

How PureView Health Center and Montana Health Plus Built a Scalable Model for Rural Value-Based Care Transformation



Organization

PureView Health Center is a federally qualified health center (FQHC) serving approximately 9,400 unique patients and more than 42,700 annual visits across Montana. Through an integrated care delivery model spanning primary care, behavioral health, pharmacy, dentistry, case management, school-based services, and mobile outreach, the organization has increasingly focused on building the operational capabilities needed to succeed under value-based care.

PureView operates within a uniquely challenging healthcare environment. Montana has one of the oldest populations in the nation, with approximately 21% of residents age 65 or older—a figure projected to increase to 32% by 2030. Combined with geographic isolation, workforce shortages, and a growing chronic disease burden, these realities have made value-based care readiness increasingly critical for healthcare providers across the state.

To support this transformation, PureView partnered with Montana Health Plus (MTH+), a statewide clinically integrated network (CIN) and accountable care organization (ACO) supporting 13 FQHCs and approximately 57,000 attributed lives. Beyond negotiating value-based contracts, MTH+ provides participating health centers with population health expertise, coding education, quality reporting support, technical assistance, and peer learning opportunities that help accelerate performance improvement.

Leveraging the Azara DRVS population health management platform, PureView combined MTH+'s network support with advanced data and analytics capabilities to operationalize its value-based care strategy. Together, the organizations enabled PureView to proactively identify high-risk patients, close care gaps, improve coding accuracy, and strengthen care coordination across its rural patient population.

Challenge

Like many community health centers, PureView recognized that traditional fee-for-service models were increasingly misaligned with the needs of its patient population.

The organization understood that improving outcomes would require more than simply increasing visit volume. Success would depend on proactively identifying high-risk patients, addressing care gaps earlier, improving chronic disease management, strengthening patient engagement, and creating a sustainable care management and coordination model.

Initially, however, the organization had limited resources.

“We started with a dream, but no dedicated staff or workflow,” explained Megan Duncan, RN, BSN, Lead Care Manager at PureView Health Center. “We had one care manager, a growing number of value-based expectations, and a belief that we could do more for our patients if we had the right data and support structure in place.”

The organization initially invested in a single care manager responsible for supporting the entire practice while leadership worked to build a broader vision for value-based care transformation.

Early efforts focused on transitions of care and transitional care management, but leadership quickly recognized opportunities to expand into broader population health management, targeted outreach initiatives, and longitudinal care coordination for high-risk patients.

The Solution

For PureView, the transition was not simply about participating in new payment models. It required fundamentally changing how the organization identified risk, engaged patients, coordinated care, and measured performance.

“Healthcare has shifted from quantity to quality,” said Duncan. “We realized that if we wanted to improve outcomes and be successful in value-based arrangements, we needed a way to better understand our patient population and intervene earlier.”

Through MTH+, PureView gained access to network-level support that many health centers often struggle to build independently, including population health expertise, value-based contracting support, coding education, quality reporting guidance, and peer learning opportunities.

At the same time, Azara’s DRVS platform provided the population health management and analytics capabilities needed to turn those strategies into action. By integrating clinical, claims, payer, and health information exchange (HIE) data into a single longitudinal patient record, DRVS gave care teams a comprehensive view of patient risk, utilization, quality performance, and care opportunities. This unified view enabled providers to identify high-cost, high-risk patients, prioritize interventions, and measure performance across value-based contracts.

A combination of integrated data, network support, and interdisciplinary collaboration enabled PureView to shift from reactive care delivery toward a more proactive and sustainable population health model.

“Data is really what drives all of this work,” said Breann Streck, RN, BSN, CPC, Senior Practice Transformation Coach at Montana Health Plus. “It allows us to identify opportunities, measure progress, and support health centers in making informed decisions about where to focus their efforts.”

This combination of integrated data, network support, and interdisciplinary collaboration enabled PureView to shift from reactive care delivery toward a more proactive and sustainable population health model.

Using Azara DRVS, PureView could move beyond retrospective reporting and proactively manage its patient population through:

-  Risk stratification and identification of high-cost, high-risk patients
-  Medicare RAF gap reporting and coding improvement
-  Pre-visit planning and patient huddles
-  Transitions of care monitoring
-  Care gap identification and outreach prioritization
-  Performance tracking across providers and populations

Operationalizing Value-Based Care

Leadership commitment proved to be one of PureView's greatest competitive advantages in its value-based care transformation. Rather than building entirely new departments, the organization focused on redesigning workflows, redefining responsibilities, and ensuring that every member of the care team understood their role in improving patient outcomes.

"Leadership support from the top down was critical," said Duncan. "Everyone was willing to participate because they could see the bigger picture. We weren't just changing workflows, we were changing how we thought about caring for our patients."

This mindset shift allowed PureView to expand its value-based care capabilities without immediately adding significant staffing resources. Instead, responsibilities were redistributed to allow team members to work at the top of their licensure while supporting a shared vision of proactive, coordinated care.



As part of this transformation:



Front desk teams incorporated Annual Wellness Visit (AWV) outreach and patient engagement activities.



Nursing teams adopted pre-visit planning workflows, promoted preventive care initiatives, and leveraged standing orders to improve screening completion rates.



Providers focused on improving coding specificity, diagnosis recapture, and preventive care discussions.



Care managers expanded Transitional Care Management (TCM), Chronic Care Management (CCM), and targeted outreach efforts for high-risk populations.



Quality teams used Azara DRVS data to identify trends, prioritize interventions, and guide outreach strategies.



Coding and billing teams helped ensure documentation integrity while supporting sustainable reimbursement pathways.

MTH+ also played a key role by providing regular coding education, technical assistance, and peer learning opportunities that helped scale best practices across participating health centers.

"It takes a team" became the guiding philosophy behind PureView's value-based care transformation.

As new workflows matured and billable care management programs generated additional revenue, PureView was able to further invest in staffing and expand its care management capabilities. What began with a single care manager and a vision for improvement ultimately evolved into an organization-wide approach to population health and value-based care delivery.

Turning Data into Action

While leadership alignment and workflow redesign laid the foundation for value-based care, data became the engine that transformed strategy into action.

Using the Azara DRVS platform, PureView brought together data from its EHR, payer sources, and Montana's statewide health information exchange (HIE) into a single, longitudinal view of each patient. This integrated data foundation gave care teams real-time insights to better understand their patient population, identify care opportunities, and prioritize interventions before patients became higher acuity or higher cost.

"Data helped us shift our focus from simply reacting to patient needs to proactively managing our population," said Duncan. "We could identify patients who needed screenings, follow-up care, or additional support before those opportunities were missed."

PureView leveraged multiple DRVS modules to support value-based care initiatives, including:

- Transitions of Care
- Patient Visit Planning (PVP)
- Medicare HCC RAF Gap reporting
- Risk stratification
- Member attribution reports
- Dashboards and analytics

These capabilities allowed care teams to move beyond retrospective reporting to proactively identify high-risk patients, prioritize outreach activities, improve coding specificity and diagnosis recapture, and coordinate interventions across multidisciplinary teams.

A particularly impactful strategy involved pre-visit planning and patient huddles. Using DRVS insights, care teams could identify preventive screenings, chronic disease management needs, and risk adjustment opportunities before a patient encounter occurred, allowing them to address care gaps while patients were already engaged in care.

"One of the biggest opportunities in value-based care is identifying patient needs while they are already in the clinic," said Streck. "Patient huddles and pre-visit planning allowed PureView to capture those opportunities in real time."

PureView began expanding its use of Azara's broader ecosystem. Through Azara Care Connect (ACC) and Azara Care Utilization (ACU), the organization and MTH+ are working to identify high-cost, high-risk patients who would benefit most from care management, targeted outreach, and coordinated interventions.

The FQHC also leveraged DRVS Transition of Care workflows to receive near real-time notifications of emergency department visits and hospital admissions through Montana's statewide HIE. This enabled timely patient outreach, medication reconciliation, care coordination activities, and billable Transitional Care Management services.

The combination of actionable data, interdisciplinary workflows, and network-level support gave PureView the opportunity to build a more proactive and sustainable model, one capable of improving both patient outcomes and organizational performance under value-based care arrangements.



Results

Over the past several years, PureView’s investments in leadership alignment, interdisciplinary workflows, data transparency, and proactive population health management have translated into measurable improvements across patient engagement, quality performance, and value-based care readiness.

Expanded Patient Access and Engagement

As the organization shifted from episodic care toward longitudinal patient management, PureView dramatically expanded patient engagement while maintaining continuity across its population.

This growth reflects more than increased utilization. It demonstrates stronger patient relationships, expanded preventive care efforts, and a more coordinated approach to managing chronic disease and population health needs.

“We’re seeing patients more often, engaging them earlier, and identifying needs before they become larger issues,” said Duncan. “That’s ultimately what value-based care is all about.”

Between 2020 and 2025

Unique patients

 **24%** 7,598 to 9,404

Total patient encounters

 **81%** 23,628 to 42,677

Stronger Performance in Value-Based Populations

Results were even more pronounced among PureView's attributed Medicare Shared Savings Program (MSSP) population, where targeted interventions and proactive care management strategies generated even stronger outcomes. This demonstrates the impact of risk stratification, proactive outreach, and care coordination efforts that are foundational to successful value-based care programs.

Measure	Overall Population	MSSP Population
Breast Cancer Screening	71.1%	81.9%
Colorectal Cancer Screening	58.7%	75.4%
Hypertension Control	68.4%	70.5%

Significant Quality Improvements

PureView also achieved meaningful improvements across several key quality measures, outcomes that can be particularly difficult to move in rural and underserved populations.



Hypertension Control

Increased from 62.4% to 68.4%



Breast Cancer Screening

Increased from 62.1% to 71.1%



Colorectal Cancer Screening

Increased from 49.2% to 58.7%

Improved Risk Capture and Financial Sustainability

Beyond clinical outcomes, PureView also strengthened its operational and financial performance. Through improved coding specificity, annual wellness visit workflows, and Medicare RAF reporting, the organization achieved:



Approximately **15% improvement** in HCC recapture rates



Increase in Annual Wellness Visits



Establishment of **sustainable** TCM and CCM revenue streams

These gains created a sustainable financial foundation that allowed PureView to reinvest in staffing, expand care management capabilities, and continue advancing its value-based care strategy.

Looking Ahead

MTH+ and PureView continue to expand their value-based care capabilities, including broader deployment of care management technologies, enhanced utilization management strategies, and additional support for health centers at varying stages of value-based care maturity.

Their experience demonstrates that successful transformation does not require massive investments or large-scale organizational restructuring at the outset. Instead, sustainable progress is built through:

- Strong leadership commitment
- Shared accountability across teams
- Transparent performance data
- Interdisciplinary workflows
- Strategic use of analytics and technology
- Continuous learning and collaboration

As healthcare continues its shift toward value-based reimbursement, rural providers face increasing pressure to improve outcomes while managing limited resources and workforce constraints. PureView and MTH+ have demonstrated that with the right combination of data, partnerships, and organizational alignment, health centers can not only adapt to this changing landscape, they can lead it.

Today, the partnership serves as a model for how community health centers can successfully transition from volume to value, creating more proactive, coordinated, and financially sustainable systems of care.

For organizations beginning their own value-based care journey, PureView's experience demonstrates that success is less about starting with abundant resources than it is about building the right partnerships, empowering care teams, and using data to drive action. When those elements come together, meaningful transformation becomes both measurable and sustainable.

“What started with one care manager and a vision for doing things differently evolved into an organization-wide transformation. We’ve shown that meaningful change is possible when everyone is working toward the same goal.

Megan Duncan, RN, BSN
Lead Care Manager at PureView Health Center



Learn more about how Azara Healthcare can support your organization by exploring the resources available in the DRVS Help section, contacting the Azara support team, or reaching out to your client success manager.

We at Azara can't wait to see what you will do!