



ANNUAL USER CONFERENCE

MAY 21 - 23, 2019 / BOSTON, MA

Journey to Value

The 2019 Azara Healthcare Annual Conference will bring together over 350 Community Health Centers, Primary Care Associations, and Health Care Controlled Networks from across the country for learning, networking, and best practice sharing. There are three pre-conference workshops to choose from and a variety of breakout sessions to attend during the two-day conference. Don't miss the opportunity to gain further education and insight on DRVS capabilities and hear how others are transforming their practices and improving health outcomes.

 **Seaport Hotel & World Trade Center***
One Seaport Lane
Boston, Massachusetts

*The Seaport Hotel is **SOLD OUT**. Please view page 12 for another hotel option.

Conference Overview

Tuesday, May 21

10:00 AM - 3:30 PM

Optional Pre-Conference Workshops

5:00 PM - 6:30 PM

Workshop Attendee Reception

Wednesday, May 22

8:00 AM - 5:00 PM

Keynote Speaker, General Sessions,
& Breakout Sessions

5:30 PM - 7:30 PM

Conference Reception

Thursday, May 23

8:00 AM - 3:30 PM

Keynote Speaker, General Sessions,
& Breakout Sessions

Visit azarahealthcare.com/annual-conference-2019 to register.*

View pages 2-5 for more details.

*Please register for the conference by May 3, 2019.



2019 Azara Annual User Conference

Tuesday, May 21 – Optional Pre-Conference Workshops

10:00 AM – 3:30 PM Full-Day Workshop*

DRVS Hands-On Workshop: Making Your Data Work for You

A 4.5-hour hands-on workshop designed to take your understanding and usage of DRVS to the next level. Equally appropriate for Health Center, Primary Care Association, Consortium, or Health Center Controlled Network staff, the first part of the day will set the stage for proactive data hygiene. Ensure the highest credibility of your data while working alongside your teammates and peers; we will incorporate your most strategic measures into a manageable plan for regular validation. Once this foundation has been established, the course dives into DRVS tools; providing detailed instruction and hands-on support to build out registries, scorecards, cohorts, targets, and dashboards. Azara staff will provide coaching and assistance to the small group teams as they as they build out their tools in DRVS. Come prepared to problem-solve, build your data hygiene plan, network with your peers and use the DRVS tools to create visualizations of your data to meet the unique needs of your center.

10:00 AM – 12:30 PM Half-Day Workshop – Morning*

Data-Driven Value-Based Care

Value-based care is no longer a question in the ever-shifting reimbursement landscape of community health. Are you prepared to manage your value-based contracts in a way that maximizes your success? This 2.5-hour workshop will explore various value-based care models and their practical application to individual health centers' operations. Successful health center leaders will need to prioritize contracts; and when held accountable for patient outcomes, track their patient populations beyond their care domain. We will discuss the challenges and opportunities of integrating and leveraging clinical data with external data sources such as HIE, ADT and payer enrollment and claims. Hear lessons-learned from conversations with external data providers and learn how to track contract performance to anticipate how much of the available incentive money will be garnered by the end of the period. Attendees will leave the session with insights for prioritizing and translating their existing contracts into actionable management and data visualization strategies.

1:00 PM – 3:30 PM Half-Day Workshop – Afternoon*

Sustainable Care Management in the Community Health Setting

Care management in the community health setting can take many different forms. Knowing the goals of the health center and the characteristics of the population it serves will help define the most optimal program. In this 2.5-hr workshop we will examine models of care management and coordination, discuss the needs and challenges of program design and the identification of at risk and rising risk populations. We will also highlight tools to support staff prioritization and outreach management. This workshop explores how to use care management to succeed in value-based contracts while also providing the additional care needed for your most vulnerable patients. Come prepared to share your approach, successes, questions, and lessons-learned with your peers and move care management in your organization to the next level.

5:00 PM – 6:30 PM Workshop Attendee Reception

**The full-day workshop cannot be combined with the half-day workshops. Attendees may choose to attend one half-day workshop or attend the morning workshop and afternoon workshop. Lunch is included for all workshop attendees.*

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2019 Azara Annual User Conference

Wednesday, May 22 – Conference Day 1

8:00 AM – 9:00 AM	Breakfast	
9:00 AM – 9:30 AM	General Session – Opening Remarks	
9:30 AM – 10:30 AM	Keynote Speaker – Dave deBronkart, ePatient Dave	
10:45 AM – 12:00 PM	General Session – Product Update	
12:00 PM – 1:30 PM	Lunch	
1:30 PM – 2:30 PM	BREAKOUT SESSIONS	VIEW SESSION DETAILS ✓
	<input type="checkbox"/> DRVS 101	
	<input type="checkbox"/> FluFIT: Utilizing Azara Registry Data to Increase Rates of Flu Vaccination and Colorectal Cancer Screening	
	<input type="checkbox"/> Implementation of Substance Use Disorder Metrics into Four FQHC QI Programs	
	<input type="checkbox"/> Success With PCMH Using DRVS	
	<input type="checkbox"/> Quality Performance is the New Currency	
	<input type="checkbox"/> PCA/Network Strategy: Keys to successful implementation and QI	
2:45 PM – 3:45 PM	BREAKOUT SESSIONS	VIEW SESSION DETAILS ✓
	<input type="checkbox"/> DRVS Tips and Tricks	
	<input type="checkbox"/> Anatomy of a Measure: Understanding and Trouble-shooting Measures	
	<input type="checkbox"/> Value-Based Care: Using Enrollment to Drive Engagement and Close Care Gaps	
	<input type="checkbox"/> Patient Visit Planning Implementation Lessons-Learned	
	<input type="checkbox"/> Patient Management: Cohorts, Empanelment and Access	
	<input type="checkbox"/> Healthy Hearts NYC	
4:00 PM – 5:00 PM	Keynote Speaker – Dr. Ron Yee, MD, MBA, FAAFP Chief Medical Officer for NACHC	
5:30 PM – 7:00 PM	Reception	

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2019 Azara Annual User Conference

Thursday, May 23 – Conference Day 2

8:00 AM – 9:00 AM	Breakfast	
9:00 AM – 10:00 AM	General Session Azara Care Management Product: New Features and Early User Experiences	
10:00 AM – 11:00 AM	General Session DRVS and Health Information Exchange: Helping to Close the Last Mile	
11:15 AM – 12:15 PM	BREAKOUT SESSIONS	VIEW SESSION DETAILS ✓
	<input type="checkbox"/> Operational Reports 101	
	<input type="checkbox"/> Optimizing Referral Management with DRVS	
	<input type="checkbox"/> Risk Stratification: Tools for Complex Care Management	
	<input type="checkbox"/> Keeping Your Data Healthy: Data Health and Hygiene Management	
	<input type="checkbox"/> The Road to Nirvana: Improving Outcomes and Experience with Care Management	
	<input type="checkbox"/> Whole Team Care and Compensation: Using Data to Incent All Staff to Deliver the Highest Quality Care	
12:15 PM – 1:30 PM	Lunch	
1:30 PM – 2:30 PM	BREAKOUT SESSIONS	VIEW SESSION DETAILS ✓
	<input type="checkbox"/> Product Feedback Roundtable	
	<input type="checkbox"/> Improving Contraception Access for All Patients Through Pregnancy Intention Screening	
	<input type="checkbox"/> Illustrating Non-Medical Complexity with SDOH and PRAPARE	
	<input type="checkbox"/> Payer Claims and Cost Integration for Contract and Incentive Management	
	<input type="checkbox"/> Leveraging DRVS Data: Partnering with Academia for Community Health Research	
	<input type="checkbox"/> CHC Perspective: Implementation and Adoption	
2:45 PM – 3:30 PM	General Session – Closing Remarks	

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Anatomy of a Measure: Understanding and Trouble-shooting Measures

- › **Eric Gunther**, Product Architect, Azara Healthcare
- › **Ben Hahn**, Sr. Implementation Engineer, Azara Healthcare
- › **Evan Weixel**, Sr. Implementation Engineer, Azara Healthcare

Anatomy of a Measure explores the nuts and bolts of clinical quality measures (CQMs). We'll cover detailed components of CQMs like measure logic, value sets, filtering and grouping. Then we'll cover how to investigate and troubleshoot measures using features in DRVS such as patient details lists and the Measure Investigation Tool (MIT). For beginners come join us to lift up the hood on how DRVS calculates measure results, and for experienced users come test our presenters with your questions about CQMs and the inner workings of DRVS!

CHC Perspective: Implementation and Adoption

- › **Sonya Cass, RN**, Chief Nursing Officer, Fordland Clinic
- › **Priti Golecha, MD**, Associate Chief Medical Officer, Golden Valley Health Center
- › **Peter Johnson**, IT Manger, Fordland Clinic

The processes of implementing DRVS at two health centers, Golden Valley in California, and Fordland Community Health in Missouri, were both journeys to success. Hear your peers share about their challenges, triumphs and lessons-learned. DRVS has become an integral part of both Quality Improvement programs. From partnering with IT, to validation, to workflow mapping, measure tracking, reporting, and implementing and beta-testing new modules, these two health centers have much to share with you about their experiences. DRVS accuracy and efficacy has resulted in more provider and MA buy-in to new processes, and daily use of DRVS in a variety of areas.

DRVS 101

- › **Rahul Srinivasan**, Business Lead, Azara Healthcare

Explore the core functionality of the Azara DRVS product – DRVS 101. This presentation will walk the user through the Measure Analyzer, UDS reports, Dashboards, PVP and more. This presentation is designed to educate the new or returning user on the basic use of DRVS. Attendees will walk away with an awareness of the functionality and a beginning vision on how DRVS could be utilized at their center.

DRVS Tips and Tricks

- › **Lori Lynes**, Sr. Implementation Engineer, Azara Healthcare
- › **Jenn Piggott**, Implementation Engineer, Azara Healthcare

Listen to members of the Azara implementation team share their favorite tips and tricks for getting things done with the tools in DRVS. These will span all areas of DRVS and some newer functionality such as dashboards, multi-trendline graphs for performance tracking, setting up provider and PDSA control groups, and the power of filters will get special attention.



FluFIT: Utilizing Azara Registry Data to Increase Rates of Flu Vaccination and Colorectal Cancer Screening

- **Ryan Buchholz, MD, FAAP**, Pediatrics and Internal Medicine, Unity Health Care
- **Rachel Gougian, DO, MS**, Primary Care, Unity Health Care
- **Andrew Robie, MD**, Chief Medical Information Officer, Unity Health Care

FluFIT is a research-tested program that allows health care teams to increase colorectal cancer screening by offering fecal immunochemical tests (FIT) alongside annual flu shot campaigns. A version of FluFIT was initiated in Fall 2018 at two clinics (Parkside and Upper Cardozo) at Unity Health Care in Washington, DC, which is home to a Family Medicine residency and is a Teaching Health Center within a Federally Qualified Health Center. The initiative served a population that is largely low-income, and has historically surveyed to have lower utilization of preventive medicine services than in more affluent surrounding communities. Azara DRVS Primary Care Registry was utilized as the chief data source to identify 50-75 year old patients due for colon cancer screening and flu vaccination. Once identified, patients were invited to clinic using a combination of e-messages, text messages, and individualized provider message attempts. The main outcome of this initiative was a net increase in the colon cancer screening and flu vaccination numbers in the Unity Health Care patient population. The project also uncovered under-documentation of prior cancer screening, and Azara DRVS proved to be a reliable and valuable asset in monitoring data quality. An evaluation was completed to determine a cohort of Family Medicine residents' comfort with the use registries. Surveys were conducted to determine the usefulness of visit planning tools and registry lists. Qualitative results support the idea that physicians who gain comfort using registries are more likely to follow their patient's data and more likely to attempt interventions to improve their patient's use of preventive health care.

Healthy Hearts NYC: A successful collaboration between, Community Health Care Association, New York State, New York University and the FQHC's of New York

- **Diane Ferran, MD, MPH**, Vice President, Clinical Affairs & Performance Improvement, Community Health Care Association of New York State
- **Donna Shelly, MD, MPH**, Professor, Department of Population Health and Professor, Department of Medicine, NYU Langone Health

Members of the staff from CHCANYS and the NYU School of Medicine Department of Population Health will describe how they partnered together with the FQHC's of New York City and the NYC Department of Health and Mental Hygiene on a multi-year grant from the Agency for Healthcare Research and Quality (AHRQ) designed to help New Yorkers live longer, healthier lives by working with small primary care practices to enable them to use the latest evidence to improve the heart health of their patients.

Illustrating Non-Medical Complexity with SDOH and PRAPARE

- **Kevin Fairley, MSN, NP**, Senior Data Solutions Specialist, Azara Healthcare
- **LuAnn Kimker, RN, MSN**, Director of Clinical Innovation, Azara Healthcare

Social determinants of health have always been an important aspect of disparities in care among health center patients. PRAPARE and other screening tools can now capture social determinants of health and have created a foundation for greater understanding of the non-medical complexity of our health center population, as well as the data to illustrate this complexity to funders and payers. This session will focus on DRVS's ability to map social determinants of health and the tools available to track data capture performance and inform more comprehensive care delivery for health center patients facing these issues.

Implementation of Substance Use Disorder Metrics into Four FQHC QI Programs

- **Jim Hiatt**, Director Substance Use Initiatives, Massachusetts League of Community Health Centers
- **LuAnn Kimker, RN MSN**, Director of Clinical Innovation, Azara Healthcare
- **Lynette Mascioli, MPH**, Senior Manager Health Informatics, Massachusetts League of Community Health Centers
- **Barbara Proffitt, RN, BHA**, Director Quality Improvement, Massachusetts League of Community Health Centers

Community Health Center Office Based Addiction Treatment (OBAT) programs that utilize medications to treat addiction, some well-established and some new, have been working hard to engage patients with Substance Use Disorder (SUD) to combat the opioid crisis. While these programs have been successful, applying a structured approach with identified metrics can bring out increased efficiencies and make it easier to measure specific areas to gauge success. In the first cohort of the Shared Strengths Community (SSC), the goal was to share quality improvement (QI) strategies and health information technology (HIT) activities to initiate SUD metrics into the health center's QI program. The SSC brought together four health centers to establish SUD measures for QI reporting using the DRVS Controlled Substances module. Virtual meetings were held every six weeks over a nine-month period. Health Center Controlled Network staff at the Massachusetts League of Community Health Centers led the collaborative and provided technical assistance in quality improvement, data analytics, and DRVS support. The SSC provided opportunities for clinical and HIT staff to share work flows for the initiation of treatment and management of SUD patients and to discuss challenges and resolutions for data management to establish QI reporting. The health centers were also able to identify additional metrics that would be important to the monitoring and improvement of care provided to this patient population. By the end of the collaborative, the health centers can utilize the established metrics and registries in DRVS to monitor and improve health outcomes among patients with SUD.

Improving Contraception Access for All Patients Through Pregnancy Intention Screening

- **Emily Decker, MPH**, State Impact Officer, Upstream Massachusetts
- **Sai Ramya Maddali**, Senior Research Associate, Upstream USA

Providing contraceptive counseling and care for women starts with asking patients the question: do you intend to become pregnant in the next year? In this session we hear from Upstream, a nonprofit dedicated to providing the training and resources CHCs need to provide comprehensive contraceptive care and access for all women, on integrating this question into a center's workflows with the Pregnancy Intention Screening Questionnaire (PISQ). From this question, centers can begin to craft strategies and programs to make sure that all patients have access to the contraceptive care and counseling they need.

Keeping Your Data Healthy: Data Health and Hygiene Management

- **Emily Holzman**, Client Success Specialist, Azara Healthcare

To maintain a healthy lifestyle, the Office of Disease Prevention and Health Promotion recommends that you get 150-300 minutes of activity/exercise per week. Your healthcare data needs the same attention. This webinar will explore DRVS tools as an 'exercise' plan for your data, using the newest tools to help you to identify, monitor, analyze and improve the quality of your data using tools available in DRVS. Avoid the sprint and get a head start on UDS 2019 and beyond.

Leveraging DRVS Data: Partnering with Academia for Community Health Research

- **Susan Dargon-Hart, LICSW**, Vice President, Clinical Health Affairs, Massachusetts League of Community Health Centers
- **Karen Emmons**, Professor of Social and Behavioral Sciences, Harvard PH T.H. Chan, School of Public Health
- **Diana Erani, MBA**, Vice President, Health Informatics, Massachusetts League of Community Health Centers
- **Elsie Taveras, MD**, Professor in the Department of Nutrition, Harvard PH T.H. Chan, School of Public Health

This session will highlight how the Massachusetts League of Community Health Centers has successfully partnered with the Harvard School of Public Health on a variety of projects and how they use DRVS to minimize the data collection burden on the participating health centers, while making valuable expertise available to drive quality improvement.

Operational Reports 101

- **Samuel Bar**, Implementation Business Team Lead, Azara Healthcare
- **Colleen McIntyre**, Director of Implementation and Support Services, Azara Healthcare

In today's community health center climate, keeping track of operational activities through reliable key performance and maintaining access to care for their patients is necessary for success. Center knowledge around panel management to help support care continuity, transparency into appointment access and encounter volume, and targeted outreach to vulnerable populations can all be done through the DRVS Operational Module. This session will cover the various measures, registries, and dashboards available for gathering all the components together for use in your health centers operations, as well as the use of cohorts for tracking populations.

Optimizing Referral Management with DRVS

- **Lori Lynes, Sr. Implementation Engineer**, Azara Healthcare
- **Michael Rapawy**, Director of Product Management, Azara Healthcare

Referrals has always been a challenging area for health centers to meet the needs of their clients. There are many different kinds of appointments and requests, and usually not enough staff to handle the volume. The referrals module in DRVS can help you gain efficiencies in your system using technology. We can't promise to solve the problem of greater demand for services than the amount of services available in your community, but we can help you stay organized and efficient. See two models for referrals management in the community health center environment, and the DRVS referrals tools that support them. Discover management dashboards as well as patient level reports to address the variety of needs in your environment.

Patient Management: Cohorts, Empanelment and Access

- **Emily Holzman**, Client Success Specialist, Azara Healthcare

Learn how to leverage the empanelment reports and cohort functionality in DRVS to help ensure continuity of care and support population health management. We will explore how to use the panel management measures in DRVS to help define standards for access and create a plan for monitoring provider panel sizes and correct PCP assignment. We will also learn how to create cohorts to define and track specific patient populations over time, helping to monitor outcomes for your highest risk populations. Both the empanelment measures and cohort functionality align with and help fulfill Patient Centered Medical Home standards, and are ideal tools for operations and population management staff.

Patient Visit Planning Implementation Lessons-Learned

- **Heather Budd**, VP of Clinical Transformation, Azara Healthcare
- **Natalie Dykman**, Quality Director, ACCESS Family Care
- **Becky Hogan**, Health Home Director, ACCESS Family Care

ACCESS Family Care successfully implemented the Azara Patient Visit Planning report. Hear about the basics of the report functionality, and how this team set themselves up Utilizing data driven practices, via integration of our EMR and DRVS, ACCESS Family Care, with assistance from Azara and the MPCA, was able to pilot and redesign the Huddle process. Utilizing Patient Visit Planning and Care Management Passport enhancements, health outcomes were improved at multiple sites with a strengthened sense of team-based care. After piloting the Point of Care Alert Closure Report, data was further validated with a stronger focus on accountability. This project allowed us to determine not just that Huddles were being done, but how well they were being done. Use of newly created dashboards, including piloting the Opioid Dashboard for the MPCA and DRVS dashboards for provider data transparency, ACCESS has been successful in improving outcomes and managing points of different chronic diseases, including substance use disorders.

Payer Claims and Cost Integration for Contract and Incentive Management

- **Greg Augustine**, COO, Azara Healthcare
- **Phil Parker**, Director of Client Analytics, Azara Healthcare

Whether for pay-for-performance, accountable care, or independent practice association negotiated incentives, most community health centers today have some sort of contracted performance measures. Learn how DRVS can use payer claims data to identify your highest cost patients, their utilization of services, and payer-perceived care gaps. Your practice can use this vital information to stratify patients and focus the efforts of care management and outreach staff. For care gap resolution administrative staff might use EHR data to close payer care gaps or vice versa, preventing duplicative tests and proving your high quality with data.

PCA/Network Strategy - Keys to successful implementation and QI

- **Davida Carr, MPH**, Primary Care Informatics Manager, Collaborative Ventures Network
- **Sean Clendaniel, MPH**, Quality and Clinical Manager, Collaborative Ventures Network
- **Cheryl Gildner, MA**, Data Manger, Michigan Primary Care Association

Join us to understand how two different PCA/Networks have approached a unified data strategy for their organizations. DRVS has the ability to put data at the fingertips of those who can most benefit from it. However, many health centers do not have the clinical staff available to develop reports and dashboards and often IT staff lack the clinical knowledge to organize data in a way that tells a story for the end users. This is one key area where the PCA/HCCN can help by developing reports and dashboards that not only help your health centers derive valuable clinical information, but also tell stories for funding opportunities, advocacy and meeting your own grant objectives. We will also talk about how to bring your centers together around a shared vision as well as joining together for shared quality improvement that supports grant goals byt also those of clinically integrated networks and independent practice associations.

Product Feedback Roundtable

- › **Heather Budd**, VP of Clinical Transformation, Azara Healthcare
- › **Mike Rapawy**, Director of Product Management, Azara Healthcare

Share your feedback with Azara Healthcare staff who influence product design. We will discuss what is working, areas for improvement, and desires for functionality. Please come prepared with constructive comments and ideas to help us shape our product for the future.

Quality Performance is the New Currency

- › **Michele Burkhart**, RN, Quality Manager, MHC Healthcare
- › **Luis Velasco**, Chief Information Officer, MHC Healthcare

In 2017, MHC Healthcare started major initiatives to improve provider satisfaction and increase quality of care. The goals were to streamline clinical content in order to decrease the amount of time providers spent on documentation and increase quality by using actionable data effectively. By automating workflows, simplifying processes and increasing visibility of data we reduced human error and minimized gaps between payer quality measures and clinical outcomes. Join us and learn about the implementation methodology and tools used to accomplish these goals in our environment.

Risk Stratification: Tools for Complex Care Management

- › **Lauren Buck**, BSN, MPH, Population Health, Harbor Health Services
- › **LuAnn Kimker**, RN MSN, Director of Clinical Innovation, Azara Healthcare
- › **Cassandra Lindholm**, MPA, PCMH CCE, Director of Quality, Upper Great Lakes Family Health Center
- › **Abby Sharpe**, Director of Clinical Applications, Analytics and Quality, Harbor Health Services

Determining which patients most need complex care management can feel like a herculean task. Different factions have diverging positions about how to make these assessments – providers know the details behind each individual, while payers focus on total medical expense and reported diagnoses, and agency leadership may have their own set of priorities for population-based focus. Where to begin? How do we guide our care teams about which patients to reach out to first? What goals can we reasonably achieve in partnership with our patients, particularly those who struggle the most? Over the last year, Harbor has evolved its staffing model and tools in search of answers to these questions. During this session, we will walk through the process and technologies we used to find ourselves among the complexities. Topics covered: Azara's risk stratification tool – technologies and strategies to blend data sets, operational approaches to using the risk registry, staffing model and approaches to complex care management.

Success With PCMH Using DRVS

- › **Emily Holzman**, Client Success Specialist, Azara Healthcare

Learn how your center can align care delivery with the NCQA PCMH standards and reduce the documentation burden during recognition by leveraging Azara's status as an NCQA PCMH prevalidated vendor. In this session we will discuss applying the new 2017 PCMH standards to your practice (including changes from the 2014 standards), utilizing the autocredits available from DRVS during submission, and preparing to demonstrate for PCMH recognition using DRVS functionality. Attendees will use Azara materials to identify where in DRVS they can find the reports, dashboards, scorecards, etc to support their PCMH journey, as well as learn how to create custom content for submission. Ideal for centers or locations preparing for first-time recognition, those upgrading to the new standards, or anyone looking to strengthen documentation of PCMH activities, this session will help users streamline the demonstration process and lay the foundation for successful reporting and care delivery as a Patient Centered Medical Home.

The Road to Nirvana: Improving Outcomes and Experience with Care Management

- **Sonya Cass**, RN, Chief Nursing Officer, Fordland Clinic
- **Jamie Holden**, Care Coordinator, Fordland Clinic
- **Rachel Mullins**, MHA, PCMH CCE, Director of Practice Improvements, North Shore Health Centers

We all know where healthcare is today, and what we want it to become...Nirvana. But how do we get there with the resources currently available, and how do we obtain the resources needed to assist us on the journey? Because care management and coordination programs are often a financial burden for clinics due to minimal billing opportunities, many clinics choose not to add or expand these programs. There are many ways to link the activities of these programs to revenue if we think outside the box. Structuring these programs appropriately can lead to improved quality measures, increased provider productivity, and ultimately six figure quality bonuses from insurance companies with the move to value-based contracts. How does DRVS assist us in meeting these lofty goals?

Value-Based Care: Using Enrollment to Drive Engagement and Close Care Gaps

- **LuAnn Kimker**, RN MSN, Director of Clinical Innovation, Azara Healthcare
- **Phil Parker**, Director of Client Analytics, Azara Healthcare

Gone are the days of just managing the patients that walk through your front doors. Increasingly, at risk payer contracts, accountable care organizations and integrated clinical networks are changing how we think about 'our patients'. Being responsible for a designated set of patients (or multiple sets) means you need to understand who those patients are, their clinical needs and have the tools and resources necessary to manage that population to achieve desired goals. Managing multiple payer programs to identify and engage patients can be time consuming and fragmented. During this session we'll explore how practices can use enrollment and EHR data to conduct outreach efforts and close care gaps to improve performance.

Whole Team Care and Compensation: Using Data to Incent All Staff to Deliver the Highest Quality Care

- **Jay Boyer**, MBA, Senior Director, Strategy and Development, Greg Facktor & Associates
- **Vena Lam**, Senior Manager, Greg Facktor & Associates

Stay tuned for a full description soon!



2019 Azara Annual User Conference

Fees & Registration

Registration is available for multiple attendees from the same organization. Group discounts of 10% for 2-5 attendees and 15% for 6+ attendees are automatically applied.

The Care Management and Making Data Work Workshops are FULL. Below are the available admission options.

CONFERENCE PRICING OPTIONS	PRICE
Two-Day User Conference Only*	\$795.00

*All Workshops are sold out.

Hotel Information

Embassy Suites Logan Airport*

We have reserved a limited amount of rooms at the Embassy Suites Logan Airport at a rate of \$289 + tax, per night. Register for a room at Embassy Suites: <http://bit.ly/2X0Ez3D>

**Please be aware you will need to provide your own transportation via taxi, UBER, or LYFT to the Seaport World Trade Center.*

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