

azara2025

USER CONFERENCE APR 29-MAY 1 | BOSTON, MA

From Data to Action

Optimizing Health Center
Operations with DRVS

PRESENTED BY

Frank Smith

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Neighborhood Health Center

Molly Wack

Training & Adoption Program Lead
Azara Healthcare



Today's Presenters



Frank Smith

Senior Director of Quality
Neighborhood Health Center



Molly Wack

Training & Adoption Program Lead
Azara Healthcare

From Efficiency to Outcomes: How Operational Performance Fuels Clinical Success



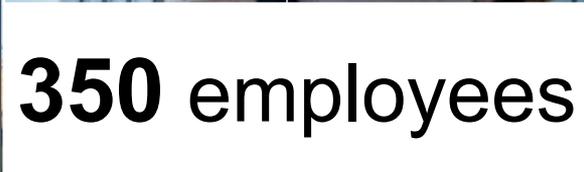
Frank Smith, Senior Director of Quality
Neighborhood Health Center of WNY

*Healthcare
that
welcomes
you*

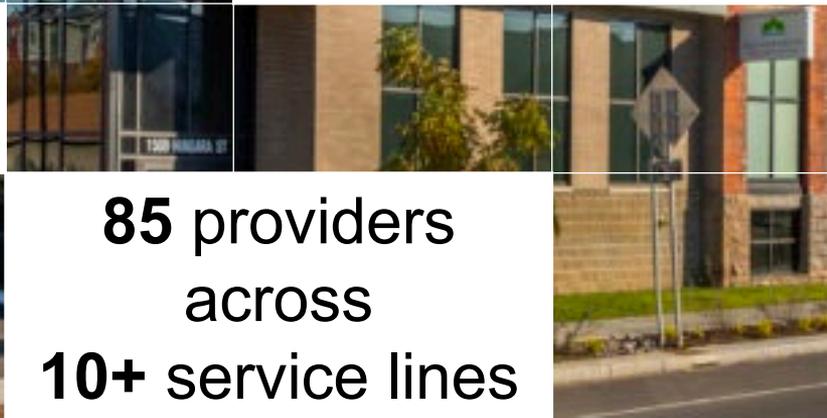
6 locations
1 mobile unit



32,000 patients



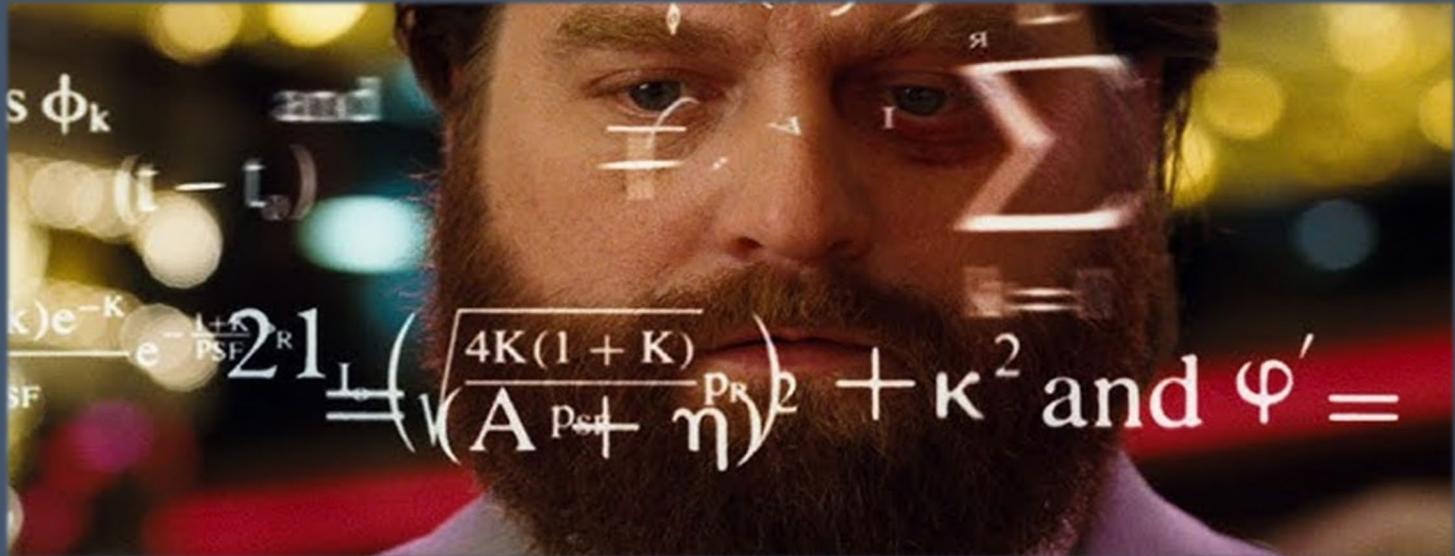
350 employees



85 providers
across
10+ service lines

Core Problem

How can we **improve patient-centered care** and **health outcomes** while ensuring our **clinical staff are supported** and **protected from burnout**?



Challenges to Overcome



Complex Patients

- High need & utilization
- Multiple chronic conditions
- Polypharmacy
- Social needs



Schedule Access

- Schedules are busy and access is limited
- Patients are scheduled with multiple providers



Visit Capacity

- Unable to address all needs in a visit
- Short term & immediate needs addressed
- Multiple follow-ups needed



Inconsistent Providers

- Patient experience is turbulent & burdensome
- Coordination is challenging
- Relationship building and trust is rare

Our Approach



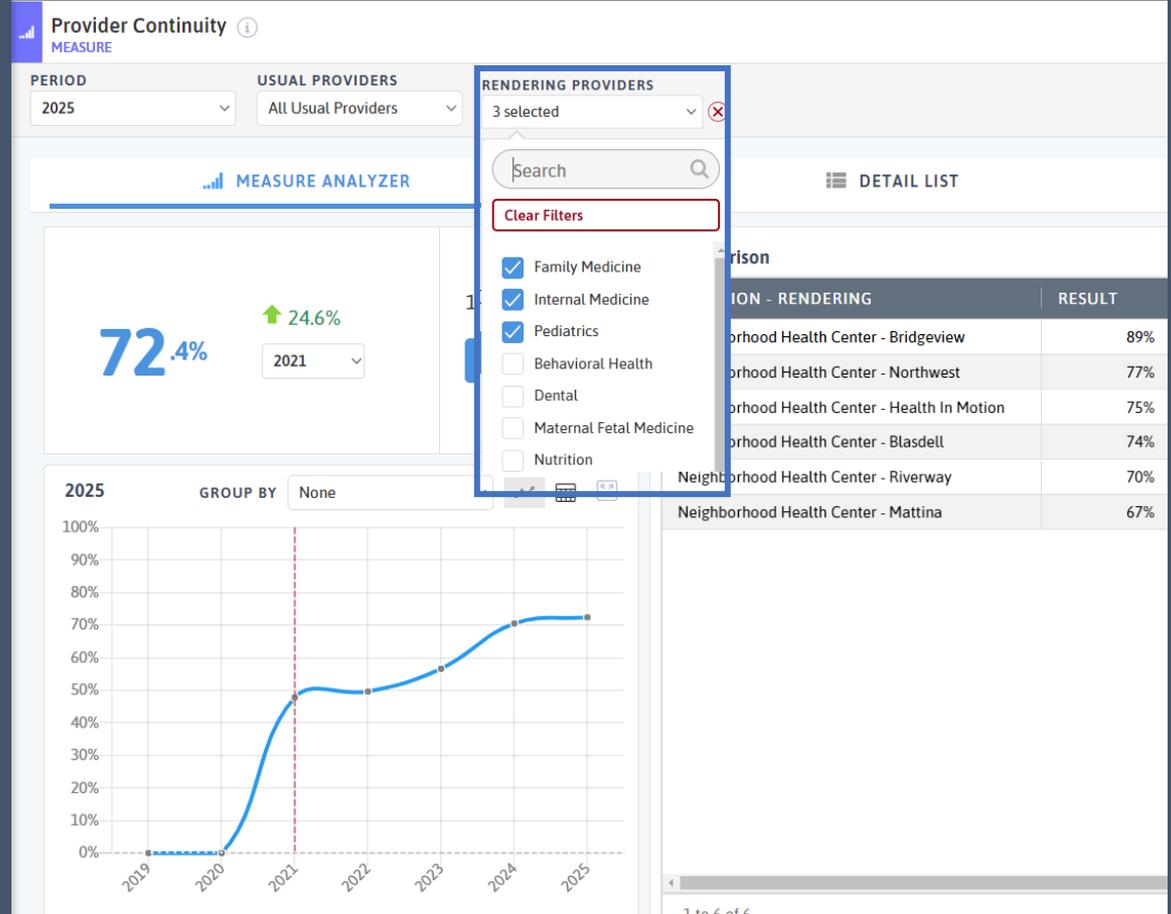
Our Approach



Empanelment in DRVS

Provider Continuity

Encounters where the patient is seen by their usual provider.



Empanelment in DRVS

Panel Size

The number of patients assigned to a Usual Provider based on patients who have had an appointment in the last two years.

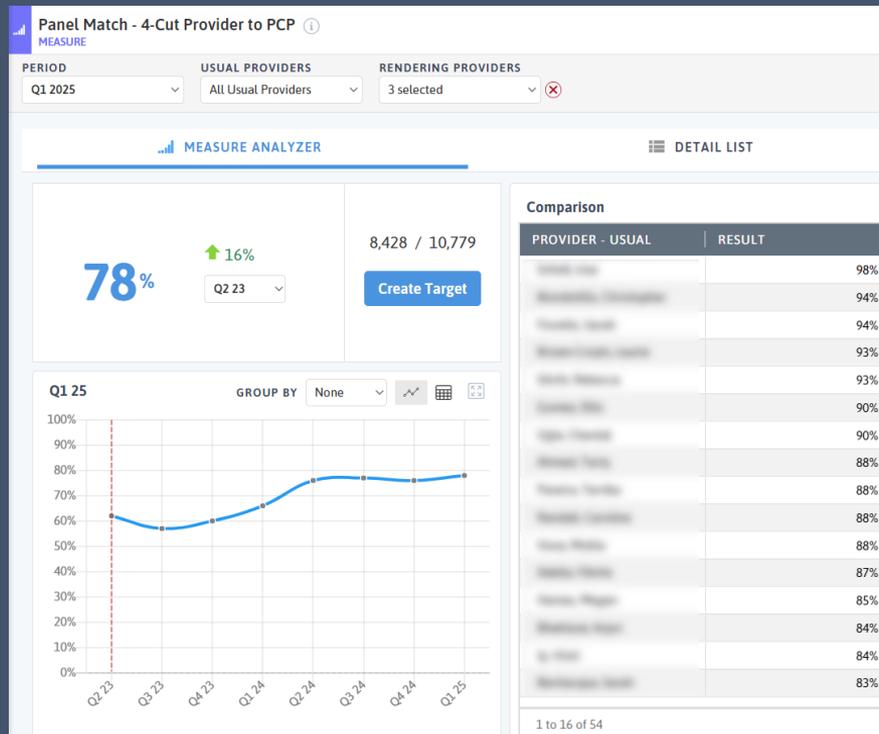


Empanelment in DRVS

Panel Match - 4-Cut Provider to PCP

Patients where the recommended 4-Cut Provider matches the assigned EHR Usual Provider.

- **Cut 1: "Single Provider"** - The patient has only seen one provider.
- **Cut 2: "Majority Provider"** - The patient has seen one provider the majority of the time.
- **Cut 3: "Last Physical"** - The patient has seen two or more providers equally; attribute to the provider who performed the last physical exam (based on CPT and ICD codes).
- **Cut 4: "Most Recent"** - The patient has seen multiple providers and cannot be assigned by majority or physical exam, attribute to last provider seen.



Utilization of the Data

Panel Sizes by Provider

Based on patients seen in the last 2 years

Provider	Empanelment Rate %	Current Panel Size	Recommended Change	Updated Panel Size
ALBERT EINSTEIN	68%	1,408	9	1,417
ALBERT EINSTEIN	64%	1,360	2	1,362
ALBERT EINSTEIN	66%	1,233	41	1,274
ALBERT EINSTEIN	80%	1,184	21	1,205
ALBERT EINSTEIN	67%	1,205	31	1,236
ALBERT EINSTEIN	77%	993	65	1,058
ALBERT EINSTEIN	49%	940	2	942
ALBERT EINSTEIN	78%	656	-656	0
ALBERT EINSTEIN	24%	102	233	335
ALBERT EINSTEIN	53%	647	216	863
ALBERT EINSTEIN	54%	569	0	569
ALBERT EINSTEIN	66%	1,222	0	1,222
ALBERT EINSTEIN	75%	1,159	2	1,161
ALBERT EINSTEIN	72%	1,374	0	1,374
ALBERT EINSTEIN	84%	1,141	2	1,143
ALBERT EINSTEIN	74%	1,130	4	1,134
ALBERT EINSTEIN	16%	820	2	822
ALBERT EINSTEIN	N/A	127	0	127
ALBERT EINSTEIN	85%	1,656	0	1,656
ALBERT EINSTEIN	63%	1,220	0	1,220
ALBERT EINSTEIN	75%	1,094	0	1,094
ALBERT EINSTEIN	77%	1,037	0	1,037
ALBERT EINSTEIN	-	953	0	953
ALBERT EINSTEIN	92%	888	3	891
ALBERT EINSTEIN	46%	532	0	532
ALBERT EINSTEIN	21%	66	0	66
ALBERT EINSTEIN	86%	582	1	583
ALBERT EINSTEIN	93%	546	3	549
ALBERT EINSTEIN	85%	1,490	1	1,491
ALBERT EINSTEIN	76%	1,032	5	1,037
ALBERT EINSTEIN	79%	1,059	3	1,062
ALBERT EINSTEIN	60%	730	9	739
ALBERT EINSTEIN	55%	624	1	625

Panel Sizes by Site

	Number of Patients	Number of Providers	Average Panel Size	Empanelment Rate
Mattina	10,261	11	933	65%
Northwest	7,417	7	1,060	68%
Blasdell	6,376	8	797	71%
Bridgeview	2,528	2	1,264	90%
Riverway	2,426	5	485	69%
TOTAL	29,008	33	879	69%

- ✓ Present monthly to leadership
- ✓ Review of empanelment rates and panel sizes
- ✓ Recommendations for panel adjustments
 - Address imbalances
 - Manage provider onboarding and offboarding
 - Schedule changes

Impacts of Empanelment Efforts

22.8%

Increase in organizational **provider continuity rates** in the last 3 years.



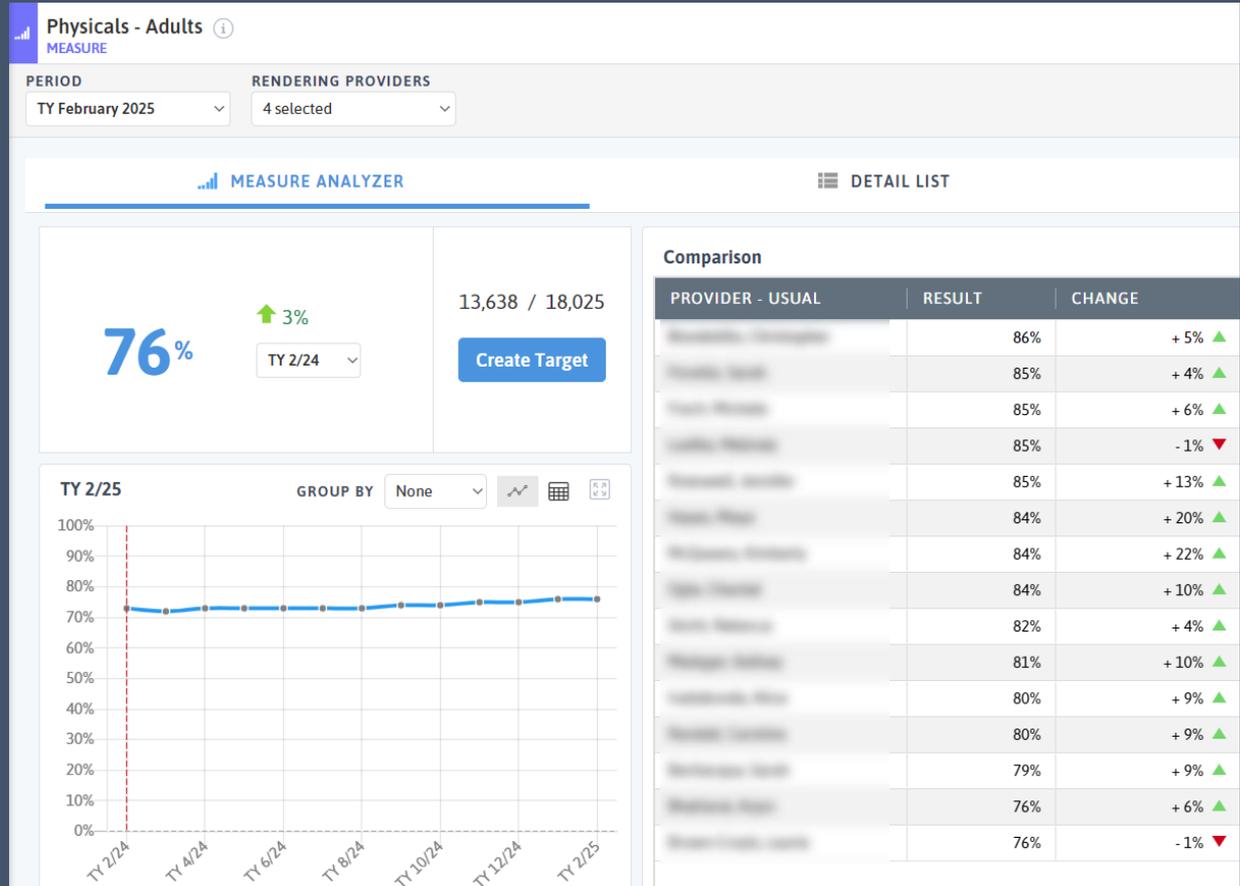
Our Approach



Preventive Visits in DRVS

Physicals – Adults

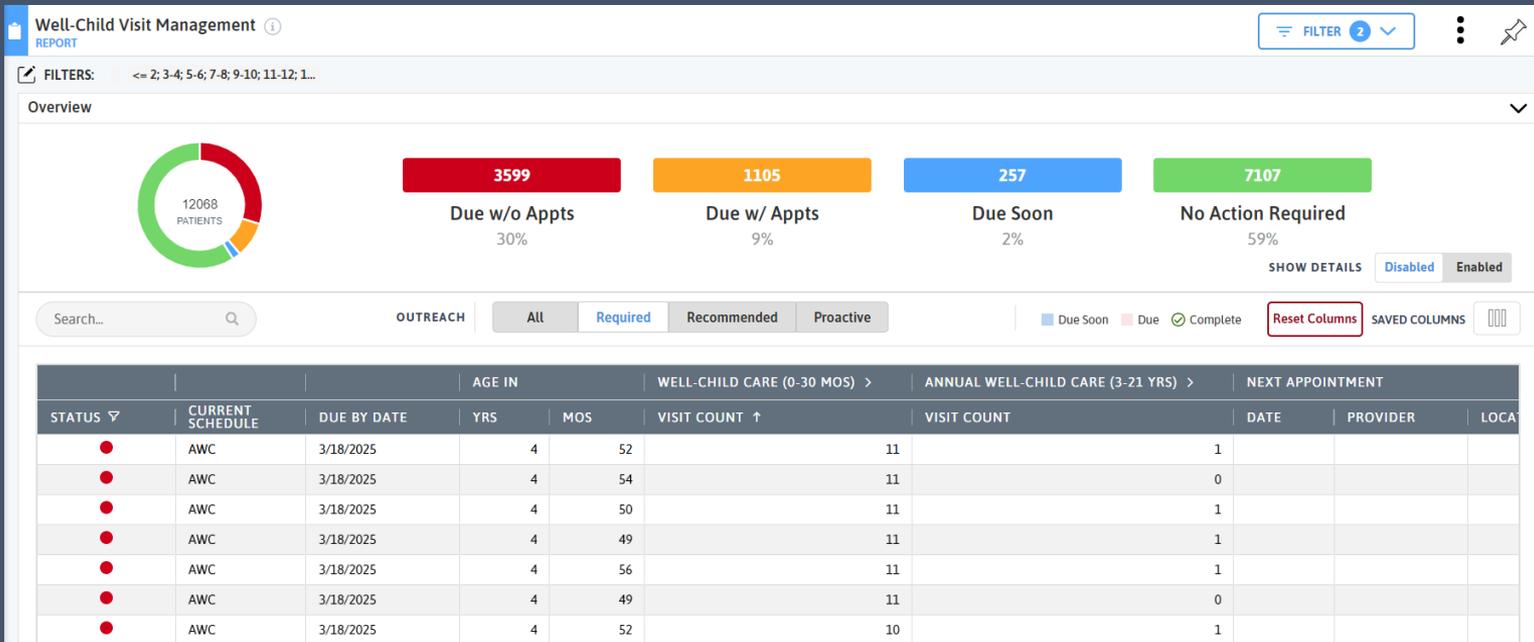
Adult patients who have had an annual physical in the last year.



Preventive Visits in DRVS

Well-Child Visit Management

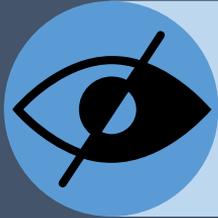
The report leverages the guidance and recommendations put forth by the American Academy of Pediatrics (AAP) with regards to the number and frequency of visits.



Utilization of the Data



Provider rates are published unblinded next to their other quality scores.



Unblinded data supports conversations about patient risk and complexity.



How do organizations impact preventive visits?

Neighborhood Health Center Provider Clinical Dashboard 2025 (TY February)		
NHC Quality Indicators		
Uniform Data System (UDS) Measures		
		Preventive Visits
	Goal	75.6%
	NHC Average	76.0%
	Departments	
	Internal Medicine	76.4%
	Family Medicine	79.4%
	Pediatrics	77.0%
	OBGYN	79.9%
	Sites	
	Blasdell	79.1%
	Bridgeview	72.3%
	Northwest	76.8%
	Mattina	73.2%
	Riverway	74.8%
	Southtowns	72.0%
Dept.	Providers (Last, First)	
IM	[Redacted]	72.0%
IM	[Redacted]	69.0%
IM	[Redacted]	67.0%
IM	[Redacted]	76.0%
IM	[Redacted]	86.0%
IM	[Redacted]	75.0%
IM	[Redacted]	73.0%
IM	[Redacted]	77.0%
IM	[Redacted]	85.0%
IM	[Redacted]	69.0%
IM	[Redacted]	72.0%
IM	[Redacted]	79.0%
IM	[Redacted]	74.0%
IM	[Redacted]	67.0%
IM	[Redacted]	79.0%
IM	[Redacted]	85.0%

Impacting Visits

Monthly review of visit reporting

Reported at department & organization level

Provider data reported unblinded

Internal Medicine Data through 2/28/2025								
Department	Annual Visit Target	Current Period Targeted Visits	Current Period Actual Visits	Current Period Percent of Target	Budgeted FTE	Actual FTE	No Show	Patients
Blasdel	13,861	2,169	1,782	82%	4.00	4.90	22%	1,484
Bridgeview	3,949	659	497	75%	1.30	1.30	30%	406
Mattina	13,329	2,081	1,772	85%	3.83	4.73	29%	1,612
Health in Motion								
Northwest	9,911	1,511	1,250	83%	2.70	3.60	29%	1,120
Riverway	7,899	1,317	1,149	87%	2.60	2.60	29%	1,138
Southtowns								
TOTAL	48,949	7,736	6,450	83%	14.43	17.13	27%	5,760

Name	Annual Visit Target	Clinical FTE	Current Period Targeted Visits	Current Period Actual Visits	Current Period Percent of Target	No Show
	2,430	0.80	405	371	92%	29%
	2,734	0.90	456	435	95%	29%
	2,734	0.90	456	388	85%	31%
	2,734	0.90	456	436	96%	30%
	1,823	0.60	304	311	102%	19%
	1,823	0.60	304	196	64%	32%
	2,734	0.90	456	314	69%	35%
	1,443	0.48	241	169	70%	31%
	2,734	0.90	456	497	109%	22%
	1,975	0.65	329	325	99%	20%
	2,734	0.90	456	67	15%	26%
	2,734	0.90	456	348	76%	28%
	2,734	0.90	456	414	91%	29%
	2,734	0.90	456	343	75%	30%
	2,734	0.90	456	316	69%	33%
	2,734	0.90	456	323	71%	30%
	2,127	0.70	355	301	85%	29%
	2,127	0.70	355	374	105%	18%
OFFBOARDING PROVIDER TOTAL	N/A	N/A	N/A	N/A	N/A	N/A
	1,709	0.90	143	210	147%	15%
	1,709	0.90	143	150	105%	19%
	1,709	0.90	143	162	113%	27%
ONBOARDING PROVIDER TOTAL	5,126	3	428	522	82%	
TARGETED TOTAL	43,823	14.43	7,308	5,928	81.1%	27.3%
PROJECTED TOTAL	48,949	17.13	7,736	6,450	81.1%	27.3%

Internal Medicine

Data through 2/28/2025

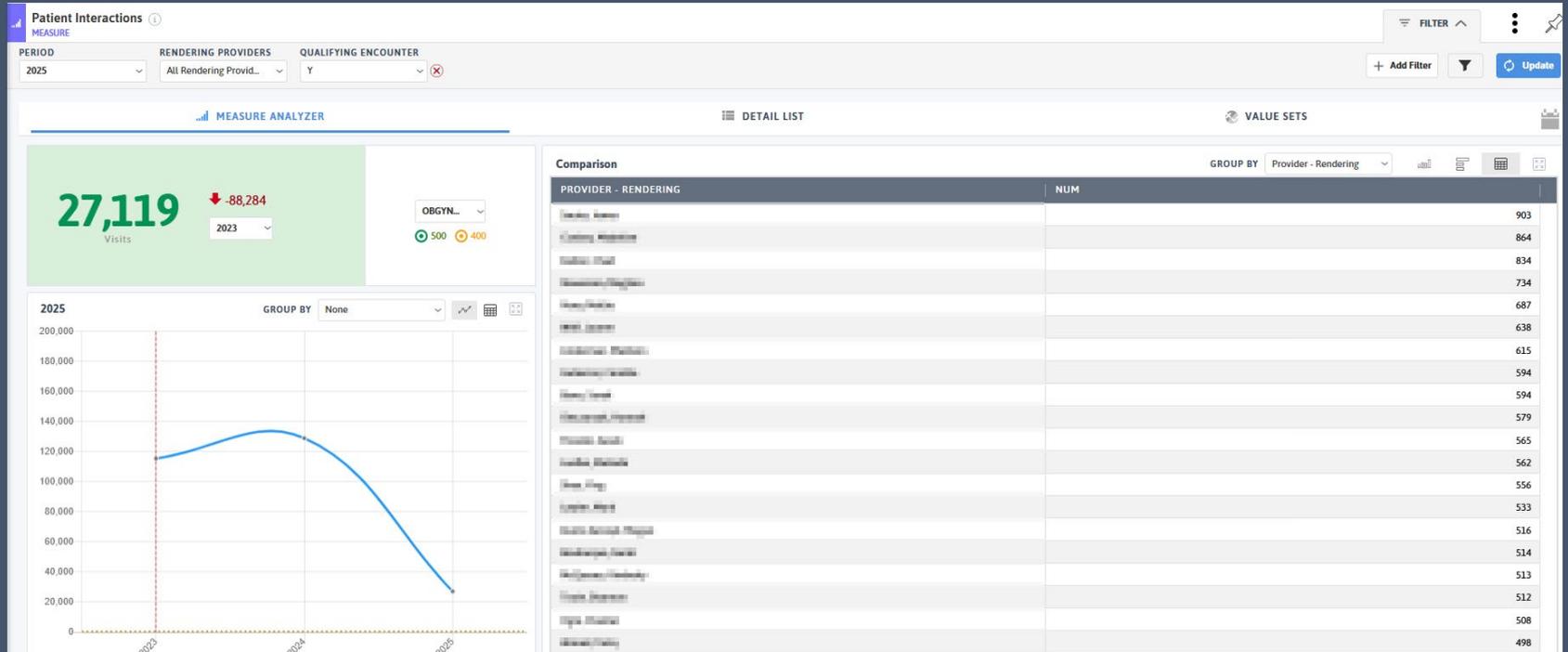
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Visit Data in DRVS

Patient Interactions

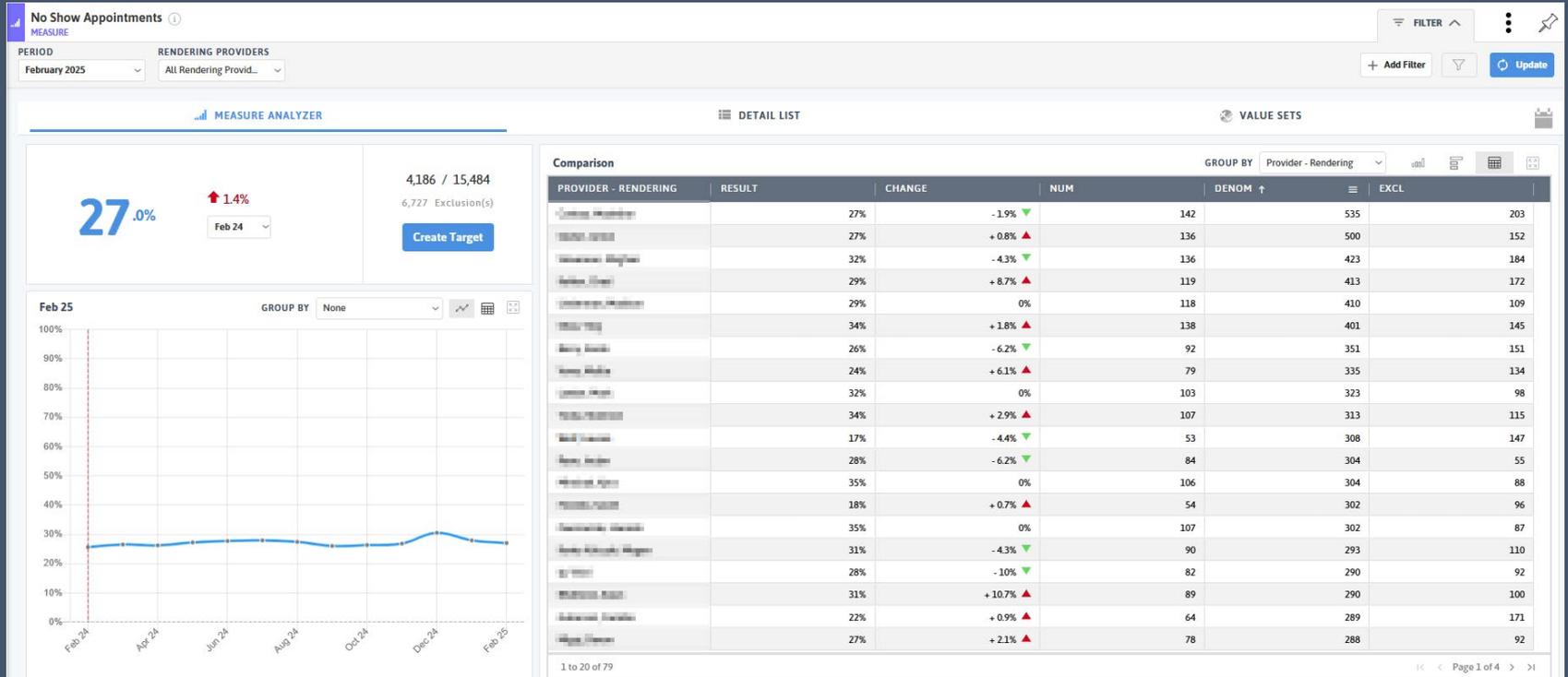
Total patient interactions in the measurement period.



Visit Data in DRVS

No Show Appointments

All appointments patient did not keep, without advance notice.



Impacts of Visit Data

10%

Increase in
provider
productivity.

8%

Increase in
patients w/
a preventive
visit.

2.5%

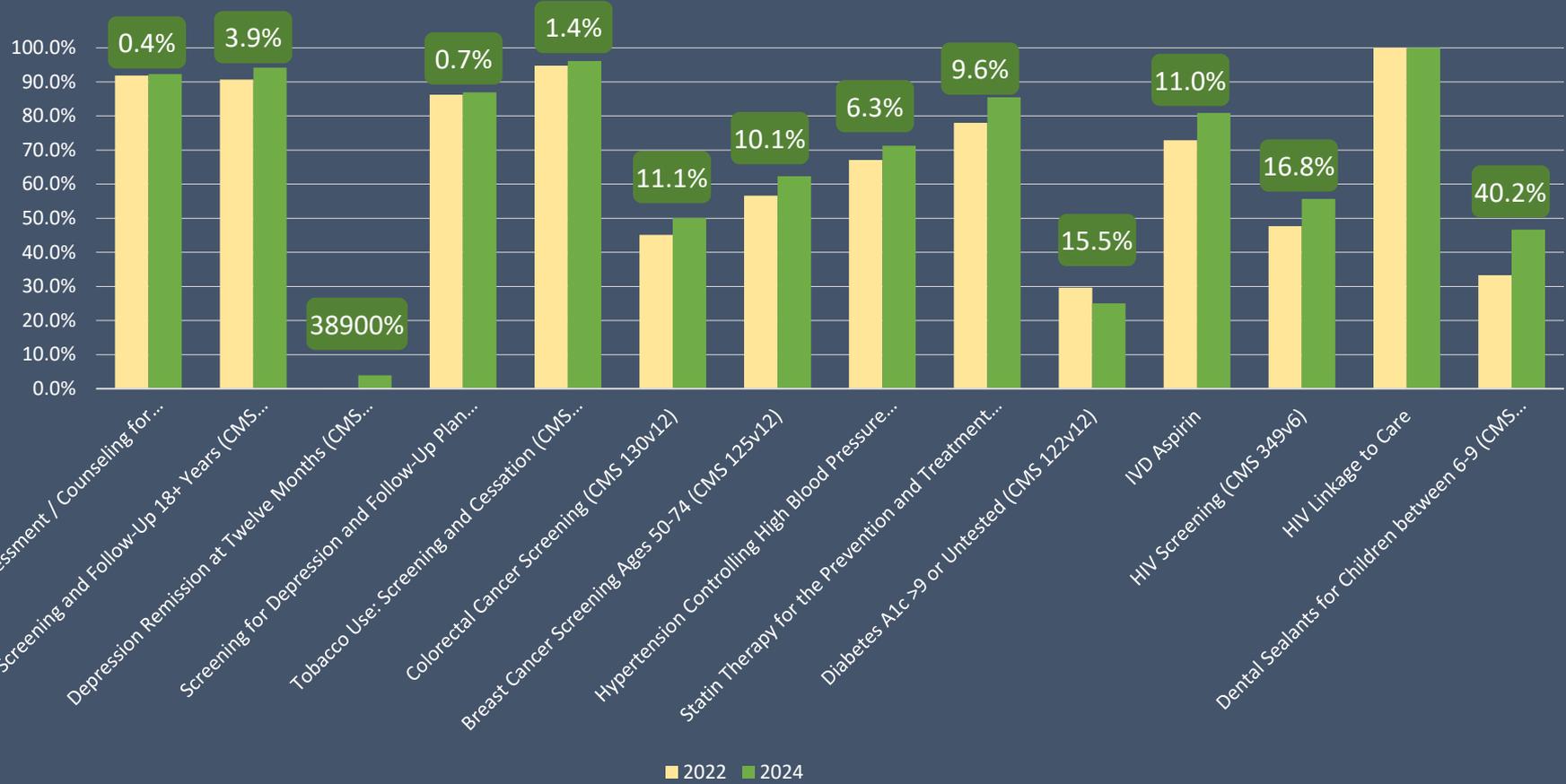
Decrease in
no-show
rate.

Our Approach



Improve Health Outcomes

Increased performance on **14 UDS metrics** in **2 years!**

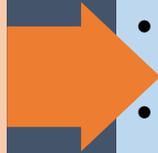


Overview



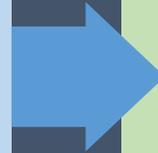
Optimize Empanelment

- Provider Continuity
- Panel Size
- PCP-4cut match



Increase Preventive Visits

- Patient Interactions
- No Show Appts
- Adult Physicals
- Well Child Visit Management



Elevate Health Outcomes

- UDS CQMs

Future of Operations Work

Schedule Optimization

- No show rates by day/time
- Appointments by day/time

Data Collection

- Income data (PVP alert)
- Universal SDOH Screening

Managing Patient Volume

- VBP contract attribution
- New patient volume (all departments)
- Interactions per patient across departments

Operational Data Across the Practice



What is Operational Data?



**Patient
Demographics**



**Visit
Information**



**Appointment
Information**



**Billing
Information**

Why Leverage Operational Data?



Insights in operational data can drive:



Health Equity

- Key component of programs like PCMH and many VBC contracts
- Quintuple aim



Patient Engagement

- Understand patient demand & cross-service line utilization
- Opportunities for preventive screenings



Revenue

- New patient demand
- Cross-service line utilization
- Impact of non-billable staff

How Can Operational Measures Help?



Explore what patients are coming in and from where.



Dive into what appointments are being kept, lost or recouped.



Understand workload and activity of providers.



Recognize activity of non-provider care team members.

Operations in Action



The Life of an Operations User



Daily

Review appointment measures for patient scheduling & access.

Quarterly

Assess access to care for all patients.

Weekly

Evaluate team productivity & outreach to patients.

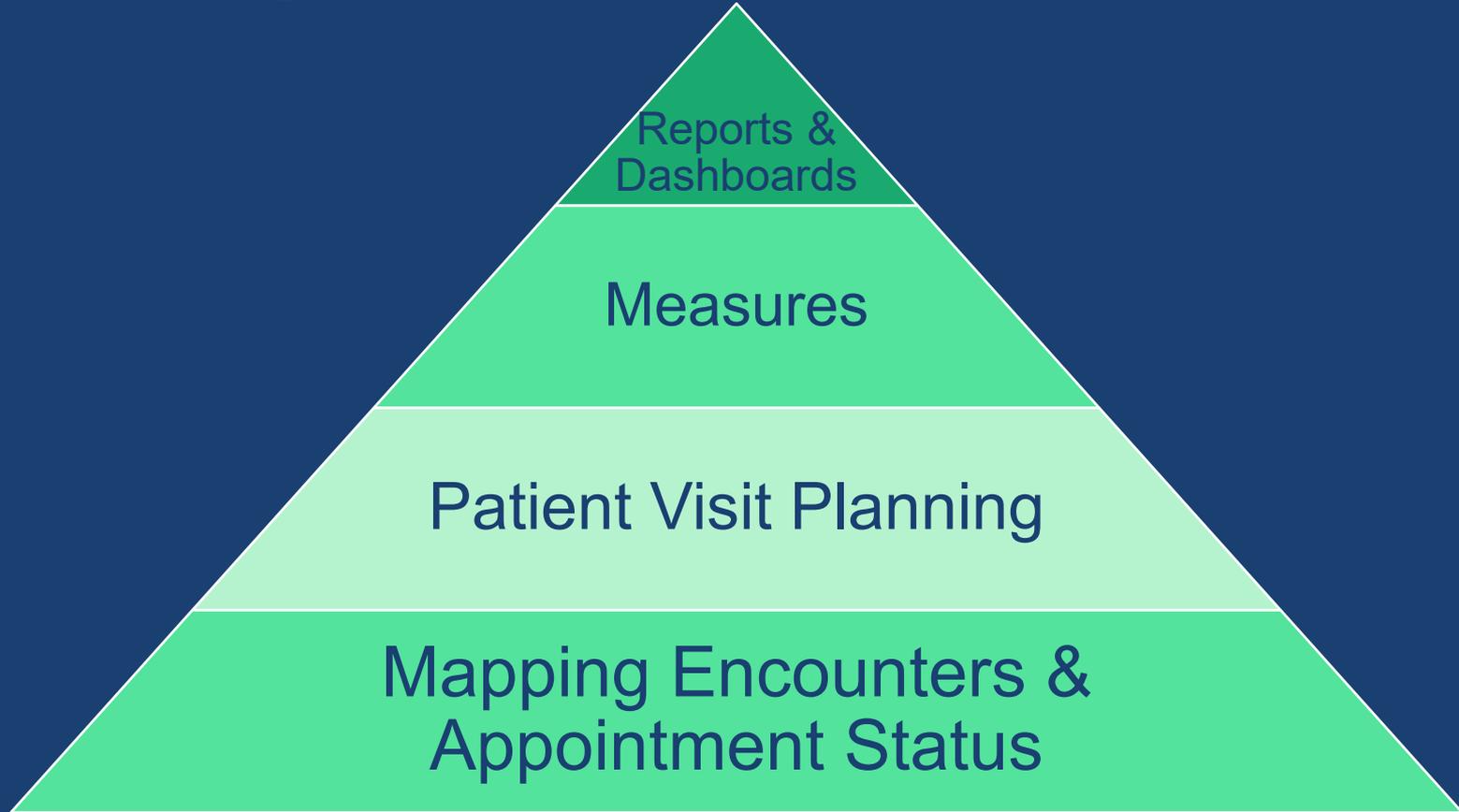
Monthly

Understand visit volume for billable and non-billable work.

Data Health



Mapping is Foundational!



Mapping Categories



Category	Description
Appointment Status	Used to indicate whether or not an appointment has occurred and/or describe the current standing of the appointment.
Patient Interaction	Patient Interactions are meaningful contact between the patient and the health center. Interactions includes traditional face to face qualifying encounters and any other non-traditional visits* and methods of communications.
Service Line	The line of business to which the rendering service is associated. In DRVS, each provider is associated with a specialty and type which is often combined to identify a line of business on a given encounter. In DRVS, the following service lines are available: primary care (family medicine, pediatrics, internal medicine, and OB-GYN), behavioral health, dental, optometry, rehab, and specialty.
Telehealth Encounter	Clinical health services (such as patient care or education) delivered via electronic information and telecommunications technologies.
UDS F2F Qualifying Encounter	Defined by HRSA, kept visits that are documented, face-to-face (FTF) or virtual contacts between a patient and a licensed or credentialed provider who exercises independent, professional judgment in providing medical, behavioral health, and dental services. Only visits that meet all these criteria are qualifying encounters. In DRVS, these are defined by a list of CPT codes OR Visit Types that a health center specifies are its qualifying encounters. To make any changes to your center's qualifying encounters, please contact Azara Support at support@azarahealthcare.com .
Billable Encounter	An encounter type that is eligible to submit a claim for payment by an insurance company, to redeem the encounter rate billing amount, or to charge a patient or guarantor.



F2F Qualifying Encounter CPT Mapping Details Report

↓ Is the CPT currently qualifying?

↓ Description of CPT code

SUMMARY	CPT	SUMMARY	SUMMARY LAST		CPT	
QUALIFYING ▾ ↑	RECOMMENDED ▾	ALL TIME COUNT	YEAR COUNT	MONTH COUNT	CODE	DESCRIPTION
N	Y	12676	1690	79	90791	Psychiatric diagnostic evaluation
N	Y	16290	2106	102	H0004	Behavioral health counseling and therapy, per 15 minutes

↑ Is the CPT recommended to be qualifying?

Look for mismatches between qualifying/recommended for review!

Daily Workflows

Appointment Tracking



Using Appointment Data



Goal	Role	Details
Track who is or is not coming in	<ul style="list-style-type: none">• Operations team• Medical director• Care Management	Review measures like Walk In/Same Day or No Show/Cancelled stratified by factors like key patient demographics, service line, appointment type, provider.
Assess equity of access	<ul style="list-style-type: none">• PCMH manager	Review measures like Walk In/Same Day or No Show/Cancelled stratified by factors like key race, ethnicity, language, etc.
Follow up with patients the no-showed or rescheduled	<ul style="list-style-type: none">• Front Desk	Review No Show and Cancelled measures to identify patients that need a new appointment.
Understand scheduling capacity	<ul style="list-style-type: none">• Front Desk• Operations Team	Review Appts/Day measure, stratified by factors like Appointment Status, EHR Appointment Type, Provider, and Service Line.

Who's coming in?



Same Day Appointments MEASURE

FILTER 1



FILTERS: October 2024

MEASURE ANALYZER

DETAIL LIST

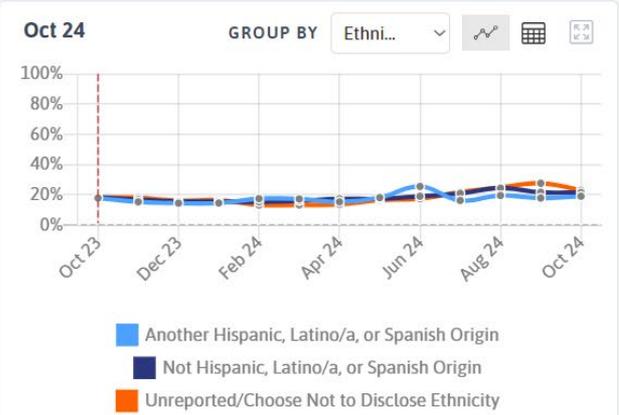
VALUE SETS

1,131 / 5,446
3,215 Exclusion(s)

20.8% ↑ 2.8%

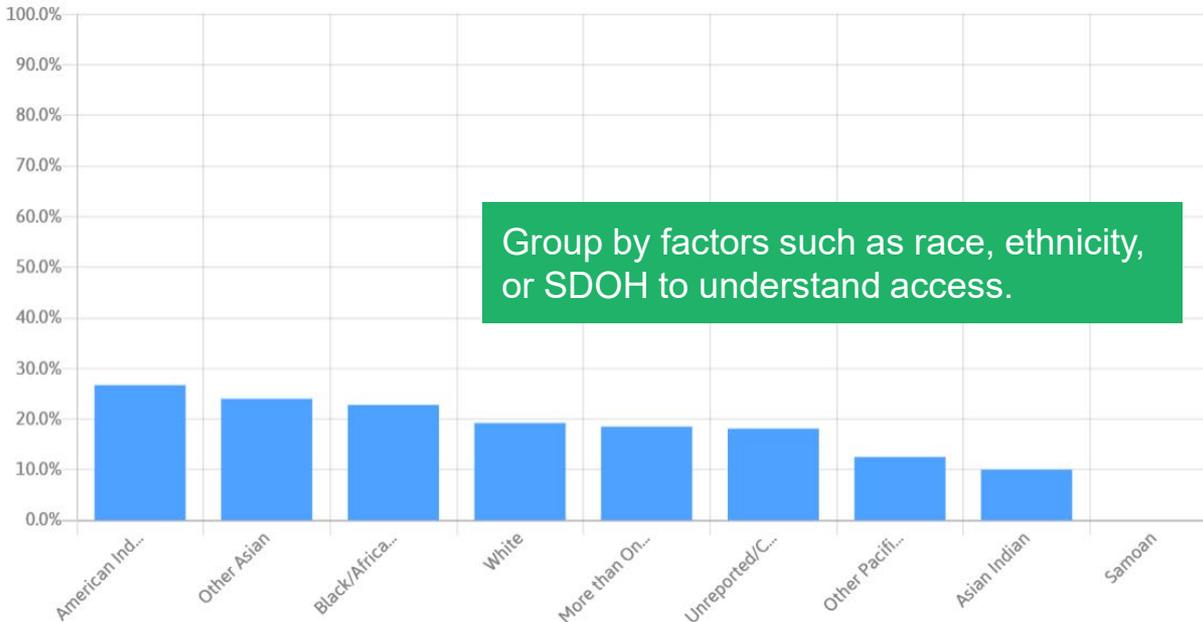
Oct 23 ▼

Create Target



Comparison

GROUP BY Race ▼ 📈 📅 ⊞



Group by factors such as race, ethnicity, or SDOH to understand access.

Who's *not* coming in?



Canceled Appointments <24 hrs
MEASURE

FILTER 1



FILTERS: October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

8.7%

↓ -7.6%

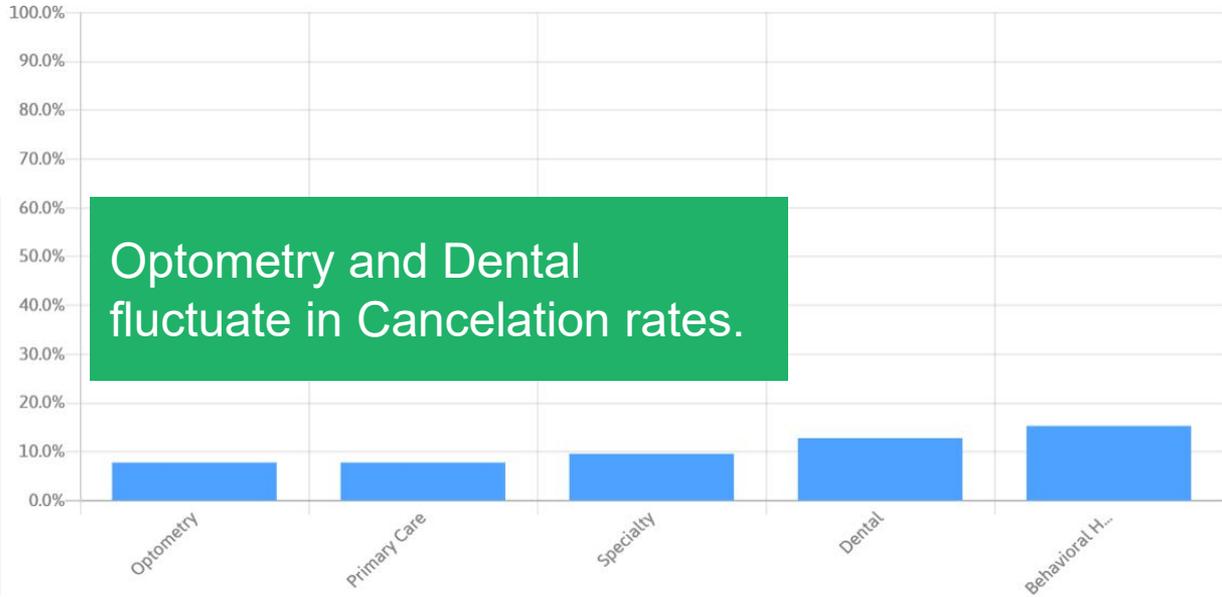
Oct 23

450 / 5,152
3,086 Exclusion(s)

Create Target

Comparison

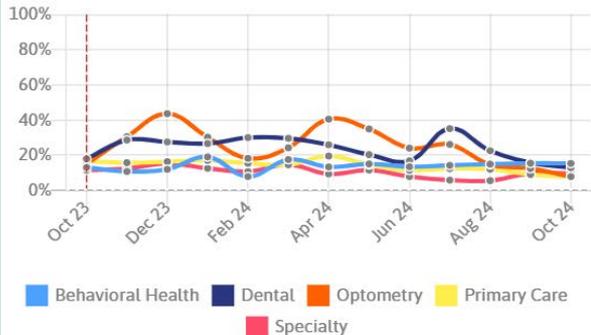
GROUP BY Service Line



Optometry and Dental fluctuate in Cancellation rates.

Oct 24

GROUP BY Servi...



Who's *not* coming in?



No Show Appointments ⓘ

MEASURE

FILTER 1



FILTERS: October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

17.9%

↑ 2.7%

Oct 23

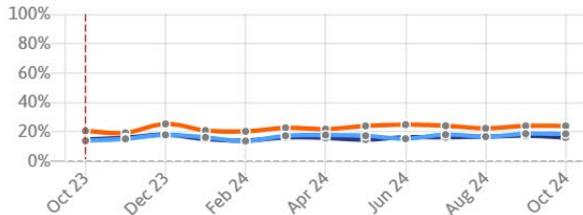
1,088 / 6,066

2,595 Exclusion(s)

Create Target

Oct 24

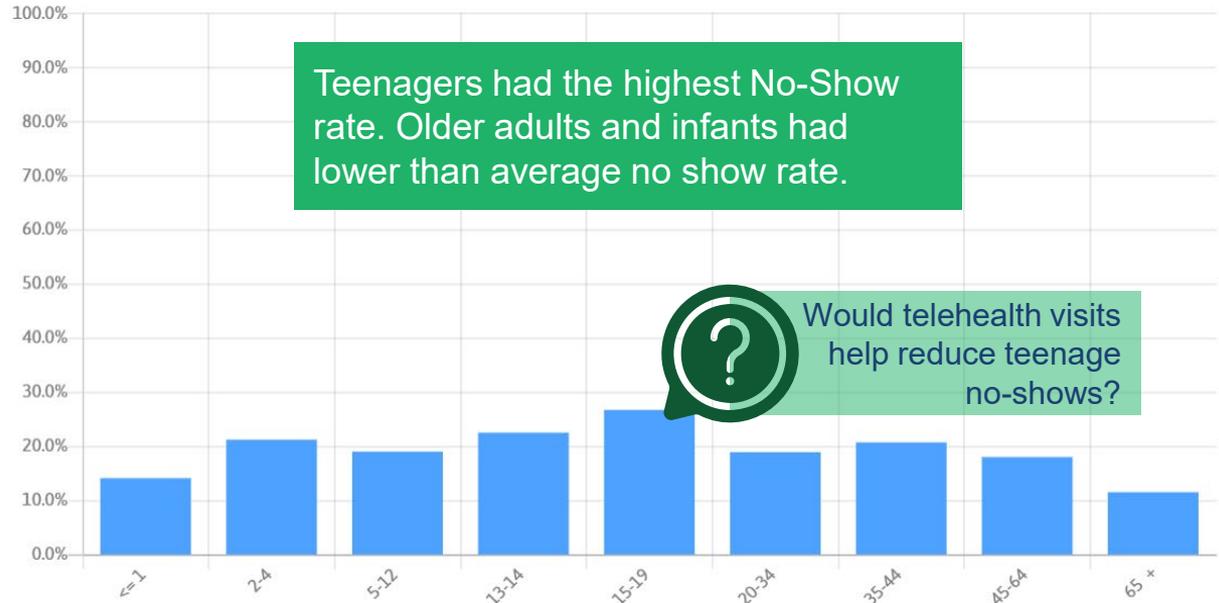
GROUP BY Ethni...



- Another Hispanic, Latino/a, or Spanish Origin
- Not Hispanic, Latino/a, or Spanish Origin
- Unreported/Choose Not to Disclose Ethnicity

Comparison

GROUP BY Age



Teenagers had the highest No-Show rate. Older adults and infants had lower than average no show rate.



Would telehealth visits help reduce teenage no-shows?

Patient Recall | Rescheduling No Shows



No Show Appointments MEASURE

FILTERS: PERIOD: WE 10/20/24 - 10/26/24 RENDERING PROVIDERS: All Rendering Provid...

Year: WE 10/20/24 - 10/26/24
Quarter: WE 10/13/24 - 10/19/24
Month: WE 10/06/24 - 10/12/24
Trailing Year: WE 09/29/24 - 10/05/24
Week: WE 09/22/24 - 09/28/24
Day: WE 09/15/24 - 09/21/24
WE 09/08/24 - 09/14/24
WE 09/01/24 - 09/07/24
WE 08/25/24 - 08/31/24

1. Choose a previous day or week to review.

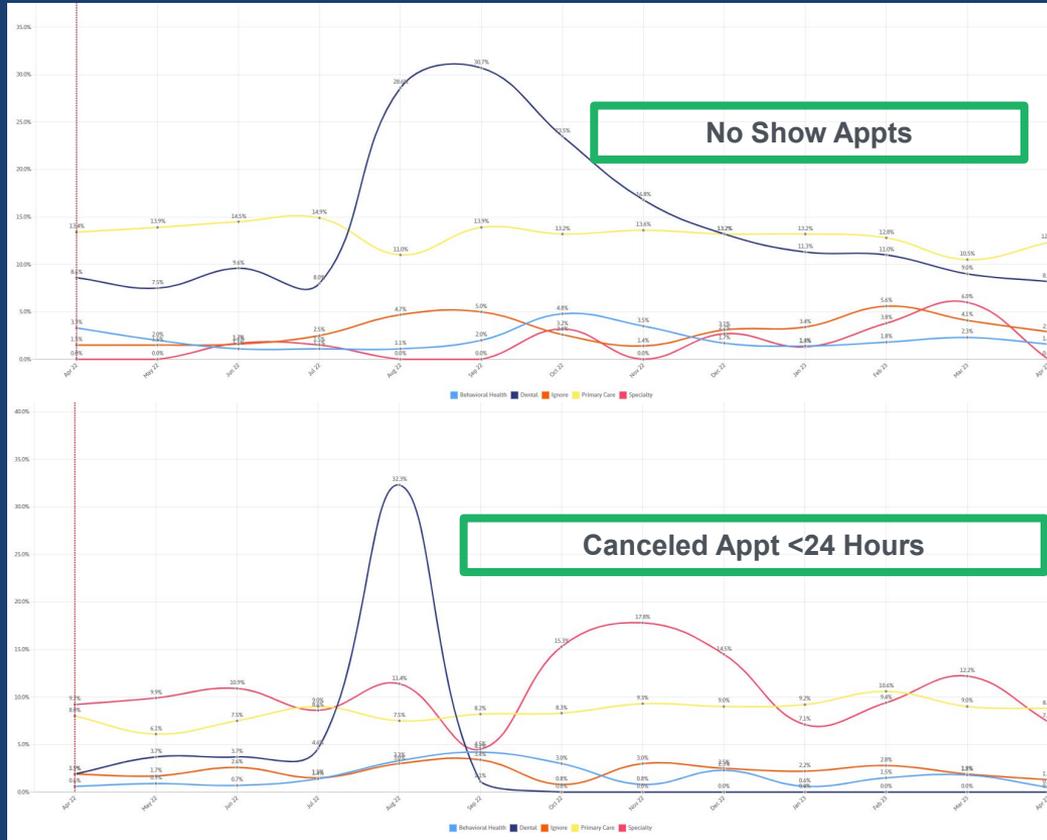
3. Export list to use for outreach.

2. Identify patients that no-showed and don't have a follow up appointment scheduled.

DATE	TIME	STATUS	TYPE	SCHEDULED DATE	SERVICE LINE	DATE	PROVIDER	LOCATION
10/11/2024	11:30	N/S	No Show	NP	8/21/2024	Primary Care		
10/11/2024	09:30	N/S	No Show	NP	6/17/2024	Primary Care		
10/11/2024	09:30	N/S	No Show	NP	8/23/2024	Primary Care		
10/21/2024	11:30	N/S	No Show	NP	8/21/2024	Primary Care		
10/11/2024	14:30	N/S	No Show	NP	10/3/2024	Primary Care		
10/18/2024	14:30	N/S	No Show	NP	8/19/2024	Primary Care		
10/9/2024	14:30	N/S	No Show	NP	8/20/2024	Primary Care		
10/17/2024	09:30	N/S	No Show	NP	8/29/2024	Primary Care		
10/22/2024	14:30	N/S	No Show	NP	8/29/2024	Primary Care		

1 to 9 of 582 Page 1 of 65

Canceled Appt <24 hours & No Shows



What is the true number of appointments lost per month?

How many of these appointments do we recoup? (Walk-in/Same Day Appt Measures)

No show rate = 9.3%

Canceled appt rate 6.1%

Total lost appts = 15.4%

How can we use data to head off these "lost appointments"

- Staff scheduling
- Operational considerations
- Evaluate trend across service lines

Weekly Workflows

Care Team Productivity

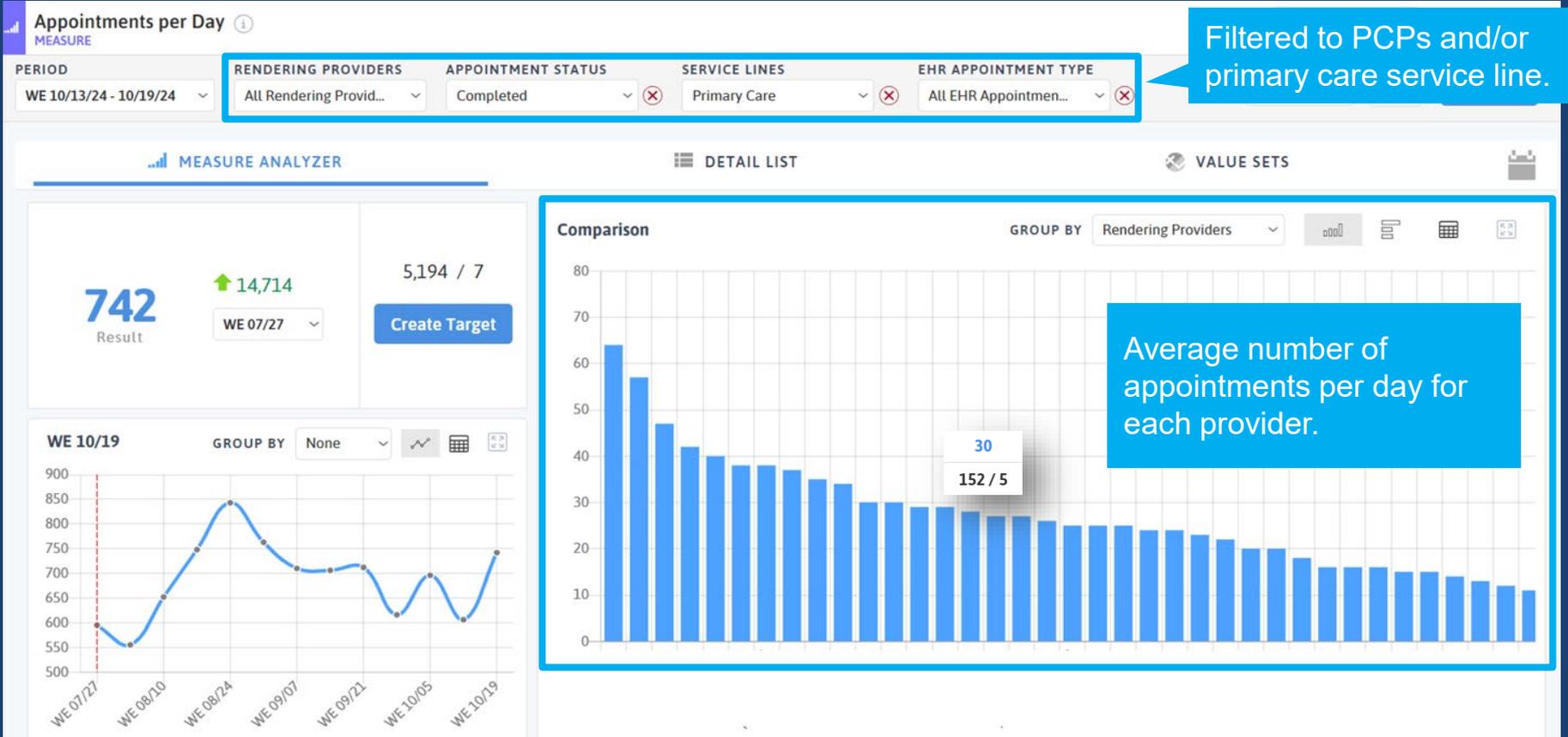


Using Visit Data

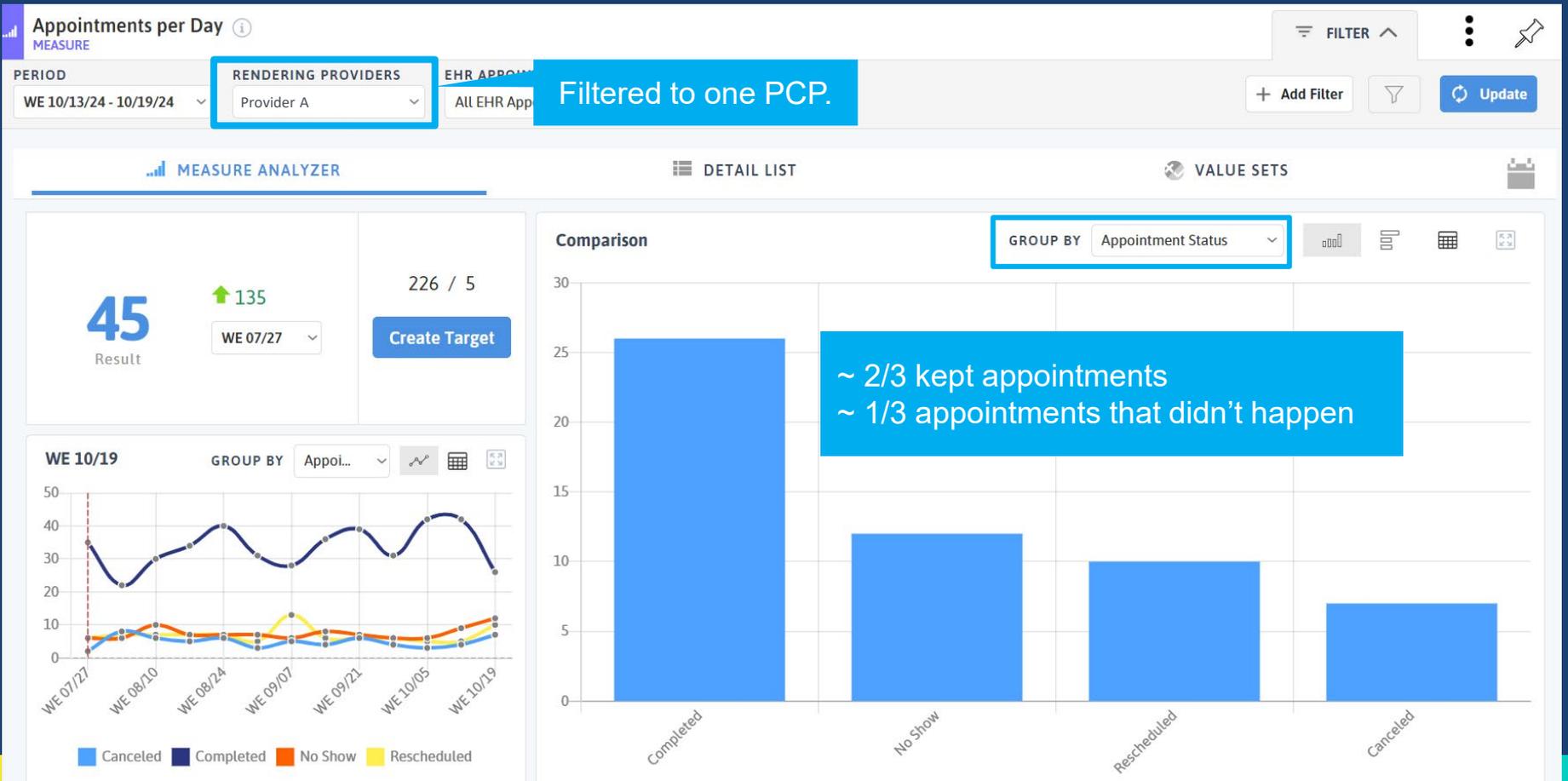


Goal	Role	Details
Highlight non-billable work	<ul style="list-style-type: none">• Care Management Supervisor• Patient Navigator	Review Patient Interactions to understand volume of enabling services.
Recall active patients	<ul style="list-style-type: none">• Front desk team• Operations team	Export Active Patients With No Visit in Past Year and call patients without a scheduled appointment.
Understand volume across locations or providers	<ul style="list-style-type: none">• Operations team• Medical Director• HR	Analyze trends in visit volume with UDS Qualifying Encounters across providers and locations to predict staffing needs.
Analyze patients served	<ul style="list-style-type: none">• Operations team• PCMH manager• Grant writers	Stratify Patients with Qualifying Encounters by key demographics such as race, ethnicity, and language.

Appointments per Day | Primary Care



Appointments per Day



Patients with visits...



...and without visits



Active Patients With No Visit in Past Year ⓘ

MEASURE

FILTER 1 ▾



FILTERS: TY October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

31.5%

↓ -2.9%

13,362 / 42,396

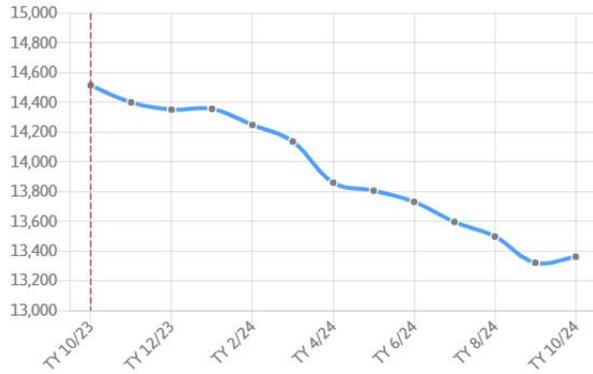
TY 10/23 ▾

2023 M... ▾

10% 18%

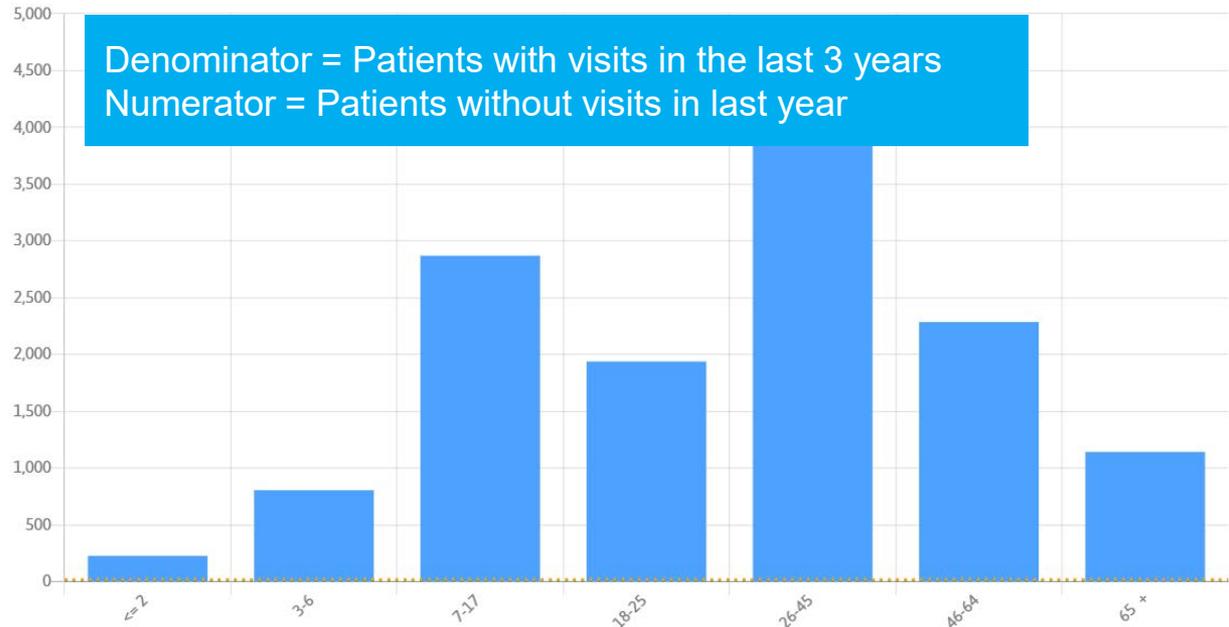
TY 10/24

GROUP BY None ▾



Comparison

GROUP BY Age ▾



Active Patients With No Visit in the Past Year



Active Patients With No Visit in the Past Year



Active Patients With No Visit in Past Year MEASURE

FILTERS: TY October 2024

MEASURE ANALYZER

DETAIL LIST

Search Patients ...

ALL Num

Toggle to Num and filter to those with No Next Appointment

MOST RECENT ENCOUNTER			NEXT APPOINTMENT						
DATE	PROVIDER	LOCATION	DATE				REASON		NUM
5/12/2023			No Date						Y
5/30/2023			After						Y
4/18/2023			Before						Y
4/18/2023			On						
3/24/2023			No Date						
4/13/2023			In range						
4/18/2023									
7/28/2023									
7/18/2023									
4/21/2023									
6/21/2023									
3/27/2023									
3/23/2023									

1 to 13 of 13,041

Key Filtering Considerations

- Filters based on visits/services provided (Rendering Provider/Location, Service Line) will **NOT WORK** on this measure because those filters only look at qualifying visits in the last 12 months.
- Patient-level filters (like age, SDOH, or Usual Provider) will **WORK**.

Monthly Workflows

Visit Volume



Highlight Non-Billable Work | Enabling Services



Highlight Non-Billable Work | Care Management



Interactions / Day MEASURE

PERIOD: October 2024

RENDERING PROVIDERS: All Rendering Provid...

CARE MANAGERS: 16 selected

+ Add Filter

Update

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

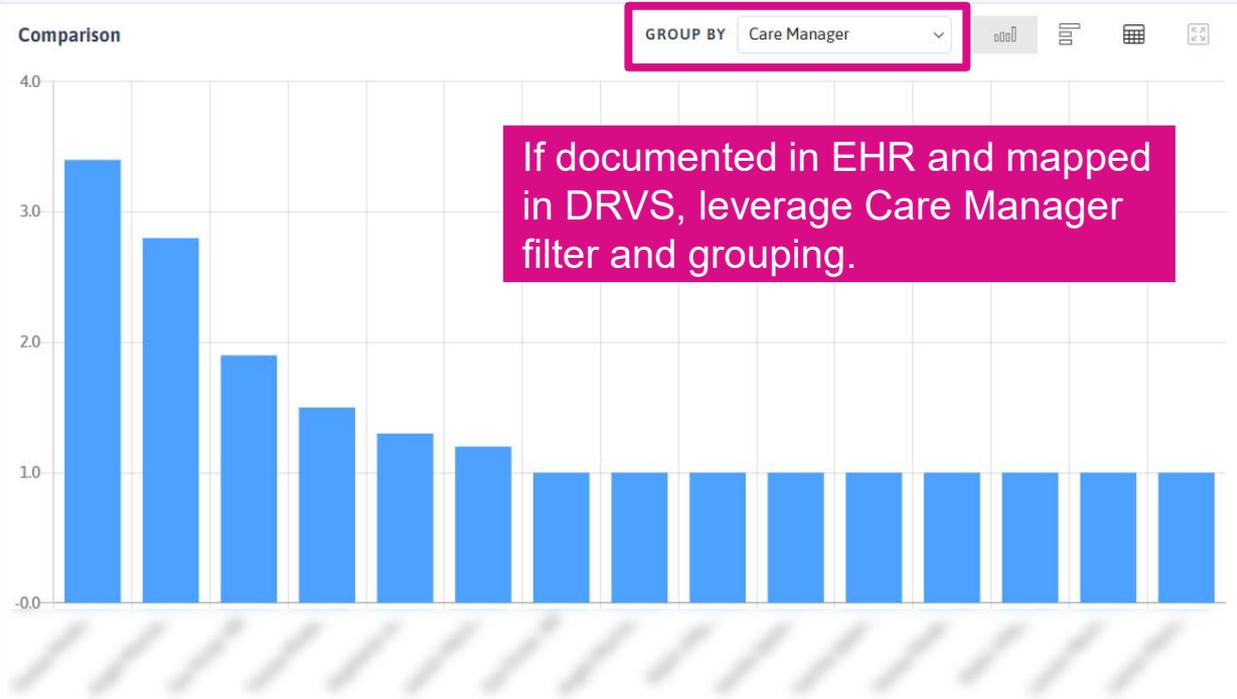
9.8 Visits per Day

↑ 34.2

Oct 23

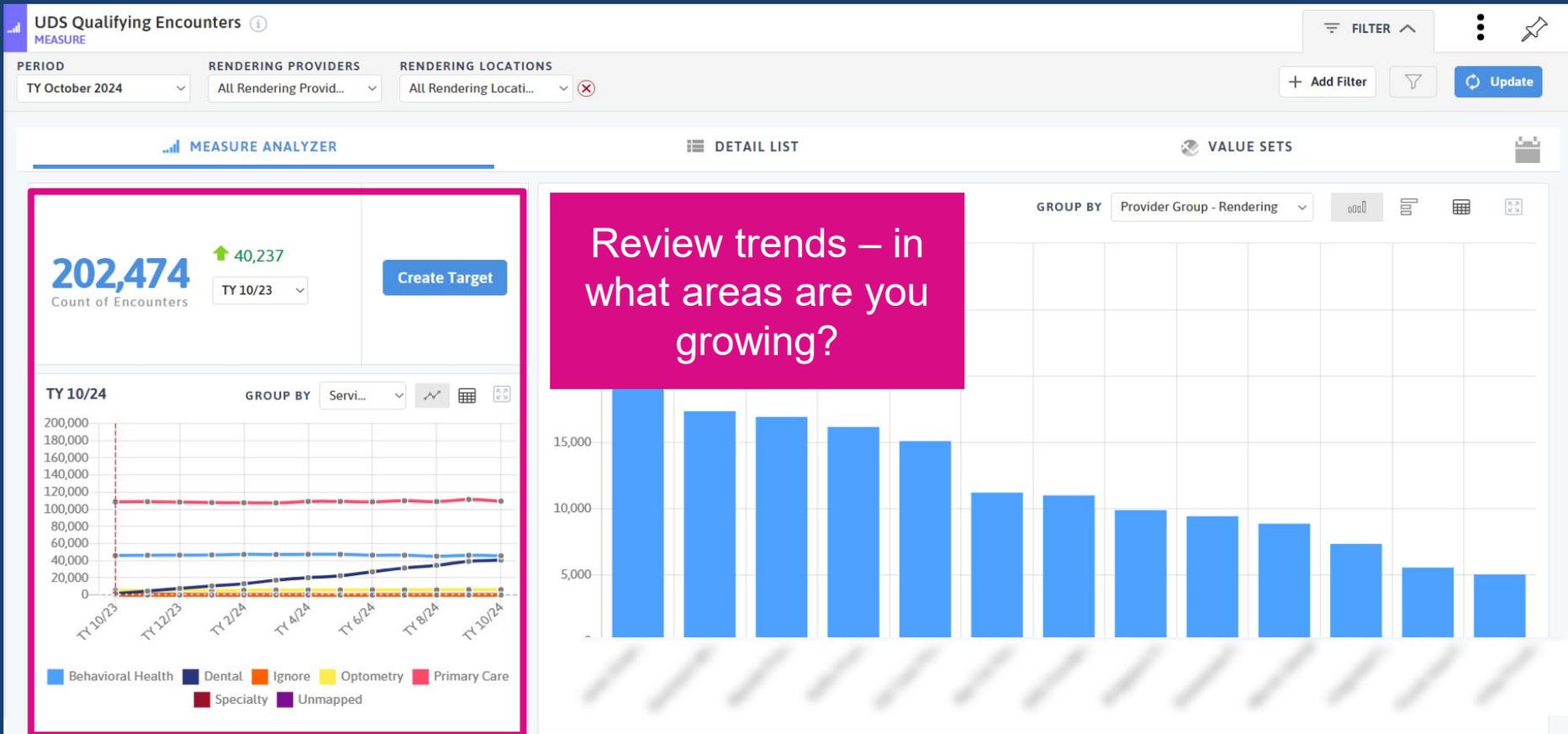
187 / 19

Create Target

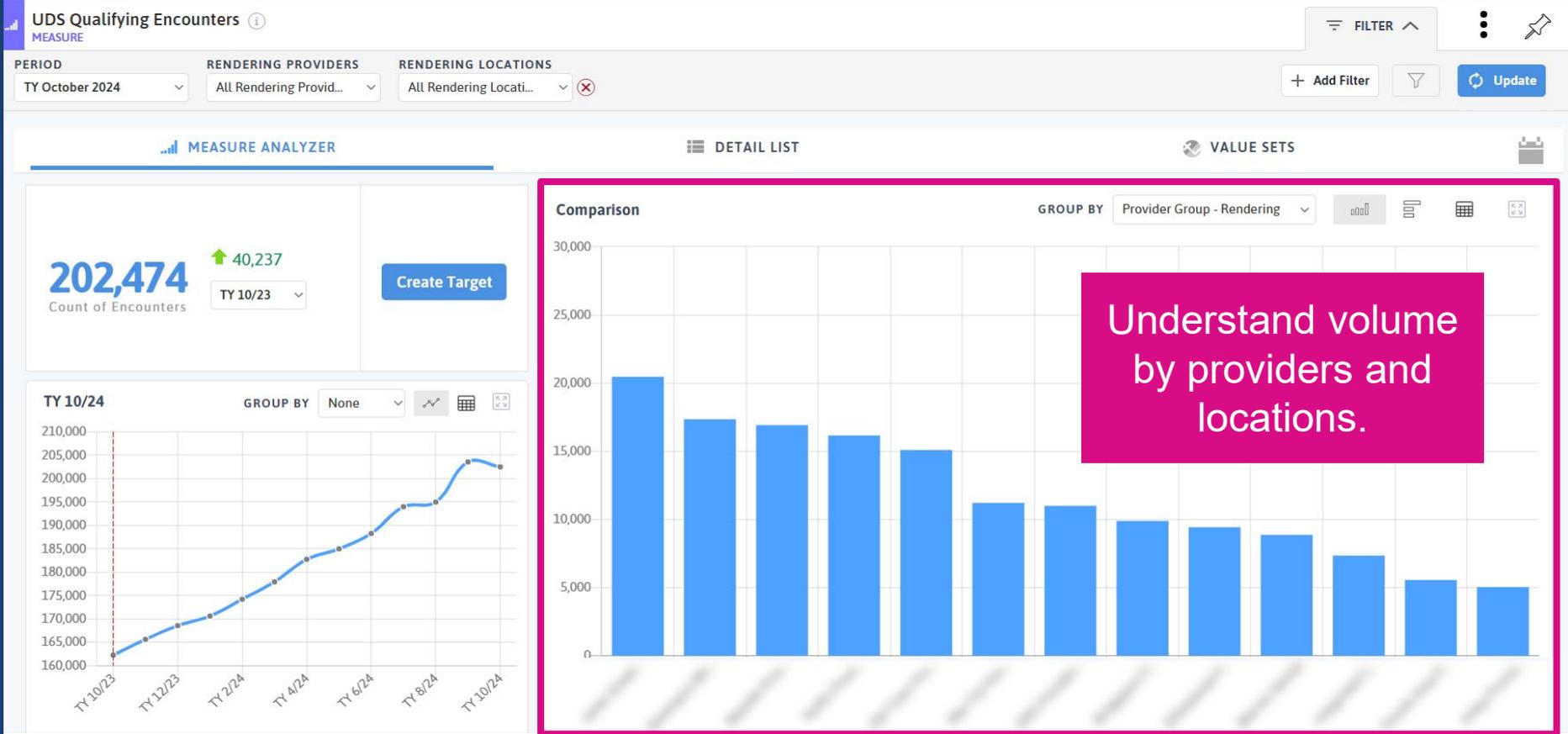


If documented in EHR and mapped in DRVS, leverage Care Manager filter and grouping.

UDS Qualifying Encounters



UDS Qualifying Encounters

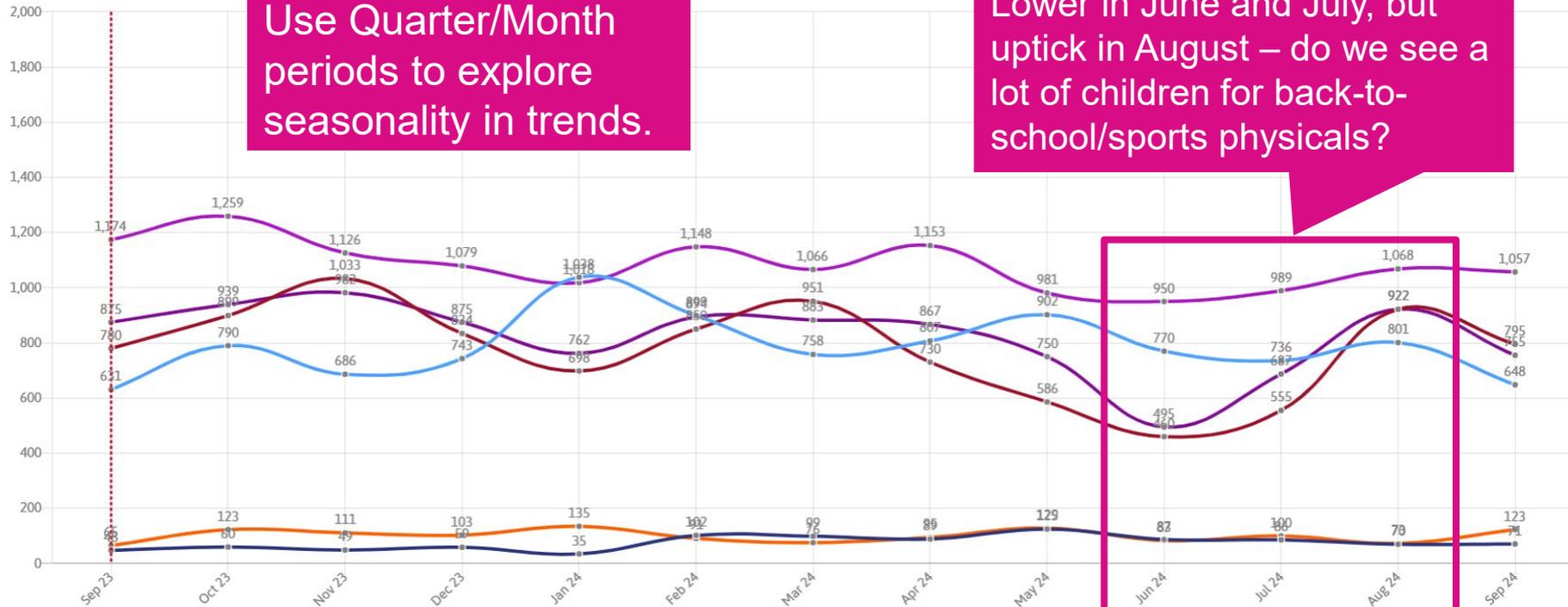


Visit Trends by Rendering Provider

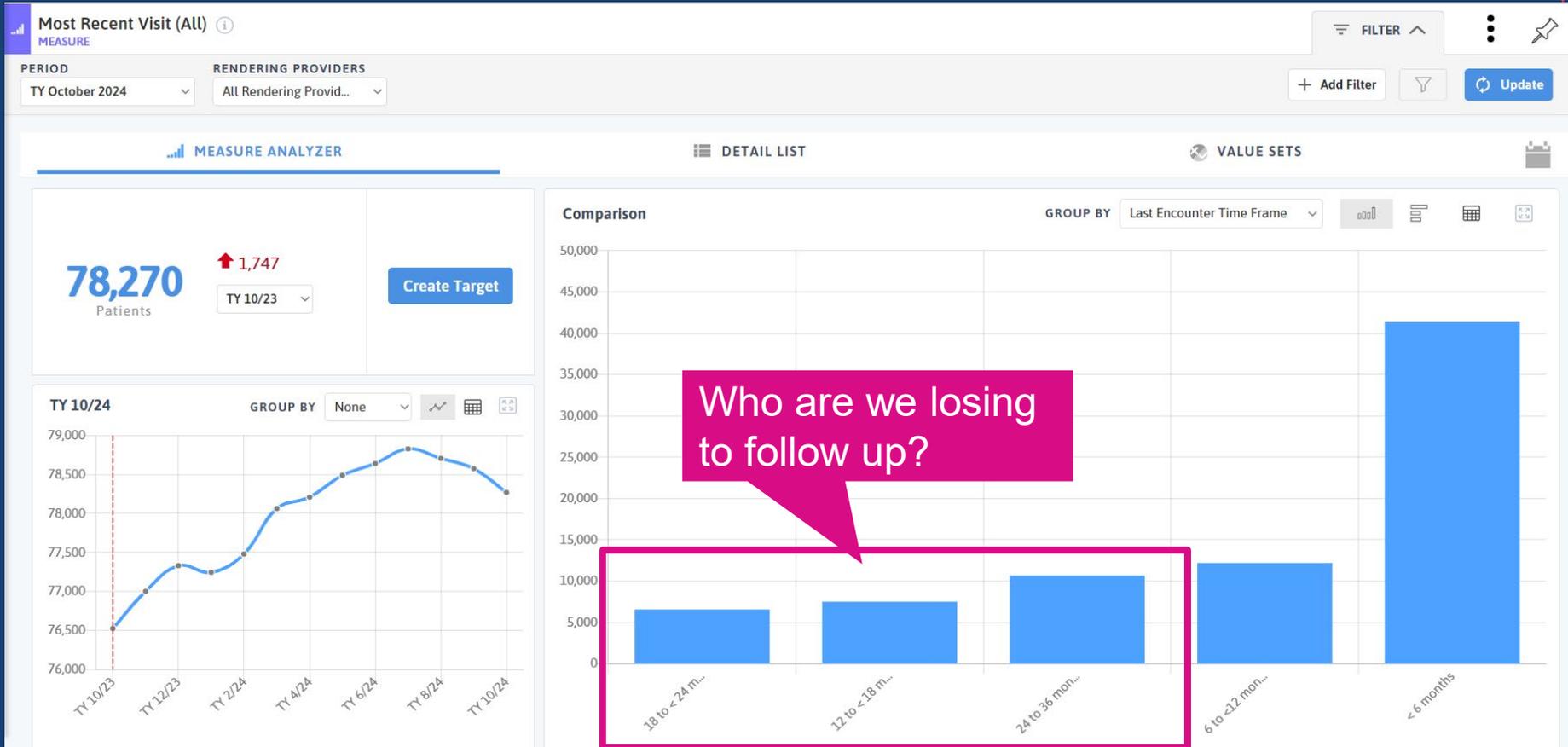


Grouped by Rendering Locations

UDS Qualifying Encounters



Most Recent Visit



Most Recent Visit | Lost Patients



Most Recent Visit (All) MEASURE FILTER

PERIOD: TY October 2024 | RENDERING PROVIDERS: All Rendering Provid... | LAST ENCOUNTER TIME FRAME: 3 selected

MEASURE ANALYZER | **DETAIL LIST** | VALUE SETS

Search Patients ... | All | Num | Reset Columns | SAVED COLUMNS

TOTAL QUAL ENC 3 YRS	MOST RECENT PRIMARY CARE VISIT			MOST RECENT BEHAVIORAL HEALTH VISIT			MOST RECENT DENTAL VISIT			MOST RECENT SPECIALTY VISIT			MOST RECENT OPTOMETR...	
	DATE	LOCATION	COUNT	DATE	LOCATION	COUNT	DATE	LOCATION	COUNT	DATE	LOCATION	COUNT	DATE	LOCATION
1	12/8/2021	Cumberland M...	1											
6	4/3/2022	Whitesburg Aft...	1							9/20/2023	Whitesburg M...	3	2/23/2023	Whitesburg M
9	8/15/2023	Harlan Medica...	9											
2	1/11/2022	Whitesburg AR...	2											
1													4/11/2022	Owsley Count
1	1/5/2023	Pineville Medi...	1											
2	1/5/2022	Whitesburg M...	1											
5										3/17/2022	Respiratory Cli...	5		
1	9/29/2022	Pineville Medi...	1											
1	4/19/2023	Owsley County...	1											
3	11/8/2022	Owsley County...	1				1/27/2023	Owsley County...	1				11/15/2022	Owsley Count

Where were the patients lost?
Use the detail list to identify number of visits at each service line.

Quarterly Workflows

Access to Care



Using New Patient Data



Goal	Role	Details
Understand new patient expansion	<ul style="list-style-type: none">• Operations• Marketing• Board of directors	Review New (Service Line) Patients measures to understand the service lines that are driving patient volume.
Analyze cross-service line utilization	<ul style="list-style-type: none">• Operations• Service-line directors	Explore details of New Patient Entry Through (Service Line) measures to understand who is net new to your practice vs. new to the service line.
Assess impact of marketing campaigns	<ul style="list-style-type: none">• Operations• Marketing	Analyze New Patients (All) measure to explore how, when, and where new patients are coming in.
Review opportunities for expansion	<ul style="list-style-type: none">• Operations• Leadership team• Board of directors	Investigate UDS Qualifying Encounters and Patients with Qualifying Encounters measures to understand distribution of patients within your community.

Analyze Patient Population



New Patient Measures



New (Service Line) Patients

- Understand individual service line growth.
- Answers the question:
 - *Of my (service line) patients, who is new to the (service line) this year?*
- Use Case:
 - Individual service line director reviews growth and plans for new staffing or resources within department.

New Patient Entry Through (Service Line)

- Understand where new patients are first accessing care.
- Answers the question:
 - *Of my new (service line) patients, who are also new to the practice?*
- Use Case:
 - Operations Director, Marketing Director, and CEO review for overall population growth and impact of marketing campaigns.

New Primary Care Patients



New Primary Care Patients MEASURE

FILTER 1



FILTERS: TY October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

20%

↑ 2%

TY 10/23

Create Target

4,770 / 24,099

19,329 Gaps

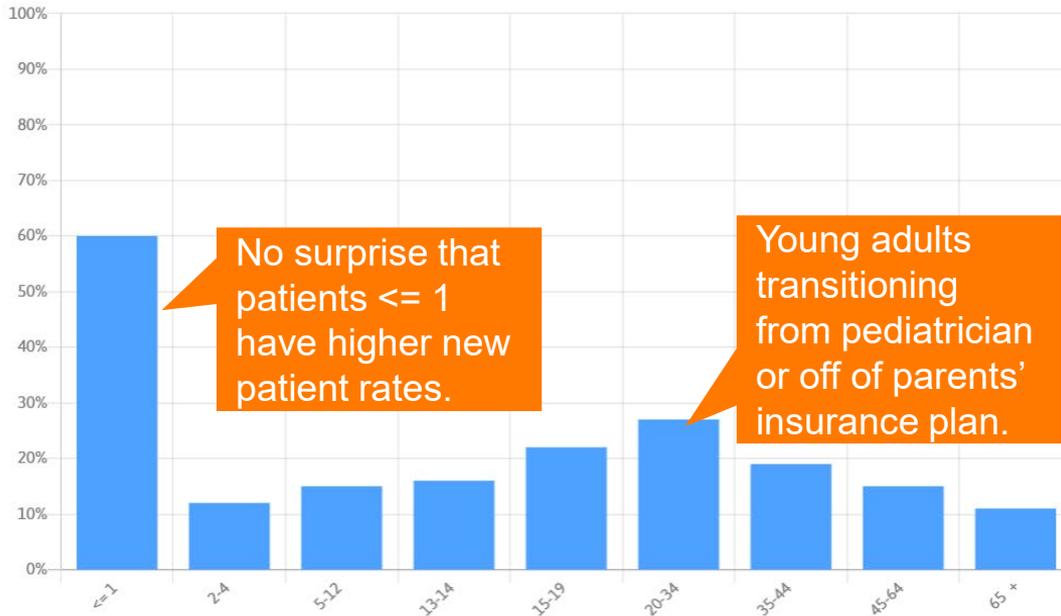
SELECTED	20%
Center Avg	20.0%
Network Avg	24.0%
Best Center	66.0%



20% of Primary Care patients had their first PC visit in the last 12 months.

Comparison

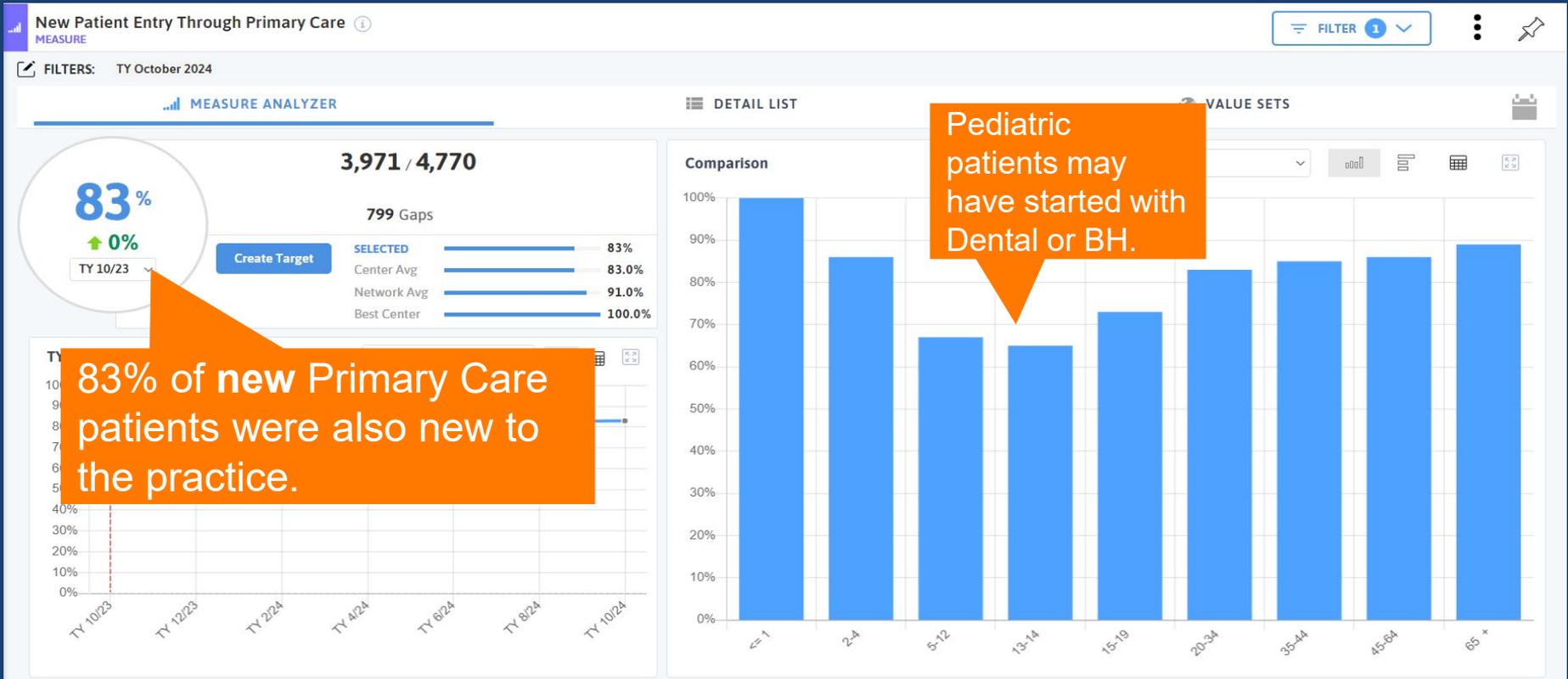
GROUP BY Age



No surprise that patients <= 1 have higher new patient rates.

Young adults transitioning from pediatrician or off of parents' insurance plan.

New Patient Entry Through Primary Care



New Patients (All)



New Patients (All) ⓘ
MEASURE

FILTER 1 ▾



FILTERS: TY October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

20%

↑ 2%

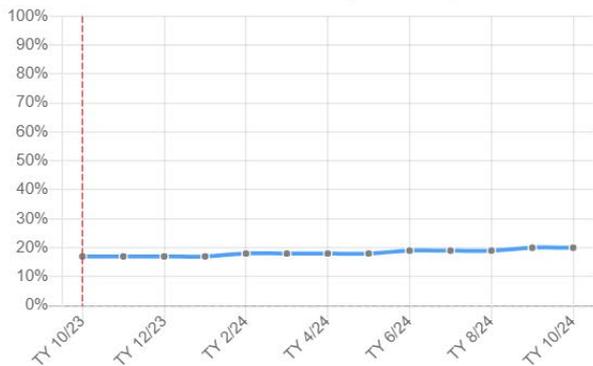
5,738 / 29,034

TY 10/23 ▾

Create Target

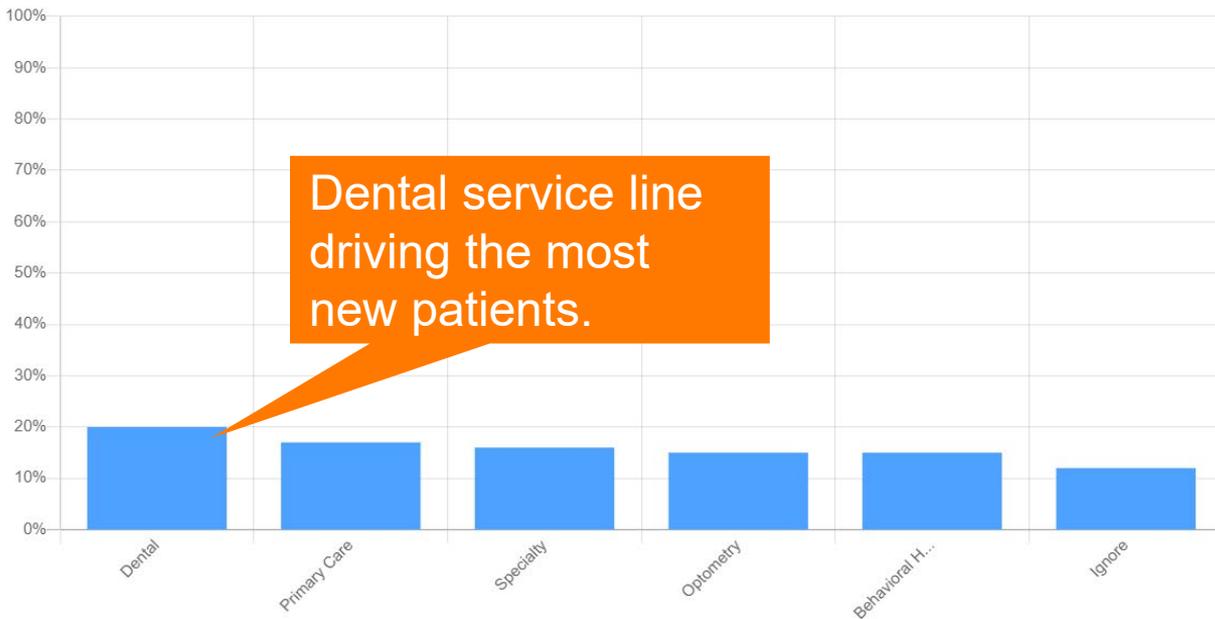
TY 10/24

GROUP BY None ▾



Comparison

GROUP BY Service Line ▾



New Patients (All)



Grouped by Zip Code

New Patients (All)



GROUP BY

Zip Code

2ND

None Selected

CHART DISPLAY



MEASURE COMPONENT

Result Num Denom

SORT BY

Numerator

SHOW LABELS

AUTO SCALE

0 100
MIN MAX

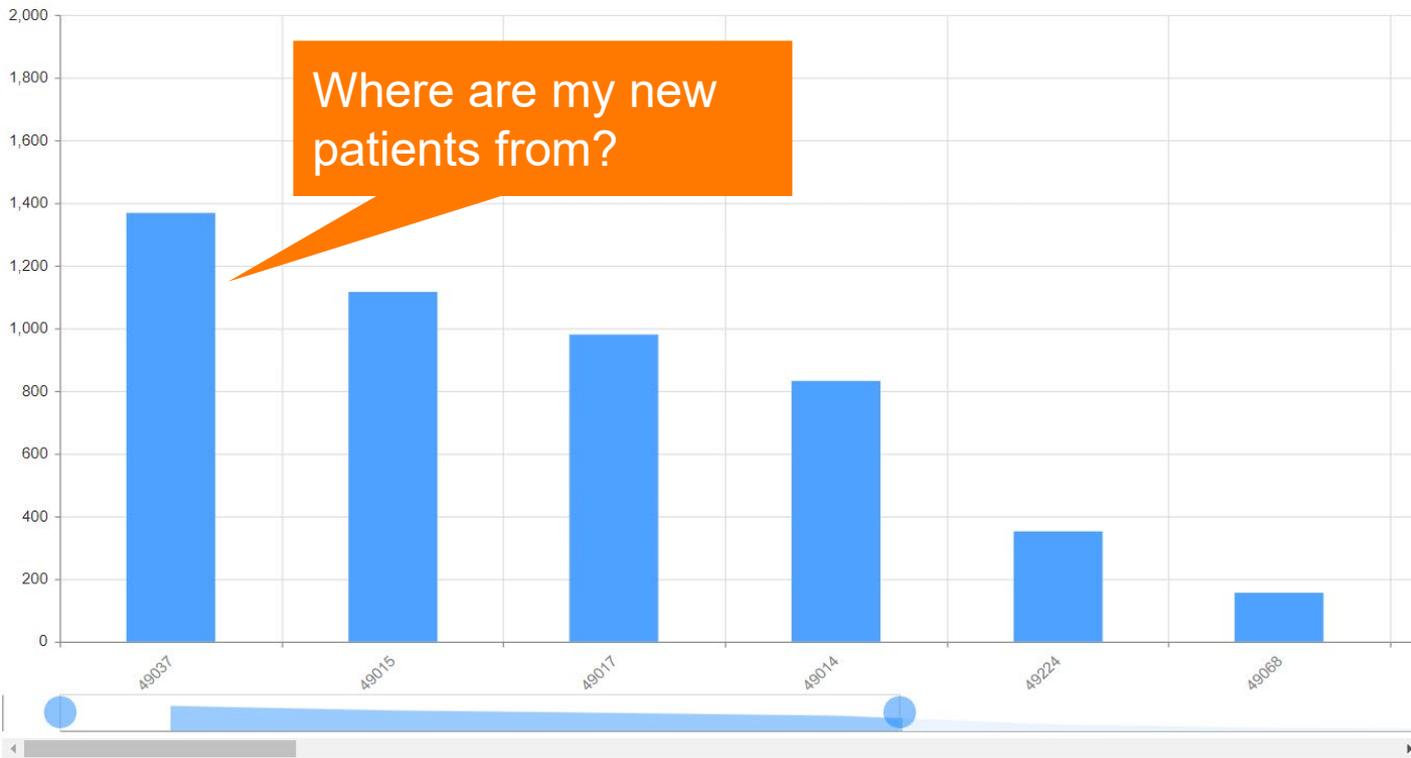
APPLY BENCHMARK

None Selected

DENOM

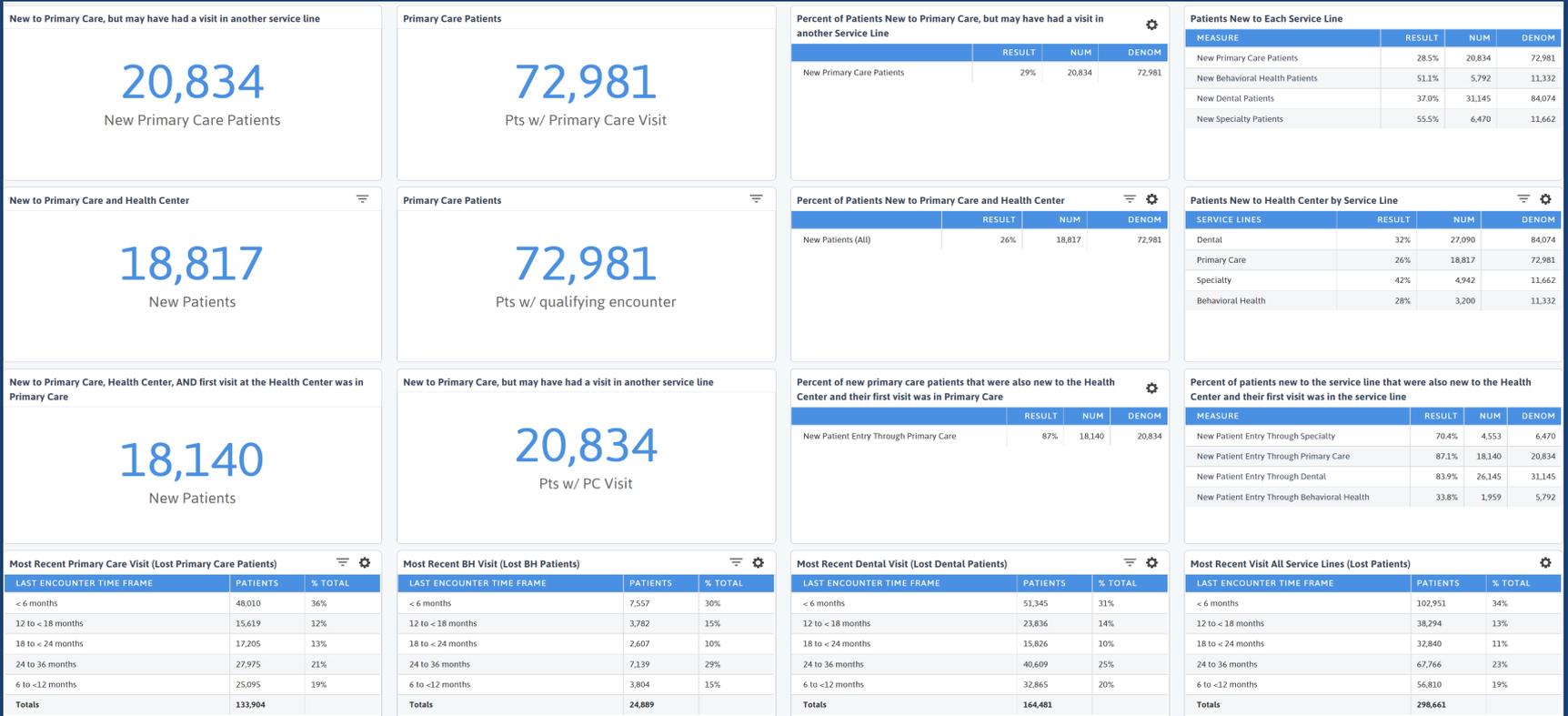
EXPORT OPTIONS

Excel PNG



New Patient Entry

How are Patients Entering Your Practice? (Custom Dashboard)



Opportunities for Expansion



Patients with Qualifying Encounters
MEASURE

FILTER 1



FILTERS: TY October 2024

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

29,034
Numerator

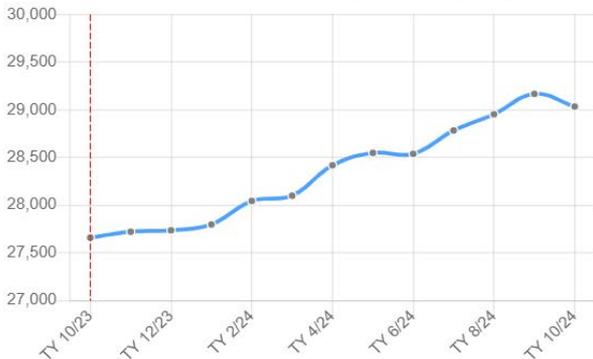
↑ 1,375
TY 10/23

36,687

GH Q...
75 70

TY 10/24

GROUP BY None



Comparison

GROUP BY Zip Code



Where are most of my patients located?

What partnerships with Community-Based Organizations do we have in these zip codes?

The Life of an Operations User



Daily

Review appointment measures for patient scheduling & access.

Quarterly

Assess access to care for all patients.

Weekly

Evaluate team productivity & outreach to patients.

Monthly

Understand visit volume for billable and non-billable work.

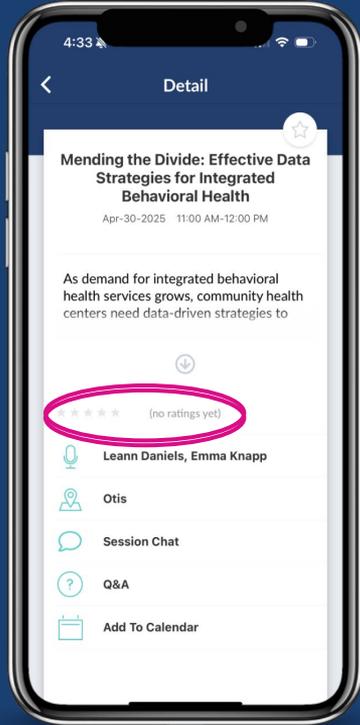
Questions?



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!

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!



Operational Measures



Appointment Measures



Measure Name	Description
Appointments per Day	The average number of appointments scheduled per day (on days where appointments were scheduled).
Canceled Appointments <24 hrs	Appointments that were canceled up to 24 hours prior to the visit or the same day as the visit was scheduled to occur.
Same Day Appointments	All appointments scheduled on the same day as the appointment occurred.
Walk In Appointments	All appointments not scheduled in advance.
No Show Appointments	All appointments patient did not keep, without advance notice.
Alert Closure – Point of Care	POC Alerts closed within the same week as the kept appointment.

Interaction Measures



Measure Name	Description
Patient Interactions	Total patient interactions in the measurement period.
Interactions / Patient	The average number of patient interactions per patient in the measurement period.
Interactions / Day	The average number of interactions per day in the measurement period.
Telehealth Encounter Charges	The count of patient interactions where there is a charge recorded using telehealth specific charge, modifier or place of service codes.

Patient Interactions are defined as any meaningful contact between the patient and the health center. This includes traditional, in-person medical visits at the center, as well as non-traditional visits and methods of communication.

Encounter Measures



Measure Name	Description
Patients with UDS Qualifying Encounters	Patients with UDS Qualifying Encounters in the filtered period.
Patients with Primary Care Encounters	Patients with Primary Care Encounters in the filtered period.
UDS Qualifying Encounters	Total number of UDS qualifying encounters in the filtered period.
Encounters with an Evaluation and Management Code	Distribution of Encounters with an Evaluation and Management (E&M) code.
Active Patients with No Visit in Past Year	Patients seen in the last 3 years who did not have a visit in the last year.
Most Recent Visit (All)	Patients with a qualifying encounter in the past 3 years in <u>any</u> service line. Can be used to access cross utilization of service lines.

Service Line Measures



Measure Name	Description
New Primary Care Patients	Patients new to the Primary Care service line in the measurement period.
New Behavioral Health Patients	Patients new to the Behavioral Health service line in the measurement period.
New Dental Patients	Patients new to the Dental service line in the measurement period.
New Optometry Patients	Patients new to the Optometry service line in the measurement period.
New Specialty Patients	Patients new to the Specialty service line in the measurement period.
New Patient Entry Through Primary Care	Patients new to the Primary Care service line AND new to the practice in the measurement period.
New Patient Entry Through Dental	Patients new to the Dental service line AND new to the practice in the measurement period.
New Patient Entry Through Behavioral Health	Patients new to the Behavioral Health service line AND new to the practice in the measurement period.
New Patient Entry Through Optometry	Patients new to the Optometry service line AND new to the practice in the measurement period.
New Patient Entry Through Specialty	Patients new to the Specialty service line AND new to the practice in the measurement period.

Operational Filters



Measure Type	Filter Name	Filter Description
Appointment-Based Measures	Appointment Status	Used to indicate whether an appointment has occurred and/or describe the current standing of the appointment. Managed in Mapping Admin.
	Appointment Type Category	Use to indicate the broader type of visit: Follow-Up, New Patient, Other, Preventive. Managed through Azara Support.
	EHR Appointment Type	Raw Appointment type from EHR.
Encounter-Based Measures	E&M Code	The specific E&M code used at the visit.
	E&M Level	The level (1-5) of the E&M code used at the visit.
	E&M Type	Indicates whether the code was for a New or Established patient.
Interaction /Encounter-Based Measures	Encounter Type	The type of visit. Documented in the EHR.
	Financial Class group	The type of financial class of the patient. Created and maintained in Group Admin.
	Qualifying Encounter	Use to indicate if the visit was with a licensed or credentialed provider who exercises independent, professional judgment. Reviewed in Mapping Admin and can make any changes through Azara Support.
	Telehealth	Y/N used to indicate if the visit was a telehealth visit. Based on codes, modifiers, and Mapping Admin.
	Telehealth Code	Indicates the specific code or modifier used at the visit.
	UDS Service Category	The type of provider who performed the visit.
	UDS Service Group	The broader scope of the provider (Medical, Dental, Mental Health, etc.).
All Visit Type measures	Interactions Group	Custom buckets of appointment/visit types. Created and maintained in Group Admin.
	Payer Groups	Custom buckets of payer types. Created and maintained in Group Admin.
	Service Lines	The line of business to which the rendering service is associated. Managed in Mapping Admin.

Panel Management



Measure Name	Description
Usual Provider Assigned	Percent of patients with a Usual Provider assignment.
Panel Size	Patients where the recommended 4-Cut Provider matches the assigned EHR Usual Provider.
Provider Continuity	<p>The number of patients assigned to a Usual Provider based on patients who have had an appointment in the last two years.</p> <p>Note: When looking at a group of providers this is an average.</p>
Panel Match – 4-Cut Provider to PCP	Encounters where the patient is seen by their usual provider.

Fin/Ops Module



Measure Name	Description
Cycle Time	The average minutes spent for a patient per visit from check-in to check-out. This measure can be used to track patient throughput by service line, location, and other variables to identify bottlenecks and opportunities for improvement.
RVU per Encounter	The average Relative Value Units (RVUs) per billed encounter. Used by the Centers for Medicare & Medicaid Services (CMS) and other payers to determine physician payment, RVUs define the value of a service or procedure relative to all services and procedures. This measure can be used to track which providers are seeing higher complexity patients or seeing more patients. This measure requires additional mapping, please reach out to support to request.

Operational Data Use Cases & Users



Data Clean Up



- Operations
- DRVS Admin
- IT

Appointment Tracking



- Operations
- Medical Director
- Quality

Visit Volume



- Operations
- Medical Director
- Quality

Demographics & New Patient



- Operations
- Marketing
- Quality