

Operationalizing Value-Based Care

Strengthening Data Integrity, Payer
Collaboration, and Sustainability

azara2026

USER CONFERENCE APRIL 13-15 | BOSTON, MA



Agenda

15



Setting the Stage

Reality Facing Rural Healthcare



Value Based Care

ToRCH & Aledade ACO



The Turning Point

Data Hygiene & DRVS



Supporting Rural Health

How DRVS can help



Speakers

15



Marvin Smoot
Vice President of Clinic
Operations
Bothwell Regional Health
Center



Noelle Parker
Chief Strategy Officer
Lewis and Clark Information
Exchange



Lauren Wallace
Sr. Clinical Improvement
Specialist
Azara Healthcare



Setting the Stage

Reality Facing Rural Healthcare



UHC Grant – “The Gift”

Support for NCQA PCMH

- Funding & PCMH-CCE Coaches

Azara DRVS

- Missouri RHC Specific Data Warehouse
- Centralized data reporting and analytics solutions
- Facilitates care transformation, closing care gaps, driving quality improvement, and simplifying reporting

Development of PROMPT – Missouri RHC Learning Network

Funding Partners



PROMPT Learning Network

Statewide collaborative equips Missouri RHCs with expert guidance, peer support, and practical tools



Sharing Best Practices



PCMH Training



Quality Improvement & Population Health Management



Bringing in Subject Matter Experts




RHC Spotlight



PROMPT Meetings

- Quarterly Meetings
- Focus on:
 - Hot Topics impacting RHC’s
 - Rural Health Transformation Program
 - Interoperability
 - Value-Based Care
 - QI Initiatives
 - Optimizing DRVS
 - NCQA PCMH Standards
 - RHC Spotlight
 - Networking Hour


Missouri RHC Learning Network

Agenda
May 21, 2026

Location: Missouri Soybean Association
734 S Country Club Drive
Jefferson City, MO 65109

<u>Time</u>	<u>Topic</u>	<u>Speaker(s)</u>
9:00 – 9:05 am	Introductions	Noelle Parker, MBA, CMPE, PCMH-CCE
9:05–10:15 am	Rural Health Transformation Program (RHTP)	Toi Wilde, RN, BSN, MBA, CPHQ, LSSGB, PMP Chief Information Officer Missouri Department of Social Services Laura Eisinger Naught, PhD HR1 Implementation Coordinator MO HealthNet Division Department of Social Services
10:15 – 11:30 pm	Self-Data Validation for RHCs	Molly Wack, PCMH-CCE Training Program Lead Azara Healthcare
11:30–1:00 pm	Lunch & Networking	
1:00–2:00 pm	CMS Interoperability	Mitch Chaney, Senior Advisor Assistant Secretary for Technology Policy (ASTP) / The Office of the National Coordinator for Health Information Technology (ONC)
2:00–2:45 pm	Advanced Revenue Cycle Management Best Practices	Cindy Burcham, President & CEO Health Partners Management Group (HPMG)
2:45–3:00 pm	Closing Remarks	





NOELLE PARKER
 LACIE-Chief Strategy Officer
 CAB - Senior Consultant
 PROMPT MO RHC Learning
 Network Facilitator



TOI WILDE
 Chief Information Officer
 Missouri Department of
 Social Services



LAURA NAUGHT
 HRI Implementation Coordinator
 MO HealthNet Division,
 Missouri Department of
 Social Services



MOLLY WACK
 Training Program Lead
 Azara Healthcare



MITCH CHANEY
 Senior Advisor
 ASTP/ONC



CINDY BURCHAM
 President & CEO
 Health Partners
 Management Group, Inc.



The Missouri PROMPT Learning Network is transforming how Missouri Rural Health Clinics succeed in today's evolving healthcare environment. This statewide collaborative equips Missouri RHCs with expert guidance, peer support, and practical tools to strengthen operations, improve care, advance Value Based Care efforts, and pursue NCQA PCMH recognition.

➤ **KEY FOCUS AREAS**

- Collaboration & networking
- Quality improvement and best practice sharing
- Data analytics, data hygiene, and performance reporting
- Value Based Care transformation and readiness
- Effective use of DRVS for PHM, QI initiatives, and quality measure improvement
- Insights and guidance from expert SMEs
- Highlighting success stories from Missouri Rural Health Clinics

➤ **WHAT PROMPT OFFERS**

- Direct access to federal and state experts and leading healthcare subject matter experts (SMEs)
- Real world strategies to enhance clinical data and operational efficiency
- Tailored support focused on Missouri's rural healthcare challenges
- Guidance to advance and sustain Value Based Care models
- Best practices for using DRVS to support Population Health Management, drive QI initiatives, and improve clinical quality measures
- A featured spotlight on a Missouri Rural Health Clinic each session

➤ **WHY PARTICIPATE?**

PROMPT helps Missouri Rural Health Clinics elevate patient care, strengthen performance data, leverage DRVS for measurable QI progress, meet payer and funder requirements, and grow within Value Based Care—supported every step of the way by industry leading SMEs and peers who understand rural healthcare.

[CLICK TO REGISTER](#)

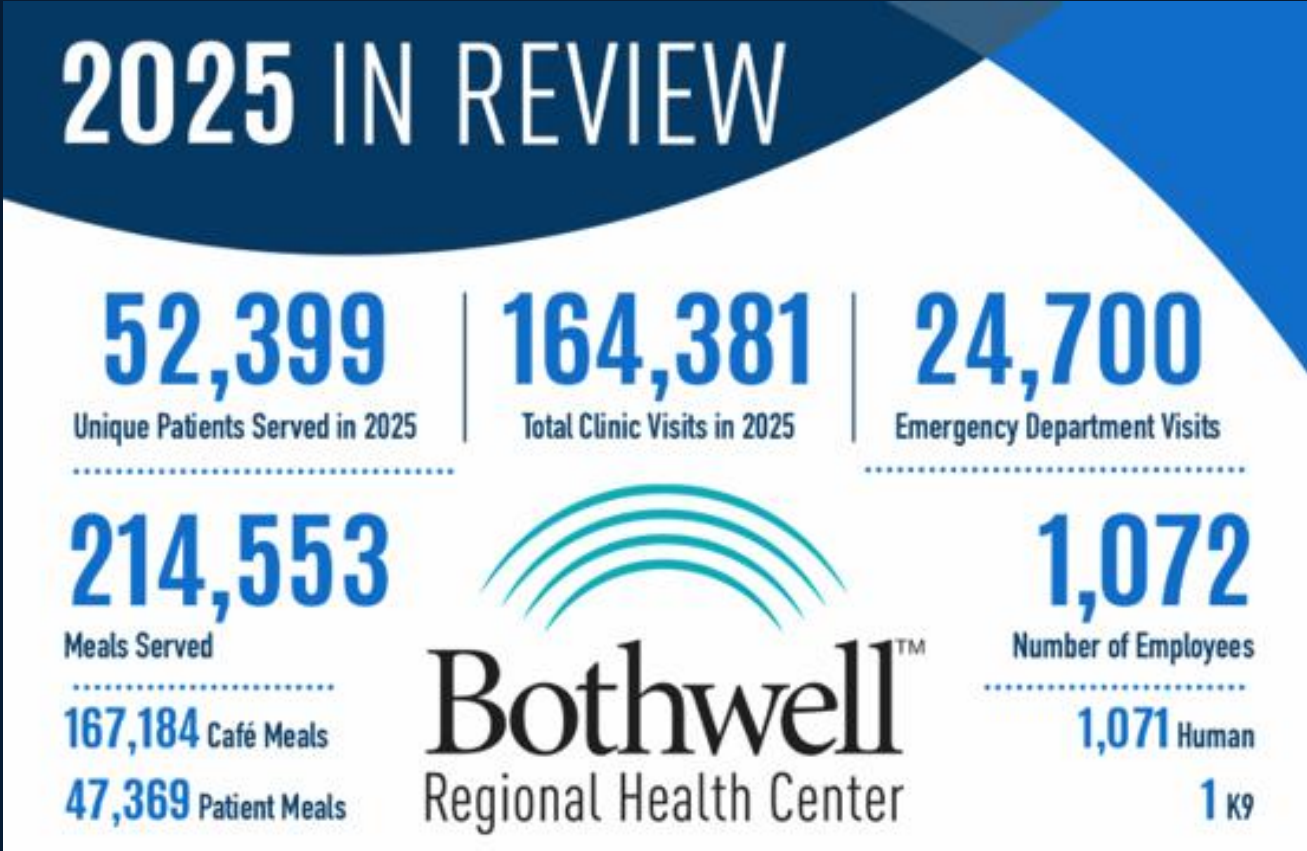
- 📅 **MAY 21, 2026**
- 🕒 9:00 am - 3:00 pm
- 📍 **Missouri Soybean Association**
 734 S Country Club Drive
 Jefferson City, MO 65109



Bothwell Regional Health Center

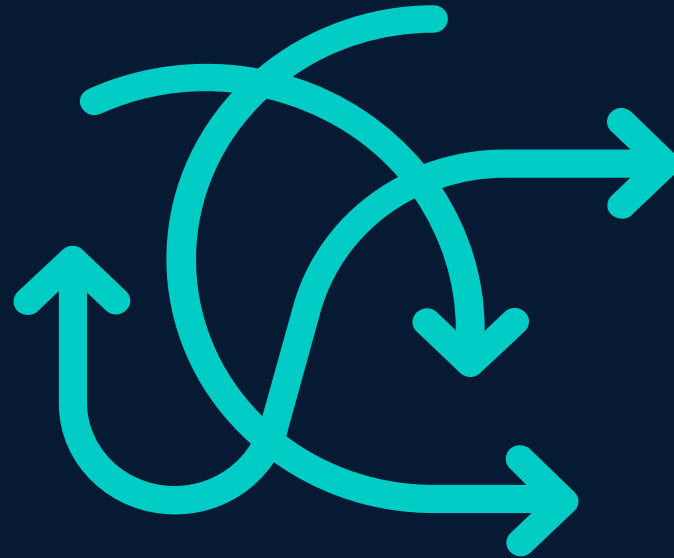


- Located in Sedalia, Missouri
- Opened in 1930
- EMR: Meditech
- Services Provided:
 - Primary Care
 - Emergency Care
 - Hospital Care
 - Critical Care
 - Surgical Care
 - Specialty Services



A Familiar Moment in Jefferson City

15



Data everywhere
Confidence nowhere



The Reality Facing Rural Healthcare

15



Value-Based pressure



Limited resources



Rising compliance demands



Fragmented data



Population Health Fails Without Trusted Data



- Bad data leads to bad decisions
- Clinician burnout
- Unsustainable care models

Physician stress and burnout: the impact of health information technology
[Rebekah L Gardner](#)^{1,2,✉}, [Emily Cooper](#)², [Jacqueline Haskell](#)², [Daniel A Harris](#)^{2,3}, [Sara Poplau](#)⁴, [Phillip J Kroth](#)⁵, [Mark Linzer](#)⁶
▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#)

PMCID: PMC7647171 PMID: [3051](#)

Abstract

Objective

To quantify how stress related to EHR use is associated with burnout among physicians

Methods

All 4197 practicing physicians in the study were included. The main outcome was self-reported burnout. The primary outcome was the report of at least 1 of the following: high/excessive time spent on EHR, high/excessive time spent that using an EHR adds to the workload, or a negative association between each of the following and physician demographics, practice characteristics,

Results

Electronic Health Record Stress and Burnout Among Clinicians in Hospital Settings: A Systematic Review

[Fatimah Alobayli](#)^{1,✉}, [Siobhan O'Connor](#)², [Aisha Holloway](#)¹, [Kathrin Cresswell](#)³

▶ [Author information](#) ▶ [Article notes](#) ▶ [Copyright and License information](#)

PMCID: PMC10734365 PMID: [38130797](#)

Abstract

Background

There is growing evidence to suggest that EHRs may be associated with clinician stress and burnout, which could hamper their effective use and introduce risks to patient safety.

Objective

This systematic review aimed to examine the association between EHR use and clinicians' stress and burnout in hospital settings, and to identify the contributing factors influencing this relationship.

Methods

Alobayli F, O'Connor S, Holloway A, Cresswell K. Electronic health record stress and burnout among clinicians in hospital settings: a systematic review. Digit Health. 2023;9:20552076231220241. doi: 10.1177/20552076231220241. doi. Medline.

Gardner RL, Cooper E, Haskell J, Harris DA, Poplau S, Kroth PJ, Linzer M. Physician stress and burnout: the impact of health information technology. J Am Med Inform Assoc. 2019;26(2):106–114. doi: 10.1093/jamia/ocy145.

Where We Started

15



Fee-for-service
mindset



Siloed
reporting



Reactive
care



Value-Based Care Enters the Picture

ToRCH and Aledade ACO



Transformation of Rural Community Health

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Transformation of Rural Community Health (ToRCH)

Rural Health Program sponsored by the Missouri HealthNet Division

Bothwell is one of six rural hospitals to participate in the ToRCH pilot

Focus on non-clinical risk indicators to improve chronic diseases and lower cost

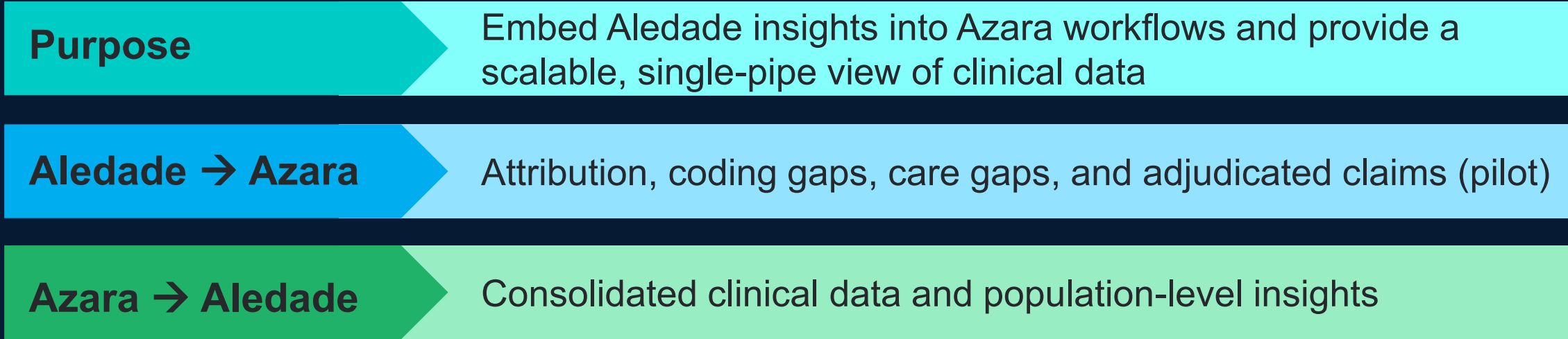


Aledade Accountable Care (ACO)



- Value-based care & increased accountability
- Medicare and selected Managed Care health plans
- Improve patient outcomes and financial performance

Azara & Aledade Partnership:



Early Friction Points



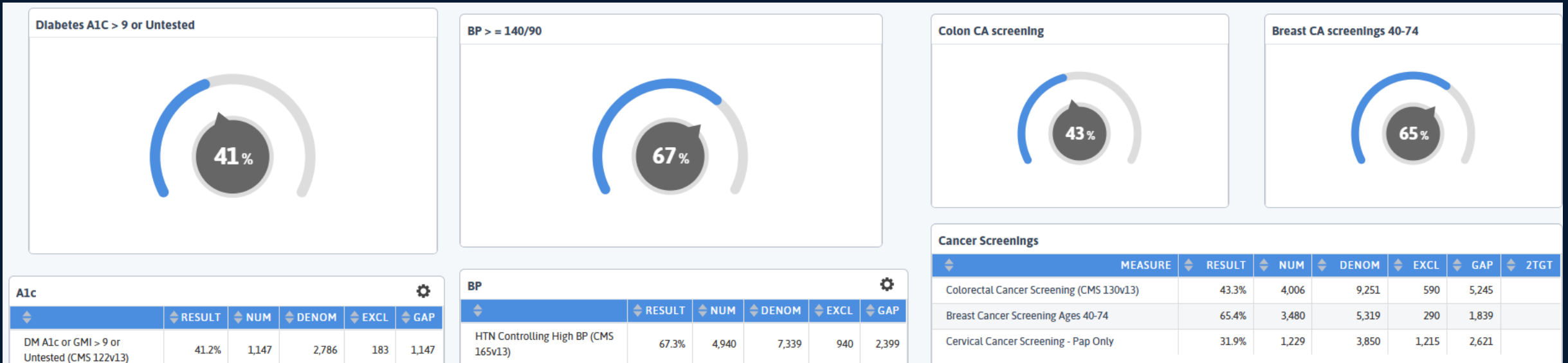
Attribution confusion



Measure misalignment



Multiple versions of truth

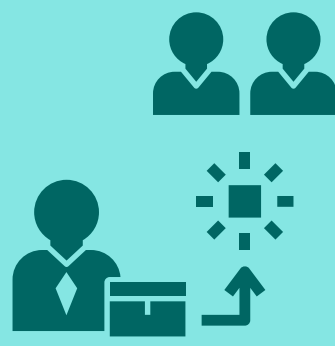


The Turning Point


Not a Data Problem – A Data Hygiene Problem



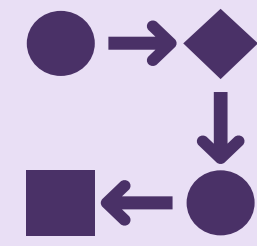
What Data Hygiene Means




Clean Attribution



Aligned Definitions



Reliable Workflows



Trust



Why DRVS

15



Population Tracking



Care Gap Tracking



Actionable Insights



Informed Decision-Making



Cleaner Data, Better Care

15

- ✓ Clear care gaps
- ✓ Focused outreach
- ✓ Smarter resource use



Quality Improvement Outcomes



- Improved screening trends
- Better chronic disease tracking
 - Results in ToRCH and ACO

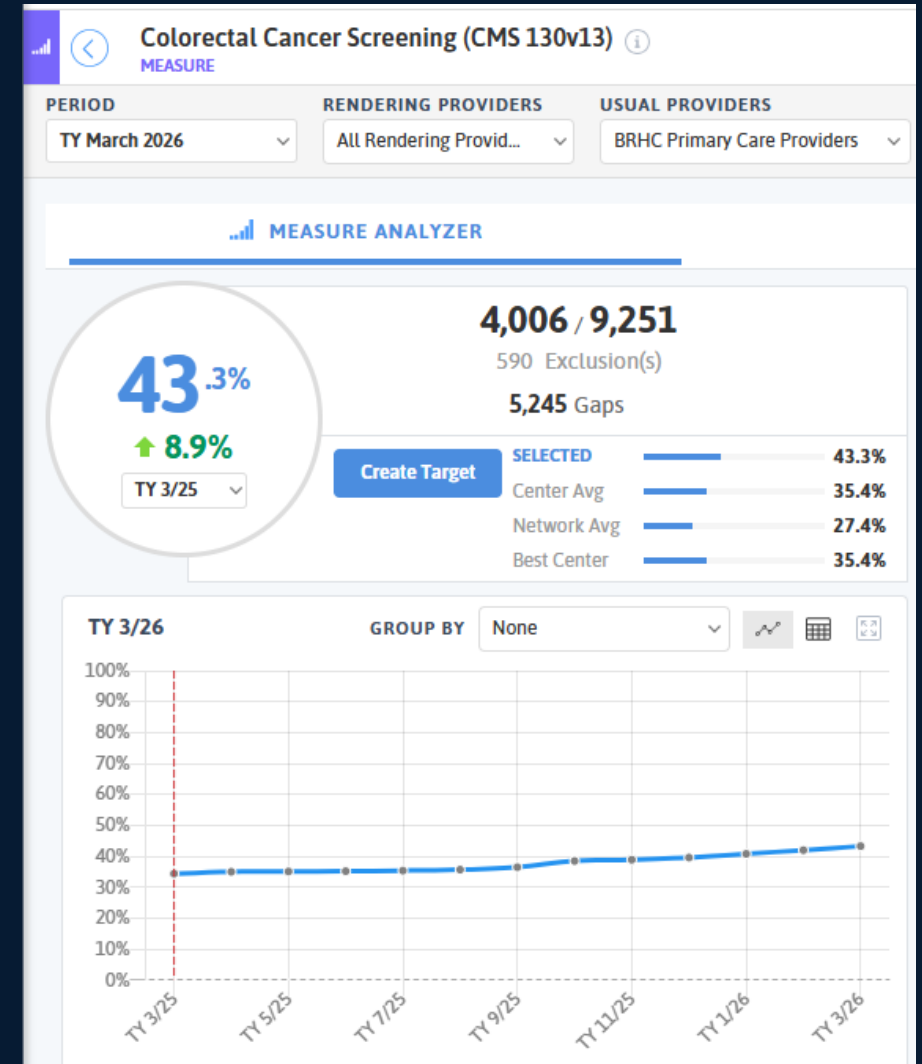
Diabetes REGISTRY

VISIT DATE RANGE: 03/17/2026-03/24/2026 | RENDERING PROVIDERS: All Rendering Provid...

REGISTRY

Search Patients ...

AGE	A1C OR GMI		EGFR		MICROALBUMIN URINE		PNEUMOCOCCAL	
	DATE	RESULT	DATE	RESULT	DATE	RESULT	FLU DATE	DATE
80	6/23/2025	5.9	9/26/2025	28	7/16/2025	24	10/19/2021	7/16/2024
35	1/19/2026	9.2			3/19/2026	82	10/26/2018	
78	5/19/2021	7.0	2/20/2026	22	1/20/2026	2.43	11/6/2025	11/6/2025
57	1/2/2026	6.4	7/10/2025	75	8/20/2024	.		
75	3/10/2025	6.4	3/10/2025	77	3/11/2025	12		



SDOH Integration

- Screening visibility
- Risk stratification
- Targeted interventions

Social Drivers of Health (SDOH) REGISTRY

VISIT DATE RANGE: 03/18/2026-03/25/2026 | RENDERING PROVIDERS: All Rendering Provid...

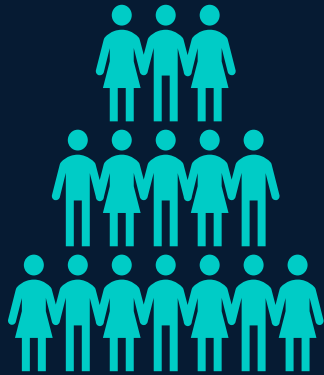
REGISTRY | VALUE SETS

Search Patients ...

SDOH ASSESSMENT			SDOH		MATERIAL SECURITY		
AGE	COMPLETED	COUNT	TRIGGERS	TRIGGER-FOOD-DATE	TRIGGER-FOOD	OBTAINING-FOOD-DATE	OBTAINING-FOOD-RESPONSE
79	Housing status or Housing situation, Food, Utility difficulties, Interpersonal safety	4	HOUSING SAFETY	2/11/2026	N	2/11/2026 10:11:19 AM	N;
55	Housing status or Housing situation, Food, Utility difficulties, Interpersonal safety	4	HOUSING SAFETY	3/18/2026	N	3/18/2026 8:01:03 AM	N;
70		0					
74	Housing status or Housing situation, Food, Utility difficulties, Interpersonal safety	4	HOUSING SAFETY	3/19/2026	N	3/19/2026 11:35:58 AM	N;
83		0	RACE				
35	Housing status or Housing situation, Food, Utility difficulties, Interpersonal safety	4	HOUSING SAFETY	1/6/2026	N	1/6/2026 9:15:24 AM	N;



Stronger Partnerships



Payer
Alignment



ACO
Collaboration



Compliance
Confidence



RHC & 340B Alignment



- RHC conversion support
- PCMH Future planning
- 340B compliance

PCMH Standard Measures REPORT

PERIOD: TY February 2026 RENDERING PROVIDERS: All Rendering Provid... + A

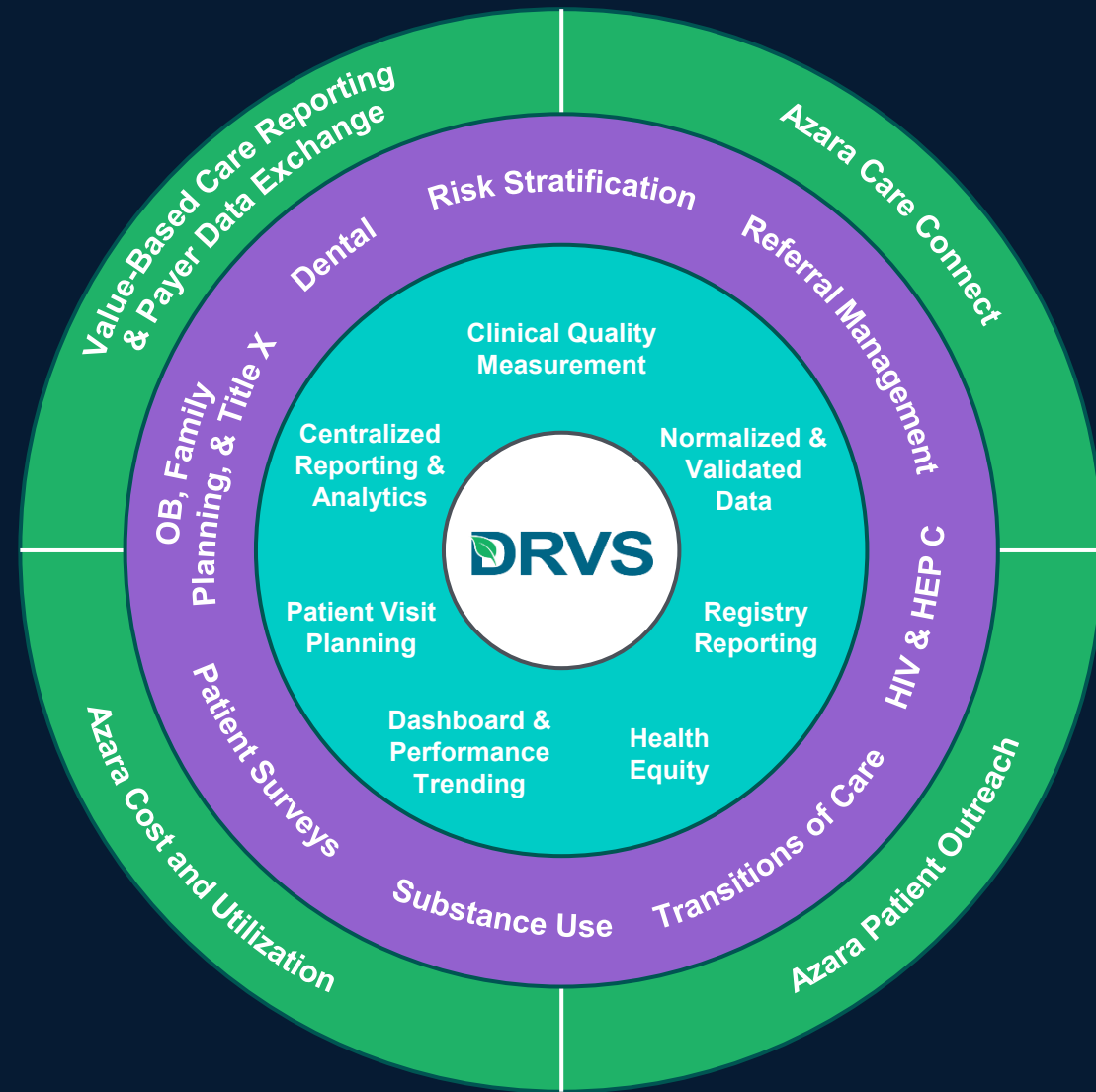
GROUPING: No Grouping REPORT F

MEASURE	RESULT	NUMERATOR	DENOMINATOR
① Tobacco Use: Screening (CMS 138v13 Breakout Pop 1)	87.4%	21,623	24,745
① Tobacco Use: Cessation (CMS 138v13 Breakout Pop 2)	42.4%	1,699	4,011
① Tobacco Use: Screening and Cessation (CMS 138v12)	75.9%	18,781	24,745
① Screening for Depression and Follow-Up Plan (CMS 2v13)	22.2%	6,891	30,996
① HIV Screening (CMS 349v6)	8.8%	1,860	21,115
① Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v7)	67.3%	7,570	11,248



DRVS as Infrastructure

- Not just reporting
- Long-term strategy



From Data to Direction



Intentional

Use data to make clinically informed decisions



Integrated

Increase operational efficiency



Improved Sustainability

Ensure long-term use and benefit of DRVS.










Supporting Rural Health

How DRVS can help



DRVS Key Features & Functionality

15

	Centralized Reporting & Analytics	Comprehensive reporting with multi-level drill down capabilities from network-level to patient detail
	Dashboards & Performance Trending	Provide insight into UDS, HEDIS, managed care contracts and other clinical quality initiatives
	Normalized & Validated Data	Ensure accurate benchmarking, comparative analytics, best practices and adoption monitoring
	Health Equity	Visualize and compare disease burden and SDOH through a population lens
	Patient Visit Planning	Identify care gaps and provide critical data at the point of care, in advance of patient visits
	Clinical Quality Measurement	Evaluate clinical data with a comprehensive library of clinical quality measures (CQMs)
	Registry Reporting	Track specific populations of patients by chronic disease, co-morbidities and/or health disparities



Provider



Care Coordinator



VBC / Payer Relations



Chief Medical Officer



Clinical Quality Director



Scorecards



Access Community Health
🔔
?
🗣️
JG

UDS 2025 CQMs REPORT

PERIOD

TY September 2025

RENDERING PROVIDERS

All Rendering Provid...

BASELINE PERIOD

TY May 2025

FILTER

+ Add Filter

Update

REPORT + CARE GAPS

GROUPING

Rendering Providers

TARGETS

Primary Secondary Not Met

REPORT FORMAT

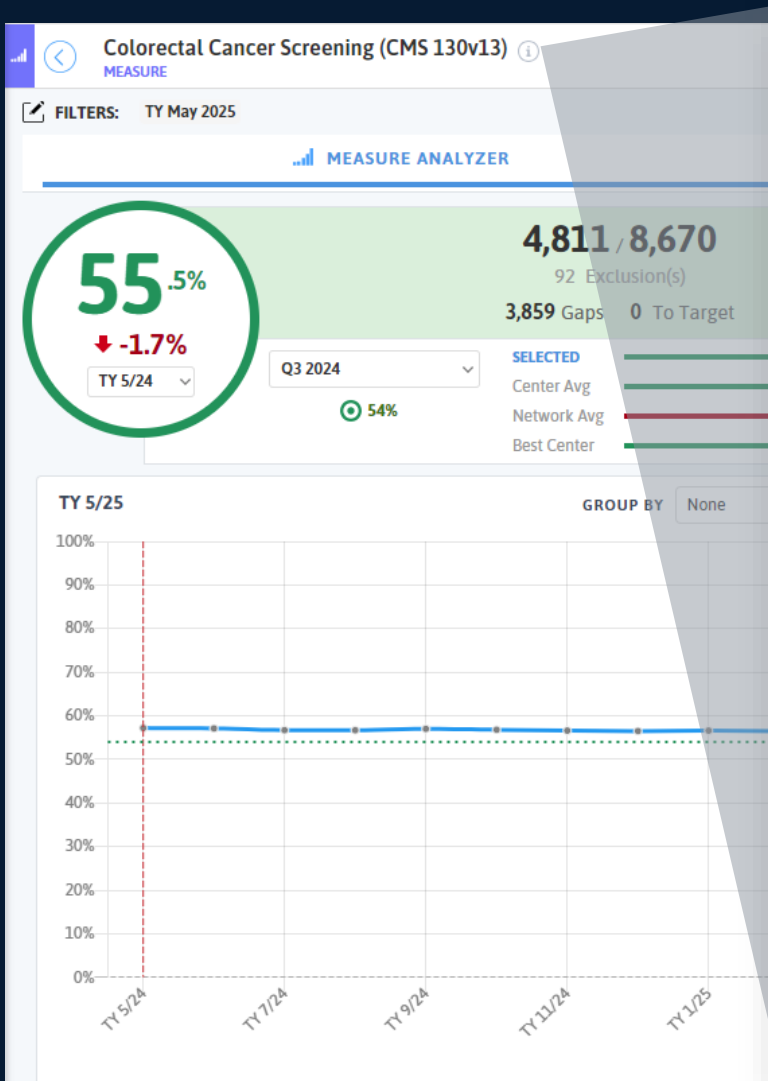
CrossTab

RENDERING PROVIDERS	CHILDHOOD IMMZ STATUS (CMS 117V13)	CHILD WEIGHT ASSESSMENT (CMS 155V13)	BMI SCREEN & FOLLOW-UP 18+ (CMS 69V13)	DEPR REMISSION AT 12 MONTHS (CMS 159V13)	DEPR SCRIN & FOLLOW-UP (CMS 2V14)	TOBACCO USE: SCREENING & CESSATION (CMS 138V13)	COLORECTAL CANCER SCREENING (CMS 130V13)	CERVICAL CANCER SCREENING (CMS 124V13)	BREAST CANCER SCREENING (CMS 125V13)	HTN CONTROLLING HIGH BP (CMS 165V13)	DM A1C OR GMI > 9 OR UNTESTED (CMS 122V13)	STATIN THERAPY CVD (CMS 347V8)	INITIATION OF SUD TREATMENT (CMS137V13A)	ENGAGEMENT OF SUD TREATMENT (CMS137V13B)	IVD ASPIRIN USE	HIV AND PREGNANT	HIV TO CA
Augustine, Greg	0.0%	50.0%	87.9%	0.0%	80.1%	78.1%	82.4%	20.0%	50.0%	100.0%	60.9%	91.0%	94.1%	17.6%	80.0%	95.9%	0.0
Black, Ronda	0.0%	57.4%	81.8%	0.0%	79.6%	74.5%	74.2%	42.9%	77.8%	100.0%	62.1%	91.6%	80.0%	13.3%	100.0%	89.9%	0.0
Bridgewater, Bill	0.0%	70.8%	85.7%	16.7%	81.0%	78.6%	66.7%	50.0%	75.0%	100.0%	59.3%	88.4%	90.9%	18.2%	50.0%	90.9%	0.0
Crowley, Patrick	0.0%	66.0%	89.4%	0.0%	83.6%	80.0%	61.1%	40.0%	100.0%	100.0%	60.0%	90.2%	92.9%	0.0%	60.0%	90.3%	0.0
Decelles, Larry	0.0%	48.8%	77.3%	22.2%	79.8%	78.2%	79.2%	50.0%	33.3%	87.5%	54.9%	85.8%	100.0%	8.3%	33.3%	94.0%	0.0
Doe, Jane	0.0%	61.5%	87.5%	10.0%	81.6%	83.3%	60.9%	33.3%	60.0%	100.0%	54.2%	92.5%	75.0%	12.5%	66.7%	87.1%	0.0
Fritz, Renata	0.0%	62.0%	85.1%	16.7%	81.3%	81.6%	82.8%	50.0%	60.0%	100.0%	56.6%	85.1%	86.7%	0.0%	50.0%	96.7%	0.0
Gunther, Eric	0.0%	57.6%	84.4%	0.0%	83.0%	77.7%	78.3%	50.0%	50.0%	100.0%	62.3%	86.5%	93.3%	13.3%	66.7%	87.1%	0.0
Smith, Joe	0.0%	70.6%	87.3%	13.3%	80.2%	78.6%	75.0%	0.0%	66.7%	100.0%	49.3%	88.2%	89.5%	0.0%	0.0%	94.5%	0.0
Winslow, Francine	0.0%	56.4%	79.7%	16.7%	82.0%	78.2%	76.5%	0.0%	100.0%	75.0%	45.6%	89.7%	93.3%	20.0%	50.0%	92.6%	0.0

Demo Data



Measure Transparency



Colorectal Cancer Screening (CMS 130v13)

Endorser: None
Steward: NCQA

Adults 45-75 years of age who had appropriate screening for colorectal cancer.

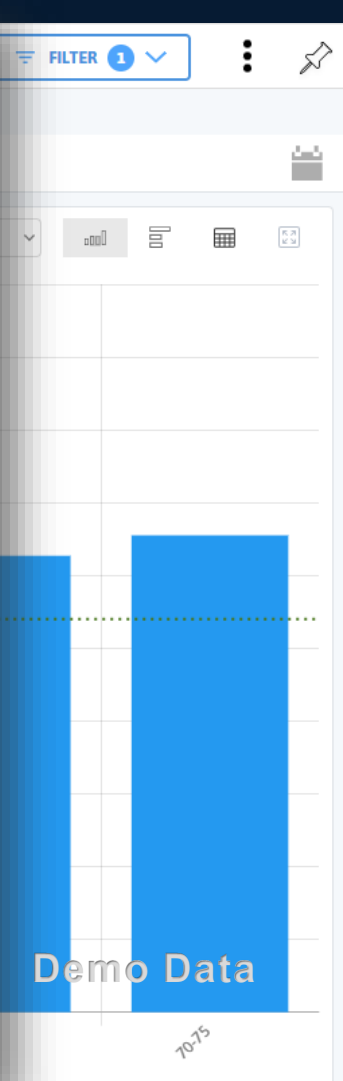
Numerator:
Patients with one or more screenings for colorectal cancer. Appropriate screenings are defined by any one of the following criteria:

- Fecal Occult Blood test (FOBT) or FIT result during the measurement period
- OR
- Stool DNA (sDNA) with FIT-DNA test during the measurement period or the 2 years prior to the measurement period
- OR
- Flexible sigmoidoscopy during the measurement period or the 4 years prior to the measurement period
- OR
- CT Colonography during the measurement period or the 4 years prior to the measurement period
- OR
- Colonoscopy during the measurement period or the 9 years prior to the measurement period

*Do not count digital rectal exam or FOBT tests performed in an office setting or performed on a sample collected via digital rectal exam.

Denominator:
Patients 46-75 years of age with a visit during the measurement period

- Age >=46 and <76 by the end of the measurement period
- Measure qualifying visit during the measurement period (see value set tab and technical specifications for qualifying visit codes)





Data hygiene is about understanding data; understanding data provides the foundation for quality improvement.



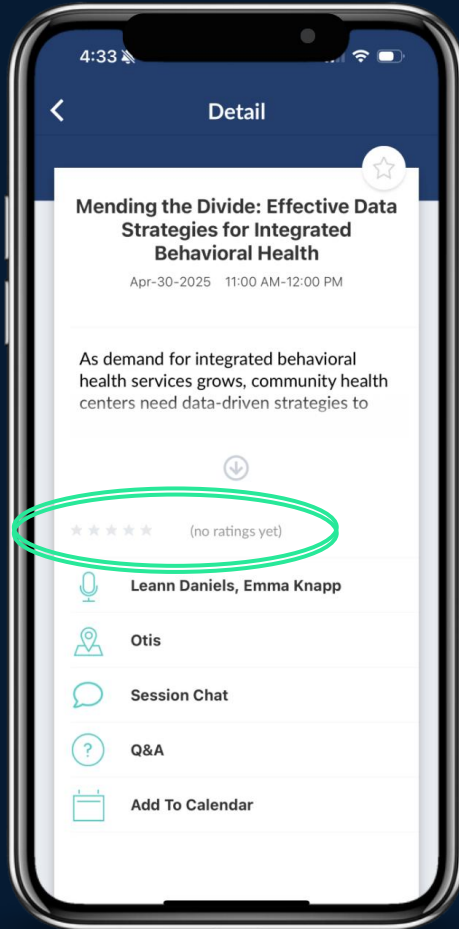


Questions?



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



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Thanks for attending!

