

# azara

USER CONFERENCE

APRIL 13-15

BOSTON, MA

# 2026



# Welcome to the 2026 User Conference!

azara2026  
USER CONFERENCE APRIL 13-15 | BOSTON, MA



# Azara Welcomes You!

## You are in Good Company

- **400+** professionals from **41** states
- **290+** Practices & Health Centers
- **30** Primary Care Associations & Networks
- Friends & Partners of Azara
- Many first timers and lots of long-timers

## Meet New People

- Learn
- Engage, interact and collaborate
- Have a coffee or a drink with that Azara contact you only know via email or Zoom
- Have fun and enjoy yourself...

## Diverse mix of Health Center, Hospital, Network and PCA Roles, Responsibilities

- CEOs, COOs, CIOs, CMOs... All the C's
- Quality Directors, Director of Informatics, Population Health, Managed Care, Value-based Care, Health Informatics Director, HCCN Director
- Clinical Operations, Care Management, IT Manager, EHR Manager, RN, MD, PA
- Patient Service Manager, Population Management



# Azara Users Far & Wide (2026)



# Conference Goals

15



Help you to **maximize the value** you get from your investment in Azara DRVS



Learn how others are using DRVS to **get RESULTS**



Understand how good data can **make a positive difference** in the care YOU DELIVER



Provide a glimpse of our **product plans** and OUR VISION



Make **peer connections** so you can each construct your own personal DRVS support “NETWORK”



# Then and Now

15 Years of Azara

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# MLCHC DRVS User Group Meeting

Monday, December 10, 2012

Azara Healthcare

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## DRVS History

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### First: There was a VISION

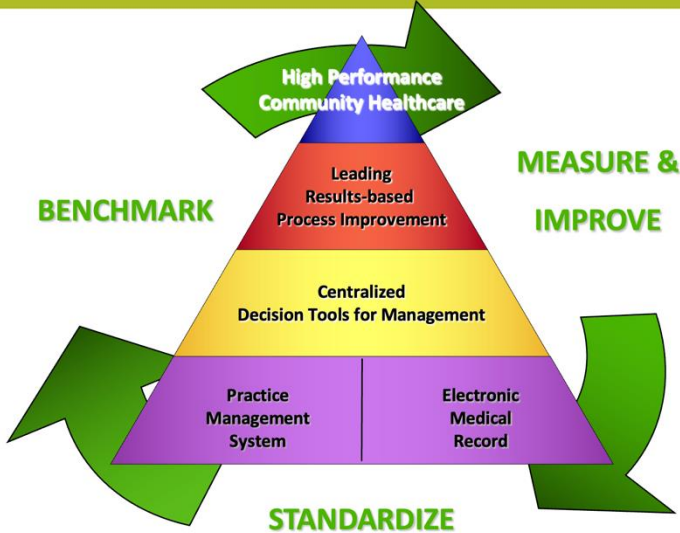


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# Vision for EHR-Enabled CHCs



4/8/26

Massachusetts League  
*of Community Health Centers*



## DRVS History

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**Next: Came some challenges..**



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## 2008: Reporting and Analytics to the Forefront

Key challenges prevented several CHCs from embarking on a business-intelligence initiative of their own:

- Dedicated time and resources were limited
- Most organizations lacked in-house expertise
- Range of EHR adoption issues and time on the EHR
- Data quality and use varied significantly
- A combination of existing tools (PECS, registries) provided some information to meet expectations
- *It was still possible to meet regulatory requirements by conducting chart reviews*

4/8/26

Massachusetts League  
of Community Health Centers



## DRVS History

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### Then a Demonstration Project



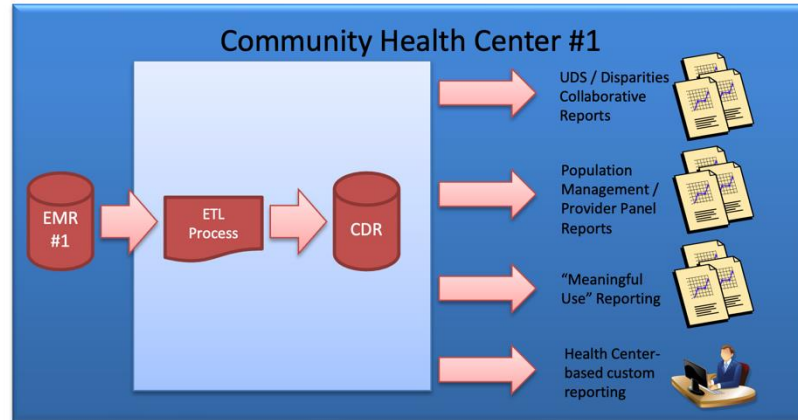
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## 2008: Demonstration Project

We began with a federated deployment



4/8/26

Massachusetts League  
of Community Health Centers



## DRVS History

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The demonstration delivered results, findings and more challenges...



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## 2009: CHIA DRVS is Born

In 2009, the Massachusetts League of Community Health Centers released CHIA DRVS, a web-based central data repository & reporting solution for 7 pilot CHCs:

- Extracts data from 3 EMR and 4 PMS systems, nightly
- Initially contained 20 quality reports, 20 CHC-specific Key Performance Indicators, cross-CHC benchmarking, and drill-down capabilities
- Centrally-supported by MLCHC resources

4/8/26

Massachusetts League  
*of Community Health Centers*

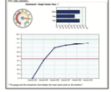




# The Announcement

**Announcing:** Pilot Launch with 7 Community Health Centers  
May 1, 2009

**Community Health Information Association  
Data Reporting and Visualization System  
CHIA DRVS™  
CHIA Drives Change™**

The DRVS™ tool is a web-based centralized data repository and reporting system built specifically for **Community Health Centers**. By utilizing data from individual community health centers' Electronic Medical Records (EMR) and Electronic Practice Management Systems (EPM) transferred daily, the DRVS tool is able to produce up to date and reliable benchmark and progress reports.



**Key Performance Indicator Charts:** Give the ability to perform benchmarking and comparative analysis at a range of levels. Data can be compared at a center to center level, at a provider to provider level within centers, as well as, against CHIA DRVS™ aggregate data and nationally established standards.

**Reports:** Give the ability to view patient level data across a variety of clinical, financial, operational and compliance areas with the added functionality of selecting individual

**MLCHC project champions:**  
Ellen Heller, Executive Vice President and COO  
Keith Rowell, Technical Services Director  
Joan Ferrizo, Clinical Health Affairs Director  
Funded by Neighborhood Health Plan

**Key Benefits:**

- Centralized development of reports to maximize efficiency, cost effectiveness and consistency
- Enhanced reporting and analytical capability beyond the reporting ability of individual EMR platforms
- Benchmark progress against CHC peers here in Massachusetts; at both the provider level within centers and against other CHCs in the CHIA network
- Monitor progress towards predetermined goals
- Identify and diagnose gaps in care and workflow process and drill down on their causes
- Being a part of a centralized effort to utilize health information technology to continue the high level of care delivery community health centers provide to their communities throughout the Commonwealth

For more information about the CHIA DRVS™ tool or to see a product demonstration please contact Michelle Woliner at the MLCHC at [mwoliner@massleague.org](mailto:mwoliner@massleague.org) or 617-988-2251.

Masachusetts League  
of Community Health Centers

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# The Brochure

Community Health Information Association  
Data Reporting & Visualization System  
CHIA DRVS™  
CHIA Drives Change™

CHIA DRVS™ is a web-based central data repository and reporting solution that provides value-added reports and key performance indicators on data captured from community health center electronic health records (EHR). The reporting solution — developed by the Massachusetts League of Community Health Centers and Azara Software, Inc. — serves 10 community health centers which collectively manage more than 174,000 patients and \$23.600,000 a year. The initial development of DRVS™ was supported with funding from Neighborhood Health Plan.

To date, the system extracts data from three electronic medical record (EMR) and three electronic practice management (EPM) systems nightly, and can produce more than 20 quality reports and measure over 40 health center-specific key performance indicators (KPI). Health centers with longstanding EMR systems are utilizing the DRVS™ platform to support operational and quality improvement reporting and accountability. Centers involved in earlier phases of adoption are relying on the platform to support and measure their EMR implementation.

The scope of key performance indicator charts and reports includes but is not limited to:

- Primary Care (Adult, Male, Adult Female, Pediatric)
- Chronic Disease (Diabetes, Asthma, HIV, Depression, Hypertension, Stroke, Heart Disease)
- HRSA USA Clinical Indicators
- Other key measures such as Cost Visit Requirements, Immunizations, Same-Day Scheduled Patient Care

**KPI CHARTS**  
KPI charts provide the ability to produce benchmarking reports at a range of levels. Data can be compared center to center as well as provider to provider within centers. Health centers may also benchmark their program against national, state and nationally recognized standards. Additionally, data can be compared based on a health center's EMR platform, geographic location or size, as well as individual patient characteristics, including race, ethnicity, language, payer and date of medical encounter.

**KPI REPORTS**  
KPI reports provide the ability to view patient level data across a variety of clinical, financial, operational and compliance areas with the added functionality of selecting individual filters for each report such as race, ethnicity, language, payer and date of medical encounter.

**KEY BENEFITS**

- Centralized development of reports to maximize value, efficiency and cost effectiveness
- Enhanced reporting and analytics that reveal individual EMR platform capabilities
- Superior benchmarking against CHC peers and prevailing national standards
- Increased ability to monitor progress toward predetermined goals and performance trends
- Identification of gaps and underlying issues in care delivery and workflow processes
- Participation in a coordinated effort to utilize health information technology to support the delivery of high quality care to the medically underserved

For more information about the CHIA DRVS™ and/or to see a product demonstration please contact Michelle Wilshire at [leleague@azarasoftware.com](mailto:leleague@azarasoftware.com) or 417-988-2211.

Massachusetts League  
of Community Health Centers

40 Court Street, 10th Floor, Boston, MA 02108 phone: 617-248-2211 www.massleagues.org

MANY THANKS TO  
Neighborhood  
Health Plan  
for their support  
of this project

## Project Financial Sponsor



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# CHIA DRVS

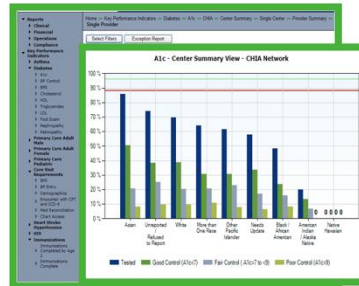
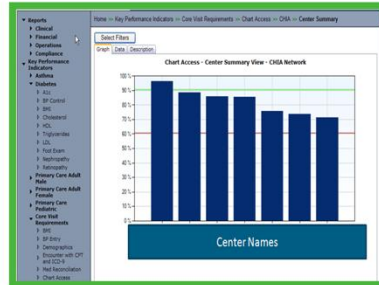


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# CHIA DRVS



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# CHIA DRVS

Home >> Reports >> Clinical >> Diabetes Labs

Select Filters

2 / 6 57.6%

Find

### Diabetes Labs

Center: Springfield  
Start Date: 07/09/2008 End Date: 07/09/2009

Report returns the most recent information for patients that have had an encounter within the "Start Date" and "End Date".  
The report will accept the following parameters: Start Date, End Date, Center, Provider, Race, Ethnicity, Language, and Payer

Usual Provider: Aase, Solweig

Medical Rec #	Last Name	First Name	Age	Test Date	Score	2nd A1c 91-days	A1c	Diabetic Eye Exam	UACR	LDL	Blood Pressure					
								Ordered	Complete	Test Date	Score	Test Date	Score	Vital Date	Sys	Diast
0796032	smith	Paul	42	08-13-2009	4.46	Yes										
0576059	smith	Amyndolger	42	05-13-2009	6.66	Yes						02/01/2008	79.00	02/03/2008	140	90
094437	smith	derman	42	04-15-2009	6.50	No						02/01/2008	79.00	02/03/2008	140	90
066902	smith	hildarony	42	04-15-2009	9.00	No										
0628910	smith	john	42	05-13-2009	6.01	No								03-30-2009	120	70
090766	lee	janica	42	08-13-2009	5.55	Yes										
0796032	smith	Paul	42	05-13-2009	5.83	Yes										
032	smith	Whitgeness	42	08-13-2009	6.74	Yes										
06967	smith	Camrhee	42	04-15-2009	12.00	No								03-30-2009	140	70

Usual Provider: Aase, Solweig

% of patients with A1c result = 7 in the past year:	66.67%
% of patients with HgA1c Level checked within the past 6 months:	100.00%
% of patients with 2nd HgA1c 91+ days from 1st within the past year:	55.56%
% of Eye Exams provider ordered in the past year plus % of completed eye exams:	0.00%
% of UACR completed in the past year:	0.00%
% of patients with LDL level checked within the past year:	0.00%
% of patients LDL level below 100:	0.00%
% of patients whose Blood Pressure is under 130/90:	11.11%
% of patients with Blood Pressure checked within the past year:	22.22%
# of Patients:	9

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## 2011

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- Azara incorporated in June, launched at NACHC CHI in August
- Opportunity – Take DRVS to CHC's Nationwide
- Initial Team Hired
- Full product reengineering
- Investment of nearly \$1M in product infrastructure
- 9 Mass League CHC's participating

Massachusetts League  
of Community Health Centers



CHIADRVS  
CHIA Drives Change

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## 2012 – Azara DRVS is Launched

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- New or Upgraded Everything
  - User Interface
  - Database & Hosting Infrastructure built to scale
  - Functionality
- Increased Performance
- New clients beyond Mass League
  - Nearly 60 CHC's live across 7 states
- Team grows from 3 to 10
- Significant investment in product
- Launch of Azara Community
- Initial User Group Meetings in 3 states

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# Azara DRVS - 2012



azara healthcare DRVS

Welcome demo@azarahealthcare.com | Change Password | Sign Out | About

DRVS Clinical and Compliance Reporting

Home Dashboards Reports Measures Help

Meaningful Use

TY March 2012 FULL REPORT

Demographics

CPOE For Medication Orders

Active Problem List

Active Medication List

Active Med-Allergy List

Vitals

Electronic Health Information

Clinical Summary

Patient Reminders

Patient Education

Smoking Status

Care Summary

Medication Reconciliation

e-Rx

Structured Labs

Quick Links

Click the "Add to Favorites" button to add any report to your Favorites list.

Quick Links	
A1c study for >9	x
my favorite	x
a1c >9 and LDL Rpt	x
Over 50, a1c>9 by provider	x
CHIA SC Demo	x
Diabetes Labs by Next Appt, Usual Provider	x
NJ Primary Care Demo	x
Edward Kennedy A1c Outreach	x

Meaningful Use >

MLCHC PCMH >

UDS >

Clinical HEDIS >

Diabetes Labs

Asthma

Adult Female Primary Care

Adult Male Primary Care

Depression

HIV

Hypertension

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Rights: advancedpallist,centerfilter,dashboards,excellexport,newsadmin,pdflexport,providerfilter,viewreports

Version 11.3785

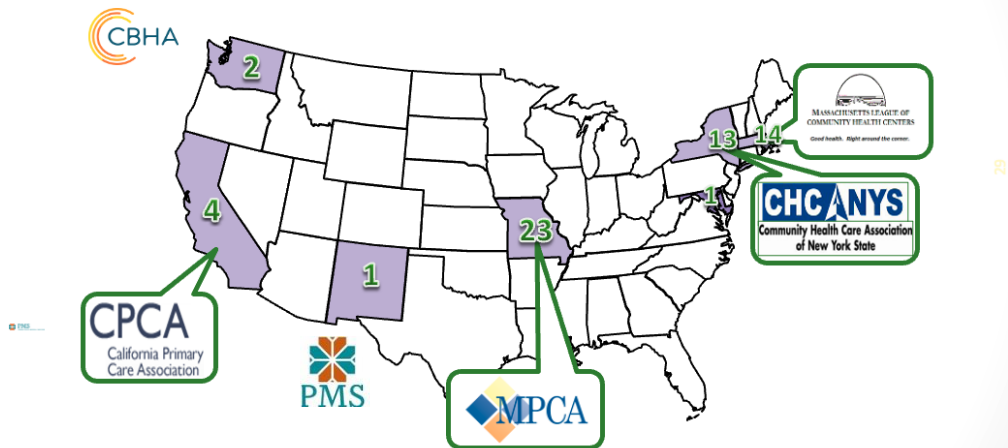
demo@azarahealthcare.com

Center id: 0



## Where are all of you?

Azara's customer base is growing: 57 Health Centers Live



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## What's New in DRVS!! (2012)

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Highlights of our recent releases include:

- Home Page Preferences
- New / Additional Measures
- Additional Detail Behind the PCMH Reports
- UDS 2012 Changes
- Meaningful Use CQM Scorecards
- 'Drillable' Dashboards
- Grouping by Appointment Provider in Clinical Registries
- Local Administrative Capabilities
- Updated User Guide

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## Coming in Future Releases

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- Enhanced PDF Exports of Clinical Registries
  - In the 12/14 Release !
- More Dashboards
- Customizable Scorecards
- Greater Patient Registry Functionality and Reports
  - Patient Visit Planning
- Attribution and Empanelment Reports
- Meaningful Use Certification
- More ACO & Meaningful Use CQM Measures
- Financial & Operational Reports
- Scheduling and emailed reports
- Exception Reports

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## How DRVS is Being Used

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**The power and value of DRVS starts with MU, UDS and PCMH compliance reporting but ... it extends far beyond that**

- Source for interface to state Immunization Registry
- Hosting state Home Health Initiative
- Source for sharing clinical data with Health Plans
- Source of funding thru provision of data and reports for:
  - Cancer Grants and Studies
  - Surveillance
  - iCare
  - Million Hearts
  - CORD

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# A bit more of yesterday & today

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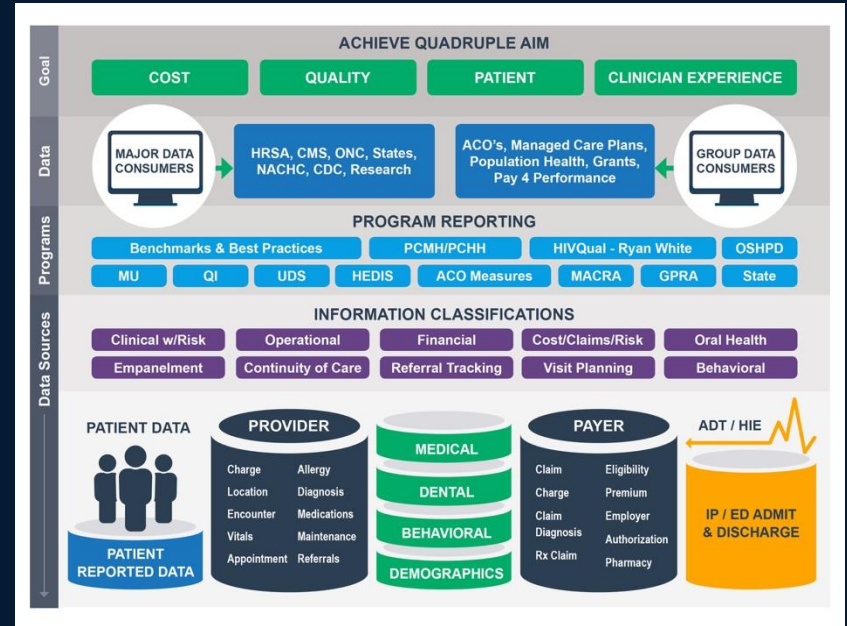
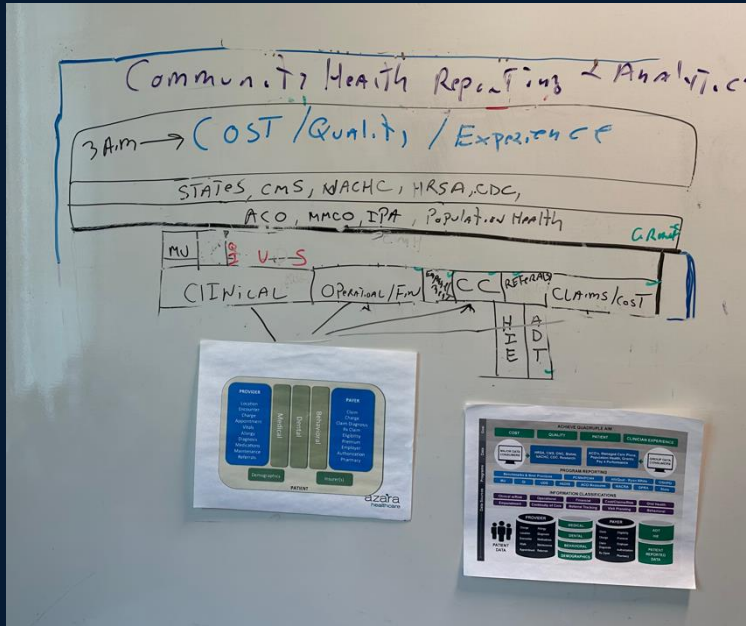


# Azara Strategic Vision

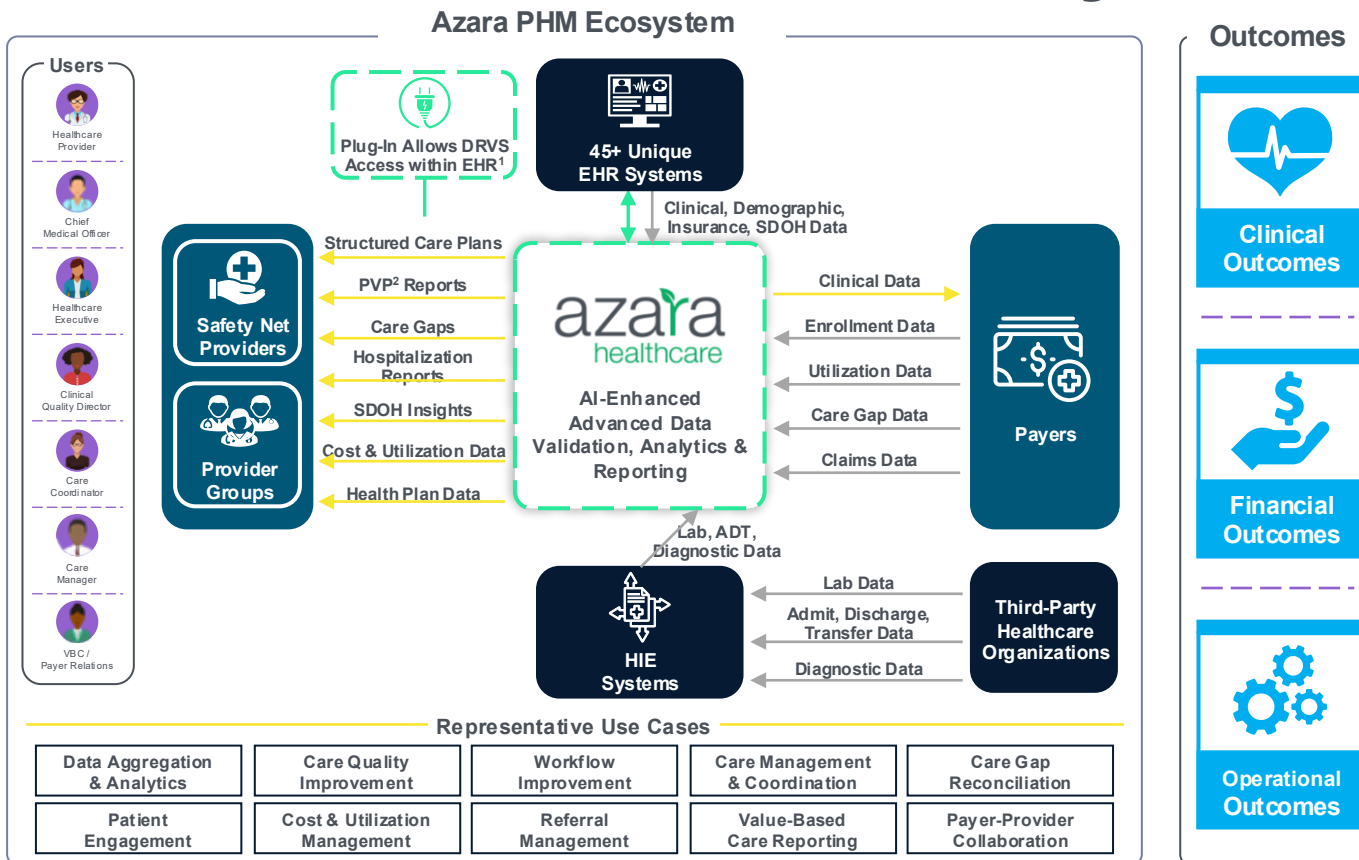


2013

2016



# 2013 Vision into 2026 Reality



# 2012 Patient Visit Planning Report

15

Provider	Appt Date	Appt Time	Pt Medical Rec #	Pt Last Name	Pt First Name	Gender	Age	Existing Conditions
Doe MD	04-Dec-12	12:00 AM	123456	Smith	Jane	F	65	Diabetes, Hypertension, Depression
				<b>Alert_Type:</b>	<b>Message:</b>		<b>Most Recent Date</b>	<b>Most Recent Value</b>
				UACR	Not on record		NULL	NULL
				Rectal Exam	Not on record		NULL	NULL
				Monofilament Ex	Not on record		NULL	NULL
				LDL	Overdue		3/31/2010	71
				Eye Exam	Not on record		NULL	NULL
				A1c	Overdue		3/30/2012	8



# 2026 PVP



Search

Access Community Health

SB

**Patient Visit Planning (PVP)** FILTER

DATE RANGE: 04/08/2026-04/08/2026    RENDERING PROVIDERS: Bridgewater, Bill    MRN LIST:

+ Add Filter    Update

**Total Providers: (1)**

LAYOUTS: Primary Care Providers

Bar, Samuel    10 Scheduled Appointments

3:03 AM Wednesday, April 8, 2026 Visit Reason: Annual Visit No Show

<p><b>Grunin, Oma</b> MRN: 1103644 DOB: 03/27/1976 (50)</p>	<p>Sex at Birth: F Housing Situation: Not Homeless Zip: 01001 Veteran Status: Unmapped</p>	<p>Phone: 617-535-7359 Lang: German Risk: Moderate (26)</p>	<p>Last AWV: 11/23/2025 Next Appt: Next BH Appt: Next PCP Appt:</p>	<p>PCP: Black, Ronda 4-Cut Provider: Bridgewater, Bill Payer: Medicare CM: Eric Gunther</p>
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**DIAGNOSES (11)**

ASCVD	Asthma	CAD <span style="font-size: small;">FHC</span>
CAD/No MI <span style="font-size: small;">FHC</span>	COPD	CP <span style="font-size: small;">FHC</span>
DM I or II	HIV	HTN-E
HTN-NE <span style="font-size: small;">FHC</span>	IVD <span style="font-size: small;">FHC</span>	

**RISK FACTORS (7)**

ANTICOAG	Chronic Opioid Tx	IDD
MSM <span style="font-size: small;">FHC</span>	Pre-DM	SMI <span style="font-size: small;">FHC</span>
TOB		

**SDOH (15)**

HISP/LAT	HOMELESS <span style="font-size: small;">FHC</span>	HOUSING <span style="font-size: small;">FHC</span>
ISOLATION	LANGUAGE	MATERIAL-SECURITY <span style="font-size: small;">FHC</span>

ALERT	MESSAGE	DATE	RESULT	OWNER
BMI & FU	Missing Follow-up	11/23/2025	Highest BMI: 26.00 (11/23/2025)	MA
Eye	Missing			
Mammo	Overdue - Patient has plan data	2/13/2025		Records
HIV	Missing			MA
SBIRT	Due Soon (1 mo)			
Pap	Overdue	9/16/2020	NILM	

RAF DISEASE GROUP	DESC	CONTEXT/ACTIONS	BILLED CY	UNBILLED CY
Cardiovascular	Cardiovascular, extra low	Dx Not Billed Add to Chg Next Visit		EHR: I10 (11/23/25)
DD	DD, medium	Dx Not Billed Add to Chg Next Visit		CLM: F73 (11/23/25)

3:48 AM Wednesday, April 8, 2026 Visit Reason: Physical Canceled

<p><b>Rymer, Ismael</b> MRN: 1102136 DOB: 03/26/1983 (43)</p>	<p>Sex at Birth: F (He/Him/His) Housing Situation: Unknown Zip: 01002</p>	<p>Phone: 617-155-0271 Lang: Spanish Risk: Low (15)</p>	<p>Last AWV: 04/10/2025 Next Appt: Next BH Appt:</p>	<p>PCP: Decelles, Larry 4-Cut Provider: NO Match Payer: Medicaid</p>
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# 2018 EHR Plug-In

15

Cote, David

00000000000 | 4/12/1977(45 yrs) | Moderate (12)



ALERTS

RAF CODING

OPEN REFERRALS

ACM DATA

Alert	Message	Most Recent Date	Most Recent Result
A1c	Overdue	3/27/18	5.4
LDL	Overdue	8/28/17	190
Eye	Overdue	6/22/17	normal
Foot	Overdue	7/24/17	Y
Dental	Missing		



# 2026 DRVS EHR Plug-In (with writeback)



### Abernathy, Colby

Moderate (12)

MRN: 000279887564  
DOB: 12/18/1996 (29 yrs)  
CM: Carrie Taylor  
PLAN: Medicare Advantage

ALERTS 6  
RAF GAPS 3  
REFERRALS 7  
CARE MGMT  
PLAN CARE GAPS 4

DOCUMENTS:  
Care Mgmt Plan  
Prenatal Passport

Disease Group	Description	Context/Actions	Billed	Unbilled	Action
Diabetes	Diabetes with Glycemic, Unspecified, or No Complications	Dx Not Billed Add to Chg Next Visit		EHR: E11.65 (01/15/24)	- + ↻
Heart	Specified Heart Arrhythmias	Dx Not Billed Add to Chg Next Visit		EHR: I48.21 (05/29/24)	- + ↻
Psychiatric	Bipolar Disorders without Psychosis	Dx Not Billed Add to Chg Next Visit		CLM: F31.30 (07/03/24)	- + ↻



# User Conference



2017



2025





# Year in Review



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# 2025 Highlights

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## Customers and Patients

- Data on **50 million+** patients
- **Over 1,000 practices**, spanning FQHCs, critical access / community hospitals, rural health clinics and more

## Key Relationships

- **35+ PCAs, HCCN's and Networks**
- Reach across **50 states**

## Focus on Supporting Healthcare's Safety Net

- Purpose-built population health management SaaS solutions for community health providers
- Dedicated to serve the **growing needs of the safety net ecosystem** as providers and payers increasingly pursue value-based care arrangements

Measured by the voice of our clients, Azara once again ranks at the top of the Population Health category as evaluated by KLAS Research



**14,000,000**

**Clinical Impressions**

# The Numbers

15



**15,272**

Active DRVS Users



**18,628**

DRVS Support  
Requests Handled in  
the Last 12 Months



**898**

Active DRVS Sites



**9.9%**

YoY User Growth



**574,692**

UDS Reports Run  
in the Past Year  
**16% YoY increase**



**575**

ACC Users



**234**

Employee Count



**598,881**

Reports Run in  
March 2026  
**17% YoY increase**



**210**

Largest # of  
active Users at  
individual CHC



# The Numbers

15



**3,623**

Dashboards Created



**48,195,065**

ADT alerts processed  
in Q1'26



**32**

HIE Connections



**21,043**

Cohorts Added  
**331% YoY increase**



**51,545**

Custom Reports/Registries/  
Dashboards in System



**317**

Practices Receiving  
ADT Information



**2,166**

Scorecards Created

**41% YoY increase**

**16% YoY increase**



# The Numbers

## ENGINEERING

15



156

Product Releases

### KEY ITEMS & FEATURES

- ✓ Population Definition
- ✓ DRVS for Hospitals
- ✓ Better Dashboards
- ✓ New APO Campaigns
- ✓ EHR Plug-in Enhancements



586

New Measures

3,325

total measures



58%

of DRVS Client  
Improvement Requests  
Implemented

502

total requests



# The Numbers

15

## DELIVERY



**152**

New DRVS  
Implementations  
**30% YoY increase**



**708**

Modules/Projects  
**19% YoY Increase**



**598**

Adoption Sessions



**35**

New Payer Feeds



**293**

Learning Labs



**1**

Azara Academy



**69**

Webinars



**252**

Practices adding  
VBC Reporting



**48**

New ACC Implementations  
**380% YoY increase**



# Azara BKRS 2025

15



Big THANK YOU to all our supporters!

- 7 Riders
- 858 total miles logged, 3 different routes
- Great weather
- Planning for bigger impact in 2026!
- Clients and Partners are welcome and encouraged to join the 2026 team!

\$55,197



Year 4



*Recognized as Heavy Hitter Team*



# Updates

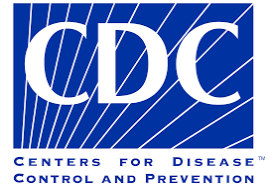
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# Collaborations

15



# Partnerships/Integrations

15



## Improve Quality & Efficiency in Cardiovascular Health

- AMA MAP™ Hypertension metrics, tools, resources, and education directly within the Azara platform
- Achieving meaningful improvements in BP control, helping reduce heart attacks, strokes, dementia, and premature mortality



## What's New in 2026

- AMA MAP™ Cholesterol includes new metrics, scorecards, dashboards, and resources embedded in DRVS
- Supports care teams to identify and close gaps in care

## Why It Matters Now

- Aligns with March 2026 release of the American College of Cardiology/American Heart Association Guidelines
- AMA aims to further empower care teams to improve cardiovascular outcomes at scale

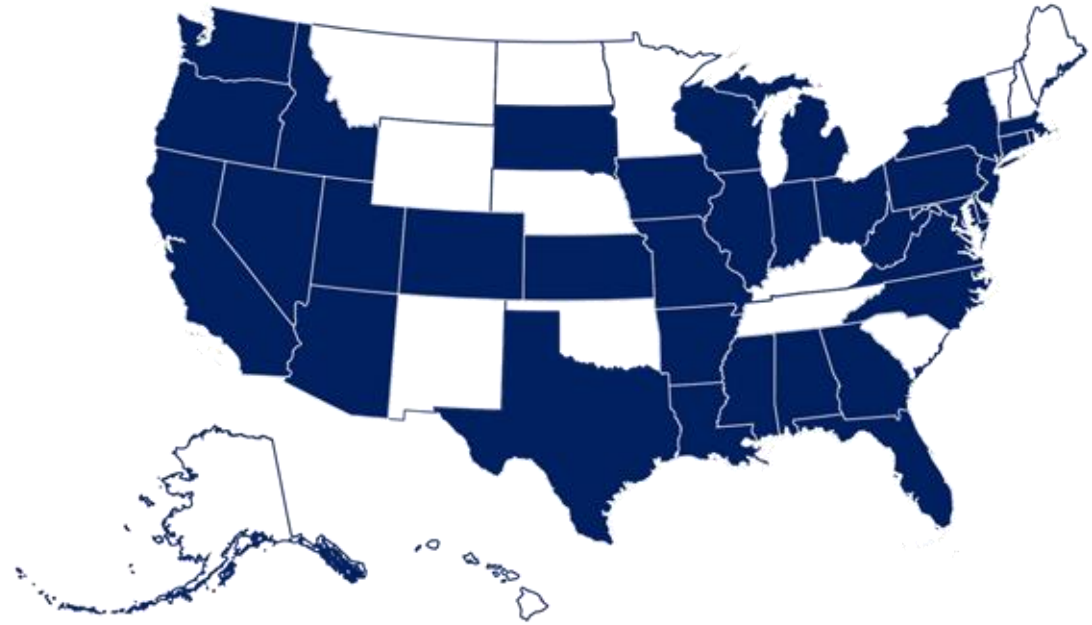


# Conference Partner

upstream USA

Upstream USA has partnered in 36 states with 270+ healthcare organizations

- 10 Years of partnership
- 190 mutual clients, 1,143 sites across 35 states



# i2i Integration & Client Transition

15

- Functional organizations now fully merged
- Critical systems have been consolidated
- Transitions to DRVS Platform are underway
- New DRVS Hospital offering is a game changer, especially with regards to RHTP

## FQHC's & Ambulatory Practices

- Total of 121 Tracks Users
- 63% contracted to transition to DRVS
- 36% have completed Transitions
- Tracks EOL scheduled for 12/31/26

## Critical Access & Community Hospitals

- DRVS for Hospitals release in May
- Enhancing EHR Partner Relationships
  - Oracle Health
  - TruBridge
  - MEDITECH
- Hospital offering unlocks collaboration across the safety-net and rural health ecosystem



# Artificial Intelligence (AI) at Azara

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- New, very powerful tool in the toolbox, but its not the only tool
  - Apply AI intelligently, where it makes sense
- High Quality Data underlies best practice use of AI
- Areas of Azara AI Investments
  - Automation – Remove Administrative Burden – Amplify Capacity of existing resources
  - Information Synthesis – Right Info, Right Place, Right Time
  - Patient Engagement – Easy, Convenient and 24x7
  - Predictive Analytics
  - Data Quality
  - Ease of Use – Ask Questions/Get Answers
- Azara's Approach
  - Methodical & Responsible
  - Understand the Implications



# Azara's Year in Summary

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- ✓ Significant Growth
- ✓ Completed i2i Merger
- ✓ Configurable PVP
- ✓ Data Quality Investments - Lab Matching using AI & Machine Learning
- ✓ Expanded Payer-Provider Collaboration
- ✓ EHR Plug-In Writeback Enhancements
- ✓ DRVS for Hospitals
- ✓ Azara Academy
- ✓ AI Powered Patient Summaries
- ✓ Extended Support for Medicare Programs
- ✓ Population Definition & Advanced Filtering
- ✓ Activated Important Partnerships
- ✓ NCQA HEDIS Re-Certification
- ✓ NCQA Data Aggregator Re-Certification
- ✓ HITRUST Re-Certification



Our Success  
is Measured by  
Your Success

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# Quoteworthy!

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Shared at the Great Plains Health Data Network Conference

*“Azara has been a game-changer. The tool has helped Horizon with everything from improving patient outcomes to creating efficiencies in reporting from both the electronic health and dental record systems.”*

Scott Weatherill  
Horizon Health



# Faster Reporting, Better Metrics, Stronger Care



## Challenges

Limited staffing, competing projects, and inconsistent clinical documentation

Manual, labor-intensive reporting



## Solution

### Internal Learning & Development

Formed **internal DRVS Super User Team** to support Azara implementation.

Offer monthly provider/support **Lunch and Learn** sessions focused on Azara-related topics.

### DRVS Tools Application

Used DRVS reports to pinpoint patient care gaps and support providers in addressing them.

Monthly email of UDS CQM scorecards to staff and management.



## Results

Significant improvement in all UDS CQMs from 2023 to 2025 with enhanced efficiency, transparency and decision making.

9% ↑

Breast & CRC Screening

18% ↑

Cervical CA Screening

25% ↑

HIV Screening

40% ↑

BMI Screening & FU



# Case Study: Southern Illinois University



## Challenges & Goals

- Address care gaps and enhance quality
- Enhance patient engagement
- Maximize incentives across 15 value-based care contracts




## Post DRVS Implementation

- Centralized dashboards for ongoing performance monitoring
- Proactive care gap closure integrated into clinical operations
- Real-time attribution tracking and panel management



## Results

### 6 months post PVP implementation

- 
- 45% DM HbA1c <8
  - 21% Controlling High BP
  - 6% Adults Access to Care
  - 4.9% Breast Cancer Screening
  - 3.1% Cervical Cancer Screening

### Financial benefits

**27.3% improvement in overall performance**

Increased earnings of **\$67,760** on one Medicaid contract



# Case Study: Oak Valley Hospital

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## About Oak Valley

**150** Beds

**4** Clinics

**500** Employees

**83k** Service Area



## Challenges and Goals

Missing automated tools limited participation in many quality programs.

Focus on population health quality programs that financially impact the hospital.



## Results >\$20M

**\$15 million** in quality performance payments from PRIME over five years

**\$8 million** in quality payments from QIP in the first year

**Surpassed all 8 Prime quality measures** and improved other program performances

**Hired** a BH therapist and patient navigator using over **\$300k gains** in new BH performance metrics

**Secured a \$125K telehealth grant** using available performance reports



# Medicaid Enrollment/Redetermination Impact

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- 159k+** individuals enrolled or re-enrolled in Medi-Cal
- 1.3M+** individuals reached through direct Outreach
- 290k+** residents received hands-on application assistance
- 391k+** people received help accessing and utilizing health care services



Centers using Azara Care Connect **retained 7% more Medicaid** members than those that did not

Serving 155,000 Medicaid beneficiaries, this difference represents **thousands of individuals maintaining uninterrupted access** to primary care

**9,300 patients** engaged prevented **\$4M lost revenue** from just a single visit. Potential to **scale to \$20M annually** based on average patient utilization

**Enhanced care continuity**, boosted contract performance, and **prevented substantial revenue loss**



# Quantifying Azara's Impact Using DRVS makes a difference!

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Users of Azara's **Patient Visit Planning report** see **better results**, in some cases significantly better, than those who do not.



Across a broad range of UDS measures, Azara clients have seen a **4-9% increase in performance** after implementing DRVS



DRVS PVP Users have a **7-10% higher probability** of performing in the top quartile of all health centers



When analyzed on a state-by-state basis, Azara DRVS clients **regularly outperform** the non-Azara FQHCs on **key Quality Measures**.



**1,634,901** runs of the Patient Visit Planning report in the last year



Utilizing DRVS workflow tools including EHR Plug-In has increased quality measure performance between 8-15%



# Lest We Forget: The Real Objective

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# State of the Market

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- **Uncertainty around Federal funding and Medicaid driving organizations to:**
  - Quantify value delivered with hard data
  - Provide accountability
  - Demonstrate Return on Investment
- **Move to value-based care continues to accelerate for our clients**
  - Driving need for more data
  - Pushing payer-provider collaboration
  - Increasing expectation of integrated & coordinated care including behavioral health and care management
  - Medicare ACO & MA participation
  - Cost and quality information in one place
- **HR1 – OBBBA**
  - Redetermination
  - Rural Health Transformation
- **Practices required to serve multiple entities with regard to their data**
  - Organizing into ACO's, IPA's and partnerships
- **CMS, HRSA, states, payers and other funders** stressing need for quality data and documented results
- **Actionable information from analytics must fit seamlessly into the provider workflow**



# Medicaid Redetermination

## Anticipated Challenges



- Significant dollars at risk for uncompensated care due to more frequent Medicaid redetermination cycles and addition of work requirements for eligibility
- State rules will vary and are evolving quickly
- Work requirements introduce a new level of documentation and complexity

## What is Needed to Succeed



### Early Visibility

Know before coverage lapses



### Targeted Member Outreach

Meet members where they are



### Guided Enrollment Support

Make redetermination easy & doable



### Measurable Impact

Track efforts for outcomes

Fewer coverage gaps • Lower administrative burden • Continuous member care



# Azara Resources for Redetermination

## Azara

- MCRD Reports & Dashboards
- New Alerts
- Care Connect MCRD Workflow
- Patient Engagement via APO

## Facktor | Excellence & Innovation In Healthcare Consulting Since 2001

- *Connect & Cover Series* – MCRD Strategies and Solutions by State & Region
- Tools, Templates and Processes for Success
- UC Session at 1 PM Wednesday
- Joint Webinar – May 21<sup>st</sup>



- Digital platform built to guide patients through public benefit enrollment & renewal from end-to-end
- Combines Azara's ability to identify, engage and track specific patients with Advocatia's ability to help patients successfully navigate the increasingly complex process of Medicaid enrollment
- Supports both self-service and Navigator assisted enrollment processes
- Leverage data already within DRVS



# The Rural Health Transformation Opportunity

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*A scalable, data-driven model to support rural providers, improve outcomes, and position Azara clients as leaders in rural health innovation*



## Strengthen the Rural Health Workforce through Smarter Infrastructure

Reduce administrative burden through automated reporting and centralized performance monitoring with access to data that improves patient care



## Protect and Stabilize Rural Hospitals and Primary Care Delivery

Real-time visibility into utilizations, cost, and risk  
Identify avoidable utilization patterns and care gaps that drive financial strain on rural facilities



## Improve Outcomes for High-Burden Chronic Conditions

Focus statewide efforts on the conditions most impacting rural communities (Diabetes, Hypertension, BH, Substance Use and Maternal Health)



## Create a Statewide Model for Rural Health Transformation

Repeatable, scalable framework for improving care  
Provide state leaders with clear evidence of impact to support future funding  
Establish position as a leader in rural health innovation and measurable outcomes



# System Transformation built on Data Ubiquity & Cross System Access to Critical Information

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# Azara's Objectives

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Be your **PRIMARY** system for **population health and analytics** with a comprehensive set of tools to help you deliver better care

## Provider Focused Solutions

- Support Health Center approaches to treating safety-net population
- Quality Improvement
- ROI & Accountability
- Non-Clinical Factors
- Behavioral Health Integration
- Payer-Provider Collaboration
- Administrative Burden Reduction

All the Analytics you need to Support **Value-Based Payment Transitions**

- Population Health
- Performance Monitoring
- Compliance
- Care Coordination & Care Management
- Operations
- Utilization, Cost & Risk
- Contract Management



**Own Your  
DATA**



**Own Your  
FUTURE**



# Azara 2026 & Beyond – Our Commitment

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- Continued focus on serving Safety-Net providers
- Quickly respond to emerging requirements for information
- Meet your needs for entering risk and value-based contracts
- Ongoing investment in Product, Infrastructure and Client Success services
- Listen to and incorporate your feedback
- Build partnerships that enhance our capabilities to meet your needs
- Be your partner for the next 15 Years!

**Enable DRVS to make a difference in the care you deliver to your patients!**



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KEYNOTE PANEL

# The Power of Partnership: 15 Years of Advancing Population Health in the Safety Net



# Today's Panelists

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Diana Erani



Ellen Hafer



Jim Hunt



Lisa Perry



Susan Wilson



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# What's Next - Today's Agenda

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10:30 – 11:00	<u>Morning Break</u>
11:00 – 12:00	Breakout Sessions
12:00 – 1:30	Lunch (Ballroom Foyer)
<b>1:30 – 3:00</b>	<b>Product Update – Greg Augustine</b>
3:00 – 3:30	Afternoon Break
3:30 – 4:30	Breakout Sessions
5:30 – 8:30	DRVS 15 <sup>th</sup> Year Celebration



# Today's Breakout Sessions

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- Wide variety of topics
- Most are client led
- Smaller groups
- More personal and interactive
- Designed for you to engage with your peers and the Azara team
- Check the conference app to view topics, select sessions for your skill level, and find your way



# Support & Knowledge Center

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- Meet with Azara Support staff
- Located in Elm Room across from registration
- Check app for drop-in hours



# Azara 15<sup>th</sup> Year Celebration Tonight!

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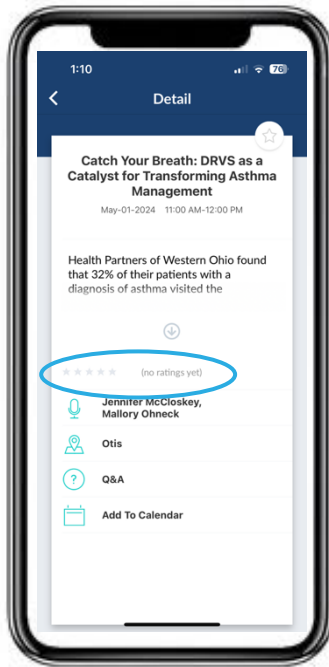
5:30 – 8:30 PM

- Grand Ballroom
- Food & Drinks
- Laser engraved tumblers
- DJ and dancing
- Photo Booth



# 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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**Enjoy the Conference!**



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