

# Your Voice, Your DRVS

A Product Feedback Session

azara2026

USER CONFERENCE **APRIL 13-15 | BOSTON, MA**



# Presenters

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# Today's Agenda

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- Introductions
- The Azara Platform, Ground Rules
- Tell Us What You Think!
- Point of Care Operations, Populations & Definitions, User Experience
- Prioritization Exercise
- Vote for What's Important to You
- Continue the Conversation
- Find Members of the Product Team and Discuss Ideas

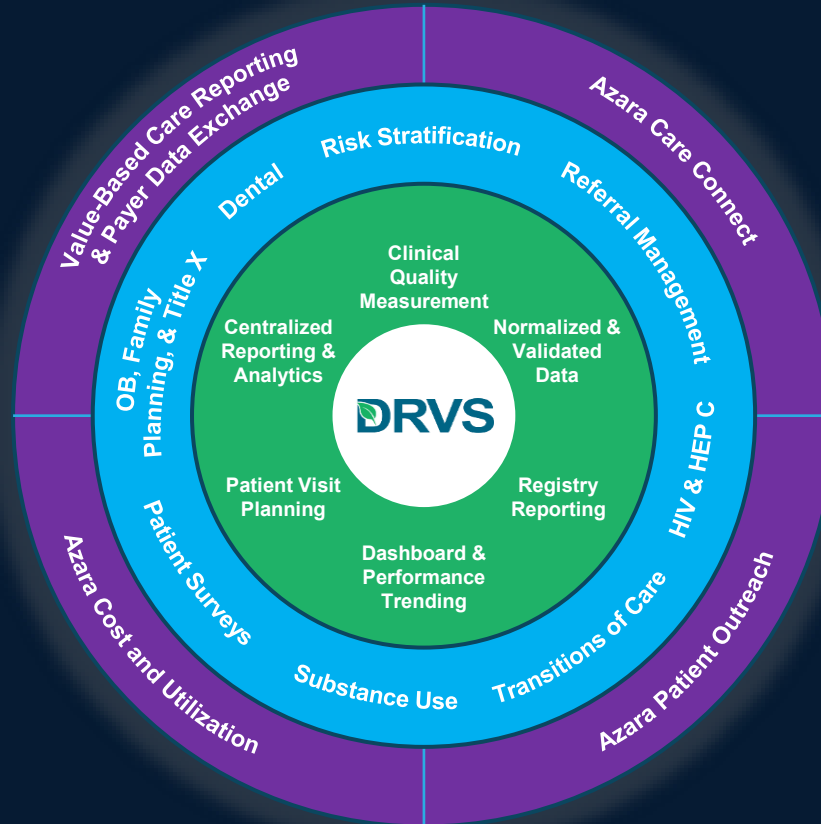


# Azara's Population Health Solution Suite



## Core DRVS PHM Platform

- DRVS is Azara's core population health engine
- DRVS delivers accurate, integrated, curated data, analytics and workflows to support the complex population health management requirements of large, multi-site safety net provider networks, provider groups and payers
- Azara was recognized as the #1 PHM platform by KLAS in 2023 and 2024



## Add-On Modules

Azara add-on modules support specific practice area requirements and are fully integrated with the Company's core DRVS platform

## Integrated Applications

In addition to DRVS, Azara offers four primary integrated applications to enhance its core DRVS functionality and analytics capabilities



# Ground Rules

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All Ideas Are Valid

Try To Avoid Interrupting

Keep Feedback Constructive

Maintain an Open Mind

Bring Your Creativity

Have Fun!



# 2025 Feedback

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VOTES	POINT OF CARE / OPERATIONS
●●●●	PVP Configurable alerts (by specialty) <small>High level alerts</small>
●●●●●	Focused alerts (ie Behavioral Health)
●●●●●	Calendar Year <sup>Toggle</sup> Available on alerts
●●●●●	Visibility of alerts due this yr but not due <sup>YET</sup>
●●●●●	Plan care gaps
●●●●●	Pap smear flow sheet for CMP
●●●●●	Imms alerts - individual or on a pedi CMP
●●●●●	BH CMP
●●●●●	Logo on CMP/PVP
●●●●●	Multiple patient identifiers
●●●●●	EMR Source (Alerts but also source)

VOTES	Populations
●●●●●	<del>UI/UX</del>
●●●●●	Pts w/ telehealth
●●●●●	ARO campaigns for Dental cleaning
●●●●●	People in registries with no qualifying encounter
●●●●●	People by grant funding
●●●●●	cohort <sup>**</sup> exclusion
●●●●●	more medication class options
●●●●●	People in one service line / not another <small>(ie BH)</small>
●●●●●	Prenatal care AND postpartum care
●●●●●	Screening options for maternal health
●●●●●	Enhance immz report (show patients have aged out)
●●●●●	Clinical ASCVD (statin Denominator)

VOTES	USER EXPERIENCE
●	Limit options to provider focus <small>area</small> - by pre-set role
●	Have more limits (permissions) by scope of practice
●	Users-usage monitoring with full name
●	Left nav customisation (hide categories)
●●	More visibility on data (multiple EHR) sources
●●	Quick info/guidance on features
●●●●	<del>Make</del> Make "Search" more obvious
●●	Global Search → more than 6 results
●●●●	"Reports" as different from scorecards
●●●●	"PCP" not "Usual Provider" <small>or other:</small>
●●	Make DRVS faster

VOTES	Point of care / Operations
●●●●●	<del>Populations</del>
●●●●●	more visibility of where the data came from (which EHR)
●●●●●	Med adherence on the PVP/CMP
●●●●●	Eliminate some shorthand on the PVP
●●●●●	Shorthand/definition of acronyms (help section)

VOTES	USER EXPERIENCE
●●●●●	Heat map visualizations
●●●●●	Filter by locations, like County
●●●●●	first time user tutorial

2026



# Recap: 2025

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## Live:

- AI Summaries for CMP & MIT
- PVP Per User Default Saved Filters
- Custom Home Screen
- Configurable PVP
- Multi-Select Months (Scorecards)
- Recents in Left Nav
- Simple/Full Toggle & Preference (Detail lists)
- Smarter Measure Exports
- Maternal Care Management Report
- And/Or Diagnosis Filter

## Coming Soon:

- POPULATION DEFINITION BUILDER
- Azara Helpbot
- Simplifying Navigation
- YTD period on more measures!



# Brainstorming Exercise

Share Your Thoughts!

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# Summaries & AI



Where do you want more summaries?

Where do you think AI could be used in DRVS tools?

**Smart Summary**

**Unspecified Diagnoses:** There are **2 unspecified diagnoses** documented in the last year ("Unspecified mood [affective] disorder" and "Nicotine dependence, unspecified, uncomplicated"); consider re-evaluation of diagnoses to **specify severity**.

**Undocumented HCC RAF Diagnoses:** Mild intermittent asthma (J45.20, Pulmonary, low) and ADHD combined type (F90.2, Psychiatric, low) remain **unbilled** for the current year.

**Lab Trends:** A1c increased **25%** from 11.8 to 14.7 (May 2025 to Nov 2025). A1c is out of range at 14.7 (Nov 2025).

**Open Referrals:** There is 1 referral open since Jun 2025 with **no scheduled appointment**. Patient has an SDOH factor of Transportation - consider **care coordination to assist with transportation**.

**TOC Events:** Patient has had **3 ER visits** in the past 6 months.

*AI-generated content may be incorrect*

BMI Screening and Follow-Up 18+ Years (CMS 69v13)

1102042  Center: Access Community Health Period: TY January 2026

Name: Cletus Loa  Sex at Birth: F DOB: 8/1/1968 (57 years as of 1/31/2026)

**Smart Summary**

The patient is in the numerator because she is 57 years old and has a BMI documented on 06/23/25 with a follow-up plan documented for an abnormal BMI during the measurement period.

*AI-generated content — please review for accuracy*

**Smart Summary**

**This is an 84-year-old male patient with complex chronic conditions including diabetes, severe mental illness, and multiple recent hospital and emergency visits.**

1. The patient has a history of type 1 diabetes with chronic complications and a critically elevated **A1c of 12.6** as of Sep 2025, indicating poor glycemic control.
2. Recent vital signs show **low blood pressure (62/44 mmHg)** recorded on Sep 12, 2025, which may require urgent evaluation.
3. The patient has multiple behavioral health diagnoses including severe mental illness and psychosis, with a recent mental health and counseling encounter on Sep 12, 2025.
4. There are overdue screenings including a depression screen and A1c test, with the last depression screen showing a moderate score of 6 on Sep 12, 2025.
5. The patient has a history of homelessness and social determinants of health challenges including housing, transportation, and violence concerns documented as of Jan 2026.

**Today's Recommended Action Items**

1. Prioritize scheduling a comprehensive diabetes management visit to address the elevated A1c and review current medications and adherence.
2. Arrange for blood pressure monitoring and evaluation given the recent low readings to rule out hypotension causes.
3. Coordinate behavioral health follow-up and ensure depression screening is completed and addressed in care planning.

*AI-generated content — please review for accuracy*



# Populations & Definitions

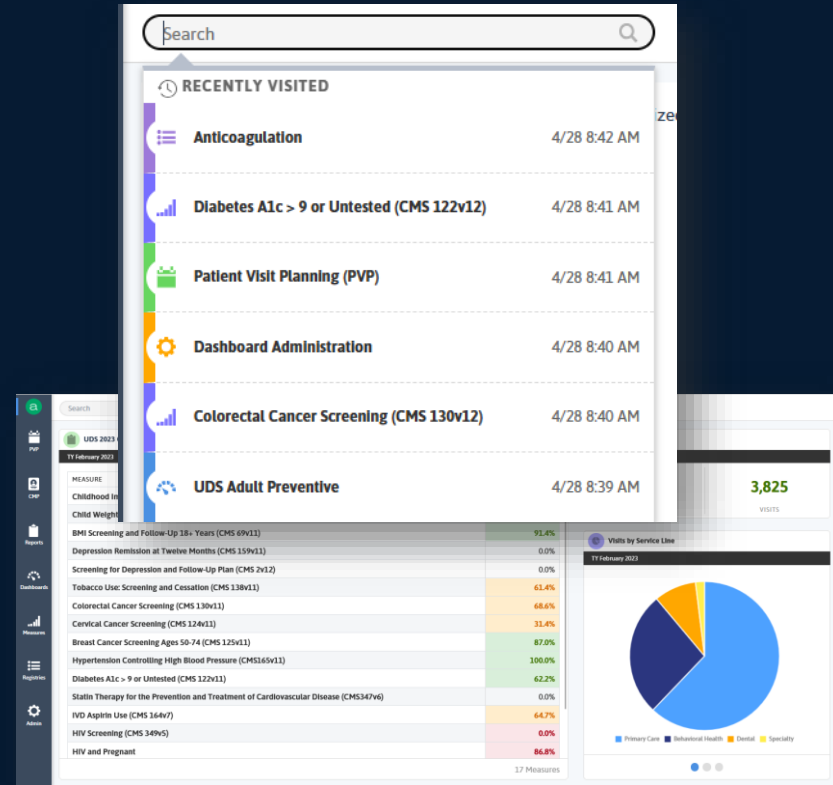
- What groups of patients do you focus on?
- Who do you need to outreach to?
- What's a population?
- What are PVP alerts for? Measure gap closure or clinical care?

- Examples:
  - Cohorts
  - Measure Gaps
  - Registries/CER
  - Outreach Groups



# User Experience (UX)

- What do you usually come to DRVS to do?
- How do you get back to things you use often?
- What was the hardest to figure out at first?
- What should be easier or faster?
- How do you notice new features or changes?



# Prioritization Exercise

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# Instructions

- Everyone gets equal number of votes (6)
- Use your vote carefully
- You can vote for an idea with more than one sticker
- Share any feedback we didn't capture after the session





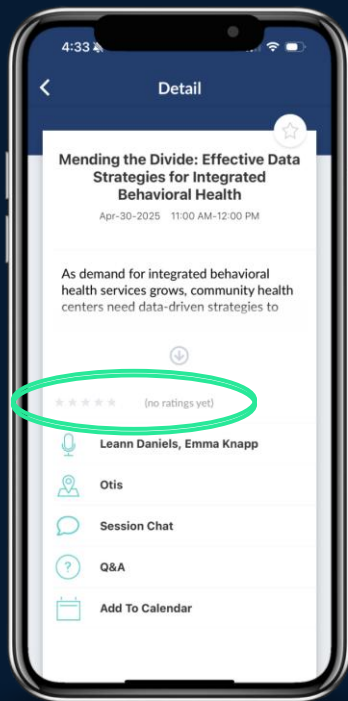
# Questions?



# We want to hear from you!

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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



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# Thanks for attending!





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# Conf Feedback

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- Simplifying terminology for onboarding
- CCBHC market
- Leakage of services (cross selling)
- Calendar year alerts fire to support contracts
- Pop mgmt custom populations

