In 2017, the Michigan Primary Care Association (MPCA) began the implementation and rollout of Azara DRVS that would power their new Integrated Data System (IDS). The IDS merges data from a variety of sources into a single, unified dashboard for the user, giving them the instant ability to view, filter, and validate clinical and social determinants data. This easily accessible data helps identify critical care gaps and trends to make health center operations more efficient and ultimately improve patients’ lives. The IDS also provides the information needed to prepare centers for value-based payment reform where providers have to look at and maintain an assigned patient population — not just individuals — for long-term sustainability.

Within 18 months, 21 of the 36 eligible Michigan health centers are using the system. The success of the implementation is due in part to the strategic planning, effective communications, and rallying call set forth by the dedicated leaders at the MPCA.

A Call to Action

More than 700,000 Michigan residents call a community health center their health care home. To make sure the needs of all care communities are met, the MPCA Board of Directors convened an ad hoc IDS Steering Committee to represent and support health center members of the:

- MPCA
- The Health Center Controlled Network (HCCN) and,
- The Michigan Community Health Network

These organizations represent a widely diverse patient population, and it was imperative that all health centers could participate no matter what EHR they used, the size of their staff, or geographic location.

MPCA project leaders, Rob Pazdan, director of information services, and Cheryl Gildner, clinical data manager, made sure each health center understood that the IDS is a clinically-driven initiative. It aims at enabling data access to front-line clinicians who had the most opportunity and desire to drive improvements at the center level. Additionally, the MPCA team demonstrated how the IDS could help health centers apply for and manage grants by providing the data to report on population needs, health outcomes, and milestones.

Before the implementation started, MPCA had at least ten health centers waiting to participate due to the MPCA's diligent work in building statewide consensus about the benefits of the IDS. This effort included presentations, meetings, and communications that helped kick-start health center buy-in and created excitement among health center leaders and staff about its possibilities.
Know Your Health Centers

MPCA completed two readiness assessments. The first one, launched before Azara was chosen, focused on gaining insights on how health centers looked at payment reform and prepared themselves for pay for performance. As MPCA got closer to implementation, the second assessment gathered crucial health center information such as the number of patient encounters, installed EHR systems, and planned projects that could affect staff availability. These insights helped MPCA understand the IDS interface and training needs for each health center and provided information for them to develop a cost model that worked for everyone. The assessments also helped the team identify potential early adopters.

MPCA persistently marketed the affordable subscription, training, and support model to health centers using consistent communications, system demonstrations, and a region-by-region sign-up competition. As a result, 21 health centers use the IDS — the fastest statewide health center adoption Azara has witnessed to date.

Adoption is Key to Success

The IDS’ long-term success relies on conquering three distinct phases: commitment to participate, implementation, and adoption. Once a health center is live, MPCA provides ongoing assistance to ensure they are fully optimized. The more users understand and use the IDS for various initiatives and reporting, the more powerful the tool becomes for them. Leaders and quality professionals attend training webinars regularly, and the MPCA team strategizes with health centers on structure, practices, and workflows.

“When health centers first see their data presented in a meaningful way, new ideas are abundant, and innovation begins,” states Cheryl Gildner. “In less than two years, health centers have transformed their practices.”

MPCA also recommends user groups to the health centers to further enhance collaboration and knowledge sharing. MPCA created an IDS Steering Workgroup and a DRVS Super User Group to provide a forum to discuss best practices, ideas, and challenges. The Midwest HCCN Azara User Group offers tremendous value to the MPCA and health centers. As an example, learning what users are doing in other states helped Michigan get a jump-start on using the IDS for the HRSA fiscal year (FY) 2018 Expanding Access to Quality Substance Use Disorder and Mental Health Services (SUD-MH) supplemental funding initiative. The HRSA SUD-MH provides support to HRSA-funded health centers to implement and advance evidence-based strategies to expand access to integrated substance use disorder (SUD) and mental health (MH) services.

“We are so proud of the Michigan health center community for embracing the IDS and using the validated actionable data to improve the lives of patients and their families,” states Rob Pazdan.