

WiFi

NETWORK

Conference01

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azaraConf01!

azara2026

USER CONFERENCE APRIL 13-15 | BOSTON, MA



No Wrong Door: Improving Accessibility & Quality of MAT Services Through Data-Driven Care

Heidi Gullett

Chief Medical Officer,
Ohio Association of Community
Health Centers (OACHC)

Ann Blackman

Program Analyst
The Centers
Cleveland Ohio

azara2026

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Today's Presenters

15



Heidi Gullett
Chief Medical Officer,
Ohio Association of
Community Health Centers
(OACHC)



Ann Blackman
Program Analyst,
The Centers
Cleveland Ohio





Implementation Science in FQHCs

Improving substance use access & treatment across the state



MAT & Substance Use Treatment at The Centers

Harness DRVS to elevate MAT services across the community



Q&A

Get your questions answered!





OACHC
Ohio Association of Community Health Centers

Implementation Science in FQHCs: The STUN II Experience in Ohio

April 2026



Agenda

Primary Care Association - OACHC Network

Implementation Science Research

Engaging in Research at Community Health Centers

Study Overview and ODIP Utilizing Azara DRVS

Practice Facilitation Between OACHC and The Health Centers

Proud Member of



OACHC

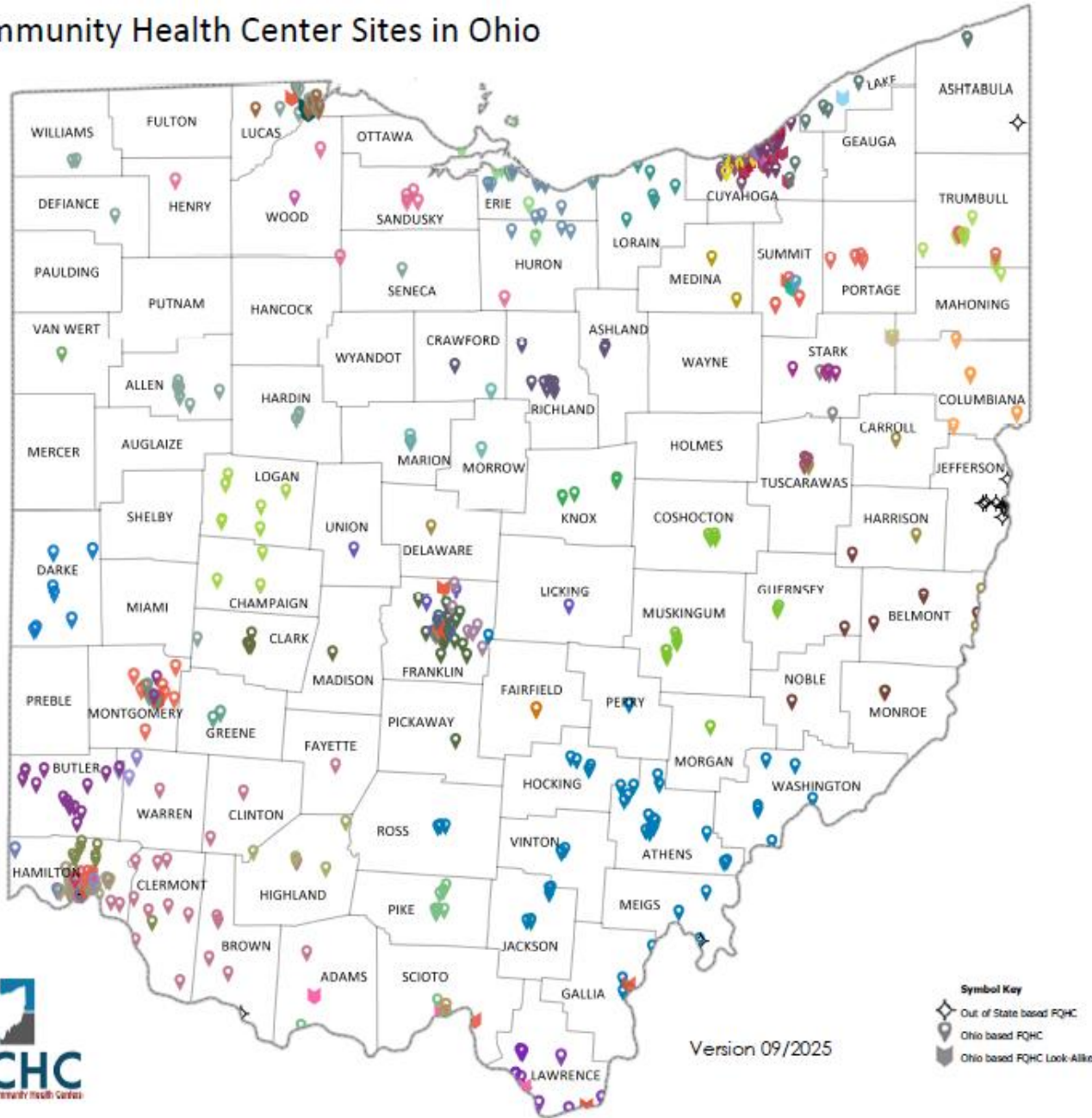
Ohio Association of Community Health Centers

Non-Profit membership organization representing Ohio's Federally Qualified Health Centers (FQHCs) & FQHC Look-Alikes (FQHCLAs) – commonly referred to as **Community Health Centers**

Mission: To ensure access to high-quality affordable health care for all Ohioans through the growth and development of Ohio's Community Health Centers



Community Health Center Sites in Ohio



61 Organizations
600+ sites

51 funded and 10 FQHC-LA including
31 Ohio-based SBHCs
24 CMHCs
7 Public Entities

Serving more than One Million Patients!

1 in 11 Ohioans

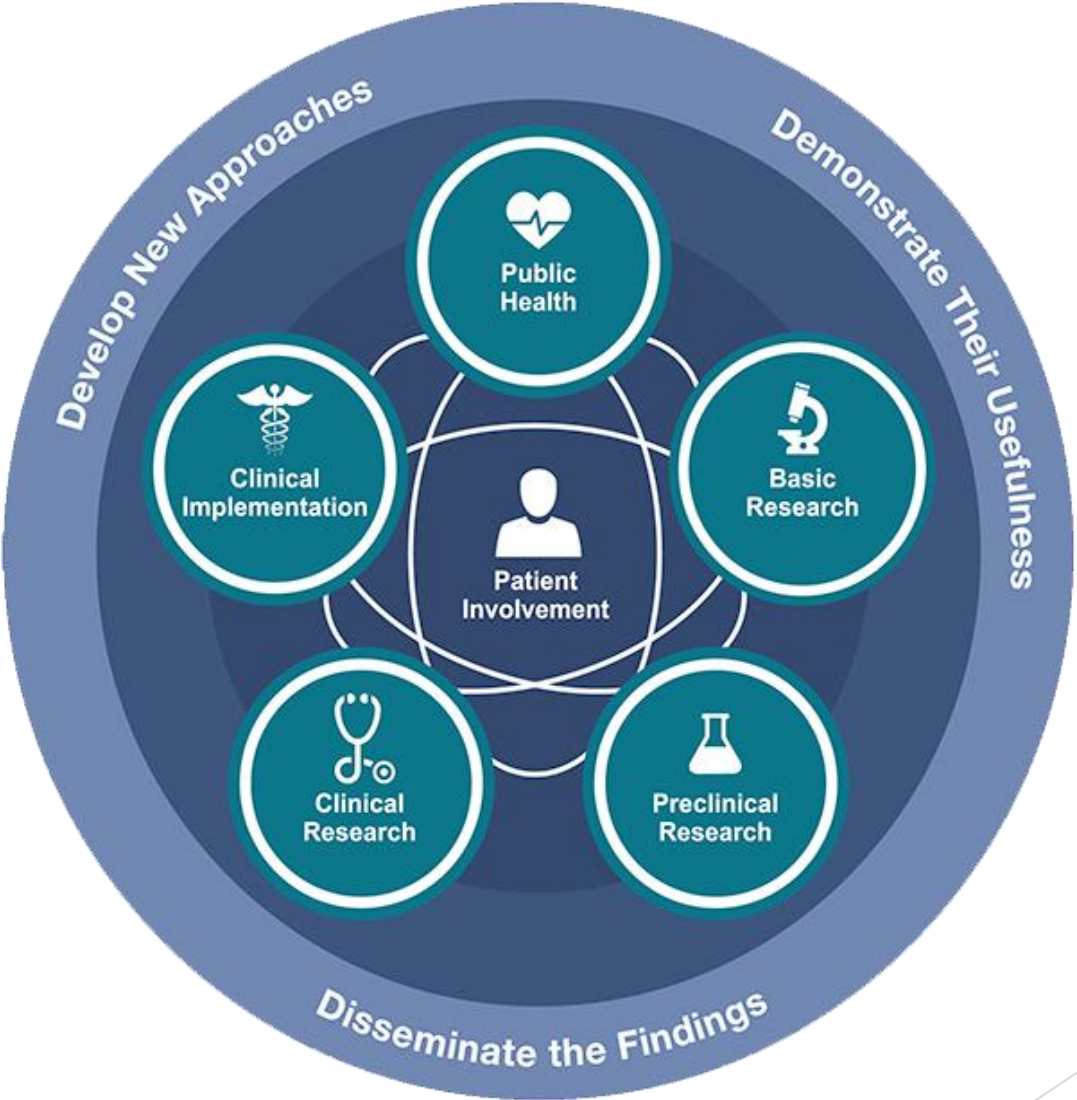
1 in 6 Ohio Medicaid patients

- **Primary Care Association**
- **Value Based Care Portfolio**
- **Health Center Controlled Network (HCCN)**



Implementation Science Research

Translational Science Continuum



Credit: National Center for Advancing Translational Sciences



Translational Science Principles



Reference: National Center for Advancing Translational Sciences

Engaging in Research in Community Health Centers

Current Research Portfolio

Ohio Primary Care Research Innovation Network (OPCIN)

- ▶ Partnership with Ohio State University's Clinical and Translational Science Institute (CTSI)
 - ▶ Funding mechanism = NIH NCATS CTSA program

Implementation Science Studies

- ▶ Stop UNhealthy Substance Use Now (STUN II) – Ohio State
 - ▶ Funding mechanism = AHRQ
- ▶ Multiple studies under review for OUD – Ohio University



Our Network Focus Areas



Basic Research



Preclinical Research



Clinical Research

Recruitment of patients to active clinical trials
Current example: Altura app



Clinical Implementation

Technical assistance and support for integrating evidence-based interventions into routine clinical care
Current example: STUN II

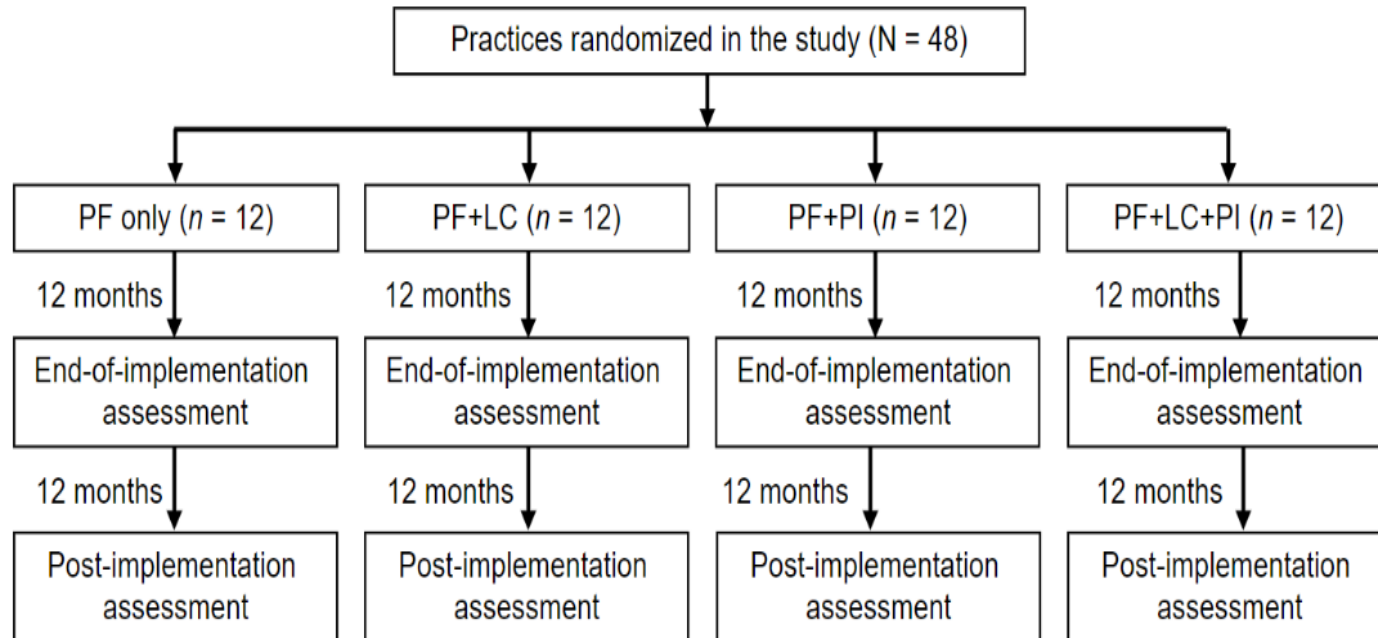


Public Health

Epidemiologic studies
Current example: Ohio Data Integration Platform (ODIP)

Study Overview and Impact of Ohio Data Integration Platform (ODIP) utilizing Azara DRVS

STop UNhealthy Substance Use (STUN II) Objectives



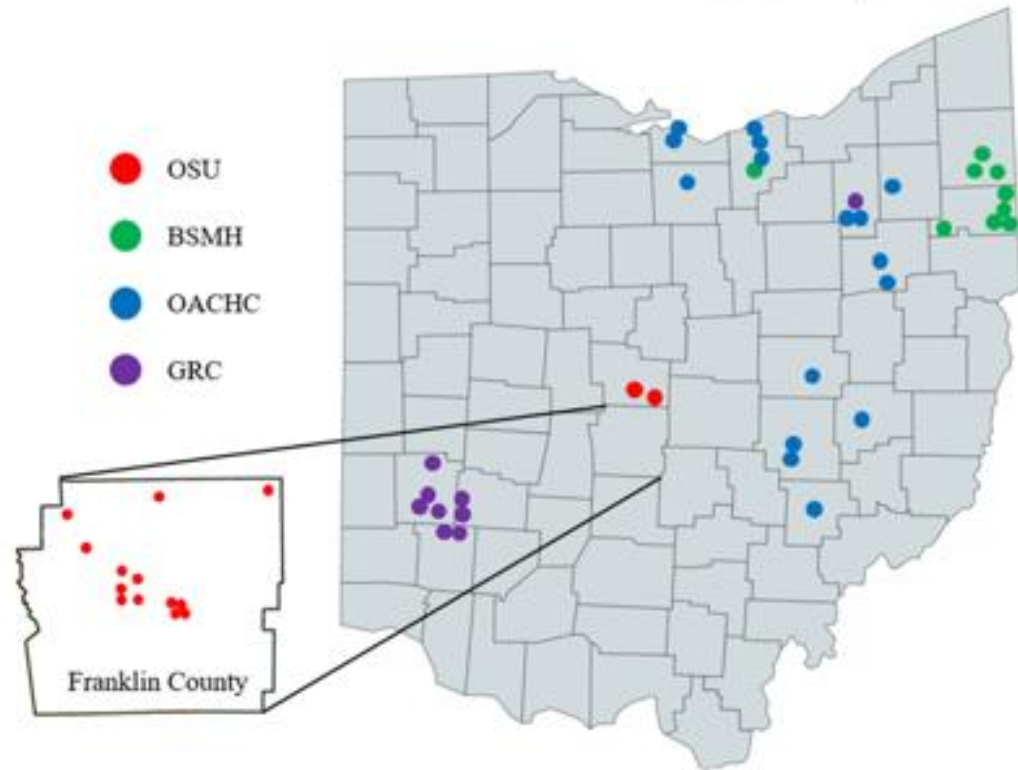
- Determine if practice facilitation (PF) can lead to adoption and implementation of **screening for and management of SUDs** in primary care.
- Determine whether the addition of a learning collaborative (LC), performance incentives (PI), or their combination can significantly improve the adoption and implementation of screening for and management of substance use disorders in primary care.



Study Overview

STUN II Practice Maps (updated 9/2/2025)

STUN II Enrolled Practice Locations, by Organization



Year 1: Implementation phase, actively participating in study interventions from February 1, 2025 to January 31, 2026

Year 2: Follow-up phase, data reporting from February 1, 2026 to January 31, 2027



Study Expectations

3 Staff surveys: baseline, 12 months, and 24 months

Monthly 1-hour **practice facilitation meetings**

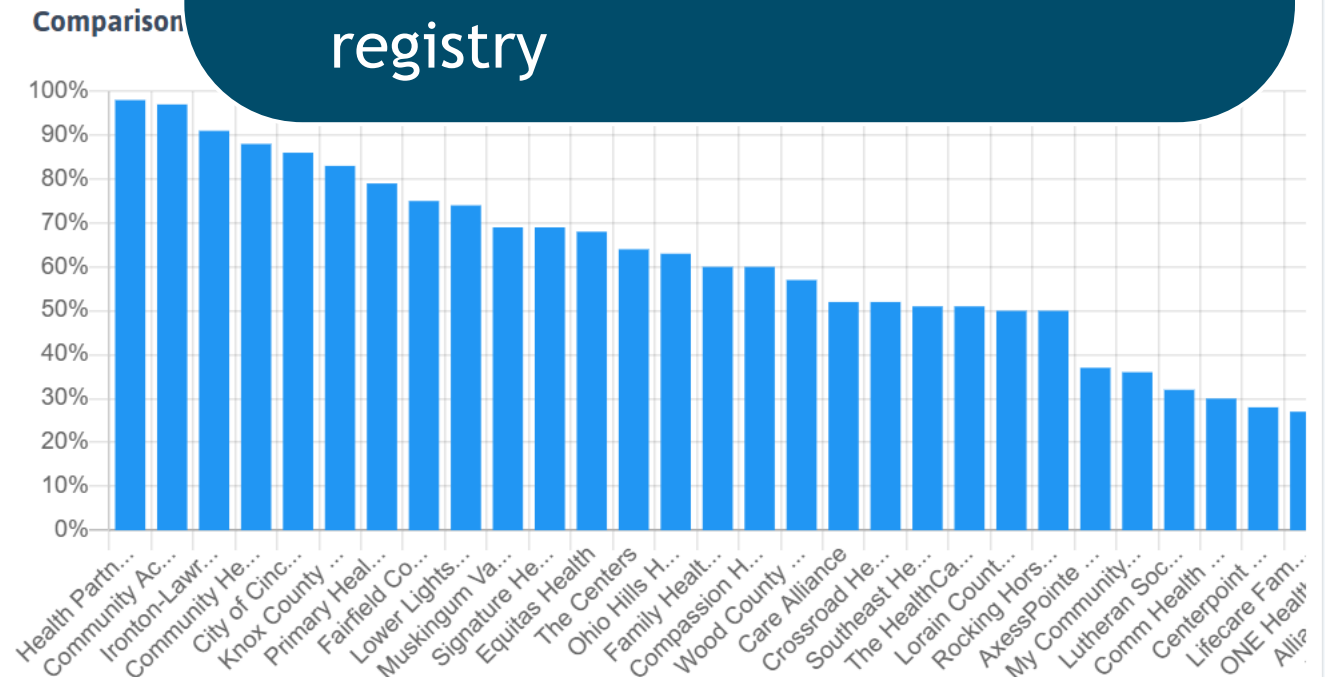
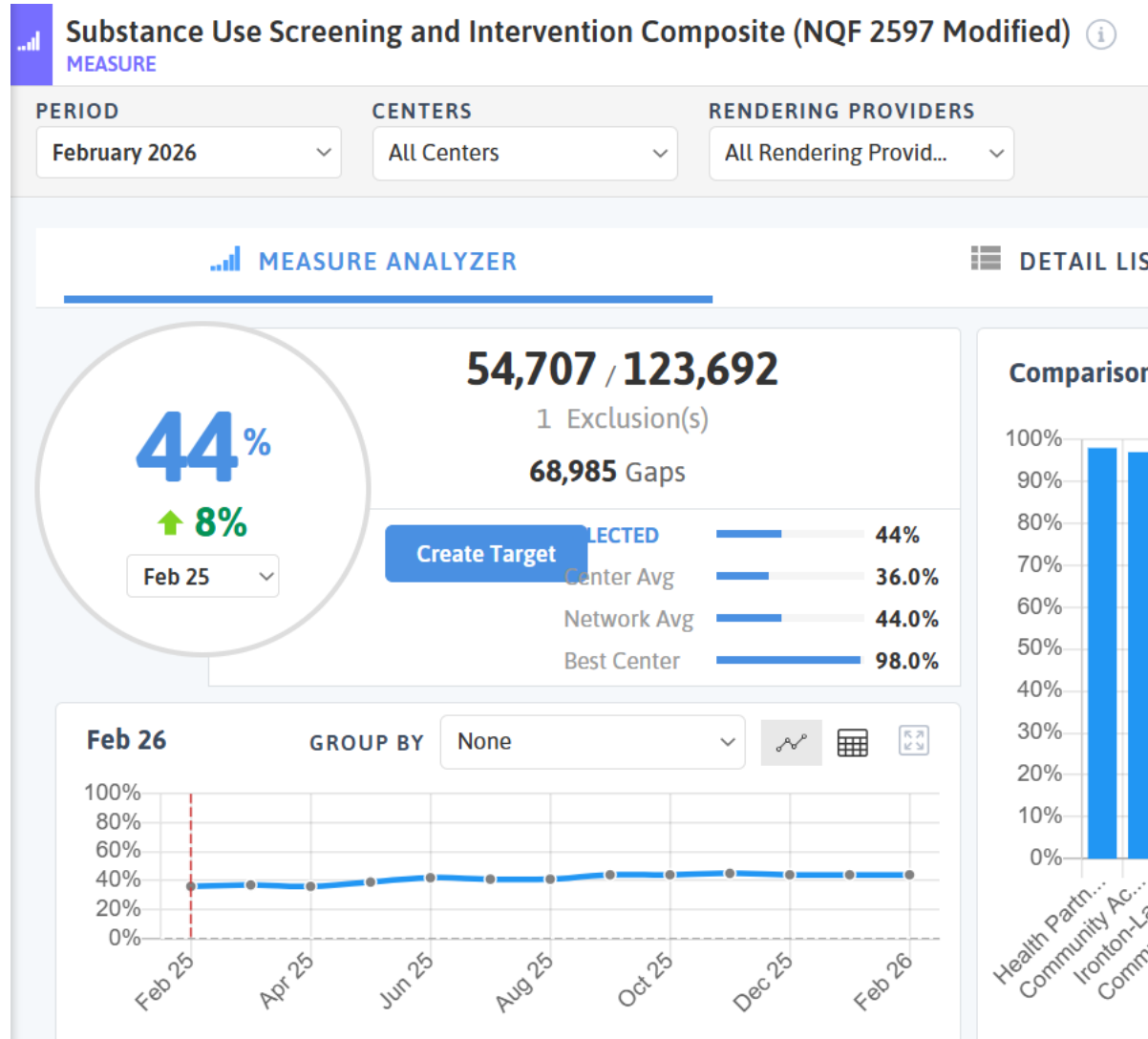
Virtual **Learning Collaborative**
(only for assigned sites)

Interviews at 12 and 24 months
(invited participants)

Leveraging Azara DRVS

Key Efforts:

- Implementing the Controlled Substance module
- Mapped/remapped & validated data
- Created custom dashboard & registry



Leveraging DRVS | Data Mapping

NIDA, NIAA: One question and historical responses to SUD and AUD. “Yes” triggered screeners below.

AUDIT-C Brief Screener mapped to discrete fields within EHR to ensure score backup

Qualifying patient visit (new patients and well visits)

Challenges:

- ▶ Matching Azara measures to pre-defined study outcomes
- ▶ Mapping to ensure data validity
- ▶ Troubleshooting processes with clinical teams
- ▶ Liaison with research team to contextualize data



Leveraging Azara DRVS | Custom Registry

- Developed in response to measure requirement (2 visits)
- Registry was used to identify:
 - Those who received both SUD & AUD screenings
 - High scores on screeners
 - Medication initiation

Copy of STUN 2 Substance Use REGISTRY

VISIT DATE RANGE: 03/17/2026-03/18/2026 CENTERS: All Centers

SEARCH PATIENTS ...

SELECTED

- Medical Record Number
- Age
- Alcohol Assessment
- Alcohol Use Disorder
- Alcohol Use Disorder Medication
- CAGE-AID
- DAST
- Drug Assessment
- Drug Use Status
- In Person Encounter
- Qualifying Encounter
- Substance Abuse Screen

Reset Columns SAVED COLUMNS

ALCOHOL ASSESSMENT				ALCOHOL DISORDER DX			AUD MED			CAGE-AID	
AGE	DATE	CODE	RESULT	DATE	CODE	DETA... ↓	START DATE	CODE	STOP DATE	NAME	DATE
41	3/18/2026	AUDIT-C	5	3/18/2026	F10.99	ALCOHOL US...					
34	3/18/2026	AUDIT-C	7	12/16/2025	F10.99	ALCOHOL US...	8/21/2025	152761		Acampro...	
46	3/20/2026	AUDIT-C	1	12/4/2023	F10.99	ALCOHOL US...	11/5/2025	637216		Vivitrol	
66	3/18/2026	AUDIT-C	5	2/14/2024	F10.99	ALCOHOL US...					

1 to 4 of 267 Page 1 of 67

Practice Facilitation Between OACHC and The Health Centers

What is Practice Facilitation?

An evidence-based strategy for implementing innovations and quality improvement (QI) initiatives in primary care

Promoting an organized QI effort and capability is a primary focus of practice facilitation

Evidence-based Components	STUN II Offerings
Practice Assessment	Readiness, EHR capabilities & needs, and workflow assessments
Implementation of QI Processes	Training in methods of the Institute for Healthcare Improvement (IHI), utilization of the Model for Improvement, and process design
Data Feedback and Benchmarking	EHR reports, run charts, benchmarking
Electronic Clinical Decision Support	Reminders, flowsheets, templates, registries, dashboards
Expert Consultation	Academic detailing including webinars, video recordings, and expert physician faculty consultation

Practice Assessment

Topic	STUN II Framework and Strategy				
	Planning	Implementing	Optimizing	Interested Y/N	Resources Needed
Knowledge of SUD/AUD within Health Center Clinical expert or subject matter expert for clinical understanding/training					
Process for counseling and brief intervention Pts who are positive for AUD/SUD					
Treatment and medication options for SUD					
Treatment and medication options for AUD					
Engage in data-driven QI process improvement Availability of resources (staff, technology, training) to support the planning and implementation					
External Partner Relationships Established relationships for referrals for high risk or complex patients					
Data Mapping Implementation and EMR/Azara mapping of study measures					
Performance Improvement Ability to monitor data, benchmark, set targets					
Clinical Decision Support Templates, Registry use, Dashboard use, Alerts					
Capturing reimbursement for SUD Screening and Treatment					



Ohio Primary
Innovation
Unhealthy



OACHC
Ohio Association of Community Health Centers

Care
Network's Stop
Substance Use

Now Trial (STUN II)

Health Center Practice Facilitation Meeting

2025 – 12:00 PM

[Join Teams Meeting](#)

1. Welcome Remarks
2. Health Center Organizational Assessment
3. Site Randomization for Study

Site Name	Intervention		
Site #1	Practice Facilitation		
Site #2	Practice Facilitation		Performance Incentive = 80%
Site #3	Practice Facilitation		Performance Incentive = 80%
Site #4	Practice Facilitation	Learning Collaborative	
Site #5	Practice Facilitation	Learning Collaborative	Performance Incentive = 80%

4. Site Updates
5. Data Assessment
 - a. Azara DRVS Controlled Substance Mapping
6. Data Review
7. STUN II Resources from OSU
 - a. <https://u.osu.edu/stopunhealthysubstanceuse/>

Next meeting: 2025

Monthly Practice Facilitation Agenda



Key Lessons

This work moves at the ***speed of trust!***

Framing **implementation science research as quality improvement** work moving to scale is key.

Co-development of research design

- ▶ Study measures aligned with available data measures in Azara must be identified before project implementation
- ▶ Resources in place for implementation of additional Azara modules
 - ▶ Adding an Azara module at no cost to health center is helpful recruitment tool
- ▶ IRB should include all participating sites before protocol submitted
 - ▶ Can PHI be accessed in the approved protocol?



Key Lessons

Leveraging **Azara DRVS** as a **critical data infrastructure** enables primary care association to facilitate research participation.

- ▶ Clarification of detailed clinical workflows is critical before measure mapping starts
 - ▶ Visit type is key indicator to identify before mapping
- ▶ Optimization of mapping/remapping and user experience
 - ▶ Time intensive
 - ▶ Include additional time buffers in project timeline
- ▶ Technical assistance for health centers to pull, analyze and validate data
- ▶ Spread of innovation and learning across network
 - ▶ Role of PCA networking infrastructure on shared data platform



Questions?

- ▶ Please feel free to contact us at research@ohiochc.org





®

THE CENTERS

Health. Family. Work. **Hope.**

The Centers – Who We Are



We do more than provide service. We change lives for the better.

Our integrated model coordinates health and wellness services, including primary care, behavioral health care, addiction services, HIV treatment, in-house pharmacies, and dental, along with family support programs, including early childhood development, career training, and job placement.

Our Services

1. Integrated Health & Wellness
2. Early Childhood Education & Family Support
3. El Barrio Workforce Development
4. Youth Residential Programs



11
LOCATIONS



650
DEDICATED
STAFF



NEARLY
20,000
NORTHEAST
OHIOANS SERVED



Our History

TRAVELER'S AID SOCIETY

The Travelers Aid Society was established in 1851 when Bryan Mullanphy, then mayor of St. Louis, MO, left one-third of his million-dollar fortune for the aid of "immigrants going west." In 1976, it merged with the Family Service Association and various day care centers to form the Center for Human Services.



CLEVELAND HOMEMAKER SERVICE ASSOCIATION AND YOUTH SERVICE

The Cleveland Homemakers Service Association, est. in 1867, trained and employed women as homemakers for families needing such services.



TOGETHER TELEPHONE HOTLINE

Public health nurse Jeanne Sonville launched the Together Telephone Hotline for drug users.

THE CENTER FOR HUMAN SERVICES

Leona Bevis, Louise Humphrey and Nancy Lyon Porter founded The Center for Human Services, merging five agencies previously standing alone. Their shared vision was that by integrating their services they would be better able to help the individuals they served.

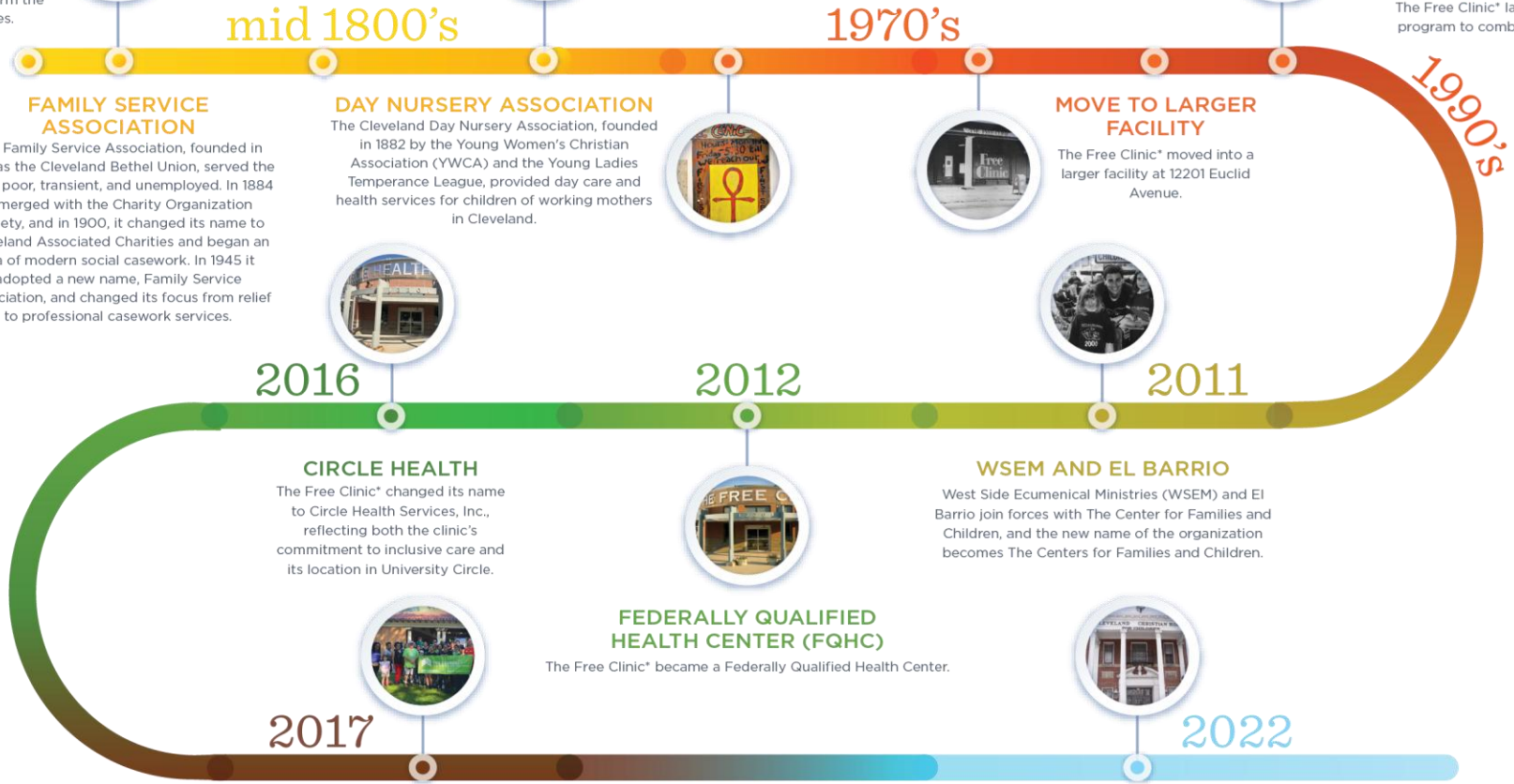


THE CENTERS FOR FAMILY AND CHILDREN

The Center for Human Services changed its name to The Center for Families and Children to better reflect its focus and reach.

HIV/AIDS PROGRAM

The Free Clinic* launched a needle exchange program to combat the spread of HIV/AIDS.



FAMILY SERVICE ASSOCIATION

The Family Service Association, founded in 1867 as the Cleveland Bethel Union, served the city's poor, transient, and unemployed. In 1884 it merged with the Charity Organization Society, and in 1900, it changed its name to Cleveland Associated Charities and began an era of modern social casework. In 1945 it adopted a new name, Family Service Association, and changed its focus from relief to professional casework services.



2016

CIRCLE HEALTH

The Free Clinic* changed its name to Circle Health Services, Inc., reflecting both the clinic's commitment to inclusive care and its location in University Circle.



2017

CIRCLE HEALTH AND THE CENTERS FOR FAMILIES & CHILDREN BECOME THE CENTERS

Circle Health and The Centers for Families & Children became affiliated organizations to strengthen their ability to provide integrated care and have a greater impact on the people they serve together.

DAY NURSERY ASSOCIATION

The Cleveland Day Nursery Association, founded in 1882 by the Young Women's Christian Association (YWCA) and the Young Ladies Temperance League, provided day care and health services for children of working mothers in Cleveland.



2012

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

The Free Clinic* became a Federally Qualified Health Center.



MOVE TO LARGER FACILITY

The Free Clinic* moved into a larger facility at 12201 Euclid Avenue.



2011

WSEM AND EL BARRIO

West Side Ecumenical Ministries (WSEM) and El Barrio join forces with The Center for Families and Children, and the new name of the organization becomes The Centers for Families and Children.



2022

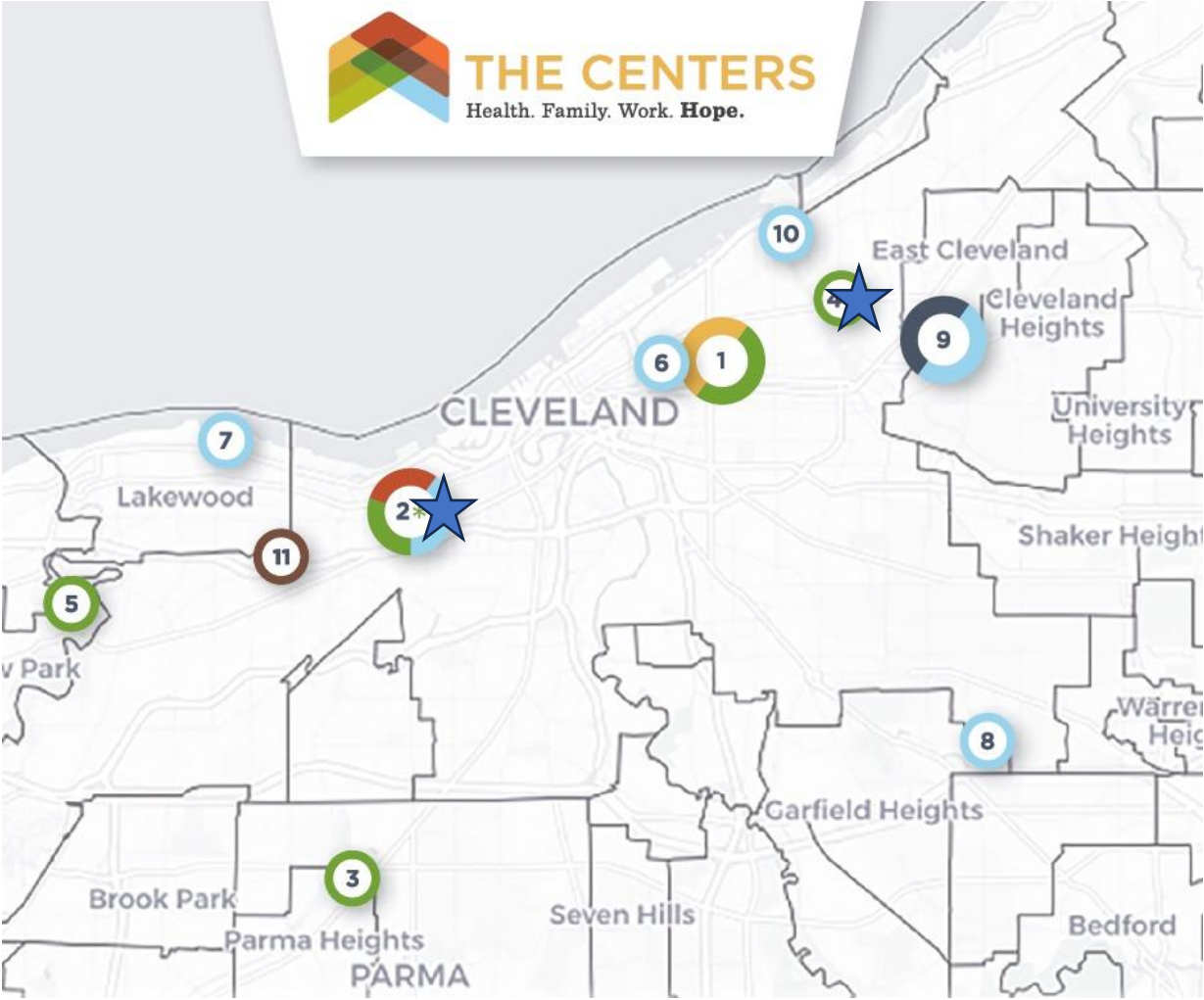
CLEVELAND CHRISTIAN HOME JOINS THE CENTERS

The Centers brought Cleveland Christian Home (CCH) into its corporate structure. The new structure helped The Centers expand access to the full continuum of behavioral health services for children and adolescents and brings much-needed infrastructure support to CCH.

* The Free Medical Clinic of Greater Cleveland



The Centers – Where We Are



The Centers – Integration of Care



At The Centers, we offer a range of comprehensive services, including health, family, workforce, and youth residential programs, at multiple locations throughout the greater Cleveland area. We provide integrated solutions with a strong focus on equity, aimed at fostering healthier and more prosperous communities while enabling individuals to achieve their maximum potential. Most of our services are accessible to individuals of all ages.



Integrated Health & Wellness

Our Health & Wellness Centers respond to an individual's "whole" health by integrating mental and physical care.

Mental Health Care:

- Access to Wellness (A2W) for individuals with serious mental illness
- Behavioral Health/Counseling
- Behavioral Health Urgent Care (BHUC)
- Case Management
- **Medication-assisted Treatment (MAT)**
- Psychiatry
- Residential Youth Programs
- School-based Behavioral Health
- STARS/FIRST Program for Schizophrenia
- **Substance Use Disorder (SUD) Treatment**



Medication Assisted Treatment and other Substance Use Treatment



Medication Assisted Treatment and Other Substance Use Treatment Services

In 2020, Ohio had **47.2 drug overdose-related deaths per 100,000 persons**—the fourth highest state in the country¹.

Increase in Northeast Ohio was due to presence of **illicitly manufactured fentanyl and carfentanil**¹.

Increase in options and services available for substance use disorder treatment.

Important to **meet patients where they are and when they are ready** for treatment.



MAT Services at The Centers



MAT services available at Gordon Square and Uptown locations representing both west and east side of Cleveland.



Services available:

- Individual & Group Counseling
- Personalized Treatment Plan
- On-site Pharmacy (340B)
- Multiple Medication Options



Walk in MAT Clinic began in 2023



Walk-In MAT “WinMAT” Services

- ✓ Reducing Barriers to Care
- ✓ Same-Day Treatment for persons with Opioid Use Disorder
- ✓ Care coordination through nursing to additional services and care
- ✓ WinMAT is an entry point for the MAT program

Addiction Treatment Specialists

Medication-Assisted Treatment

Medication-Assisted Treatment (MAT) is a safe and highly effective treatment for people with opioid use disorders (i.e. addiction to heroin, fentanyl, or prescription pain medications). Sometimes, this is also called Medication for Opioid Use Disorder (MOUD).

It has been shown to reduce the rate of overdose and death by more than half, to help people maintain sobriety from opioids, and to reduce the transmission of infectious diseases like HIV and Hepatitis C.

Sobriety not required!

Call us today to get started: 216-325-WELL



Azara for Medication Assisted Treatment and Other Centers Services

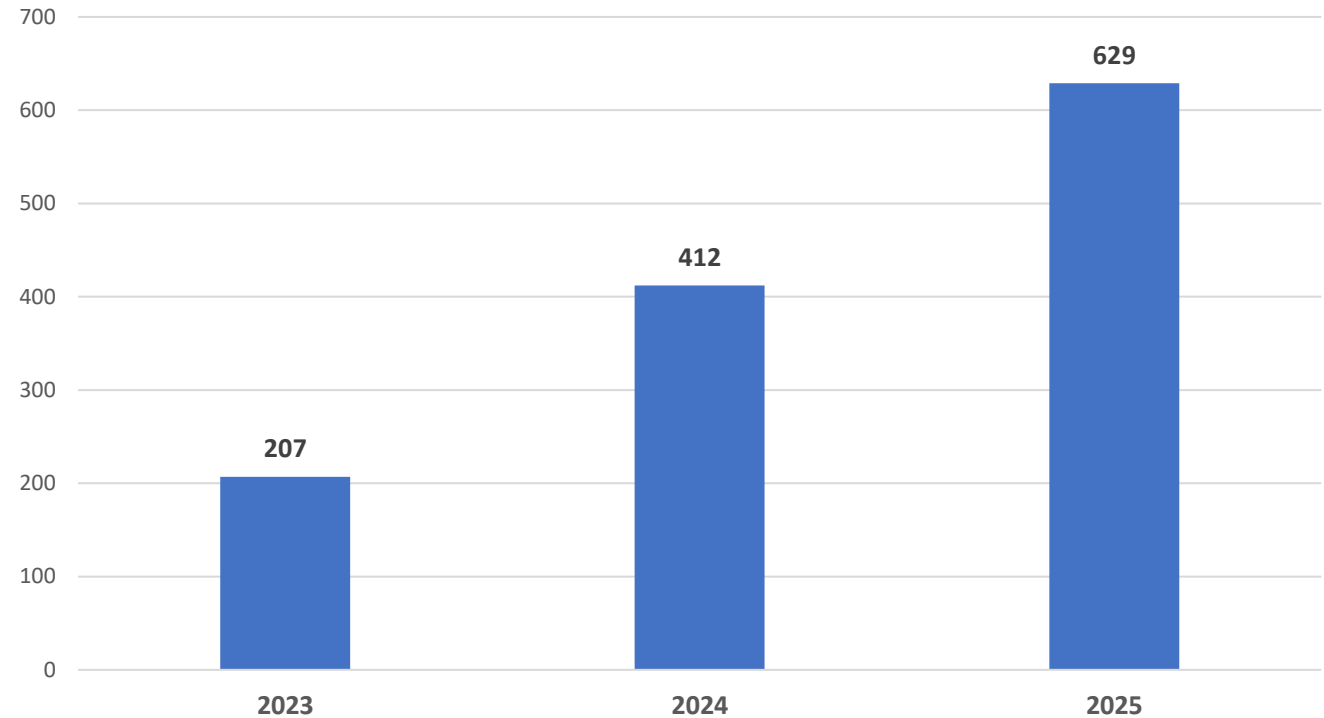


Cohort for MAT Patients

Based on the structure of this program and the multiple sites, identifying these patients through a cohort in Azara was beneficial.

Created cohorts for those receiving MAT services that patients would be added to after receiving services.

Number of Patients in MAT Cohort



Identifying MAT-Engaged Patients | Cohorts

- Visibility into cohort enrollment at the point of care allows providers to focus on specific needs of population during visits.
- Helps providers address behavioral and physical health needs and connect them to services.
- Creates opportunity to identify gaps in screening needs at the individual and aggregate levels.



PVP | Point of Care Patient Identification

2:30 PM Wednesday, March 25, 2026 Visit Reason: BH SHORT R/s from 3-23; appt time chosen to interfere as little as possible with IOP Uber will be scheduled

<p>Sex at Birth: F</p> <p>GI: Female</p> <p>SO: Straight (not lesbian or gay)</p>	<p>Risk: High (26)</p>	<p>Portal Access: 06/19/2025</p> <p>Cohort: 2025 HIV Harm Reduction Cohort, BH population (high risk), GSO WInMAT 2025, SAMHSA Y2, SSP Tracking</p>	<p>Cohort: 2025 HIV Harm Reduction Cohort, BH population (high risk), GSO WInMAT 2025, SAMHSA Y2, SSP Tracking</p>
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DIAGNOSES (10)

Anxiety	CNMP	DM I or II
Epilepsy	HTN-E	HyLip
PTSD	SCZ	SUD Depend
SUD No Depend		

RISK FACTORS (4)

ANTICOAG	ASCVD Intermediate (8.4 SMI 3)
TOB	

SDOH (4)

EDU	EMPLOYMENT	FOOD
FPL<200%		

RAF GAP DISEASE GROUPS

Diabetes	Neurological
----------	--------------

ALERT	MESSAGE	DATE	RESULT
Colon CA 45+	Missing		
Pap HPV	Due Soon (3 mo)	6/11/2021	PAP 06/11/2021 HPV 06/11/2021
Eye	Missing		
Foot	Overdue	5/10/2023	1

PVP provides a chance for providers to combine qualitative & quantitative data to determine patients who might benefit from additional support



Care Management Passport | High-Priority Details

Providers harness the CMP to identify IP/ED utilizations, upcoming appointments, and medication lists.

Encounters (Last 5 of 106)			
DATE	PROVIDER	TYPE	REASON
1/21/26	ALLEN, SHAINA	Telephone	APPOINTMENT
12/12/25	ALLEN, SHAINA	Behavioral Health Visit	FOLLOW UP
11/21/25	ALLEN, SHAINA	Telephone	APPOINTMENT
11/21/25	ALLEN, SHAINA	Telephone	APPOINTMENT
8/12/25	ALLEN, SHAINA	Behavioral Health Visit	FOLLOW UP

Appointments (1)			
DATE	PROVIDER	TYPE	REASON
3/25/26	ALLEN, SHAINA	PSYCH TELEHEALTH EST.	Lvm ABOUT CHANGES 2/3/26 mc F/U

Medications Last 10 of 18		
ACTIVE AS OF	NAME	SOUR
12/12/25	bupirone hydrochloride 7.5 MG Oral Tablet	
12/12/25	fluoxetine 40 MG Oral Capsule	
12/12/25	lamotrigine 200 MG Oral Tablet	
12/12/25	hydroxyzine hydrochloride 25 MG Oral Tablet	
10/31/24	albuterol 0.833 MG/ML / ipratropium bromide 0.167 MG/ML Inhalation Solution	
10/10/24	50 ML sodium chloride 9 MG/ML Injection	
4/4/24	lidocaine 25 MG/ML / prilocaine 25 MG/ML Topical Cream	
4/4/24	lisinopril 5 MG Oral Tablet	
4/4/24	atorvastatin 80 MG Oral Tablet	
4/4/24	NDA021457 200 ACTUAT albuterol 0.09 MG/ACTUAT Metered Dose Inhaler	

I/P & E/D Utilizations (Last 10 of 42)						
SOURCE	TYPE	ADMIT DATE	DISCHARGE DATE	LOCATION	DIAGNOSIS	DESCRIPTION
CliniSync Plan Members	ER Visit	3/23/26		CLEVELAND CLINIC MAIN CAMPUS		
CliniSync	Inpatient Stay	3/23/26		CLEVELAND CLINIC MAIN CAMPUS		
CliniSync Plan Members	ER Visit	1/20/26	2/11/26	CLEVELAND CLINIC MAIN CAMPUS		
CliniSync	Inpatient Stay	1/20/26	2/11/26	CLEVELAND CLINIC MAIN CAMPUS		
CliniSync Plan Members	ER Visit	1/2/26	1/9/26	CCF EUCLID HOSPITAL		
CliniSync	Inpatient Stay	1/2/26	1/9/26	CCF EUCLID HOSPITAL		
CliniSync	ER Visit	1/1/26	1/2/26	CCF EUCLID HOSPITAL		
CliniSync Plan	ER Visit	1/1/26	1/2/26	CCF EUCLID HOSPITAL		



Azara Cohorts for Quality & Data Integration

Beyond patient identification, cohorts have streamlined reporting and allowed us to look at clinical outcomes for patient population. Examples include:



Compare overall practice UDS performance to WinMAT patient performance.

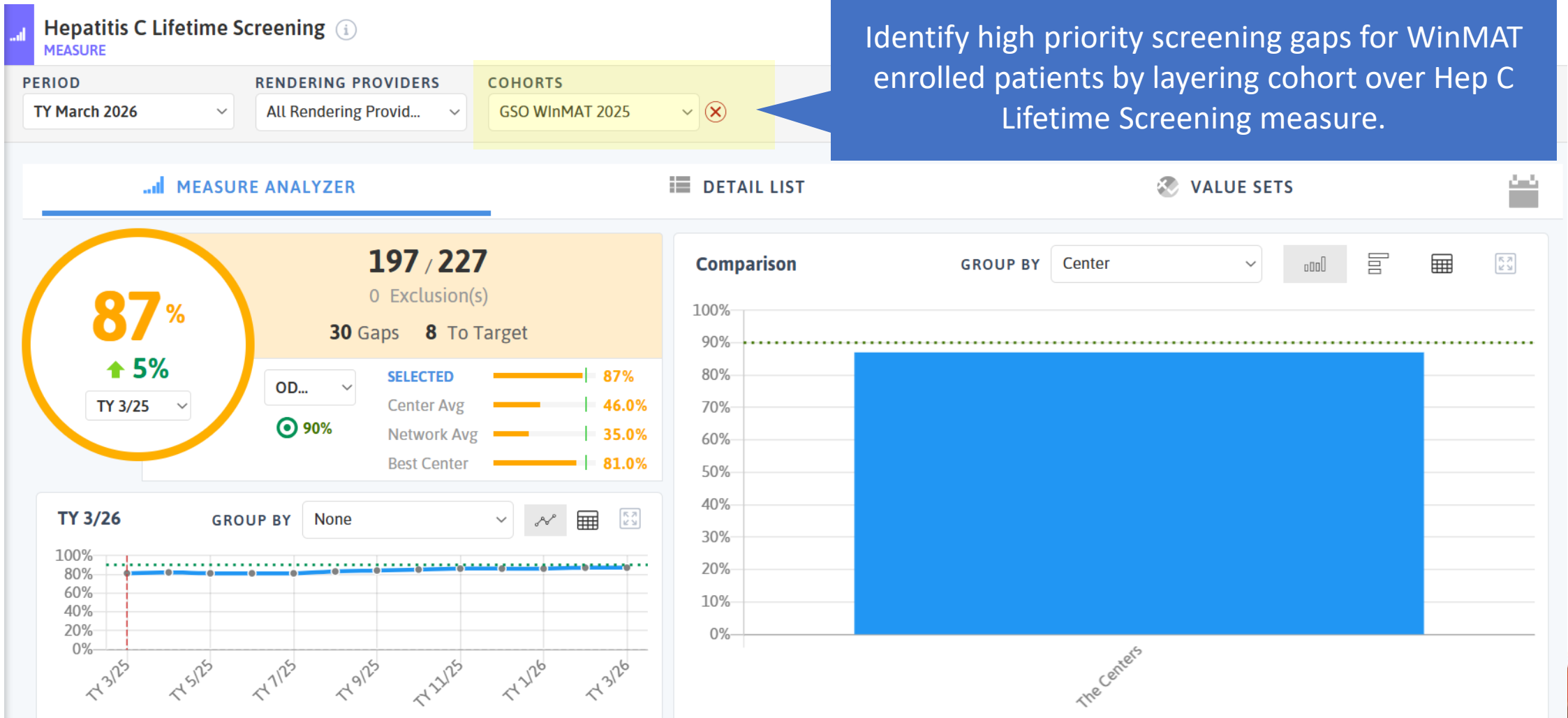


Emphasize WinMAT performance on chronic disease management measures and address gaps.

Cohorts have simplified reporting across multiple initiatives, especially reports looking at different time frames, including OneOhio Grant, SAMHSA CQMs, private foundation grants, and benchmarking for internal annual quality goals.



Quality & Data Integration | Hep C Screening



Quality & Data Integration | Identifying Social Care Barriers

Support comprehensive care delivery by proactively identify WinMAT patients coming in this week with social care barriers

Social Drivers of Health (SDOH) REGISTRY

VISIT DATE RANGE: 03/30/2026-04/03/2026

RENDERING PROVIDERS: All Rendering Provid...

COHORTS: GSO WinMAT 2025

REGISTRY VALUE SETS

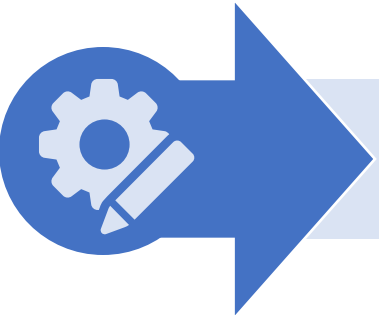
Search Patients ... Reset Columns SAVED COLUMNS

DEMOGRAPHICS	SDOH CONTROLLABLE		SUPPORT REQUESTED				
HOUSING SITUATION UDS	AGE	GENDER IDENTITY	TRIGGERS	TAL... ↑	DATE	FIND JOB OR TRAINING	EDUCATIO
Doubling Up	31	Female	HOMELESS FOOD ISOLATION EMPLOYMENT ...	5			
Not Homeless	40	Female	FOOD ISOLATION VIOLENCE EMPLOYMENT	4	12/9/2024	Y	
Not Homeless	33	Male	FOOD ISOLATION STRESS EMPLOYMENT	4	6/24/2024	Y	
Not Homeless	46	Female	FOOD UTILITY PHONE ISOLATION	4			

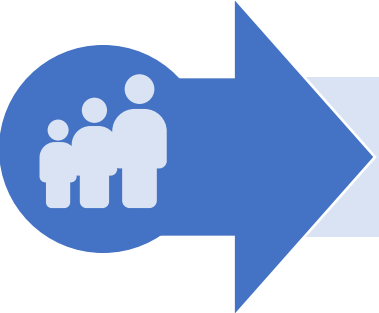
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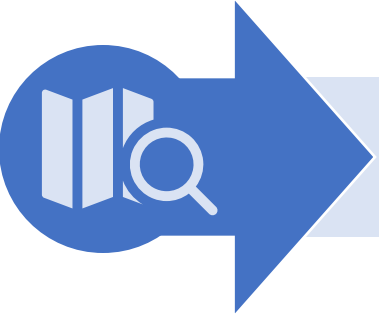
Areas for Opportunity | Azara for Providers



Customization of PVP for specialized programs



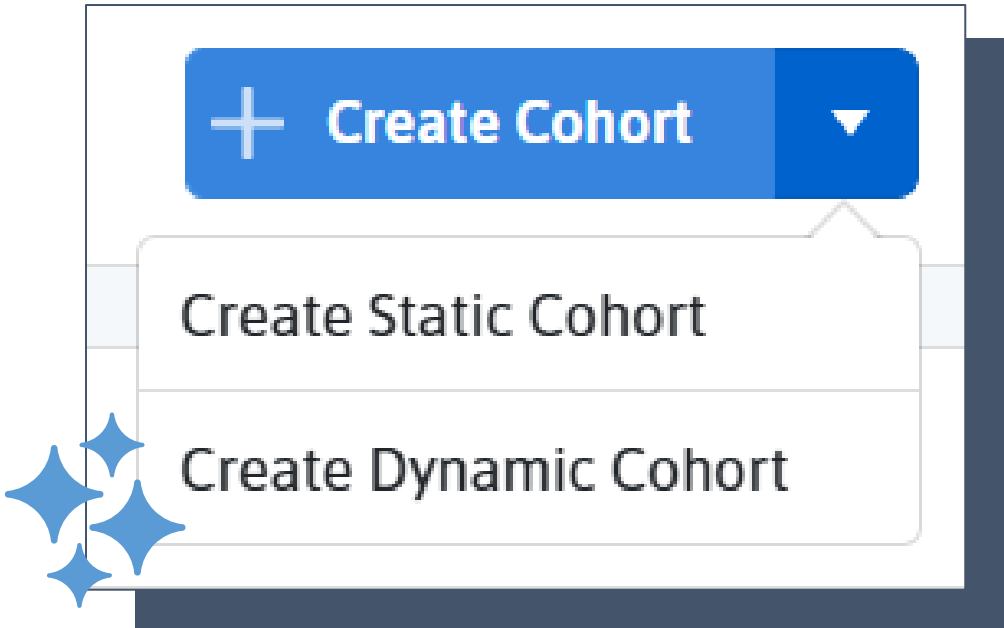
Increased awareness of cohorts and their use



Further exploration of Azara and capabilities



Future Opportunities | Dynamic Cohorts



Currently restricted to static cohorts, which requires substantial manual management. Intend to use dynamic cohorts in the future. As programming expands and more services are being offered, dynamic cohorts will be the most streamlined way to manage population needs.



Next Steps for the Centers

Small tests of change in specific program to gain widespread acceptance.

Strengthen the connection to unintentional drug poisonings and infectious disease prevention/treatment services.

Provider involvement in identifying key performance indicators for future quality and outcomes work.

Opening a Crisis Receiving Center, including a continuum of care for stabilization and inpatient SUD/detox, as well as outpatient services on one campus.



Conclusion



With the wide range of services available at The Centers, our **MAT cohort has allowed our providers to follow an integrated care model** that focuses on both behavioral and physical health needs of clients.



We **plan to create additional cohorts** for programs providing services at The Centers.



Azara has allowed us to follow patient populations and patient outcomes in an **easy format and will be instrumental in data tracking** as we expand as an organization.



Acknowledgements



Teresa Volsko MBA, MHHS, RRT, LSSBB, FAARC, Vice President, Quality and Data Integration



Xiaochun Yu, PhD, Mstat, Biostatistician



The Centers Health and Wellness MAT providers



All Health and Wellness Providers at The Centers



The Centers Quality and Data Integration Team



Connect With Us



THE CENTERS

Health. Family. Work. **Hope.**



@THECENTERSOHIO

WWW.THECENTERSOHIO.ORG

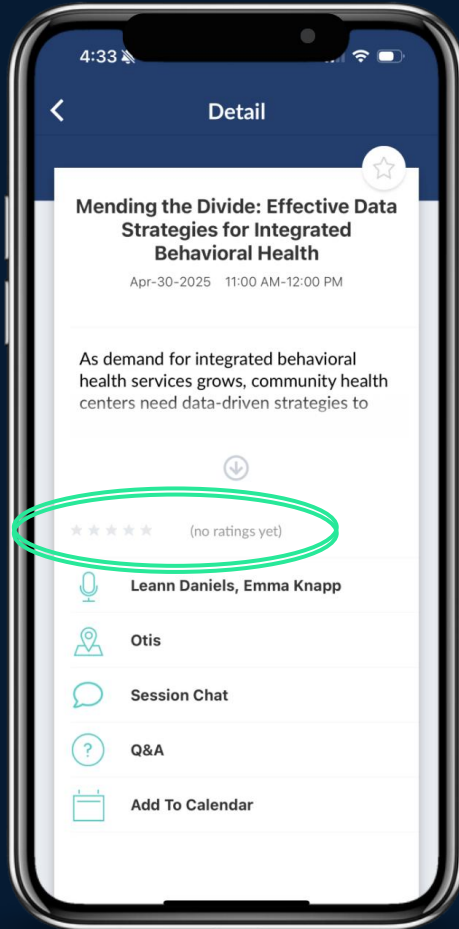


Questions?



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



azara2026

USER CONFERENCE APRIL 13-15 | BOSTON, MA

Thanks for attending!

