

Intuitive, actionable insights when you need them most.

Azara Healthcare empowers over 1,000 Community Health Centers, physician practices, Primary Care Associations, Health Center Controlled Networks, ACOs and clinically integrated networks — improving the quality and efficiency of care for more than 25 million Americans.

Azara’s population health solution, DRVS, facilitates care transformation, drives quality improvement, aids in cost reduction, and simplifies mandated reporting.



Azara Advantages

- Designed from day one to provide a scalable population health and quality improvement solution for single health centers, networks, and multi-state groups of safety net providers.
- Delivers a seamless combination of Clinical, Claims, Practice Management and ADT information.
- Engineered for multi-level data exploration from an aggregated enterprise view to individual centers, providers and locations, down to patient detail.
- Created to be easy to use for frontline staff and sophisticated enough for the IT data analyst.
- Software as a Service (SaaS) model reduces time to value, lowers cost, minimizes maintenance, and provides instant access to the latest enhancements and regulatory updates.



DRVS Capabilities

FEATURES

Clinical Integration, Centralized Reporting and Analytics

Multi-level drill down capability from network level to patient detail, including built-in UDS+ reporting, over 100 reports and 600+ measures.

Normalized and Validated Data

Ensures accurate benchmarking, comparative analytics, best practices, adoption monitoring, and population health management. Compare measure performance across practices with the confidence of having consistent definitions.

Patient Visit Planning

Prepares clinical team for patient encounters by identifying care gaps and providing critical data at the point of care.

Dashboard and Performance Trending

Provide insight and trending on UDS, HEDIS, Managed Care Contracts, and other clinical quality initiatives.

Registry Reports

Track specific populations of patients by chronic disease, age/gender or advanced filter preferences, such as payer, co-morbidities or health disparities.

Referral Management Reporting

“Close the loop” on completed referrals and quickly identify important referrals that remain open.

Payer Integration – Enrollment, Care Gaps & Claims

Understand payer member attribution, care gaps, utilization and Total Medical Expense (TME).

Transitions of Care Reporting

Track and follow up with your patients as they are admitted or discharged from acute care facilities.

Cohort Management

Track both static and dynamic patient groups for care/disease management, grants, research or payer based programs.

Care Management Passport – Patient Profile

Summary view of single patient providing key data points from Clinical, Claims and ADT data sources.

BENEFITS

Documented Quality of Clinical Care

Work with our implementation specialists to improve workflow documentation and limit the use of unstructured data in the EHR that will ensure your reports reflect the high quality of clinical care you deliver.

Increase Incentive Payments

View baseline performance and track progress toward quality goals. Target areas of greatest opportunity for both improving quality outcomes and maximizing incentive payments.

Identify Best Practices and Benchmark for Improvement

Give your team the insights they need to proactively improve results. Identify top performers and harvest best practices. Use baseline benchmarking to drive measurable improvement.

Increase Access

Improve care team efficiency, focus your precious resources on the patients in greatest need of intervention, and grow your practice's ability to see patients when they need to be seen.

Care Management

Support case managers and care activities for designated populations (high risk, chronic disease, etc.) with well organized, detailed information on individual patients aggregated and reconciled across EHR, Claims and ADT data.

Population Health Management

Unleash the power of your EHR data and begin actually managing population health.

Lower Costs of Care

Integrate payer eligibility and claims data to identify opportunities for primary care to impact and control Total Medical Expense (TME).

Improve Reporting Efficiency With Single Click Reports (UDS+, HEDIS, PCMH)

Run your regulatory reports with the click of a button. Drill down to health center, location, provider and patient details to see where you stand. Make mid-course corrections to optimize performance long before submission dates. Reallocate analyst time away from data collection and onto analysis and action.



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