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

DRVS' Best Kept Secrets

Optimizing DRVS for Patient, Performance, and Population Health Management

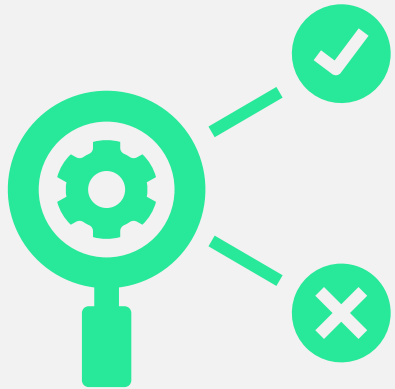
Today’s Presenters

Danielle Harvey
Sr. Clinical Improvement Specialist, Clinical Transformation

Shannon Gallant
Product Manager, Product Management

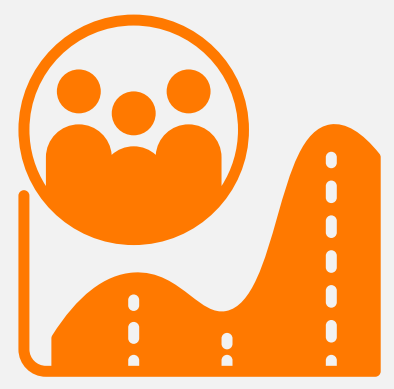
COMING CLEAN

These are not secrets we're intentionally keeping but secrets we're eager to share with the world!



PERFORMANCE MANAGEMENT

Highlight backend configuration opportunities that can streamline your reporting processes.



POPULATION MANAGEMENT

Track health outcomes over time for populations of your choice with custom Care Effectiveness Reports.

Coming Clean

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Secrets secrets are no fun…

Unless you share with everyone!

Overview

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Performance Management

YTD Progression, Dynamic Baseline Periods, Saved Filters, Saved Columns, Pins, Group Admin, Dashboard Updates

Population Health Management

Custom Care Effectiveness Reports & Cohort Basics

Performance Management

Tools to Review

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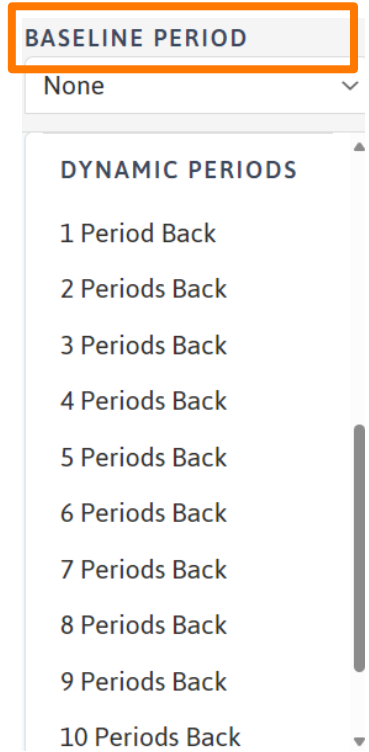
- Dynamic Baseline Periods
- Pins
- Saved Columns
- Saved & Default Filters
- Group Admin

Dynamic Baseline Periods:

Available on Scorecards & Dashboards!

- Allows users to lock in a “lookback” and to compare the period against it in both saved filters and email subscriptions
- As new periods are processed, the baseline period moves as well



Baseline Periods | Static vs. Dynamic

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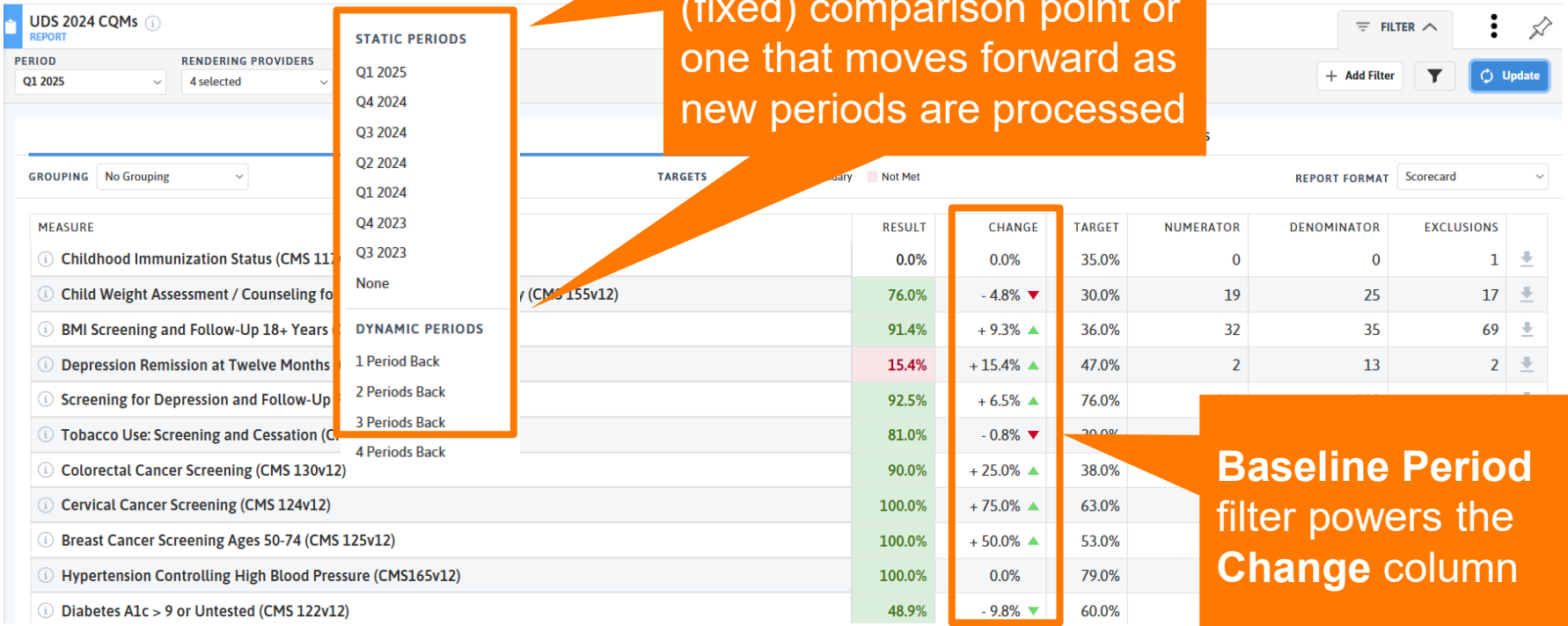
Choose from a static (fixed) comparison point or one that moves forward as new periods are processed



Baseline Period filter powers the **Change** column

YTD Progression | Measure Analyzer

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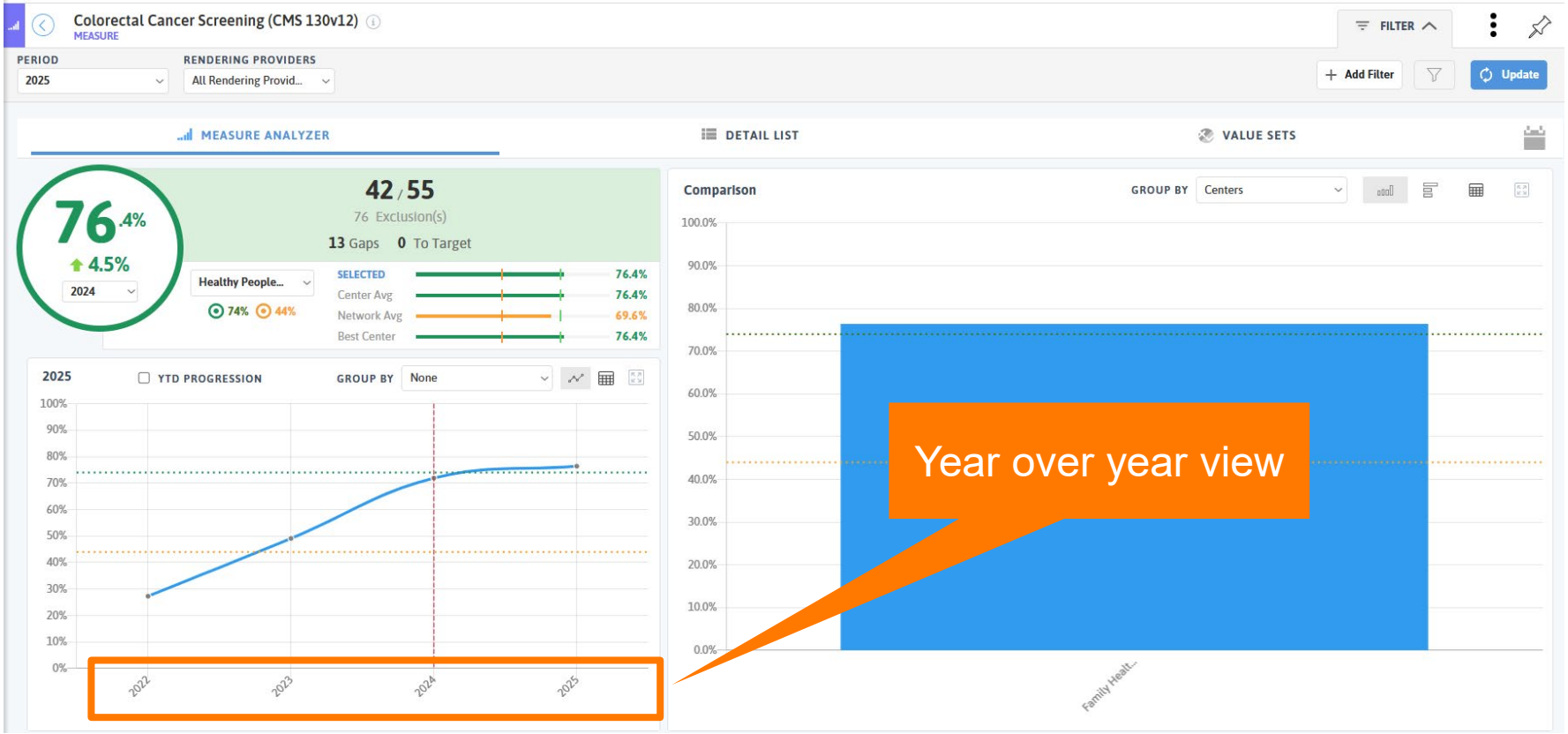

YTD Progression | Measure Analyzer

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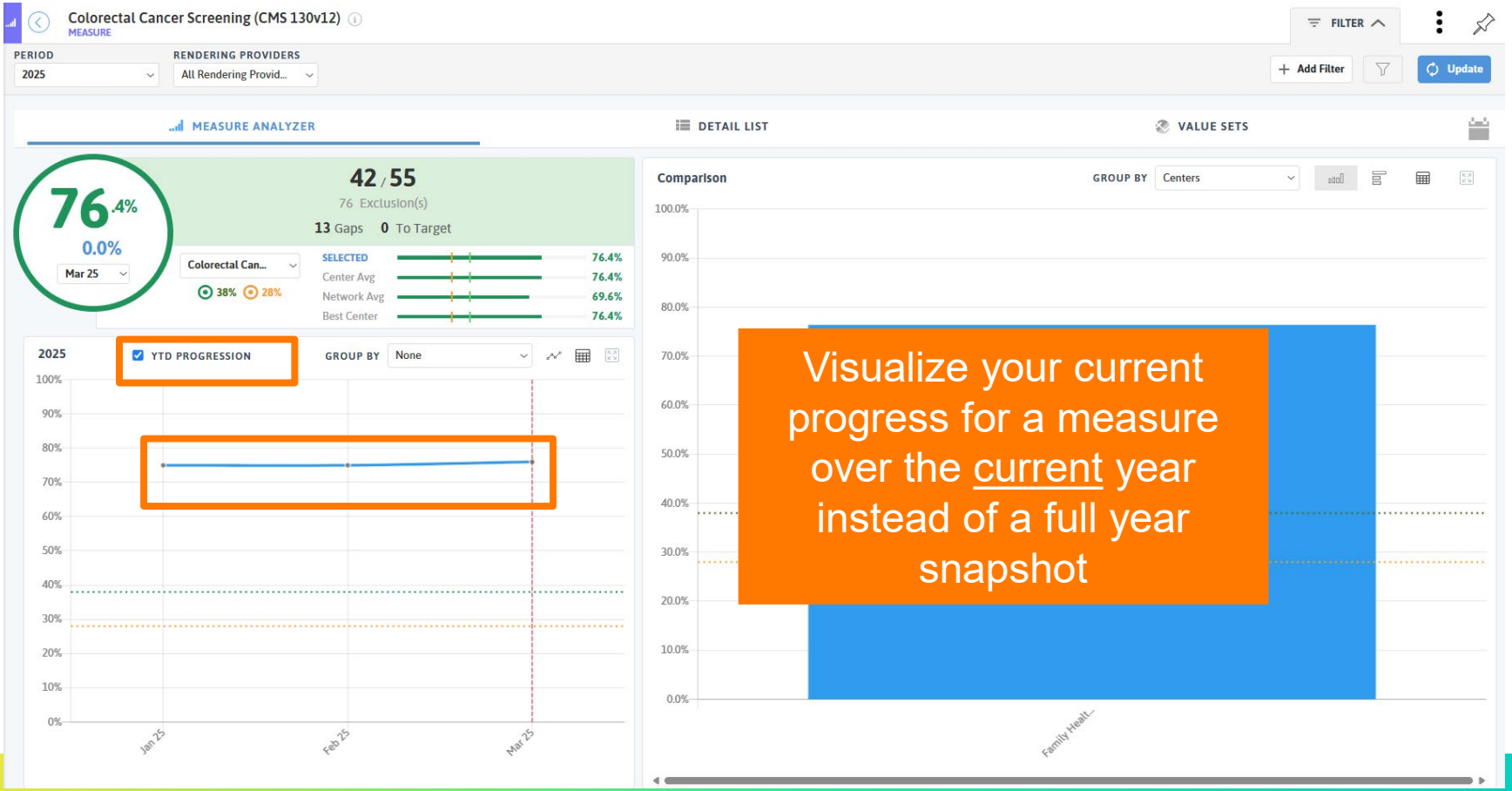

Visualize your current progress for a measure over the current year instead of a full year snapshot

Save the Searching & Sifting

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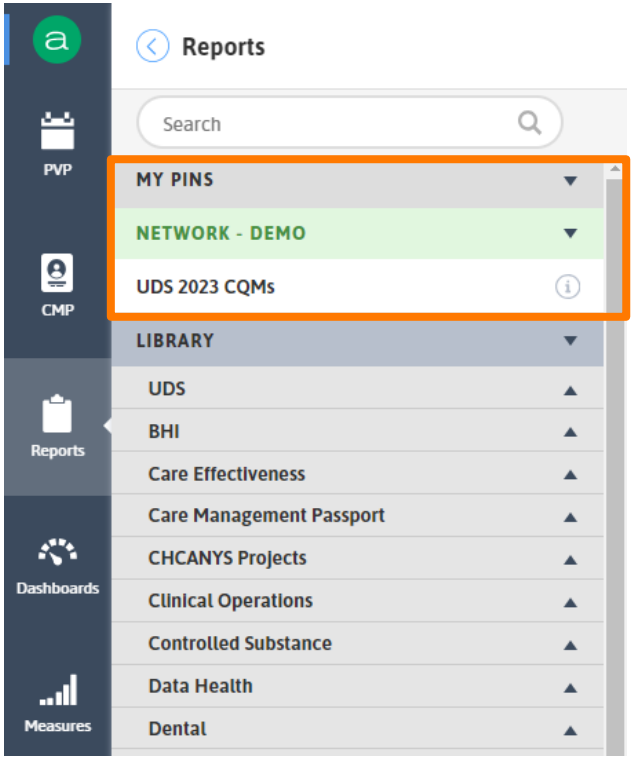
Your favorites are just **one click** away!



Pinning Reports, Registries, & Dashboards

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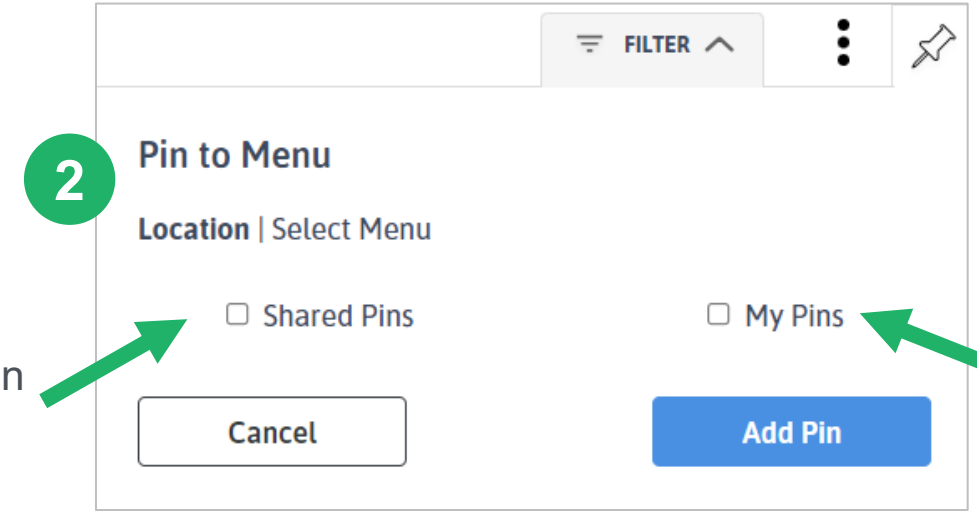
1 Start by click the thumbtack icon in the upper righthand corner



You'll see "Shared Pins" if you have pin admin. This will pin the resource for all DRVS users in your organization.

Saving to "My Pins" will put the resource in your pinned folder.

Saved Filters

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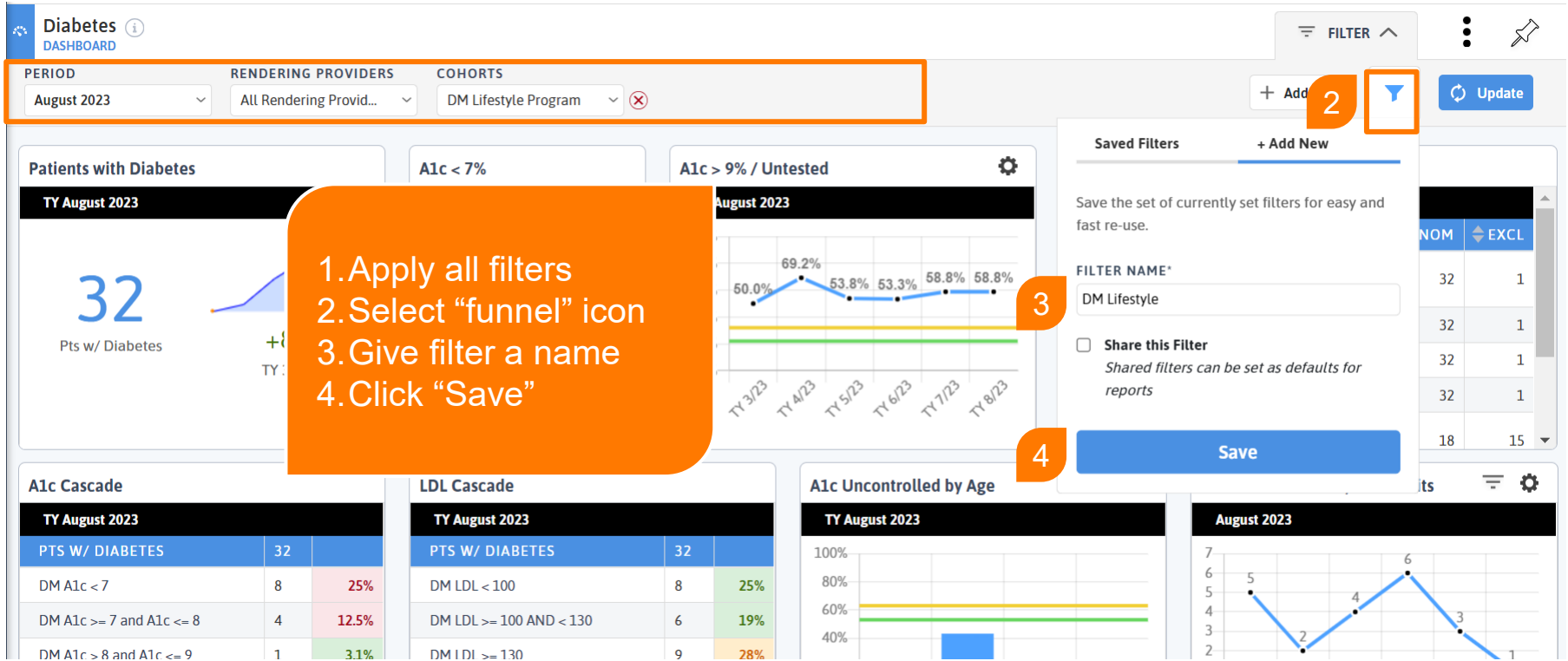

Saved Filters

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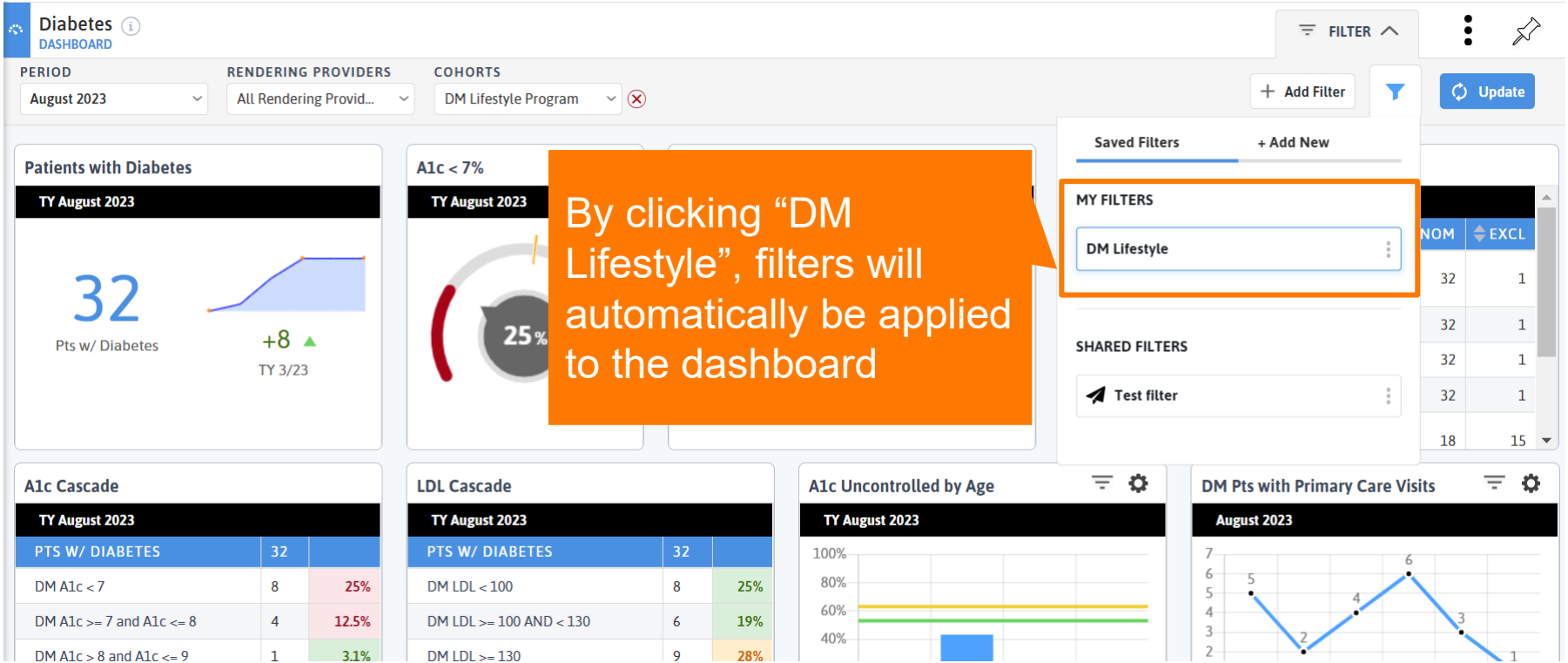

Saved Filters | Default Filter

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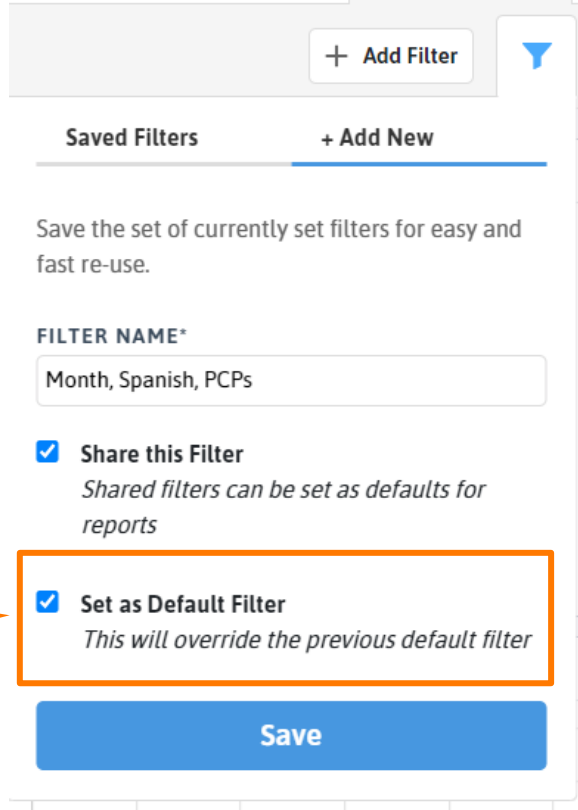
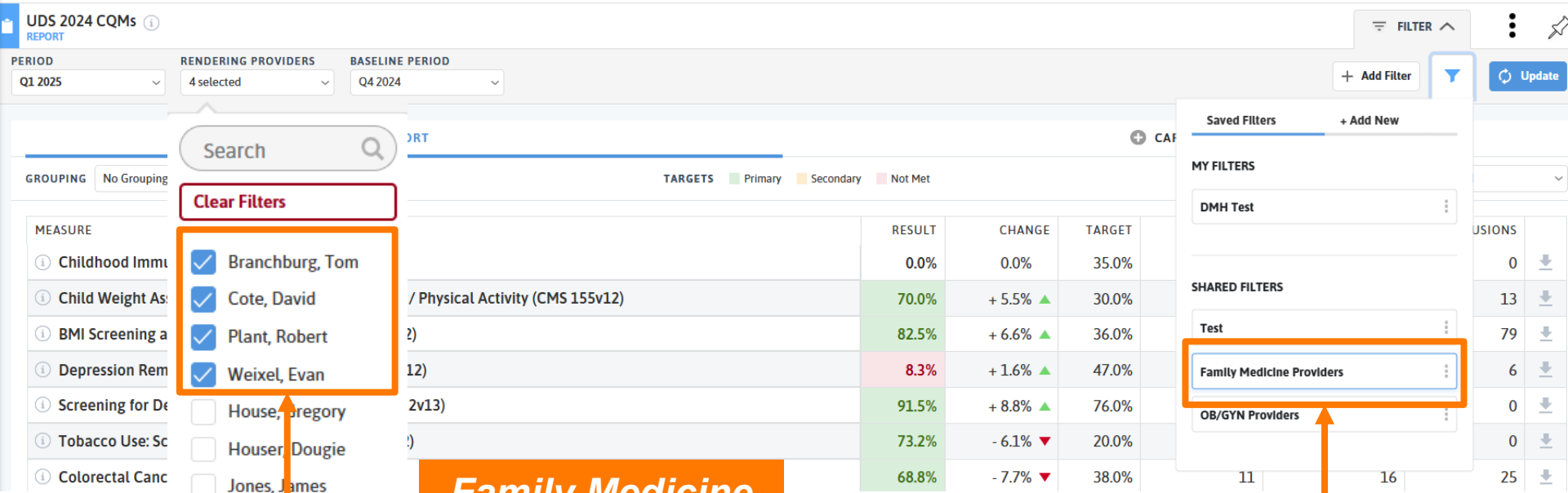
Select to lock in applied filters as the default filter on custom reports & dashboards

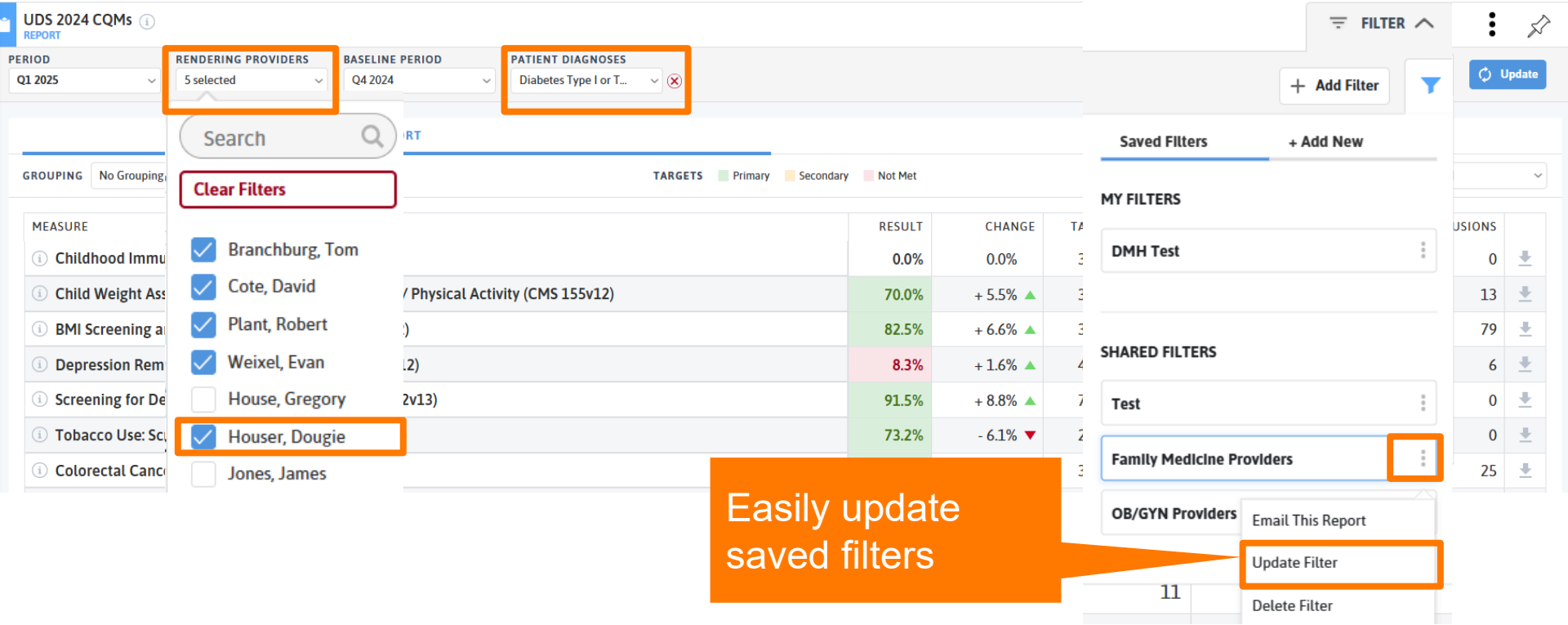


Saved Filters | Updating the Filter



Family Medicine Providers filter consisting of 4 providers

Saved Filters | Updating the Filter

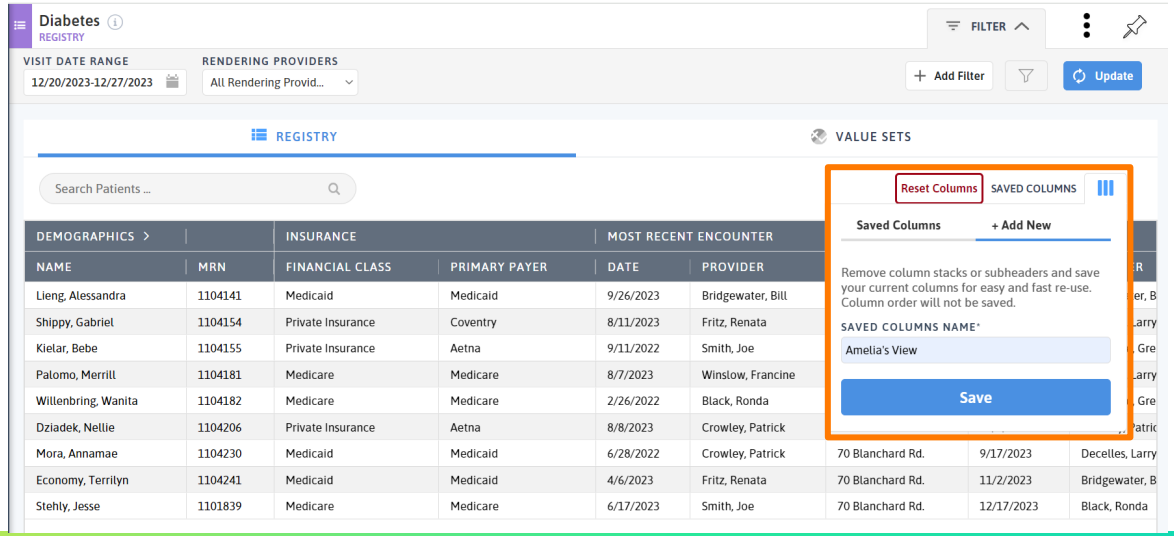


Easily update saved filters

Creating Saved Columns

SAVED COLUMNS

1. Hold down your cursor and select the column that you want to get rid of.
2. Drag the column off the registry and release. Repeat this for all the columns you want to remove.
3. Select “Saved Columns” in the righthand corner and give your “view” a name.



Reset to Personalized View with Two Clicks!

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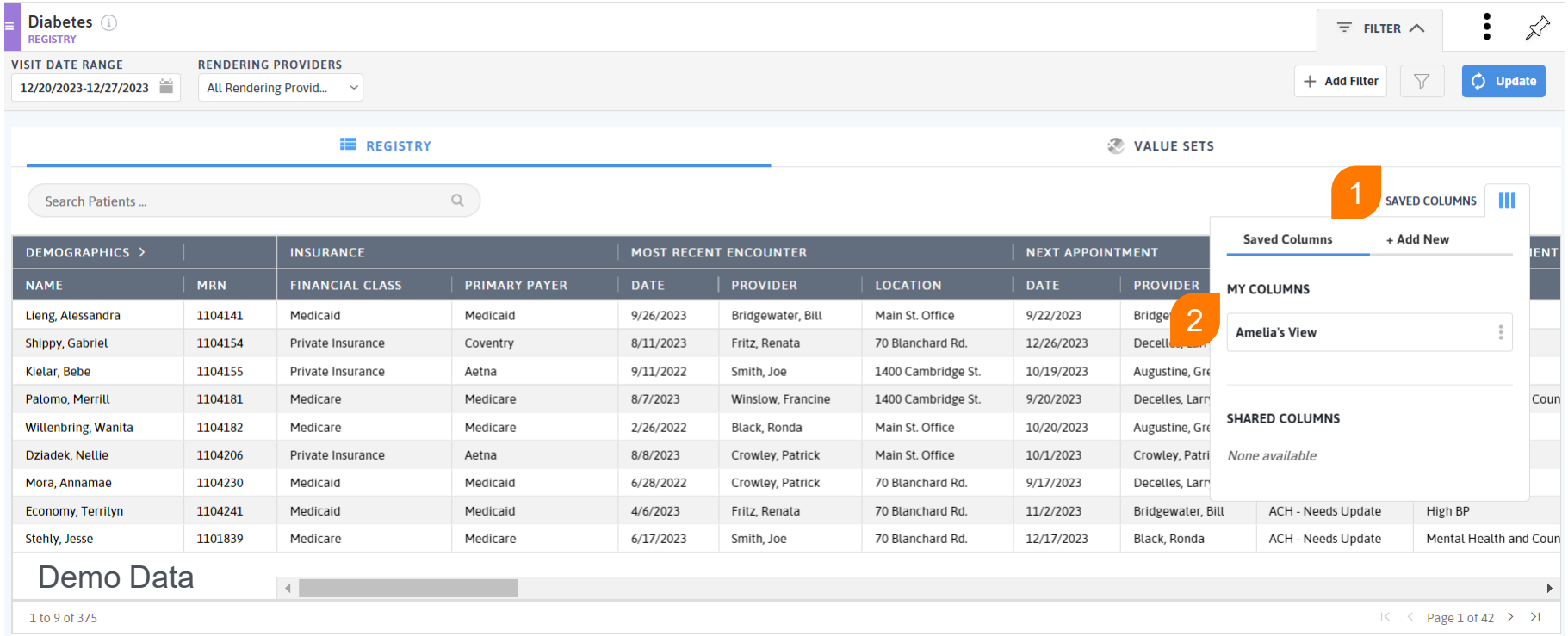

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How many of you have explored Group Admin before?

Group Admin

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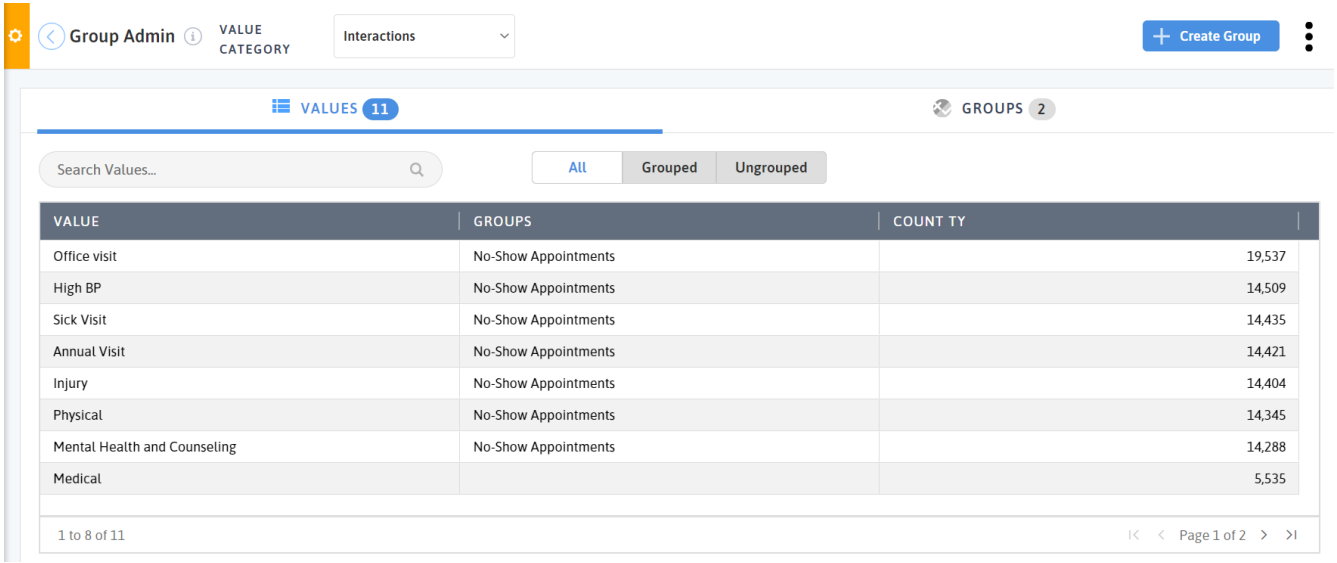
Group admin gives users the ability to create groups to **simplify filtering**. Grouping data can help you to focus on the set of values you want, while ignoring irrelevant values.

Consider:

- Financial Class
- Interactions
- Race
- Ethnicity
- Language



Group Admin | Examples

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1. Defining a single **financial class** “Medicaid group” that includes all the different Medicaid plans found in your EHR.

2. Creating an **interactions group** called “Behavioral Health” to look at all types of behavioral health visits, including both appointments and encounters.

3. Creating Dominican and Puerto Rican **ethnicity groups** to get a more granular perspective on your patient population as opposed to relying on the broader “Hispanic/Latino” UDS ethnicity group.

Race, Ethnicity & Language Groups

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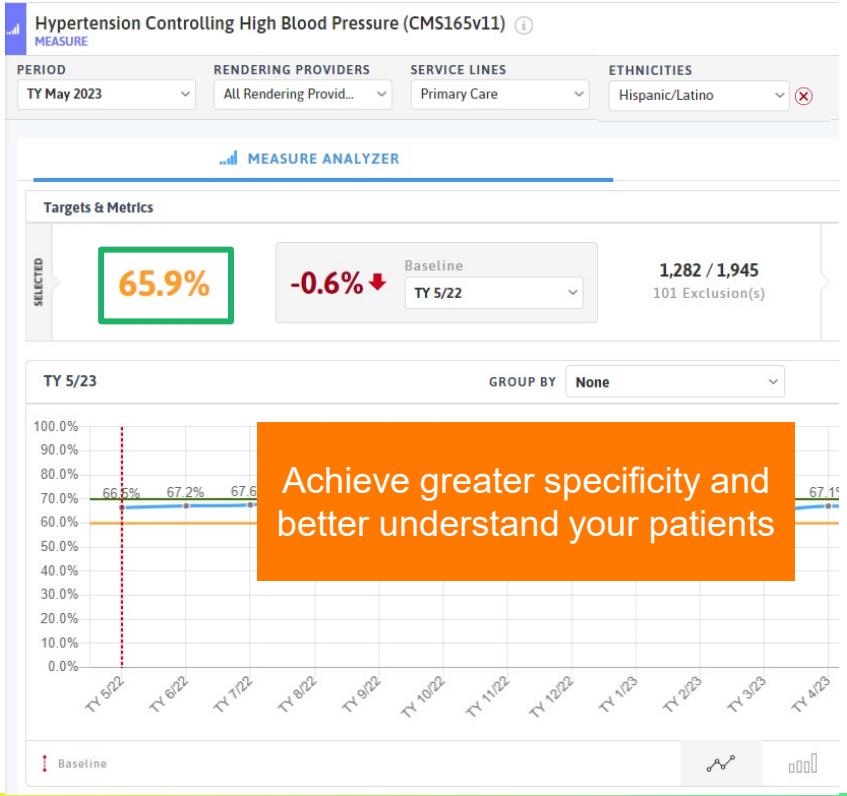
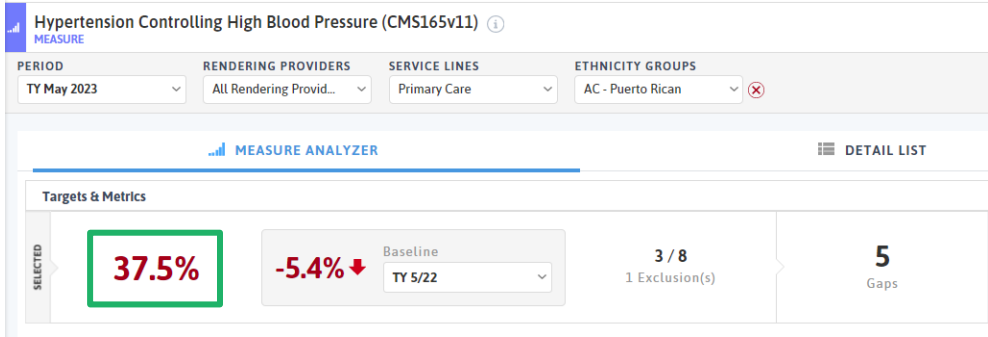
Hispanic/Latino

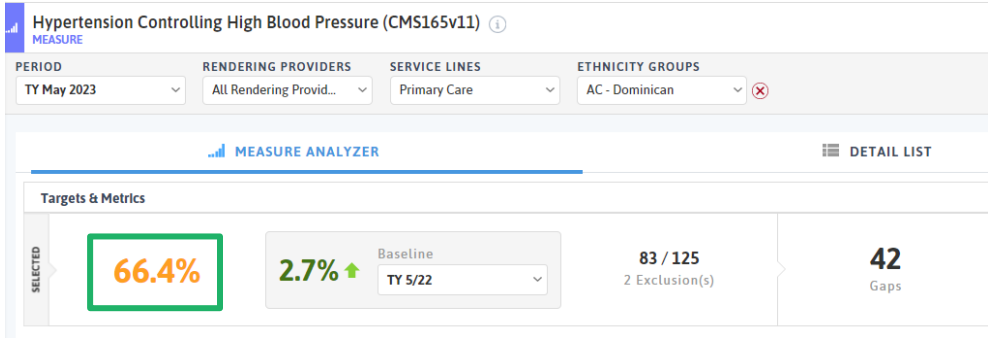


Achieve greater specificity and better understand your patients

Puerto Rican



Dominican



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No Show Appointments

MEASURE

FILTER

PERIOD: February 2025

RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

16.4%

3.1%

Feb 24

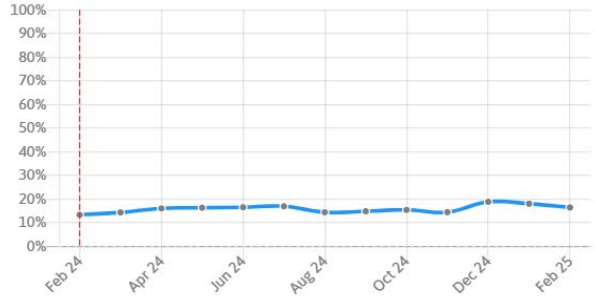
1,411 / 8,591

2,323 Exclusion(s)

Create Target

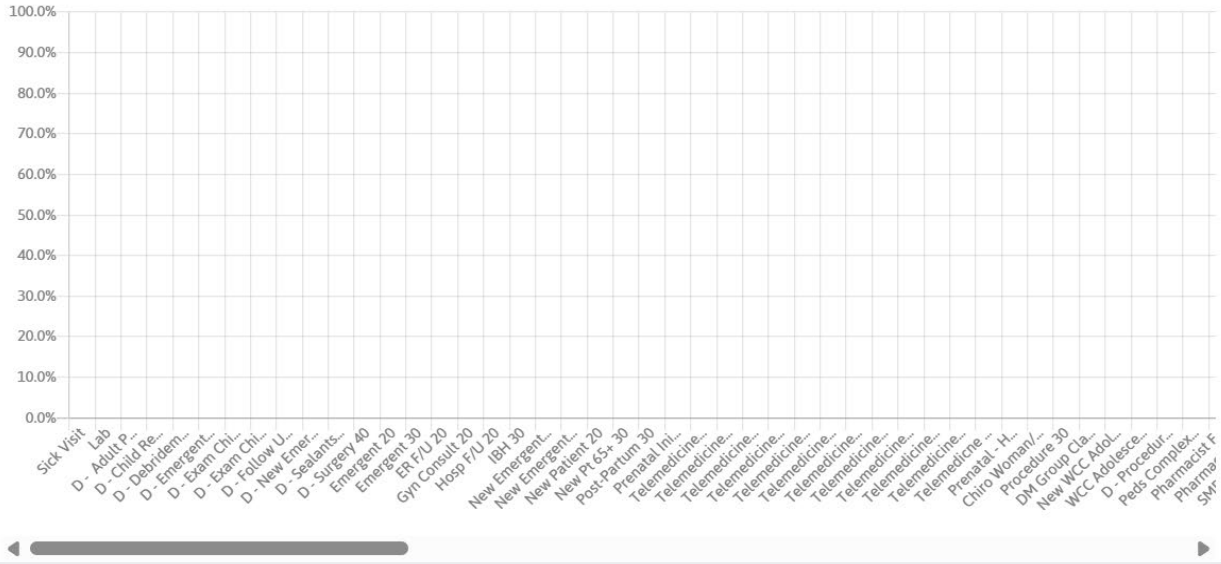
Feb 25

GROUP BY None



Comparison

GROUP BY EHR Appointment Type



azara USER CONFERENCE 2025

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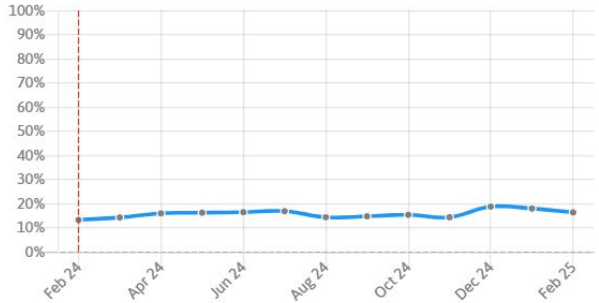
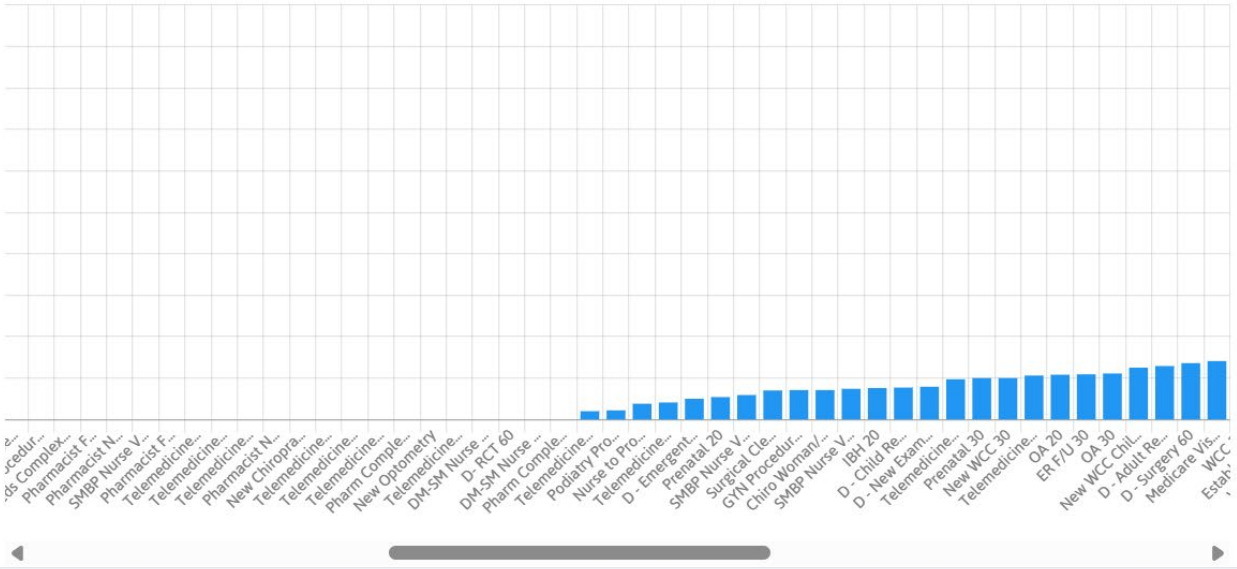


Comparison

GROUP BY EHR Appointment Type



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No Show Appointments
MEASURE

FILTER

PERIOD: February 2025
RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

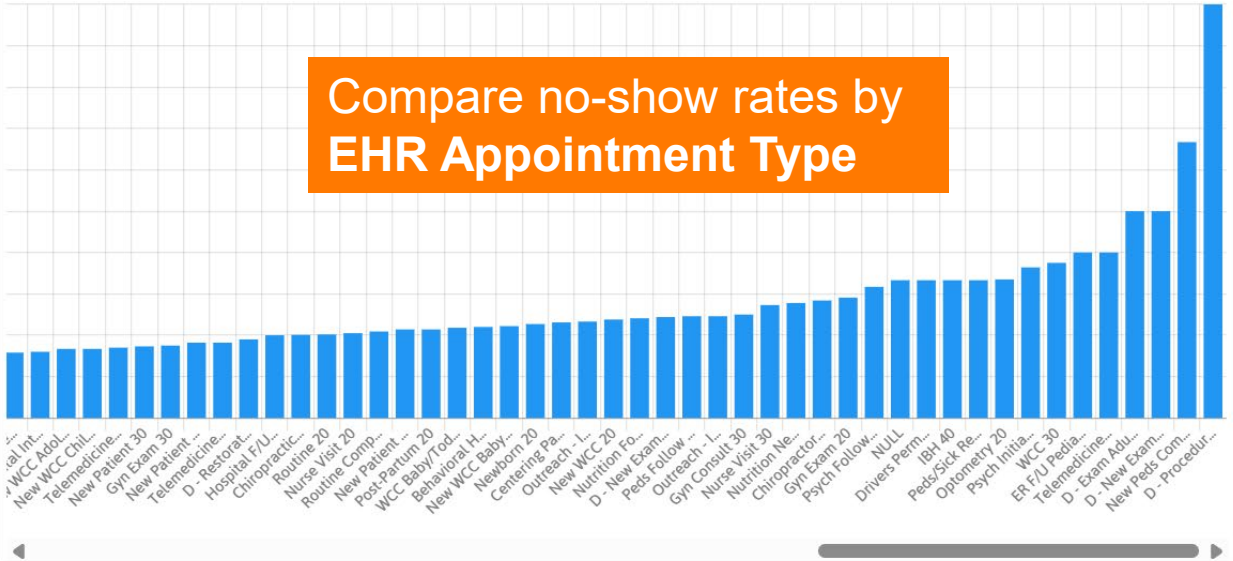
MEASURE ANALYZER | DETAIL LIST | VALUE SETS

16.4%
3.1%
Feb 24
1,411 / 8,591
2,323 Exclusion(s)
Create Target

Feb 25
GROUP BY None

Comparison
GROUP BY EHR Appointment Type

Compare no-show rates by **EHR Appointment Type**



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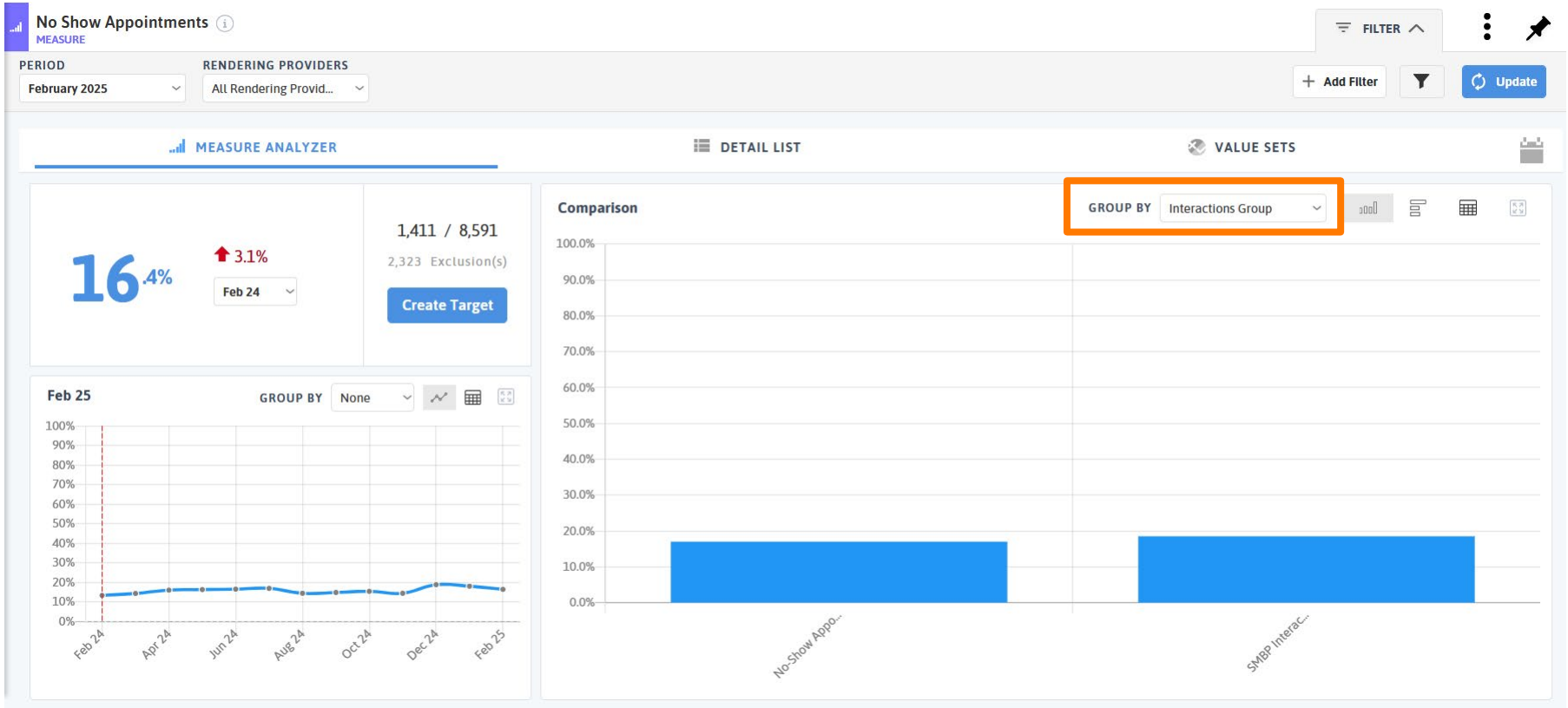

Interactions Groups

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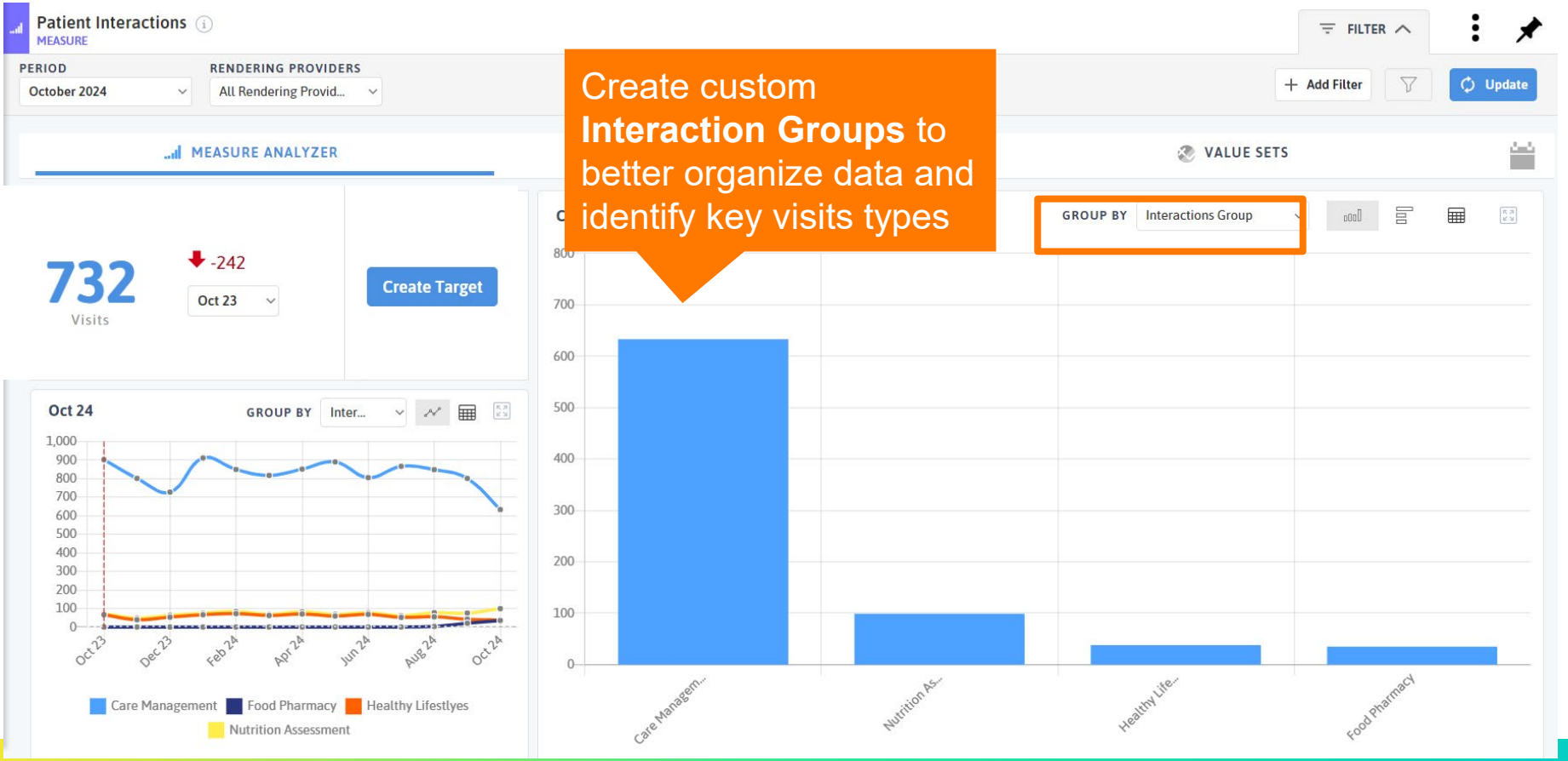

Visit Group Admin

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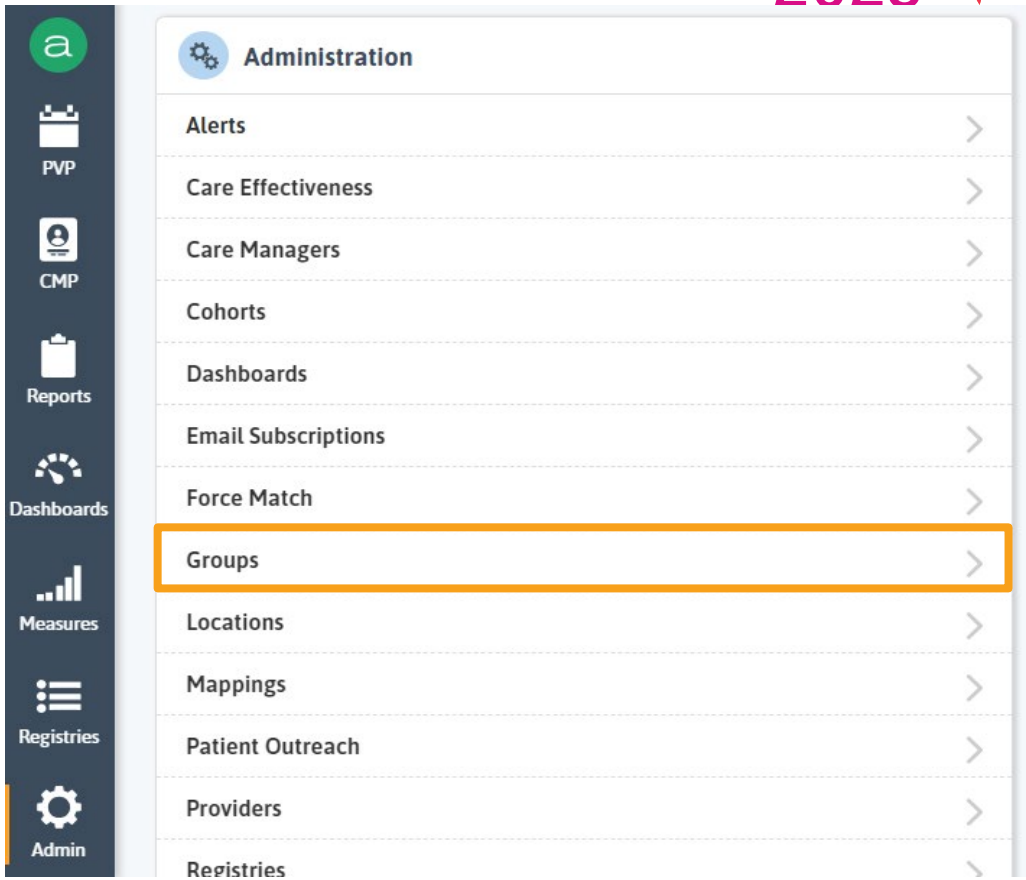
1

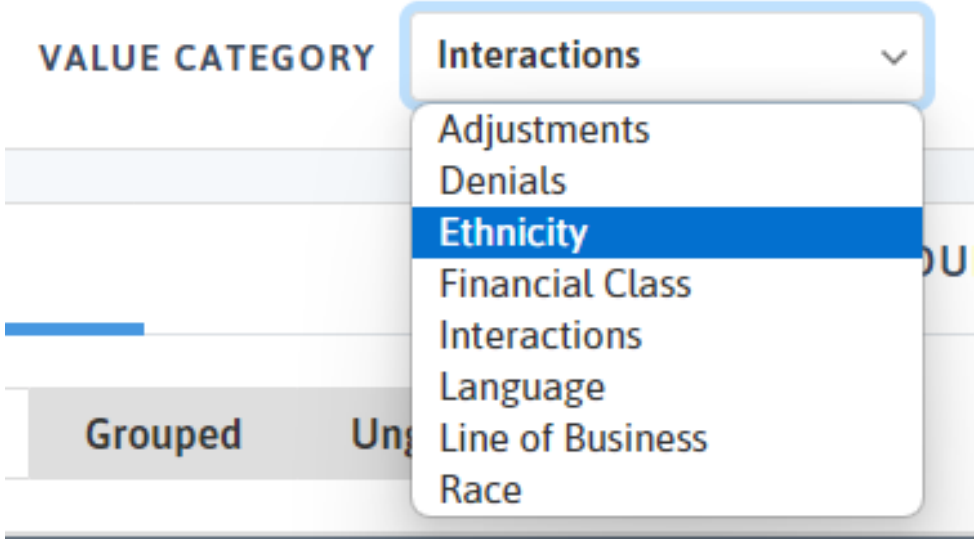
Select *Groups* from the Administration landing page.

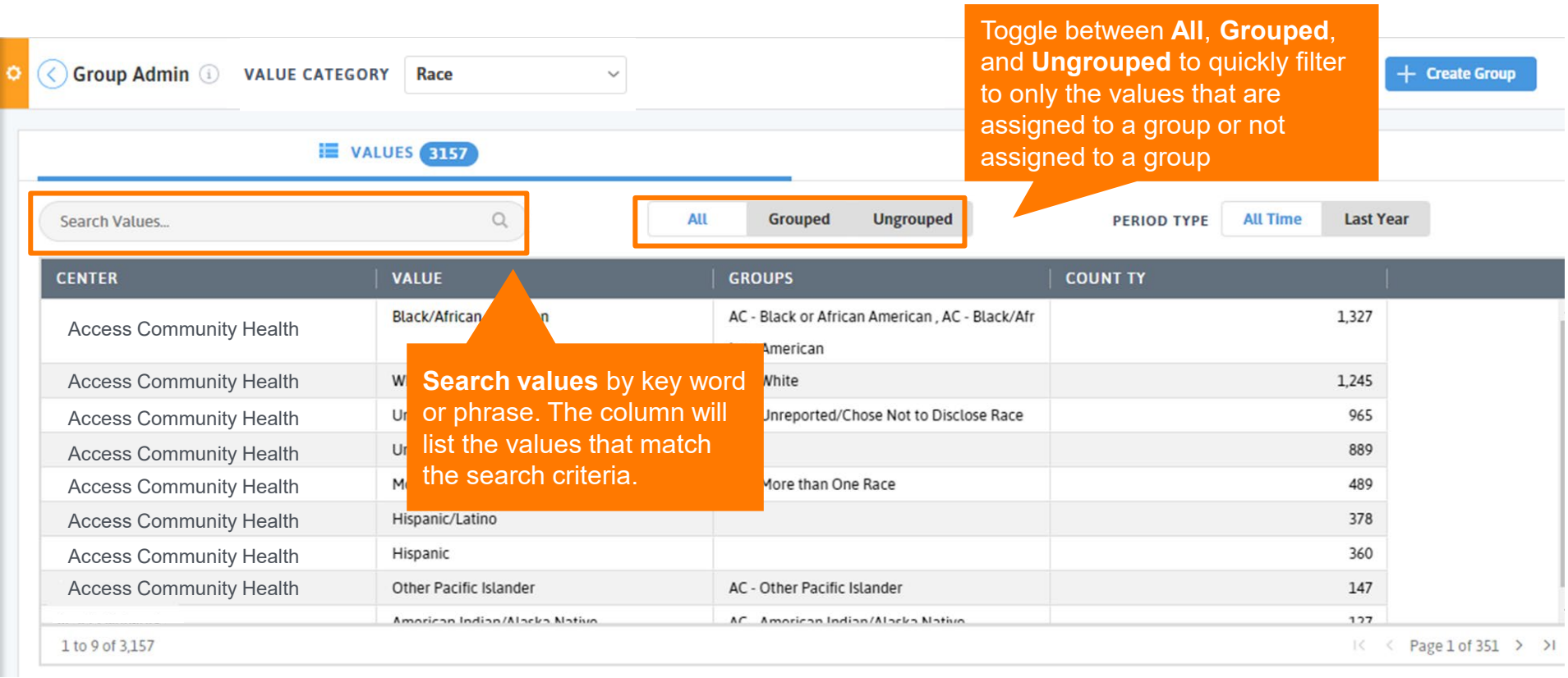


Select Category

2

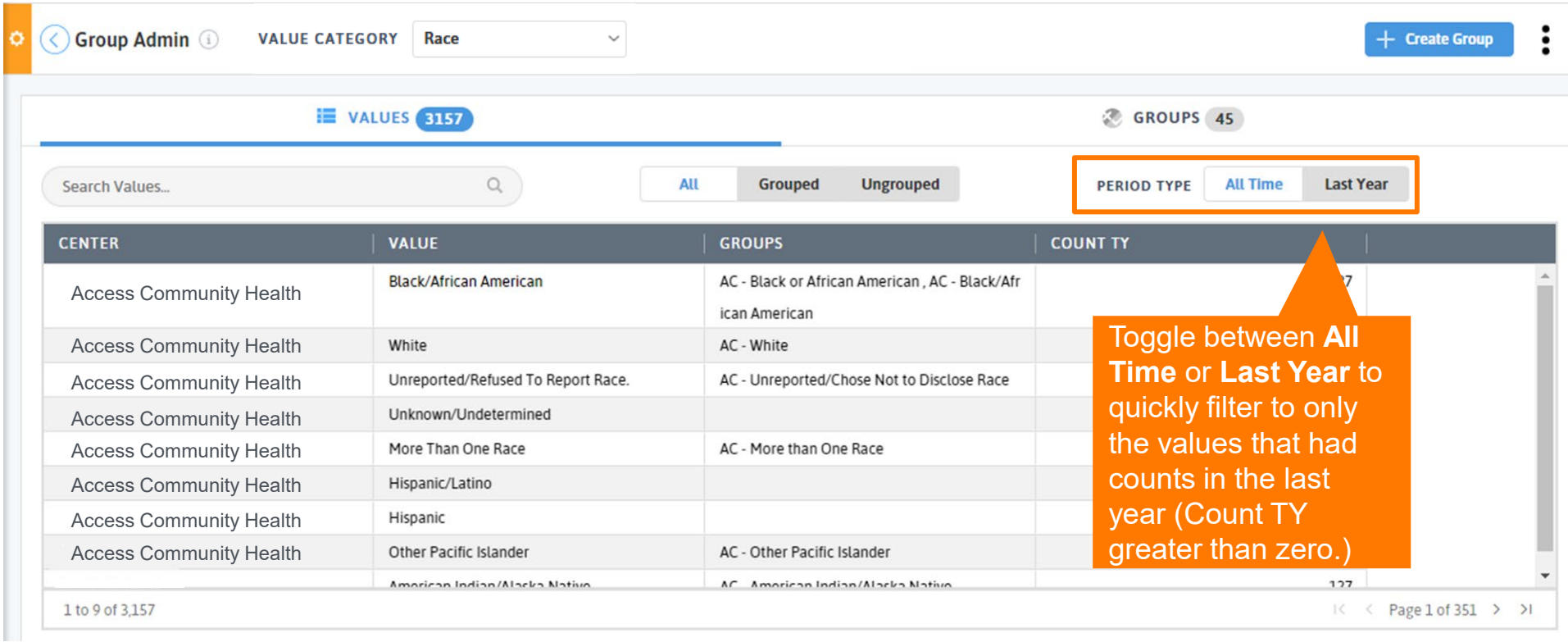
Select the *Value Category* from the dropdown.





Toggle between **All**, **Grouped**, and **Ungrouped** to quickly filter to only the values that are assigned to a group or not assigned to a group

Search values by key word or phrase. The column will list the values that match the search criteria.



Toggle between **All Time** or **Last Year** to quickly filter to only the values that had counts in the last year (Count TY greater than zero.)

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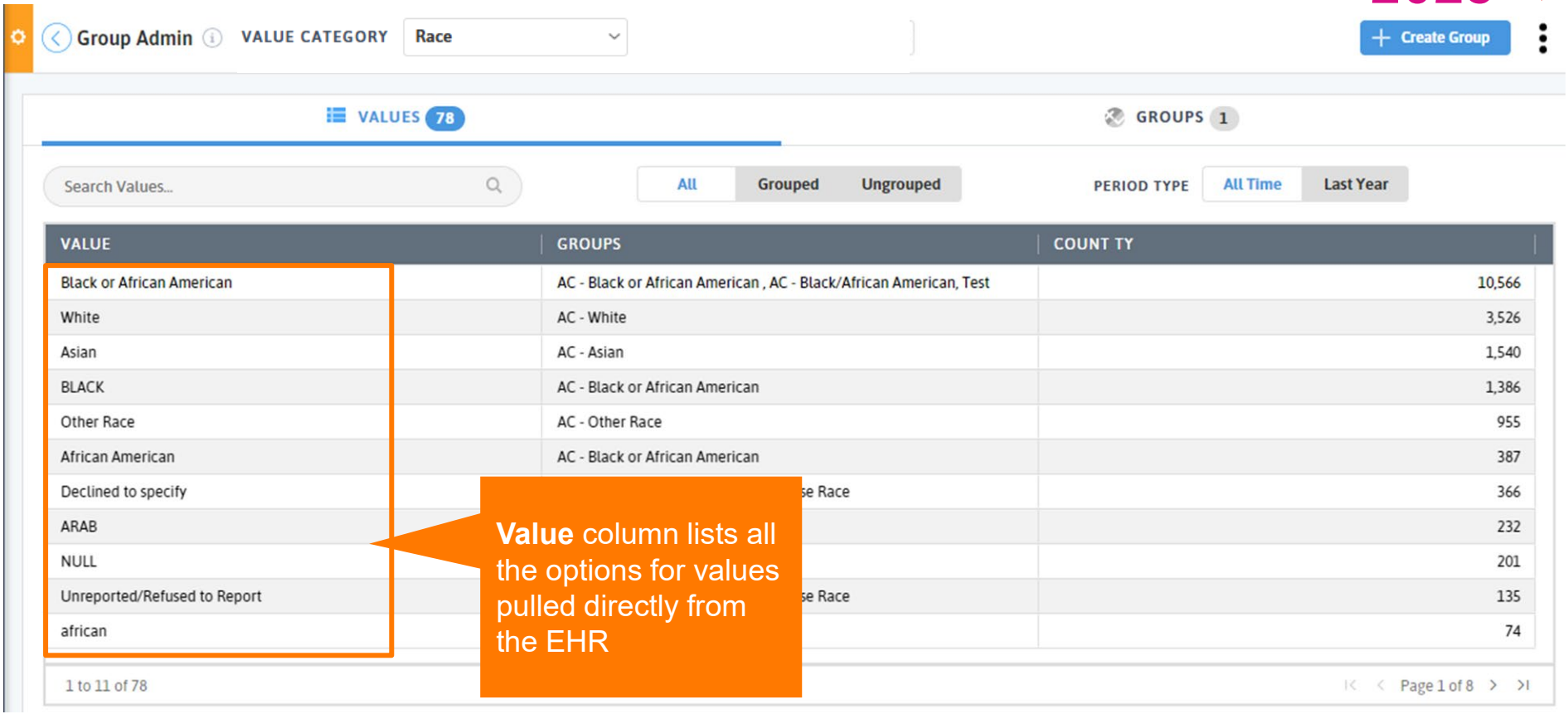

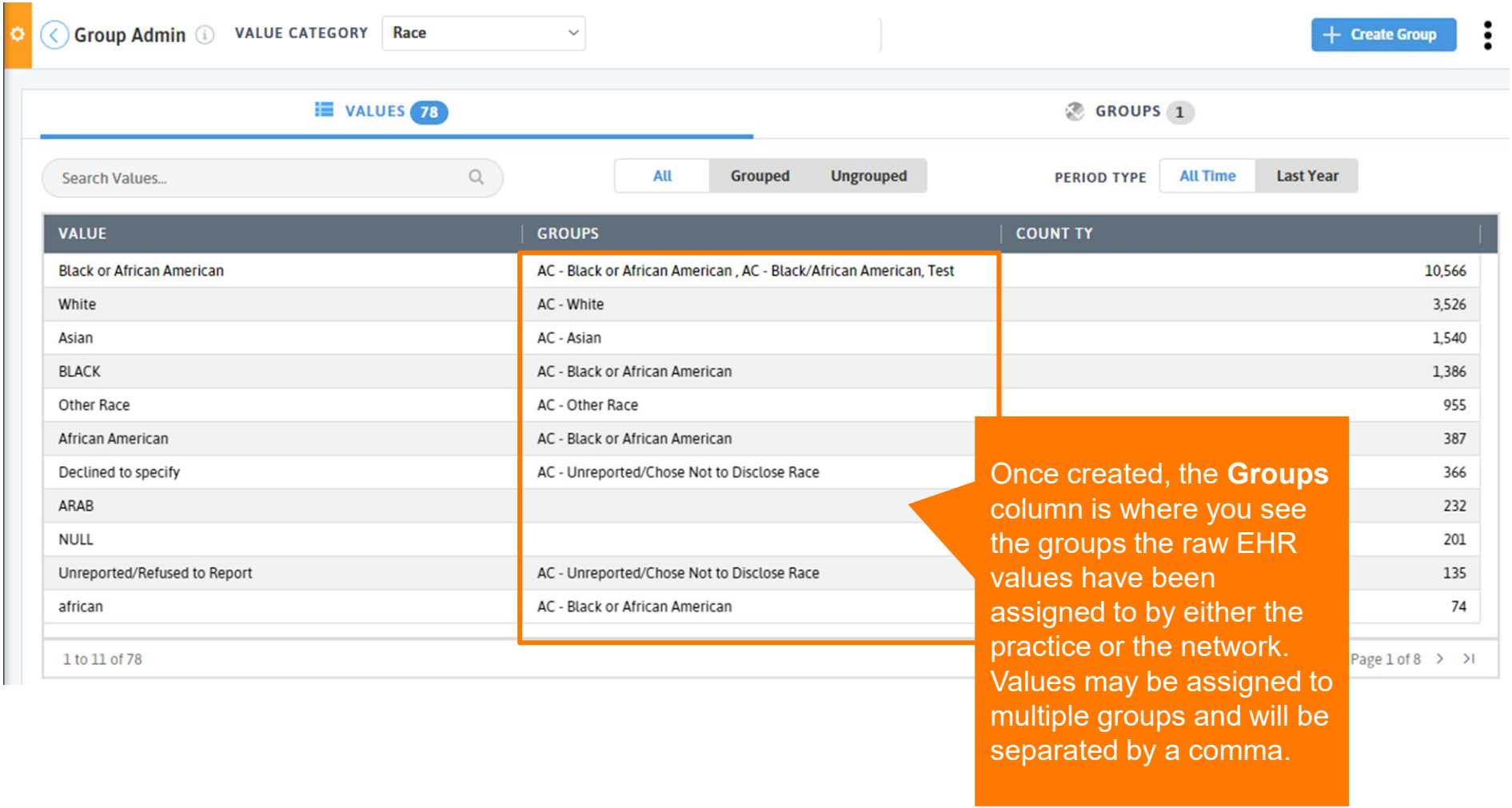
Group Admin
VALUE CATEGORY
Race
Create Group
VALUES 78
GROUPS 1
Search Values...
All
Grouped
Ungrouped
PERIOD TYPE
All Time
Last Year
VALUE
GROUPS
COUNT TY
Black or African American
AC - Black or African American , AC - Black/African American, Test
10,566
White
AC - White
3,526
Asian
AC - Asian
1,540
BLACK
AC - Black or African American
1,386
Other Race
AC - Other Race
955
African American
AC - Black or African American
387
Declined to specify
AC - Unreported/Chose Not to Disclose Race
366
ARAB
232
NULL
201
Unreported/Refused to Report
AC - Unreported/Chose Not to Disclose Race
135
african
AC - Black or African American
74
1 to 11 of 78
Page 1 of 8
Once created, the Groups column is where you see the groups the raw EHR values have been assigned to by either the practice or the network. Values may be assigned to multiple groups and will be separated by a comma.

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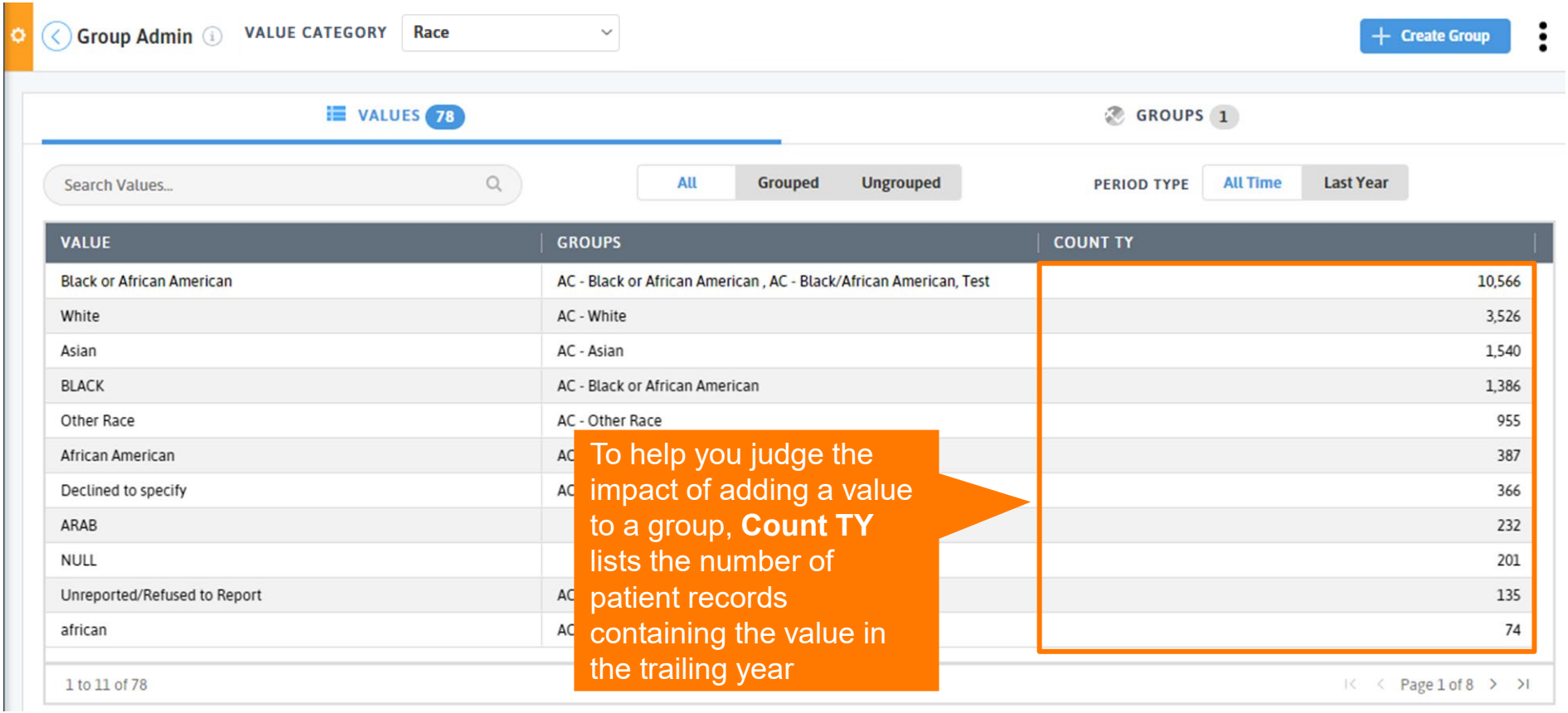

To help you judge the impact of adding a value to a group, **Count TY** lists the number of patient records containing the value in the trailing year

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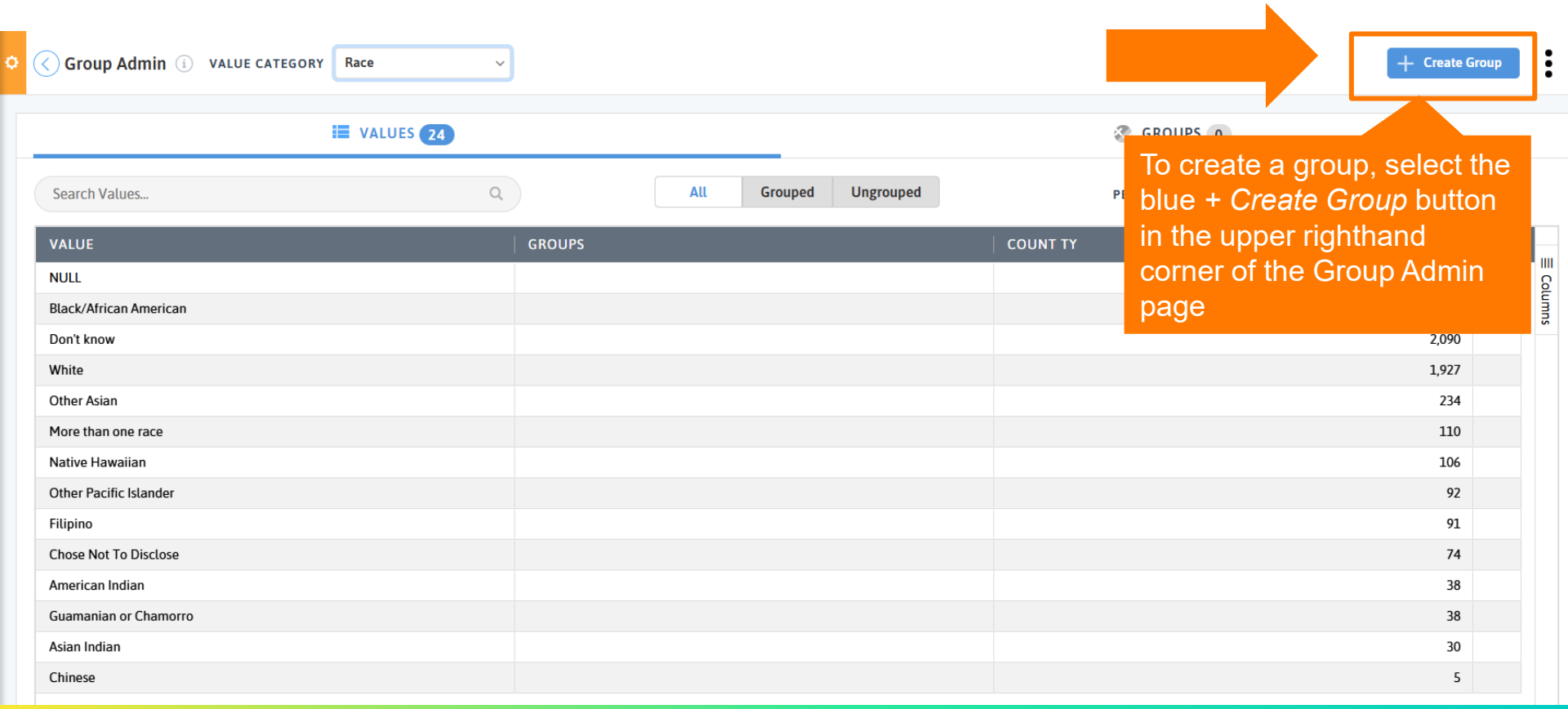
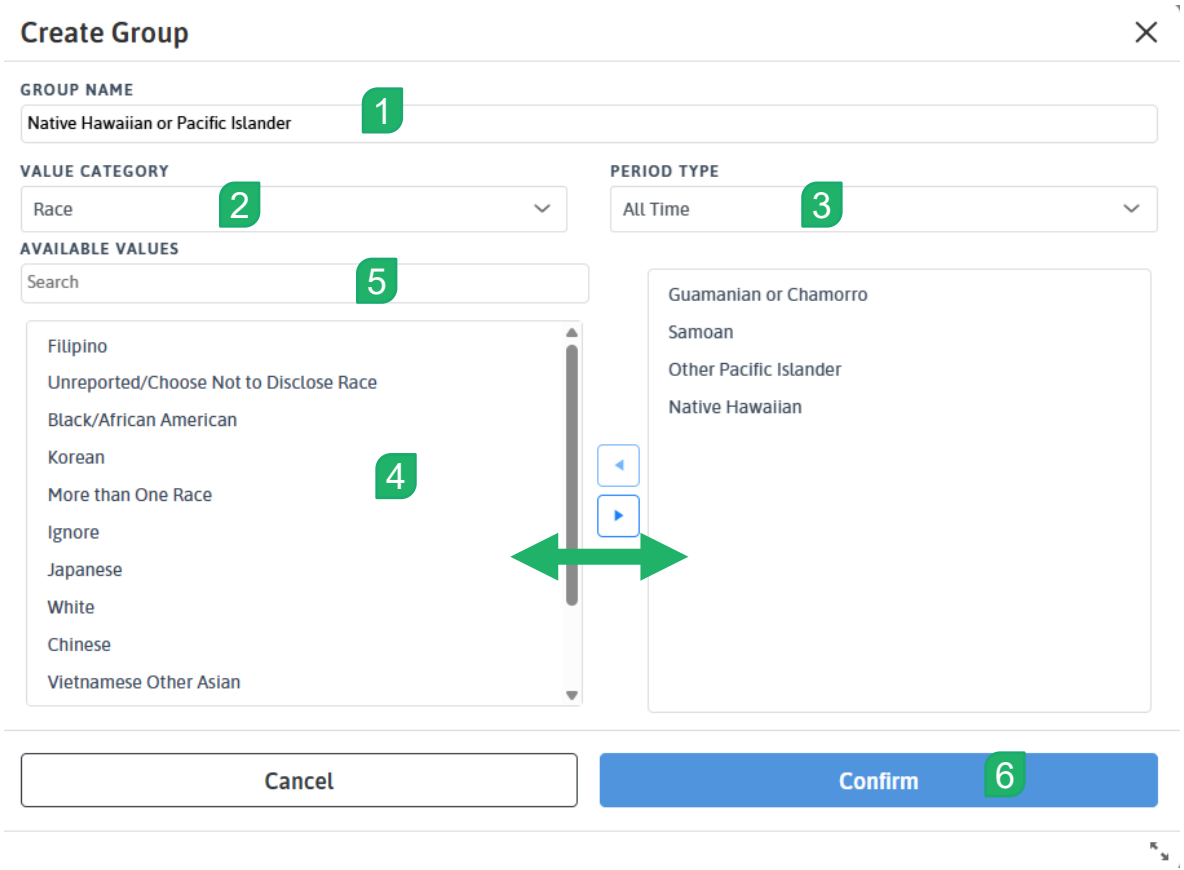


To create a group, select the blue + *Create Group* button in the upper righthand corner of the Group Admin page



1. **Name your group**. This name will identify your group in the group filter in reports and measures, and in the list on the Groups Admin page. Put your practice's name or initials at the beginning of the group. For example, "ACH Ukrainian" for Access Community Health.
2. Select a **Value Category** from the dropdown (Race, Ethnicity, or Language)
3. Select a **Period Type** of the last year or for all time.
4. The **Available Values** lists all the options for values from your EHR. Add value to your group by double clicking, dragging and dropping, or using arrows (do the same to remove values).
5. Start typing a phrase in the search box to **search** the list for all values with that phrase in them.
6. Once you have selected all the values you want in your group, click **Confirm**. The new group will be saved and listed on the Groups Admin page.

Success!

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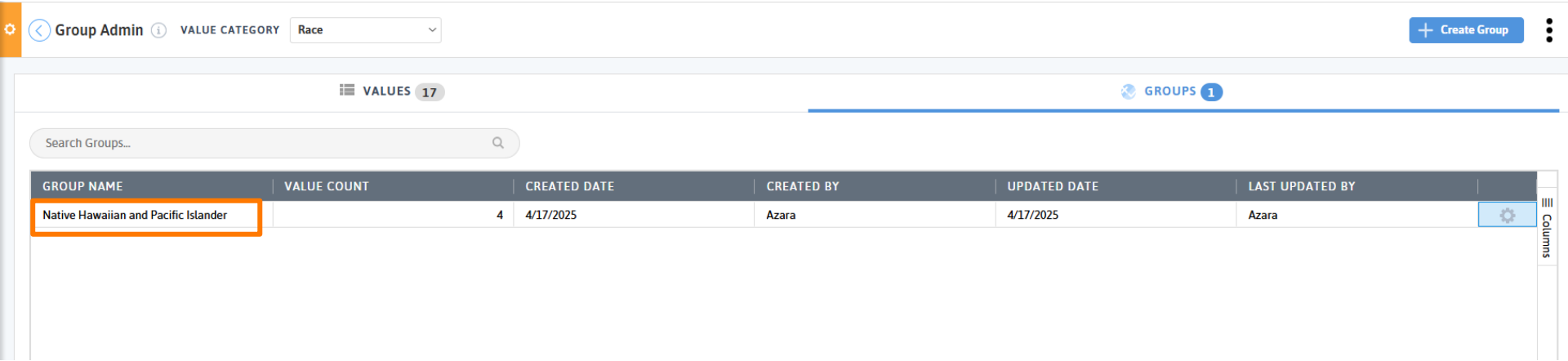
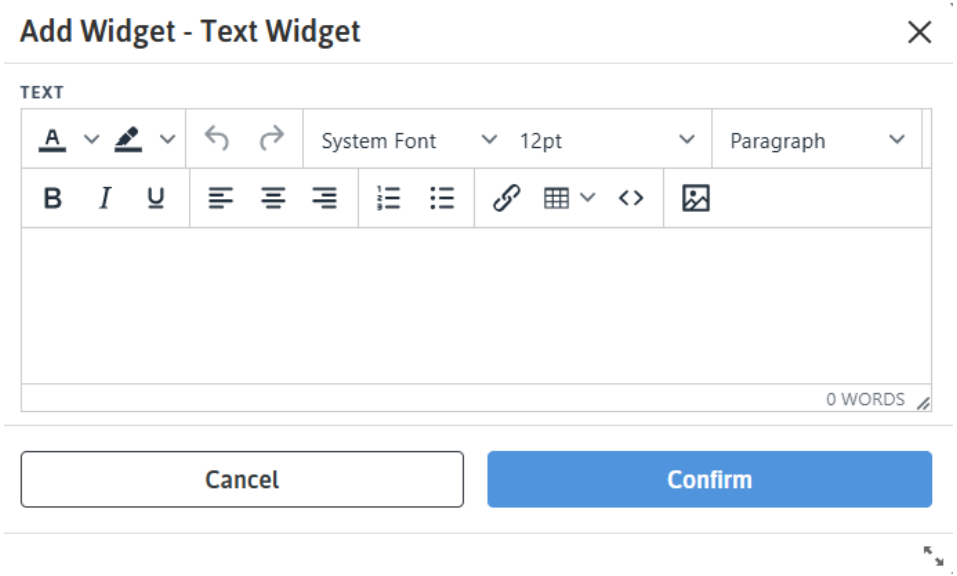


Dashboards | Text Widget!



Supports text, html, images, and links!

Dashboards| Text widget

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Search

Family Health Center

DMH Copy of Diabetes
DASHBOARD

FILTER

PERIOD: April 2025

RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

Display relevant text, images, or links!

CDC Recommendations for Patients with Diabetes
https://www.cdc.gov/diabetes/about/index.html

Patients with Diabetes

TY April 2025

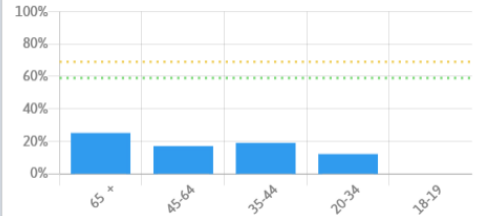
249

+12

TY 11/24

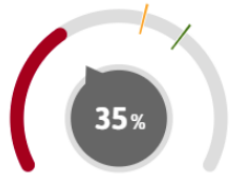
A1c Uncontrolled by Age

TY April 2025



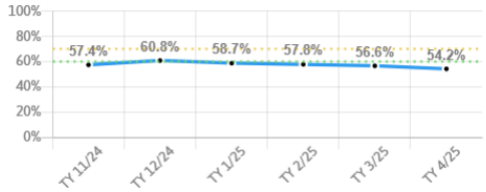
A1c < 7%

TY April 2025



A1c > 9% / Untested

TY April 2025



A1c Cascade

TY April 2025

A1C LEVEL	RESULT	NUMERATOR
No A1c	39.4%	98
8% to 8.99%	6.4%	16
7% to 7.99%	4.0%	10
0% to 6.99%	35.3%	88
>=9%	14.9%	37

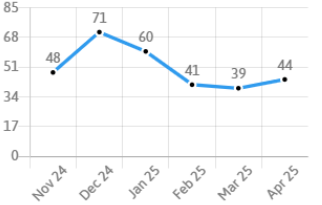
LDL Cascade

TY April 2025

PTS W/ DIABETES	455	
DM LDL < 100	89	20%
DM LDL >= 100 AND < 130	76	17%
DM LDL >= 130	109	24%
DM LDL Untested	181	40%

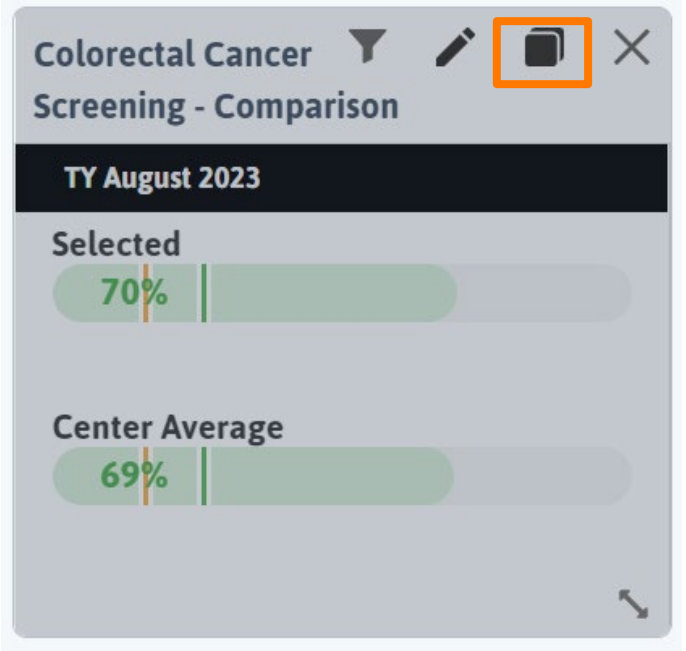
DM Pts with Primary Care Visits

April 2025



Dashboards | Copy Widget

- Make a copy of a widget on a dashboard while in edit mode
-  When a user clicks on this icon, an exact copy of the current widget will be created and added to the upper left-hand corner of the dashboard



Performance Management

The Measure Conundrum

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Traditional measures, measure
ACCOUNTABILITY
to tell others how we are doing based on a threshold established at a national level.

Traditional measures **don't tell us**
how **EFFECTIVE**
we are at treating / managing our patients.

Care Effectiveness Reporting (CER) in DRVS

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Reporting designed for a specific identified population.

Evaluate clinical improvement-patient & program level

- Any improvement
- Clinically significant improvement
- Remission

Identify patients who need action taken / interventions

Evaluate program operations

- Are patients getting a re-evaluation?
- Appropriate access / encounters

Care Effectiveness Reports

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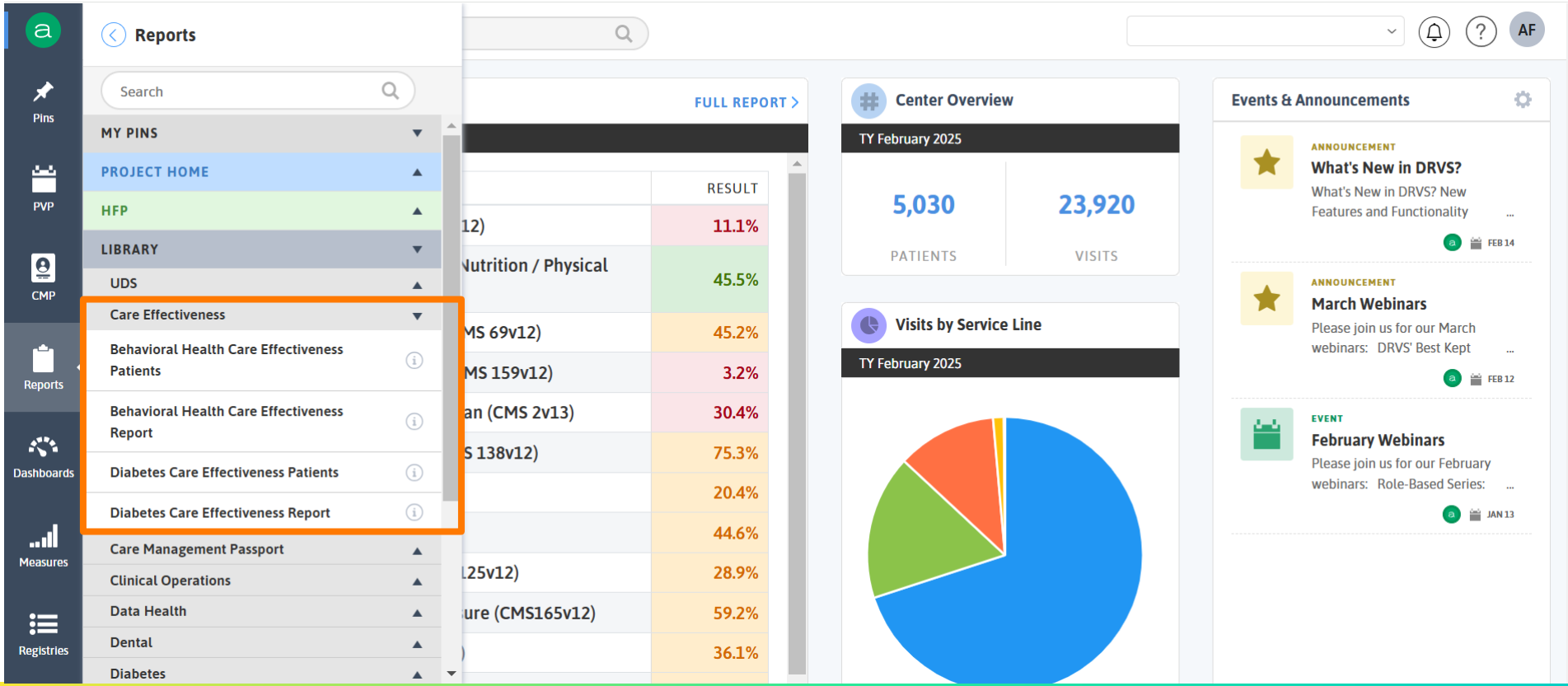


Behavioral Health Care Effectiveness Patients

REPORT

FILTER

RENDERING PROVIDERS: All Rendering Provid...

PATIENT DIAGNOSES: All Patient Diagnoses

SERVICE LINES: All Service Lines

+ Add Filter

Update

Overview - Population: Dyn - Depression/Anxiety

DEPRESSION (PHQ)

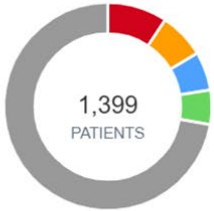
Severe	52
Moderately Severe	86
Moderate	124
Mild	180
None	691
No Score	266

5.0
AVG PHQ SCORE
▼ -0.7 *Last 12 mths.*

174
PHQ PTS WITH A >= 5 PT DROP

11.1
AVG GAD7 SCORE
▼ -0.1 *Last 12 mths.*

16
GAD7 PTS WITH A >= 6 PT DROP



ANXIETY (GAD7)

Severe	130
Moderate	100
Mild	84
None	75
No Score	1,010

Search Patients ...

NEXT APPT: All | No Appt | Upcoming Appt

SAVED COLUMNS

DEMOGRAPHICS >		FIRST PHQ IN LAST 12 MTHS		MOST RECENT PHQ LAST 12 MTHS			FIRST GAD7 IN LAST 12 MTHS		MOST RECENT GAD7 LA	
NAME	MRN	RESULT	DATE	STATUS	RESULT	DATE	CHANGE	RESULT	DATE	STATUS	RESU
[redacted]	[redacted]	0	3/12/2024	●	0	4/15/2024	0			●	
[redacted]	[redacted]	0	3/8/2024	●	0	12/18/2024	0			●	
[redacted]	[redacted]	16	4/8/2024	●	21	1/29/2025	▲ 5			●	
[redacted]	[redacted]	0	3/8/2024	●	0	1/8/2025	0			●	
[redacted]	[redacted]										

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Behavioral Health Care Effectiveness Patients

REPORT

FILTER

RENDERING PROVIDERS: All Rendering Provid...

PATIENT DIAGNOSES: All Patient Diagnoses

SERVICE LINES: All Service Lines

+ Add Filter

Update

Overview - Population: Dyn - Depression/Anxiety

DEPRESSION (PHQ)

Severe	52
Moderately Severe	86
Moderate	124
Mild	180
None	691
No Score	266

5.0
AVG PHQ SCORE
▼ -0.7 *Last 12 mths.*

174
PHQ PTS WITH A >= 5 PT DROP

11.1
AVG GAD7 SCORE
▼ -0.1 *Last 12 mths.*

16
GAD7 PTS WITH A >= 6 PT DROP

ANXIETY (GAD7)

Severe	130
Moderate	100
Mild	84
None	75
No Score	1,010

Search Patients ...

NEXT APPT: All | No Appt | Upcoming Appt

SAVED COLUMNS

DEMOGRAPHICS >		FIRST PHQ IN LAST 12 MTHS		MOST RECENT PHQ LAST 12 MTHS			FIRST GAD7 IN LAST 12 MTHS		MOST RECENT GAD7 LA	
NAME	MRN	RESULT	DATE	STATUS	RESULT	DATE	CHANGE	RESULT	DATE	STATUS	RESU
[redacted]	[redacted]	0	3/12/2024	●	0	4/15/2024	0			●	
[redacted]	[redacted]	0	3/8/2024	●	0	12/18/2024	0			●	
[redacted]	[redacted]	16	4/8/2024	●	21	1/29/2025	▲ 5			●	
[redacted]	[redacted]	0	3/8/2024	●	0	1/8/2025	0			●	
[redacted]	[redacted]	0	4/19/2024	●	0	1/31/2025	0			●	

azara USER CONFERENCE 2025

No Score 266

Search Patients ...

NEXT APPT | All | No Appt | Upcoming Appt

Reset Columns | SAVED COLUMNS

FIRST PHQ IN LAST 12 MTHS		MOST RECENT PHQ LAST 12 MTHS				FIRST GAD7 IN LAST 12 MTHS		MOST RECENT GAD7 LAST 12 MTHS			
RESULT	DATE	STATUS	RESULT	DATE	CHANGE	RESULT	DATE	STATUS	RESULT	DATE	CHANGE
3	4/23/2024		0	10/1/2024	▼ -3						
0	5/22/2024		5	2/17/2025	▲ 5	21	2/17/2025		21	2/17/2025	0
6	11/12/2024		0	1/14/2025	▼ -6	20	11/21/2024		21	12/20/2024	▲ 1
13	7/30/2024		10	8/26/2024	▼ -3						
19	6/28/2024		11	8/2/2024	▼ -8	8	6/28/2024		10	8/2/2024	▲ 2
18	11/18/2024		18	11/18/2024	0						
3	6/5/2024		6	2/7/2025	▲ 3	3	2/7/2025		3	2/7/2025	0
18	4/11/2024		0	1/27/2025	▼ -18	14	4/11/2024		13	8/12/2024	▼ -1
20	5/1/2024		24	6/3/2024	▲ 4						
0	7/26/2024		3	7/30/2024	▲ 3	6	7/30/2024		6	7/30/2024	0
3	4/24/2024		0	12/20/2024	▼ -3	19	6/4/2024		19	6/4/2024	0

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Behavioral Health Care Effectiveness Report

REPORT

FILTER

RENDERING PROVIDERS: All Rendering Provid...

PATIENT DIAGNOSES: All Patient Diagnoses

AGGREGATE BY: Rendering Provider

SERVICE LINES: Behavioral Health

+ Add Filter

Update

Overview - Population: Dyn - Depression/Anxiety

DEPRESSION (PHQ)

Severe	47
Moderately Severe	77
Moderate	111
Mild	146
None	461
No Score	189

5.9
AVG PHQ SCORE
▼ -0.9 *Last 12 mths.*

159
PHQ PTS WITH A >= 5 PT DROP

11.1
AVG GAD7 SCORE
▼ -0.0 *Last 12 mths.*

16
GAD7 PTS WITH A >= 6 PT DROP

ANXIETY (GAD7)

Severe	128
Moderate	98
Mild	81
None	73
No Score	651

Search ...

SAVED COLUMNS

		PHQ AVG LAST 12 MTHS		PHQ PATIENTS WITH A >=5 POINT		GAD7 AVG LAST 12 MTHS		GAD7 PATIENTS WITH A >=6 POINT	
RENDERING PROVIDER	PATIENTS ACTIVE	RESULT	CHANGE	DROP	INCREASE	RESULT	CHANGE	DROP	INCREASE
[redacted]	288	5.8	0.0	42	41	11.2	▲ 0.1	3	
[redacted]	281	6.1	▼ -0.9	49	33	11.9	▼ -0.4	6	
[redacted]	276	5.8	▼ -0.4	41	34	12.6	▲ 0.1	3	
[redacted]	264	6.7	▼ -1.3	50	28	11.4	0.0	6	
[redacted]	177	6.0	▲ 0.6	20	31	11.5	▲ 0.1	1	

Search ...

SAVED COLUMNS

		PHQ AVG LAST 12 MTHS		PHQ PATIENTS WITH A >=5 POINT		GAD7 AVG LAST 12 MTHS		GAD7 PATIENTS WITH A >=6 POINT	
RENDERING PROVIDER	PATIENTS ACTIVE ↑	RESULT	CHANGE	DROP	INCREASE	RESULT	CHANGE	DROP	INCREASE
[redacted]	288	5.8	0.0	42	41	11.2	▲ 0.1	3	
[redacted]	281	6.1	▼ -0.9	49	33	11.9	▼ -0.4	6	
[redacted]	276	5.8	▼ -0.4	41	34	12.6	▲ 0.1	3	
[redacted]	264	6.7	▼ -1.3	50	28	11.4	0.0	6	
[redacted]	177	6.0	▲ 0.6	20	31	11.5	▲ 0.1	1	
[redacted]	175	5.9	▼ -1.6	34	21	10.8	▼ -0.8	5	
[redacted]	169	6.1	▼ -3.1	52	13	12.4	▲ 0.2	2	
[redacted]	164	5.6	▼ -1.4	25	10	9.3	▼ -0.4	4	
[redacted]	148	5.8	▼ -1.3	28	14	11.3	▼ -0.7	5	
[redacted]	148	5.8	▲ 0.7	10	18	11.0	▲ 0.5	0	
[redacted]	144	6.5	▼ -1.6	27	12	12.2	▲ 0.1	3	
[redacted]	134	5.3	▲ 0.3	11	14	12.0	▲ 0.2	3	
[redacted]	130	5.5	▼ -0.8	22	15	10.6	▼ -0.5	3	
[redacted]	124	4.9	▼ -3.2	39	9	11.9	▲ 0.2	2	
[redacted]	120	6.3	▼ -1.9	23	12	11.6	▼ -0.4	5	

Demonstrate how your care teams are doing driving improved health outcomes.

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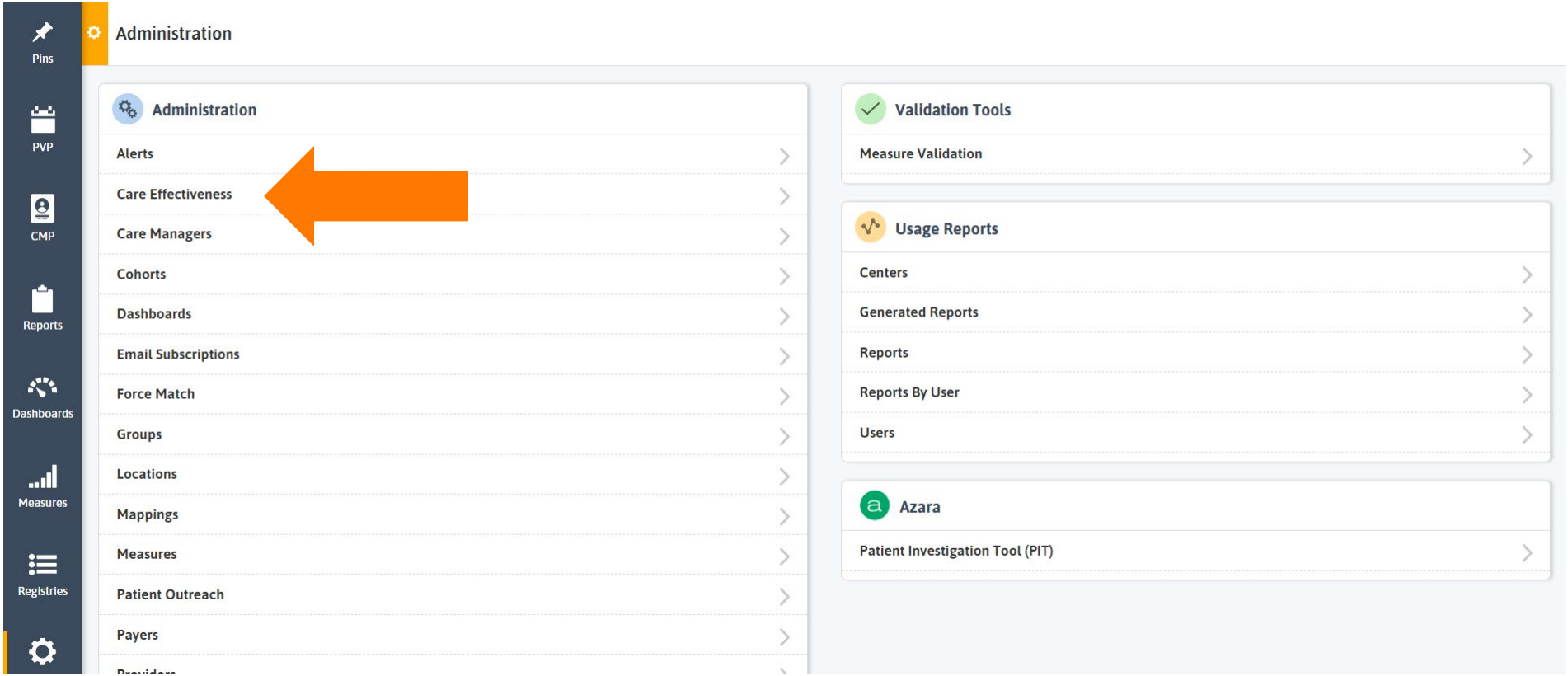
Have you ever created a custom care effectiveness report before?

azara USER CONFERENCE 2025



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Care Effectiveness (CER) Administration

Create CER Report

Search Care Effectiveness Reports...

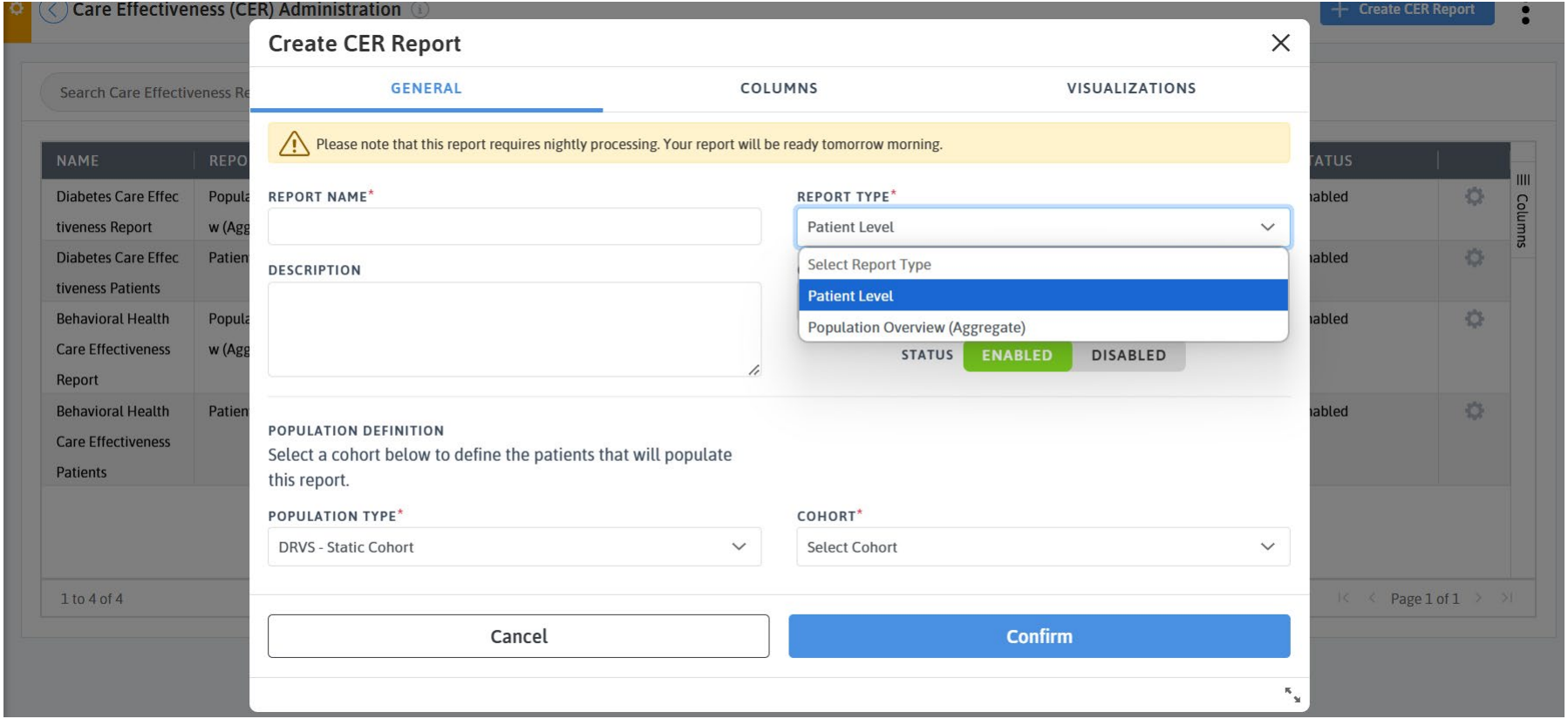
All | Enabled | Disabled

NAME	REPORT TYPE	CREATED DATE	CREATED BY	LAST UPDATED DATE	LAST UPDATED BY	COHORT	COHORT TYPE	STATUS
Diabetes Care Effectiveness Report	Population Overview (Aggregate)	04/27/2021	Azara	01/24/2024	Azara	Dyn - Diabetes	DRVS - Dynamic Cohort	Enabled
Diabetes Care Effectiveness Patients	Patient Level	04/27/2021	Azara	01/24/2024	Azara	Dyn - Diabetes	DRVS - Dynamic Cohort	Enabled
Behavioral Health Care Effectiveness Report	Population Overview (Aggregate)	04/15/2021	Azara	01/24/2024	Azara	Dyn - Depression/Anxiety	DRVS - Dynamic Cohort	Enabled
Behavioral Health Care Effectiveness Patients	Patient Level	04/15/2021	Azara	01/24/2024	Azara	Dyn - Depression/Anxiety	DRVS - Dynamic Cohort	Enabled

Columns

1 to 4 of 4

Page 1 of 1


Care Effectiveness (CER) Administration
Create CER Report
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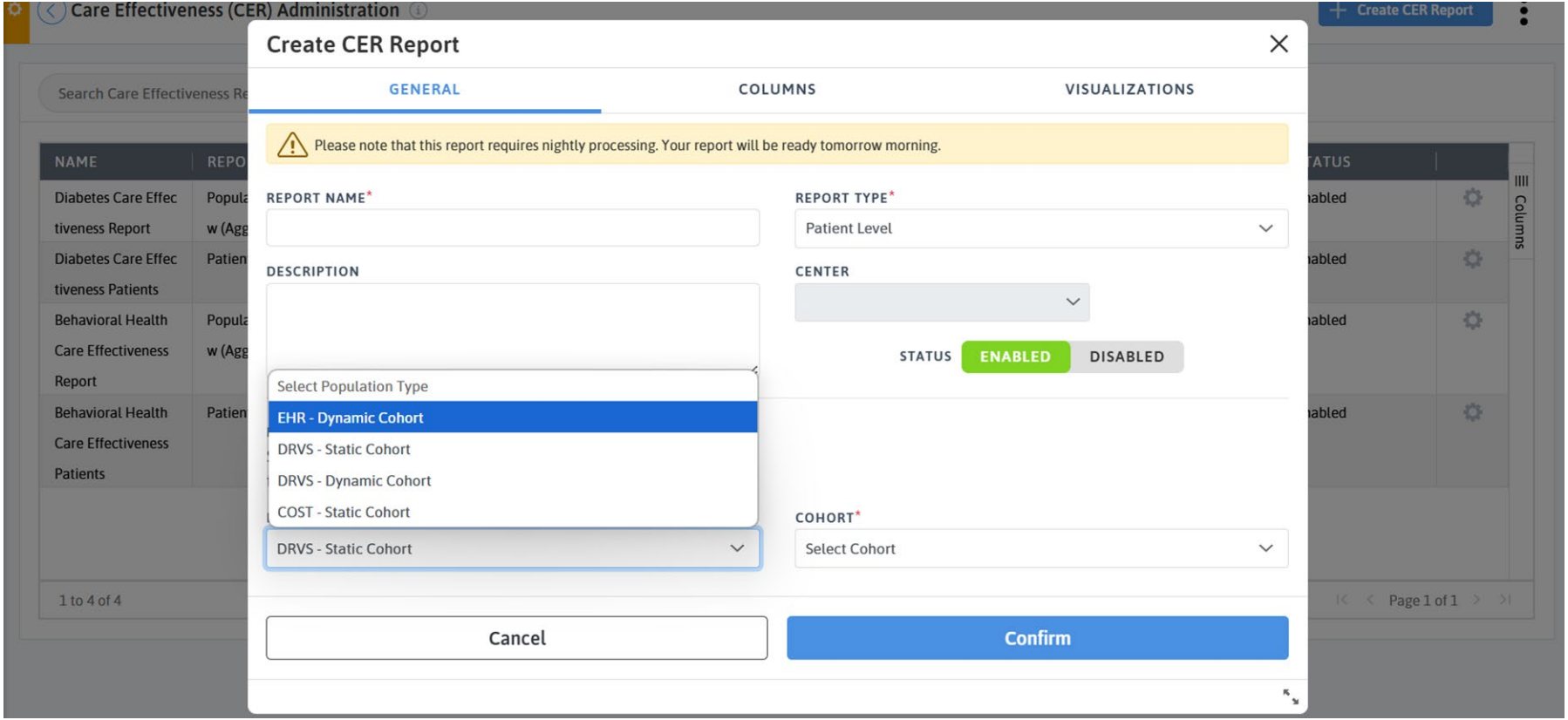
Page 1 of 1
Columns
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
Please note that this report requires nightly processing. Your report will be ready tomorrow morning.
REPORT NAME*
DESCRIPTION
REPORT TYPE*
Patient Level
Select Report Type
Patient Level
Population Overview (Aggregate)
STATUS
ENABLED
DISABLED
POPULATION DEFINITION
Select a cohort below to define the patients that will populate this report.
POPULATION TYPE*
DRVS - Static Cohort
COHORT*
Select Cohort
Cancel
Confirm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Create CER Report
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VISUALIZATIONS
Please note that this report requires nightly processing. Your report will be ready tomorrow morning.
REPORT NAME*
REPORT TYPE*
Patient Level
DESCRIPTION
CENTER
STATUS
ENABLED
DISABLED
Select Population Type
EHR - Dynamic Cohort
DRVS - Static Cohort
DRVS - Dynamic Cohort
COST - Static Cohort
DRVS - Static Cohort
COHORT*
Select Cohort
Cancel
Confirm

Cohort Basics

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What: A group of patients with a shared characteristic

Who: Defined by YOUR criteria – all you need is a patient list

How: Created in the cohort administration

Where: Displayed on the PVP, in ACC, and anywhere you find the **Cohort** filter

Types of Cohorts

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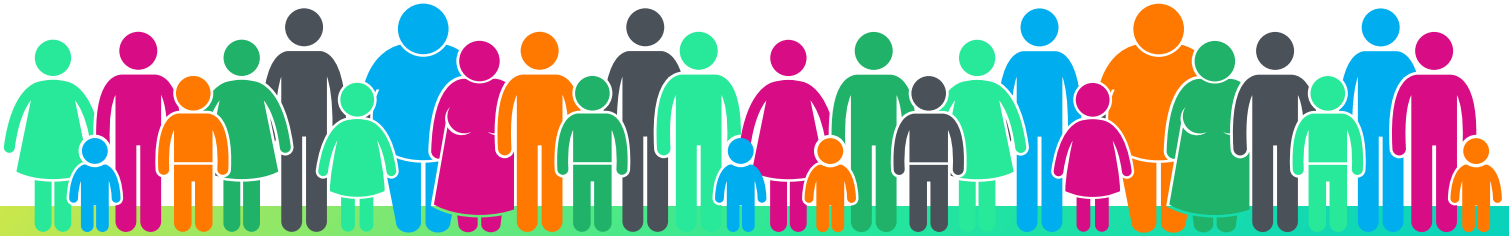
DRVS Static	DRVS Dynamic	EHR Dynamic
Manually created in DRVS via patient list or MRN upload Manually maintained	Created from data already pulled into DRVS Set list to choose from & dynamically maintained	Created from custom mapping from your EHR Requires an SOW



Stock Dynamic Cohorts

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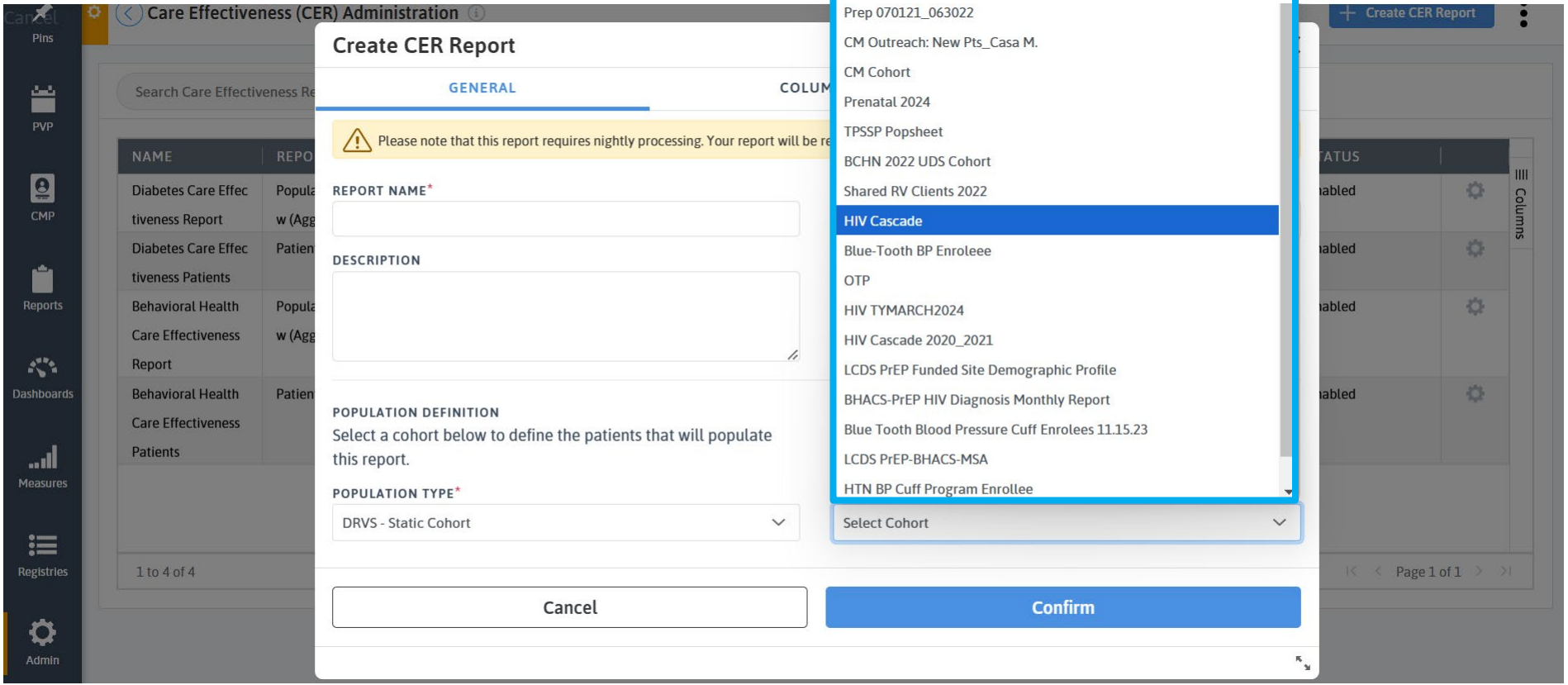
Cohort Display Name	Description
Anxiety	Patients who have an Active diagnosis of anxiety in the last 12 months. Patients who are deceased, bipolar disorder, personality disorder, schizophrenia, psychotic disorder or pervasive developmental disorder at the center are excluded from the cohort.
Chronic Obstructive Pulmonary Disease (COPD)	Patients who have a diagnosis of Chronic Obstructive Pulmonary Disease (COPD) in the last 12 months. Patients who are deceased or inactive at the center are excluded from the cohort.
Congestive Heart Failure (CHF)	Patients who have a diagnosis of Congestive Heart Failure in the last 12 months. Patients who are deceased or inactive at the center are excluded from the cohort.
Depression	Patients who have an active diagnosis of depression in the last 12 months. Patients who are deceased, bipolar disorder, personality disorder, schizophrenia, psychotic disorder or pervasive developmental disorder at the center are excluded from the cohort.
Depression/Anxiety	Patients who have a depression or anxiety diagnosis. Patients who are deceased are excluded from the cohort.
Diabetes	Patients who have a diagnosis of diabetes. Patients who are deceased or inactive at the center are excluded from the cohort.
DM A1c >9	Patients who have a diagnosis of diabetes and whose most recent hemoglobin A1c lab result is > 9.0%. Patients who are deceased are excluded from the cohort.
DM A1c >8	Patients who have a diagnosis of diabetes and whose most recent hemoglobin A1c lab result is > 8.0%. Patients who are deceased are excluded from the cohort.
DM A1c Untested	Patients who have a diagnosis of diabetes and have not had an A1c result in the last 12 months. Patients who are deceased or inactive at the center are excluded from the cohort.
DSMES	Patients in DM Self-Management Education and Support (DSMES) in the last year. Patients who are deceased or inactive at the center are excluded from the cohort.
Hepatitis C	Patients who have a diagnosis of Hepatitis C. Patients who are deceased or inactive at the center are excluded from the cohort.
HIV	Patients who have a diagnosis of HIV. Patients who are deceased or inactive at the center are excluded from the cohort.

Stock Dynamic Cohorts

azara USER CONFERENCE 2025

Cohort Display Name	Description
Hypertension	Patients who have a diagnosis for Hypertension in the last 12 months. Patients who are deceased or inactive at the center are excluded from the cohort.
Hypertension BP >140/90	Patients who have a diagnosis of hypertension in the last 12 months and whose most recent blood pressure vitals result is > 140/90. If the patient's systolic blood pressure is > 140 mmHg OR their diastolic blood pressure is > 90 mmHg they will be in the cohort. Patients who are deceased or inactive at the center are excluded from the cohort.
Substance Use Disorder (SUD)	Patients who have a diagnosis for Opioid Abuse Disorder in the last 12 months. Patients who are deceased or inactive at the center are excluded from the cohort.
Medication Assistant Treatment (MAT)	Patients who have an opioid use disorder (OUD) medication-assisted therapy (MAT) prescription in the last 90 days. Patients who are deceased or inactive at the center are excluded from the cohort.
Care Management	Patients who are assigned a care manager in DRVS (aka can be from EHR or manually added in ACM). Patients who are deceased or inactive at the center are excluded from the cohort.
CCM	Patients in Chronic Care Management (CCM) through Medicare in the last year. Patients who are deceased or inactive at the center are excluded from the cohort.
ER Visit	Patients who had an emergency room (ER) visit in the last 14 days with the discharge status of home, and who have not had a follow-up call, and do not have an upcoming primary care appointment scheduled. Patients who are deceased or inactive at the center are excluded from the cohort.
IP Visit	Patients who had an inpatient (I/P) visit in the last 14 days with a discharge status of home, and do not have an upcoming primary care appointment scheduled. Patients who are deceased or inactive at the center are excluded from the cohort.
High Risk Patients	Patients who have a risk level of High. Patients who are deceased or inactive at the center are excluded from the cohort.
SDOH > 11	Patients who have greater than 11 Social Determinants of Health (SDOH). Patients who are deceased or inactive at the center are excluded from the cohort.


Care Effectiveness (CER) Administration
Create CER Report
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REPORT NAME*
DESCRIPTION
POPULATION DEFINITION
Select a cohort below to define the patients that will populate this report.
POPULATION TYPE*
DRVS - Static Cohort
Select Cohort
Prep 070121_063022
CM Outreach: New Pts_Casa M.
CM Cohort
Prenatal 2024
TPSSP Popsheet
BCHN 2022 UDS Cohort
Shared RV Clients 2022
HIV Cascade
Blue-Tooth BP Enroleee
OTP
HIV TYMARCH2024
HIV Cascade 2020_2021
LCDS PrEP Funded Site Demographic Profile
BHACS-PrEP HIV Diagnosis Monthly Report
Blue Tooth Blood Pressure Cuff Enrolees 11.15.23
LCDS PrEP-BHACS-MSA
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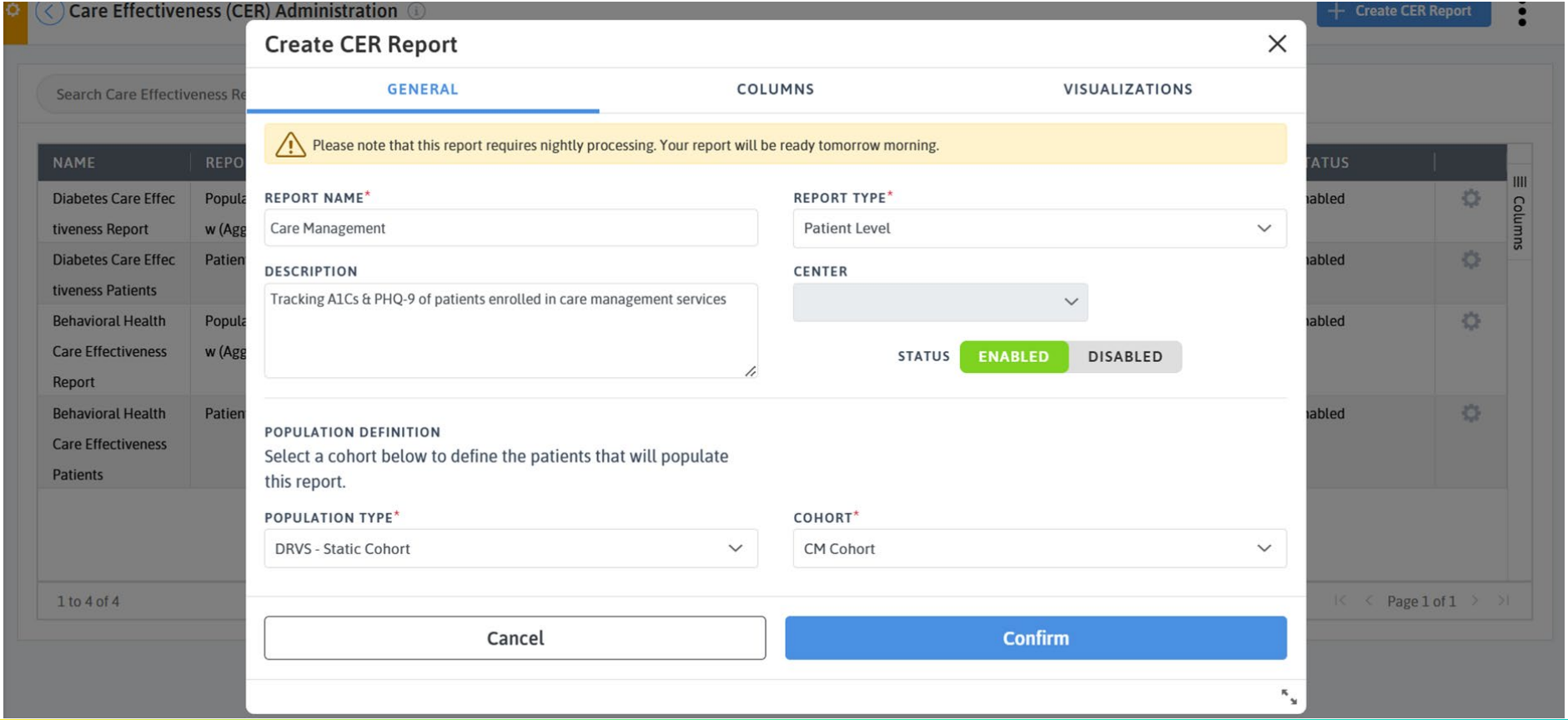
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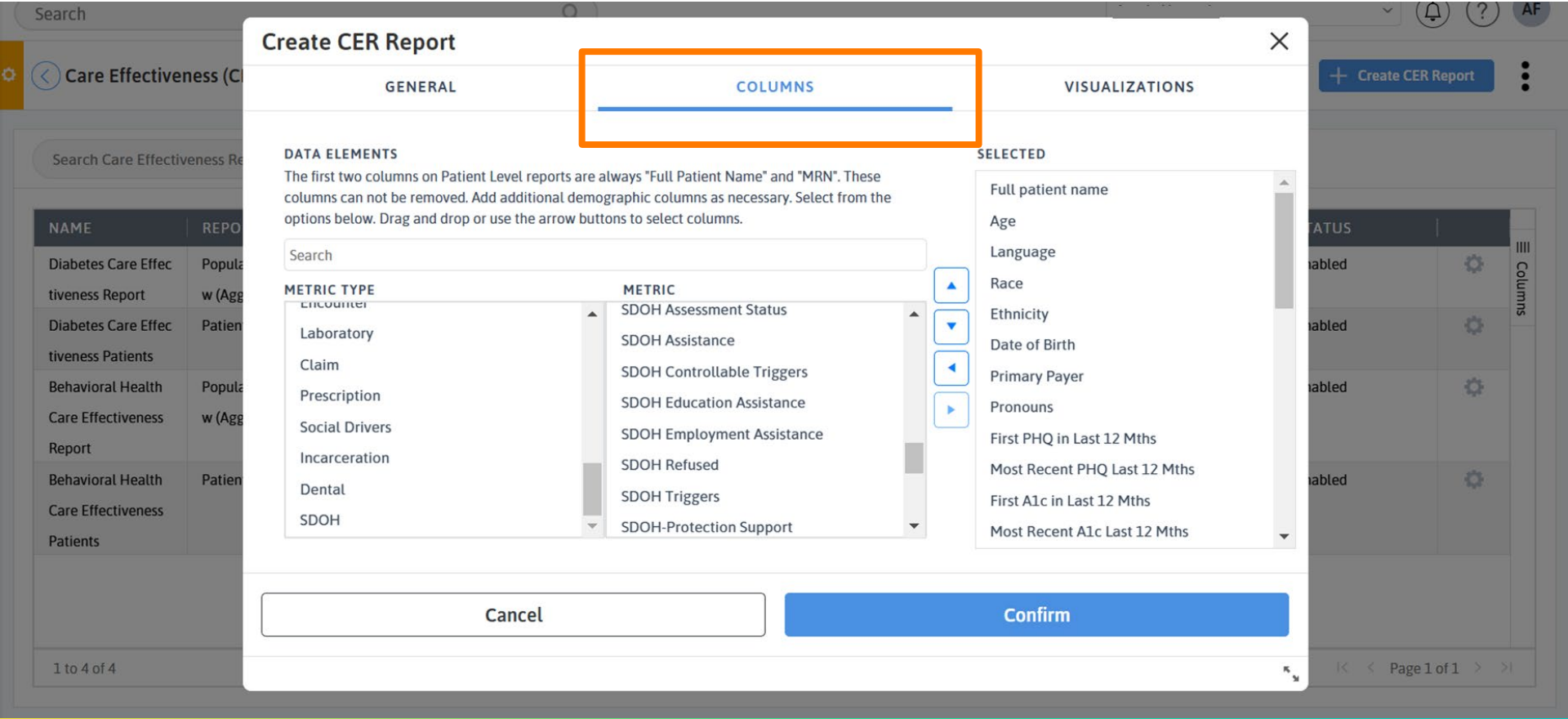
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
Please note that this report requires nightly processing. Your report will be ready tomorrow morning.
REPORT NAME*
Care Management
REPORT TYPE*
Patient Level
DESCRIPTION
Tracking A1Cs & PHQ-9 of patients enrolled in care management services
CENTER
STATUS
ENABLED
DISABLED
POPULATION DEFINITION
Select a cohort below to define the patients that will populate this report.
POPULATION TYPE*
DRVS - Static Cohort
COHORT*
CM Cohort
Cancel
Confirm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Columns
1 to 4 of 4
Page 1 of 1
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
DATA ELEMENTS
The first two columns on Patient Level reports are always "Full Patient Name" and "MRN". These columns can not be removed. Add additional demographic columns as necessary. Select from the options below. Drag and drop or use the arrow buttons to select columns.
Search
METRIC TYPE
Encounter
Laboratory
Claim
Prescription
Social Drivers
Incarceration
Dental
SDOH
METRIC
SDOH Assessment Status
SDOH Assistance
SDOH Controllable Triggers
SDOH Education Assistance
SDOH Employment Assistance
SDOH Refused
SDOH Triggers
SDOH-Protection Support
SELECTED
Full patient name
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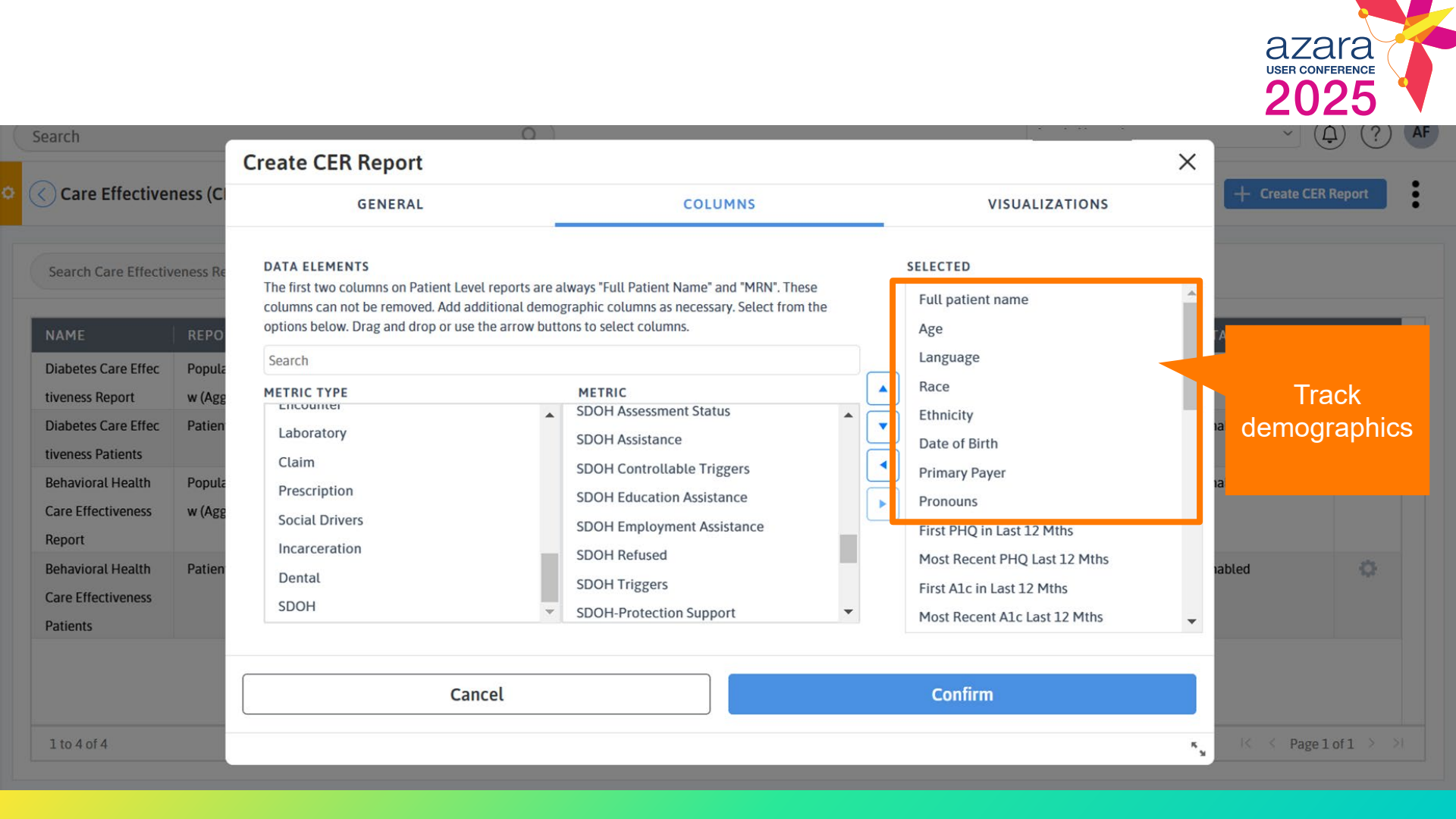
Language
Race
Ethnicity
Date of Birth
Primary Payer
Pronouns
First PHQ in Last 12 Mths
Most Recent PHQ Last 12 Mths
First A1c in Last 12 Mths
Most Recent A1c Last 12 Mths
Cancel
Confirm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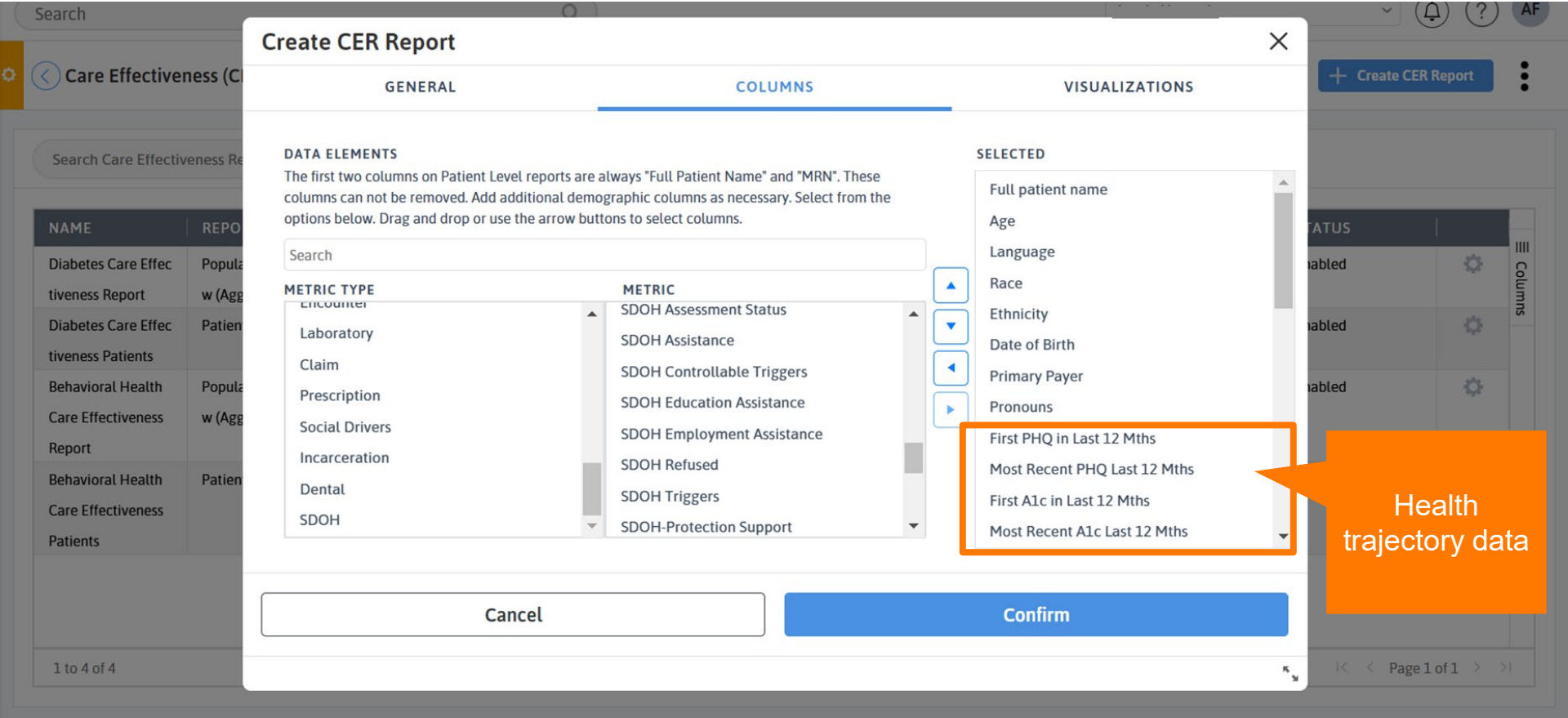
1 to 4 of 4
Page 1 of 1
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
DATA ELEMENTS
The first two columns on Patient Level reports are always "Full Patient Name" and "MRN". These columns can not be removed. Add additional demographic columns as necessary. Select from the options below. Drag and drop or use the arrow buttons to select columns.
Search
METRIC TYPE
Encounter
Laboratory
Claim
Prescription
Social Drivers
Incarceration
Dental
SDOH
METRIC
SDOH Assessment Status
SDOH Assistance
SDOH Controllable Triggers
SDOH Education Assistance
SDOH Employment Assistance
SDOH Refused
SDOH Triggers
SDOH-Protection Support
SELECTED
Full patient name
Age
Language
Race
Ethnicity
Date of Birth
Primary Payer
Pronouns
First PHQ in Last 12 Mths
Most Recent PHQ Last 12 Mths
First A1c in Last 12 Mths
Most Recent A1c Last 12 Mths
Track demographics
Cancel
Confirm


Search
Care Effectiveness (C
Create CER Report
Search Care Effectiveness Re
NAME
REPO
Diabetes Care Effec tiveness Report
Popula w (Agg
Diabetes Care Effec tiveness Patients
Patien
Behavioral Health Care Effectiveness Report
Popula w (Agg
Behavioral Health Care Effectiveness Patients
Patien
TATUS
abled
abled
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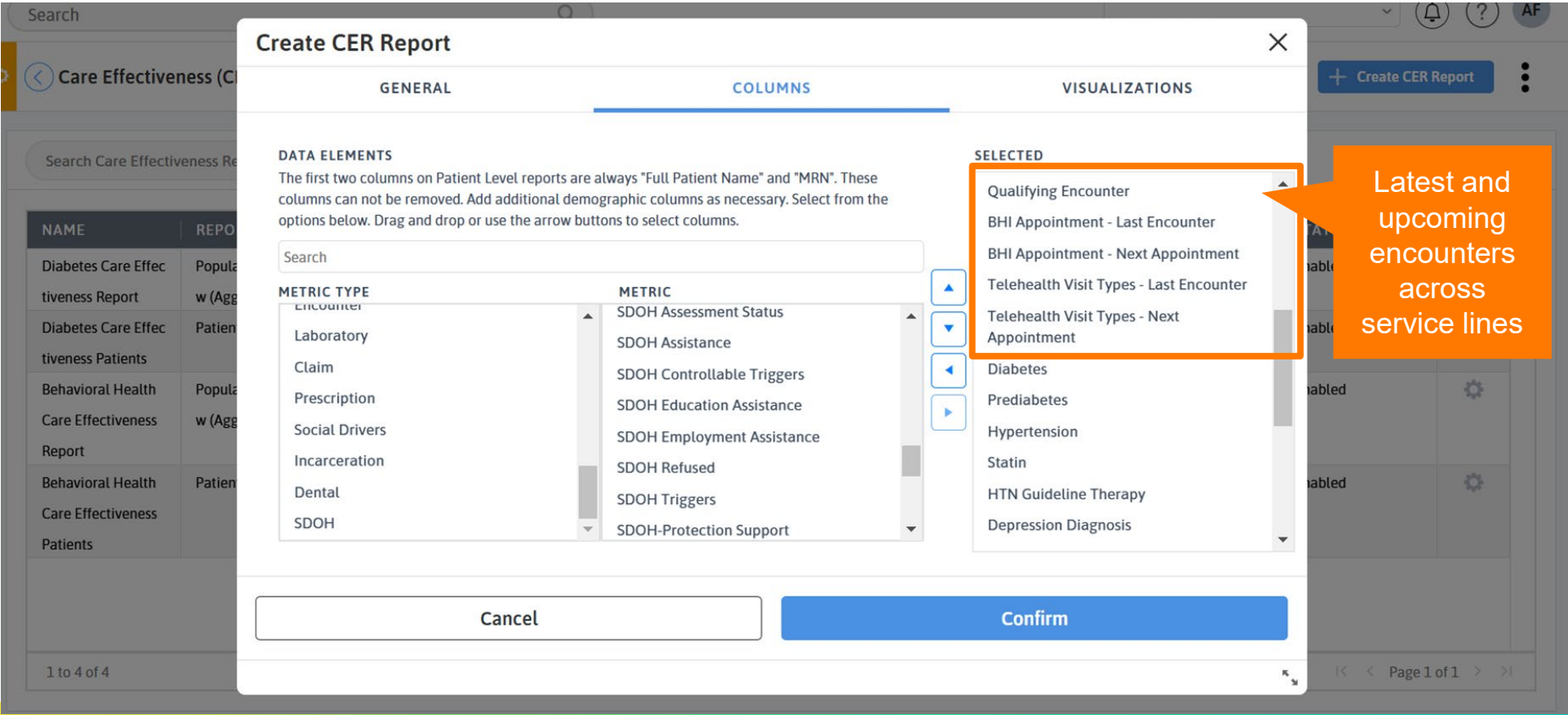
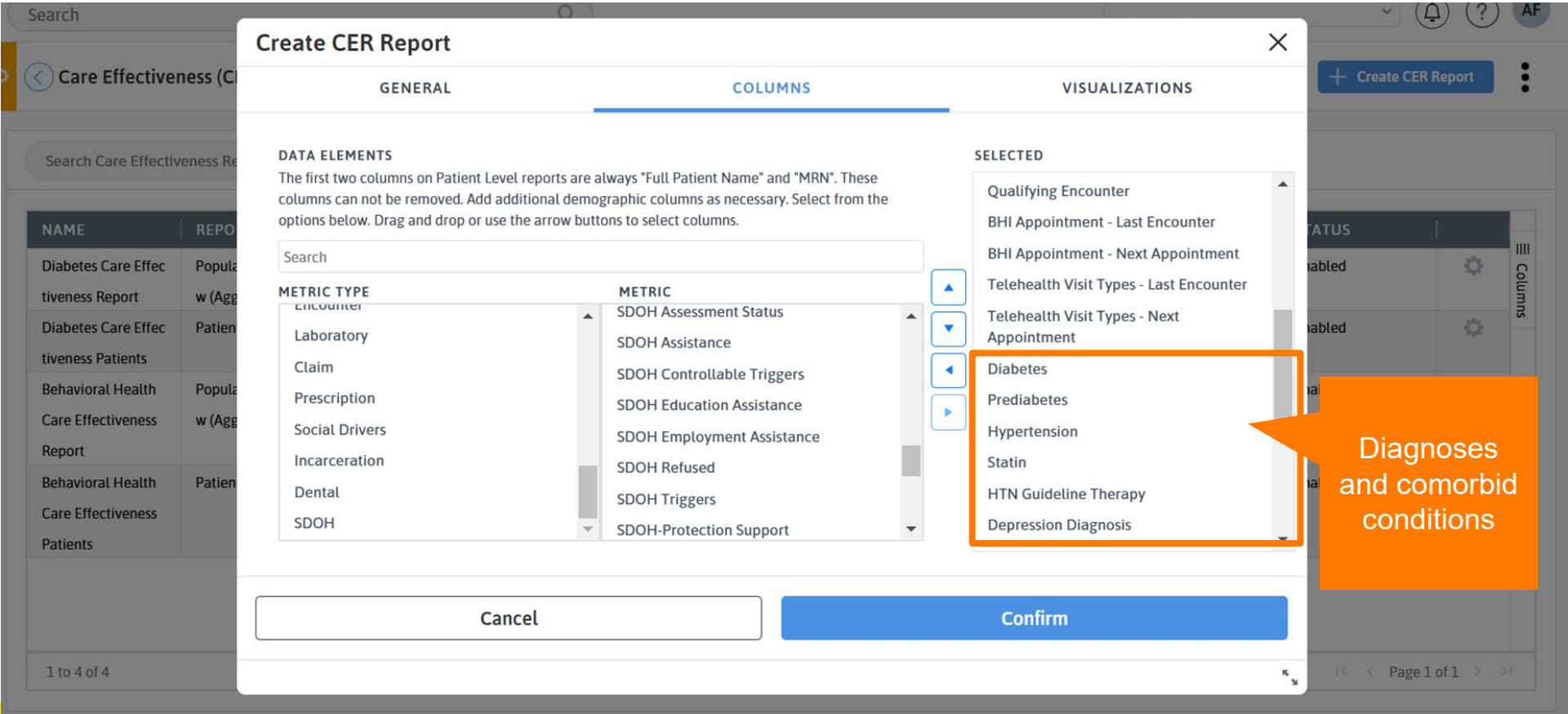
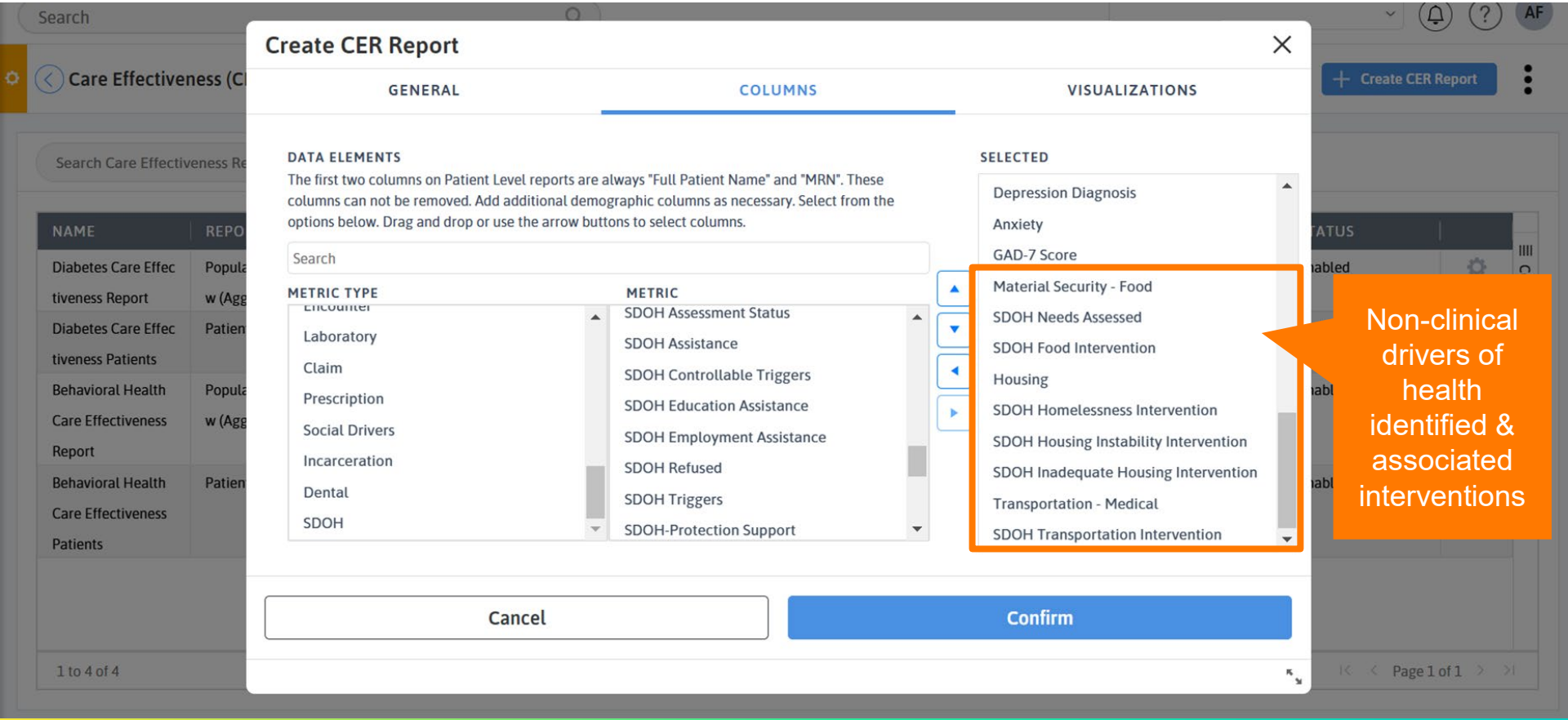
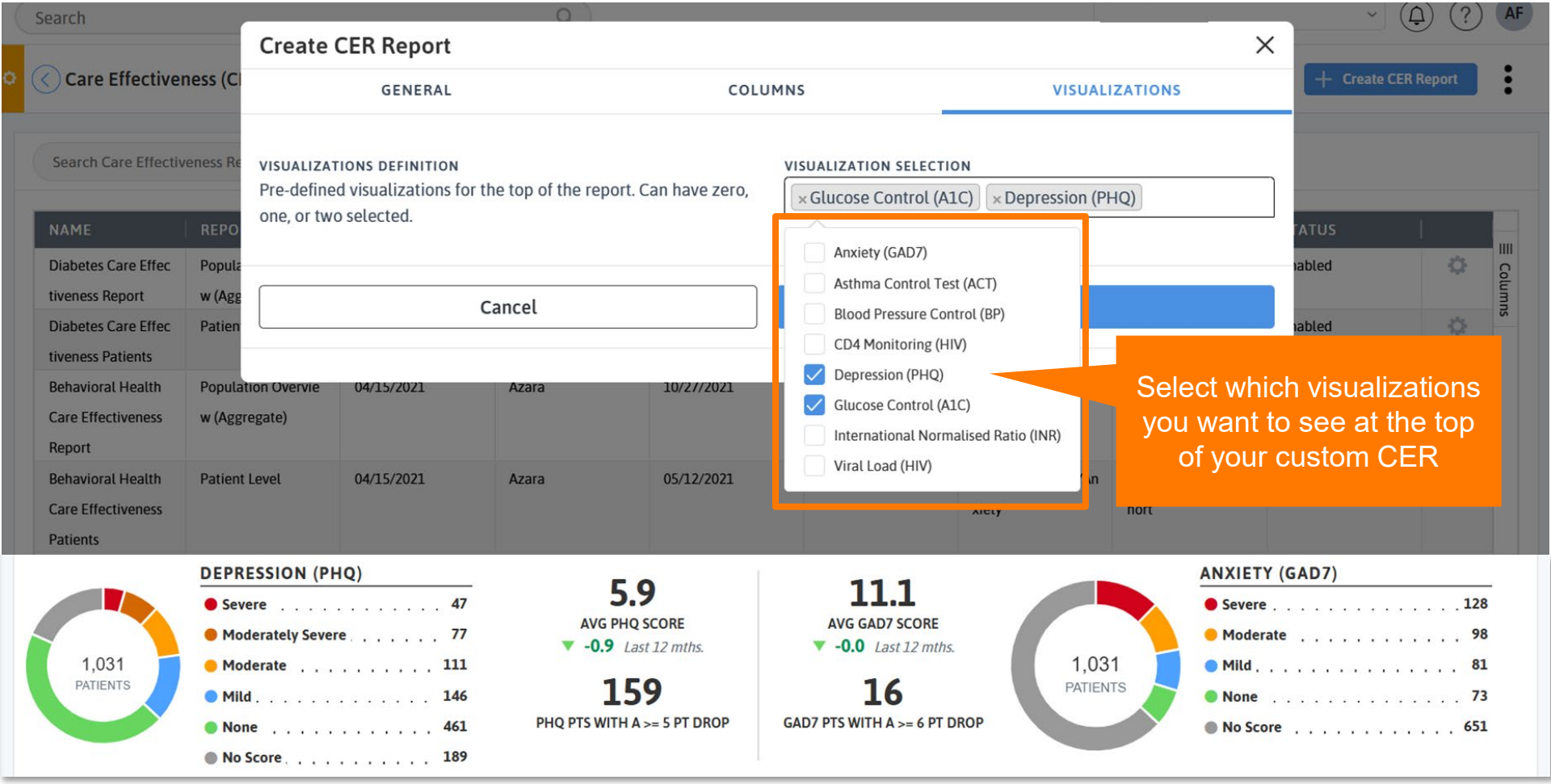
Columns
1 to 4 of 4
Page 1 of 1
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
DATA ELEMENTS
The first two columns on Patient Level reports are always "Full Patient Name" and "MRN". These columns can not be removed. Add additional demographic columns as necessary. Select from the options below. Drag and drop or use the arrow buttons to select columns.
Search
METRIC TYPE
Encounter
Laboratory
Claim
Prescription
Social Drivers
Incarceration
Dental
SDOH
METRIC
SDOH Assessment Status
SDOH Assistance
SDOH Controllable Triggers
SDOH Education Assistance
SDOH Employment Assistance
SDOH Refused
SDOH Triggers
SDOH-Protection Support
SELECTED
Full patient name
Age
Language
Race
Ethnicity
Date of Birth
Primary Payer
Pronouns
First PHQ in Last 12 Mths
Most Recent PHQ Last 12 Mths
First A1c in Last 12 Mths
Most Recent A1c Last 12 Mths
Cancel
Confirm
Health trajectory data


Search
Care Effectiveness (C
Create CER Report
Search Care Effectiveness Re
NAME
REPO
Diabetes Care Effec tiveness Report
Popula w (Agg
Diabetes Care Effec tiveness Patients
Patien
Behavioral Health Care Effectiveness Report
Popula w (Agg
Behavioral Health Care Effectiveness Patients
Patien
1 to 4 of 4
Page 1 of 1
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
DATA ELEMENTS
The first two columns on Patient Level reports are always "Full Patient Name" and "MRN". These columns can not be removed. Add additional demographic columns as necessary. Select from the options below. Drag and drop or use the arrow buttons to select columns.
Search
METRIC TYPE
Encounter
Laboratory
Claim
Prescription
Social Drivers
Incarceration
Dental
SDOH
METRIC
SDOH Assessment Status
SDOH Assistance
SDOH Controllable Triggers
SDOH Education Assistance
SDOH Employment Assistance
SDOH Refused
SDOH Triggers
SDOH-Protection Support
SELECTED
Qualifying Encounter
BHI Appointment - Last Encounter
BHI Appointment - Next Appointment
Telehealth Visit Types - Last Encounter
Telehealth Visit Types - Next Appointment
Diabetes
Prediabetes
Hypertension
Statin
HTN Guideline Therapy
Depression Diagnosis
Cancel
Confirm
Latest and upcoming encounters across service lines


Search
Care Effectiveness (C
Create CER Report
Search Care Effectiveness Re
NAME
REPO
Diabetes Care Effectiveness Report
Popula w (Agg
Diabetes Care Effectiveness Patients
Patien
Behavioral Health Care Effectiveness Report
Popula w (Agg
Behavioral Health Care Effectiveness Patients
Patien
TATUS
abled
abled
Columns
1 to 4 of 4
Page 1 of 1
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
DATA ELEMENTS
The first two columns on Patient Level reports are always "Full Patient Name" and "MRN". These columns can not be removed. Add additional demographic columns as necessary. Select from the options below. Drag and drop or use the arrow buttons to select columns.
Search
METRIC TYPE
Encounter
Laboratory
Claim
Prescription
Social Drivers
Incarceration
Dental
SDOH
METRIC
SDOH Assessment Status
SDOH Assistance
SDOH Controllable Triggers
SDOH Education Assistance
SDOH Employment Assistance
SDOH Refused
SDOH Triggers
SDOH-Protection Support
SELECTED
Qualifying Encounter
BHI Appointment - Last Encounter
BHI Appointment - Next Appointment
Telehealth Visit Types - Last Encounter
Telehealth Visit Types - Next Appointment
Diabetes
Prediabetes
Hypertension
Statin
HTN Guideline Therapy
Depression Diagnosis
Diagnoses and comorbid conditions
Cancel
Confirm



Non-clinical drivers of health identified & associated interventions


Search
AF
Care Effectiveness (C
Create CER Report
Search Care Effectiveness Re
NAME
REPO
Diabetes Care Effec tiveness Report
Popula w (Agg
Diabetes Care Effec tiveness Patients
Patien
Behavioral Health Care Effectiveness Report
Population Overvie w (Aggregate)
04/15/2021
Azara
10/27/2021
Behavioral Health Care Effectiveness Patients
Patient Level
04/15/2021
Azara
05/12/2021
Columns
Create CER Report
GENERAL
COLUMNS
VISUALIZATIONS
VISUALIZATIONS DEFINITION
Pre-defined visualizations for the top of the report. Can have zero, one, or two selected.
VISUALIZATION SELECTION
× Glucose Control (A1C)
× Depression (PHQ)
Cancel
Anxiety (GAD7)
Asthma Control Test (ACT)
Blood Pressure Control (BP)
CD4 Monitoring (HIV)
Depression (PHQ)
Glucose Control (A1C)
International Normalised Ratio (INR)
Viral Load (HIV)
Select which visualizations you want to see at the top of your custom CER
1,031
PATIENTS
DEPRESSION (PHQ)
Severe 47
Moderately Severe 77
Moderate 111
Mild 146
None 461
No Score 189
5.9
AVG PHQ SCORE
-0.9 Last 12 mths.
159
PHQ PTS WITH A >= 5 PT DROP
11.1
AVG GAD7 SCORE
-0.0 Last 12 mths.
16
GAD7 PTS WITH A >= 6 PT DROP
1,031
PATIENTS
ANXIETY (GAD7)
Severe 128
Moderate 98
Mild 81
None 73
No Score 651

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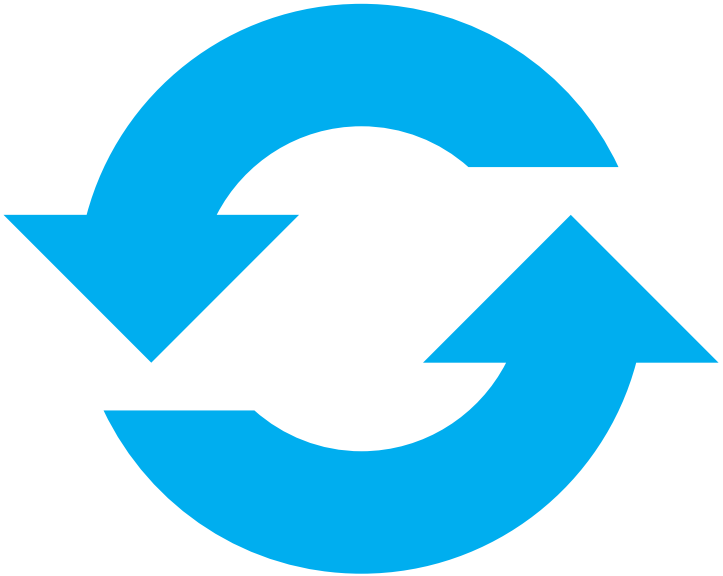
2025

Nightly Processing



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Azara Test_Care Management
REPORT

FILTER

RENDERING PROVIDERS: All Rendering Provid...
PATIENT DIAGNOSES: All Patient Diagnoses
SERVICE LINES: All Service Lines

Add Filter | Update

Overview - Population: CM Cohort

GLUCOSE CONTROL (A1C)

Poor (>9.0)	6
Fair (>8.0 and <=9.0)	2
Good (>6.4 and <=8.0)	7
Prediabetes (>=5.7 and <=6.4)	27
Normal (< 5.7)	22
No Score	49

6.6
AVG A1C SCORE
▲ 0.0 *Last 12 mths.*

17
A1C PTS WITH A >=1.5% DROP

0.3
AVG PHQ SCORE
▼ -0.5 *Last 12 mths.*

3
PHQ PTS WITH A >= 5 PT DROP

DEPRESSION (PHQ)

Severe	0
Moderately Severe	0
Moderate	0
Mild	2
None	75
No Score	36

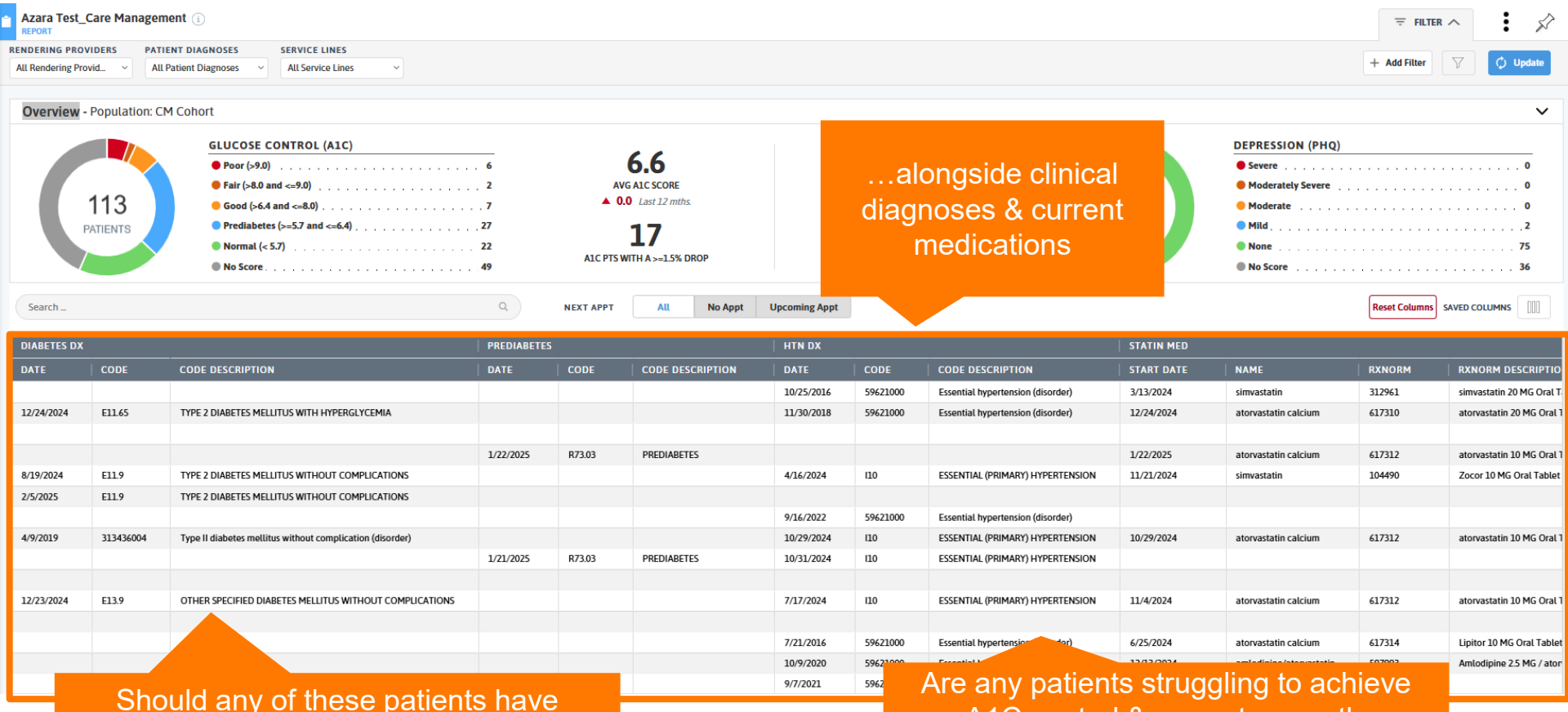
Search ...

NEXT APPT: All | No Appt | Upcoming Appt

Reset Columns | SAVED COLUMNS

	FIRST PHQ IN LAST 12 MTHS		MOST RECENT PHQ LAST 12 MTHS				FIRST A1C IN LAST 12 MTHS		MOST RECENT A1C LAST 12 MTHS				MOST RECENT ENCOUNTER			BHI APPOI
AGE	RESULT	DATE	STATUS	RESULT	DATE	CHANGE	RESULT	DATE	STATUS	RESULT	DATE	CHANGE	DATE	PROVIDER	LOCATION	DATE
65	6	7/8/2024		3	1/27/2025	▼ -3							3/13/2024			
60	0	3/18/2024		0	12/24/2024	0	9.9	3/18/2024		10.9	12/24/2024	▲ 1.0	12/24/2024			
51													10/3/2023			
63	0	3/6/2024		0	1/28/2025	0	6.4	3/6/2024		6.3	10/18/2024	▼ -0.1	2/11/20			
47	0	6/14/2024		0	11/21/2024	0	5.9	8/23/2024		5.9	8/23/2024	0.0	2/20/20			
64	0	3/12/2024		0	2/5/2025	0	6.5	6/12/2024		6.4	2/5/2025	▼ -0.1	2/5/202			
47	0	5/3/2024		6	8/26/2024	▲ 6	5.8	5/3/2024		5.8	5/3/2024	0.0	1/7/202			
65	7	3/13/2024		0	10/29/2024	▼ -7	6.6	3/14/2024		6.3	10/29/2024	▼ -0.3	10/29/2			
40	2	3/2/2024		0	2/12/2025	▼ -2	5.5	5/2/2024		5.2	2/12/2025	▼ -0.3	2/12/2			
60	0	4/4/2024		0	4/4/2024	0										
47	0	3/5/2024		1	1/21/2025	▲ 1	6.2	4/17/2024		7.2	11/4/2024	▲ 1.0	2/6/202			
58	0	2/29/2024		0	1/22/2025	0	5.0	4/16/2024		5.9	1/22/2025	▲ 0.9	1/29/20			
62	0	3/20/2024		0	10/2/2024	0							1/15/2025			
61	0	6/25/2024		0	1/17/2025	0	5.9	4/9/2024		5.6	1/21/2025	▼ -0.3	1/31/2025			
56													1/31/2023			

Capture health trajectory of patients enrolled in Care Management…


Azara Test_Care Management
REPORT
FILTER
RENDERING PROVIDERS
All Rendering Provid...
PATIENT DIAGNOSES
All Patient Diagnoses
SERVICE LINES
All Service Lines
Add Filter
Update
Overview - Population: CM Cohort
113
PATIENTS
GLUCOSE CONTROL (A1C)
Poor (>9.0) 6
Fair (>8.0 and <=9.0) 2
Good (>6.4 and <=8.0) 7
Prediabetes (>=5.7 and <=6.4) 27
Normal (< 5.7) 22
No Score 49
6.6
AVG A1C SCORE
▲ 0.0 Last 12 mths.
17
A1C PTS WITH A >=1.5% DROP
DEPRESSION (PHQ)
Severe 0
Moderately Severe 0
Moderate 0
Mild 2
None 75
No Score 36
…alongside clinical diagnoses & current medications
Search ...
NEXT APPT
All
No Appt
Upcoming Appt
Reset Columns
SAVED COLUMNS
DIABETES DX
PREDIABETES
HTN DX
STATIN MED
DATE
CODE
CODE DESCRIPTION
DATE
CODE
CODE DESCRIPTION
DATE
CODE
CODE DESCRIPTION
START DATE
NAME
RXNORM
RXNORM DESCRIPTIO
10/25/2016 59621000 Essential hypertension (disorder) 3/13/2024 simvastatin 312961 simvastatin 20 MG Oral T
12/24/2024 E11.65 TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA 11/30/2018 59621000 Essential hypertension (disorder) 12/24/2024 atorvastatin calcium 617310 atorvastatin 20 MG Oral T
1/22/2025 R73.03 PREDIABETES 1/22/2025 atorvastatin calcium 617312 atorvastatin 10 MG Oral T
8/19/2024 E11.9 TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS 4/16/2024 I10 ESSENTIAL (PRIMARY) HYPERTENSION 11/21/2024 simvastatin 104490 Zocor 10 MG Oral Tablet
2/5/2025 E11.9 TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS
9/16/2022 59621000 Essential hypertension (disorder)
4/9/2019 313436004 Type II diabetes mellitus without complication (disorder) 10/29/2024 I10 ESSENTIAL (PRIMARY) HYPERTENSION 10/29/2024 atorvastatin calcium 617312 atorvastatin 10 MG Oral T
1/21/2025 R73.03 PREDIABETES 10/31/2024 I10 ESSENTIAL (PRIMARY) HYPERTENSION
12/23/2024 E13.9 OTHER SPECIFIED DIABETES MELLITUS WITHOUT COMPLICATIONS 7/17/2024 I10 ESSENTIAL (PRIMARY) HYPERTENSION 11/4/2024 atorvastatin calcium 617312 atorvastatin 10 MG Oral T
7/21/2016 59621000 6/25/2024 atorvastatin calcium 617314 Lipitor 10 MG Oral Tablet
10/9/2020 Amlodipine 2.5 MG / ator
9/7/2021
Should any of these patients have diagnoses based on their current vitals?
Are any patients struggling to achieve A1C control & are not currently prescribed a statin?

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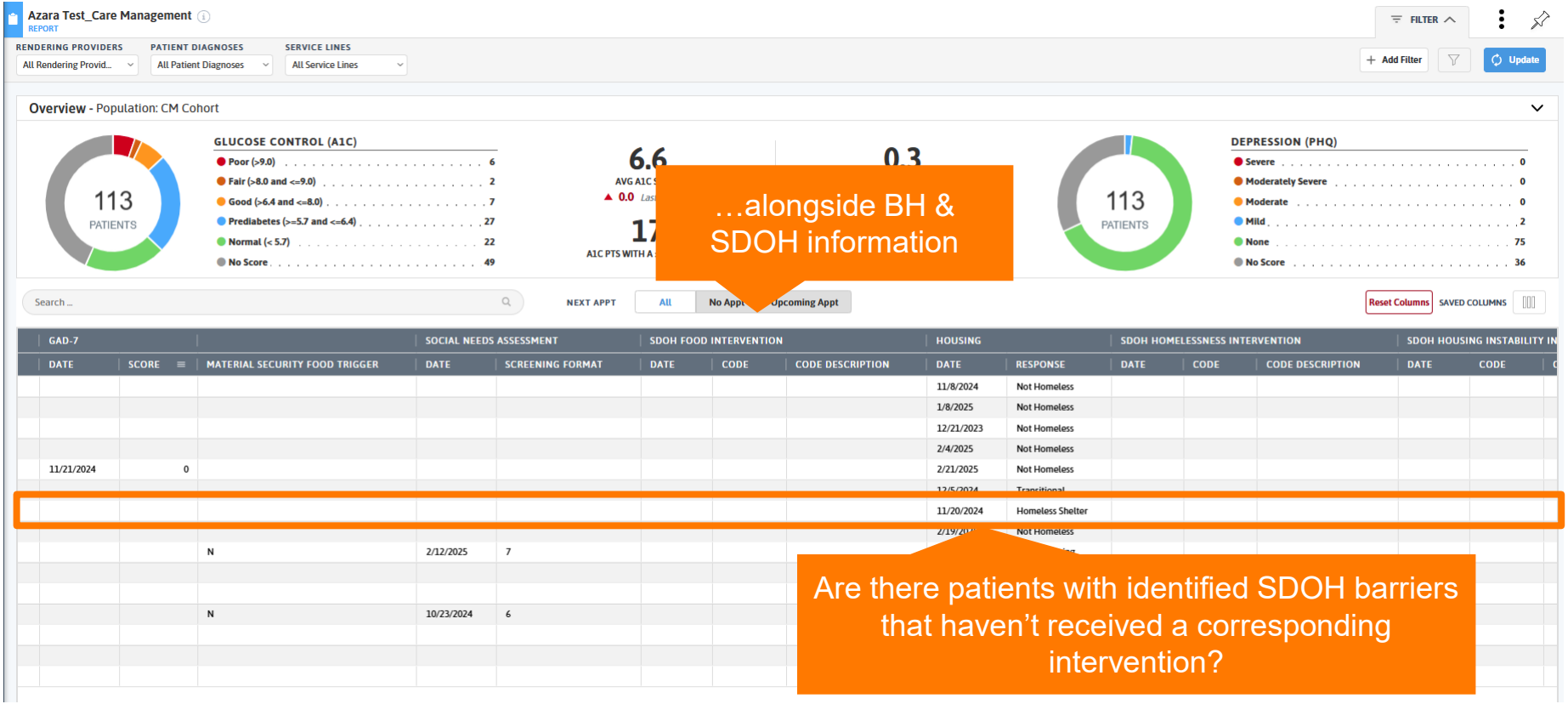

Wrap Up

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2025

Is there anything you plan to explore after today's presentation?

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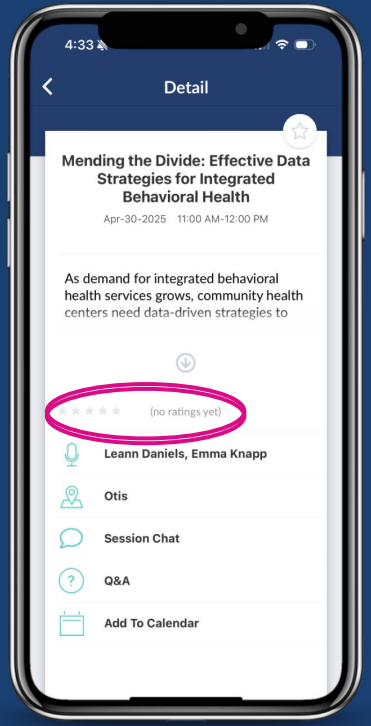
Questions?

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.

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Thanks for attending!