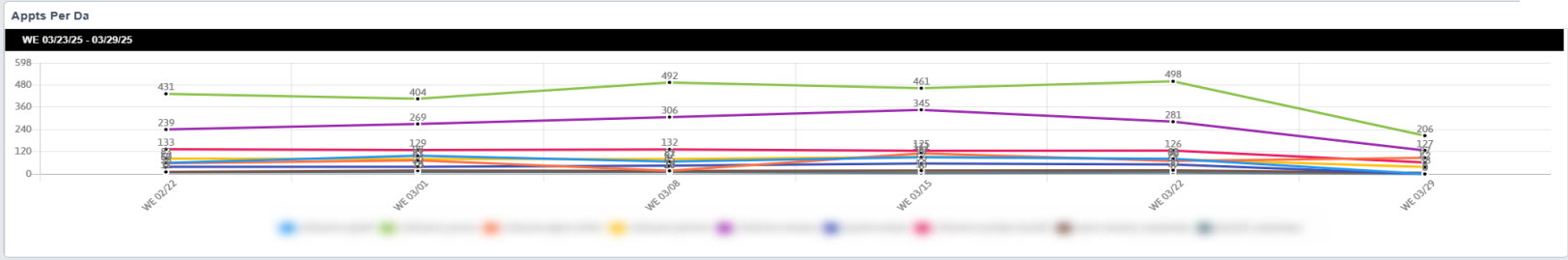
TARGETS: Primary | Secondary | Not Met

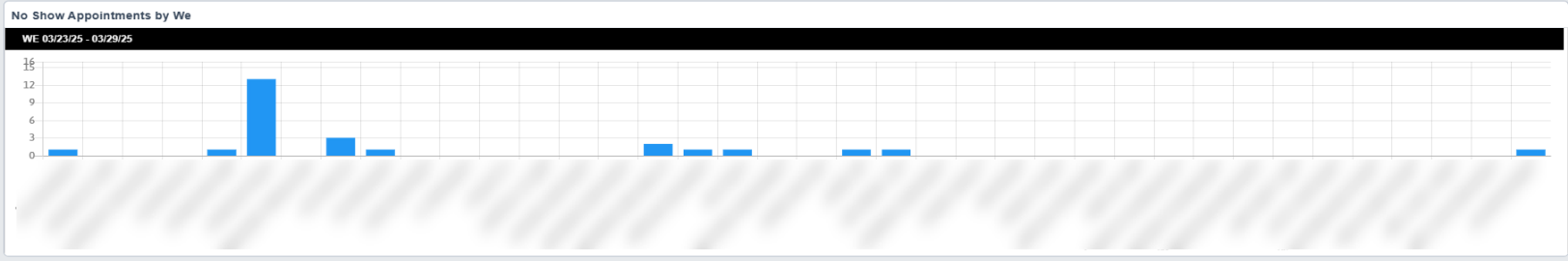
REPORT FORMAT: Scorecard

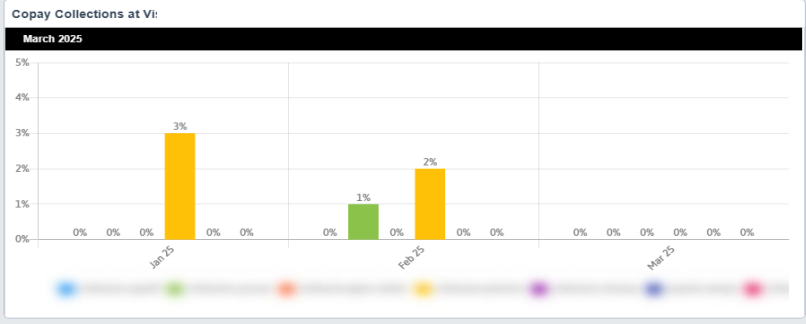
MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	GAP	TO TARGET
BMI Calculated	99.7%	*Not Set*	1,503	1,507	4	
Screening for Depression (CMS 2v12 Modified)	98.6%	75.0%	821	833	12	0
Tobacco Use: Screening and Cessation (CMS 138v12)	99.2%	84.9%	1,155	1,164	9	0
Colorectal Cancer Screening (CMS 130v12)	41.0%	41.1%	286	697	411	1
Cervical Cancer Screening (CMS 124v12)	56.7%	54.9%	255	450	195	0
AMA MAP BP™ - HTN-Repeat Blood Pressure Measurement	84.4%	50.0%	152	180	28	0
Breast Cancer Screening Ages 50-74 (CMS 125v12)	59.1%	52.4%	179	303	124	0
Diabetes A1c > 9 or Untested (CMS 122v12)	27.0%	29.0%	92	341	92	0

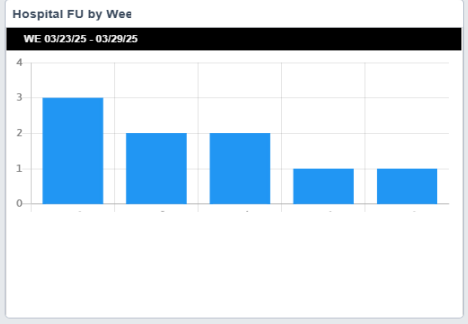
Custom Front Desk Dashboard

Office Manager Dashboard









Custom CEO Monthly Dashboard

Lessons Learned

Lessons Learned

- Train, train, and more train
- Easy to overwhelm staff again
- When possible, face-to-face is best
- Competing priorities will always exist
- Start with low-hanging fruit
- Momentum is built when you can show wins early!

“Continuous improvement is better than delayed perfection.”

-Mark Twain

We Are

A P H C A

CONTACT US

www.alphca.com

334.271.7068

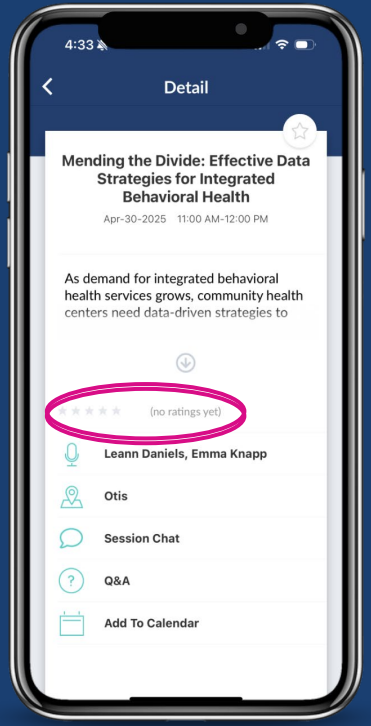
8244 Old Federal Road, Montgomery AL 36117

azara 2025
USER CONFERENCE APR 29–MAY 1 | BOSTON, MA

Questions?

We want to hear from you!

Click on the session from your agenda in the conference app.
Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy

Provide brief feedback or ideas

Rate the session and the speaker(s)

Help us continue to improve

Achieve, Celebrate, Engage!

ACE'd it? Share your DRVS success story and become an Azara ACE!

azara healthcare

ACE Program

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Potential to be featured at next year's Azara User Conference
- Win Azara swag!

Submit your success story by completing the form at this link.

azara 2025
USER CONFERENCE APR 29–MAY 1 | BOSTON, MA

Thanks for attending!