Optimizing Care for CKD + ASCVD Risk

MT User Group

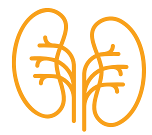
Emily Holzman
Director, Clinical Transformation
Azara Healthcare

Emma Knapp
Clinical Improvement Specialist
Azara Healthcare

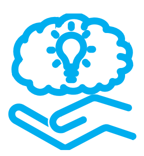
August 28, 2024

Today's Agenda

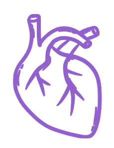
UNDERSTANDING CHRONIC KIDNEY DISEASE (CKD)



LEVERAGING DRVS FOR CKD MANAGEMENT

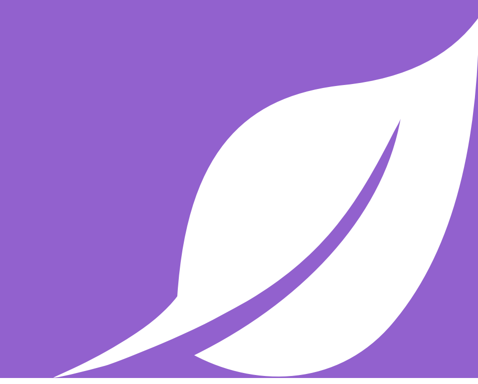


UNDERSTANDING ASCVD RISK



LEVERAGING DRVS FOR ASCVD MANAGEMENT

Understanding Chronic Kidney Disease



% of US Adults with CKD

25%
20%
15%
10%
5%
0%

Percentage of adults

	2005-2008	2009-2012	2013-2016	2017-2020
Non-Hispanic White	12.9%	12.1%	14.1%	13.8%
Non-Hispanic Black/African American	18.1%	17.5%	17.8%	18.8%
Hispanic/Latino	12.5%	11.4%	11.7%	12%

https://www.statista.com/statistics/780675/chronic-kidney-disease-prevalence-us-by-ethnicity/

The Burden of CKD in the U.S.

CKD by the numbers:

Kidney diseases are the **8th leading cause of death** in the U.S.

About **37 million** US adults are estimated to have CKD; most are undiagnosed

40% with severely reduced kidney function (not on dialysis) unaware of having CKD

Every 24 hours, **360** people (>130,000/year) begin dialysis treatment for ESRD

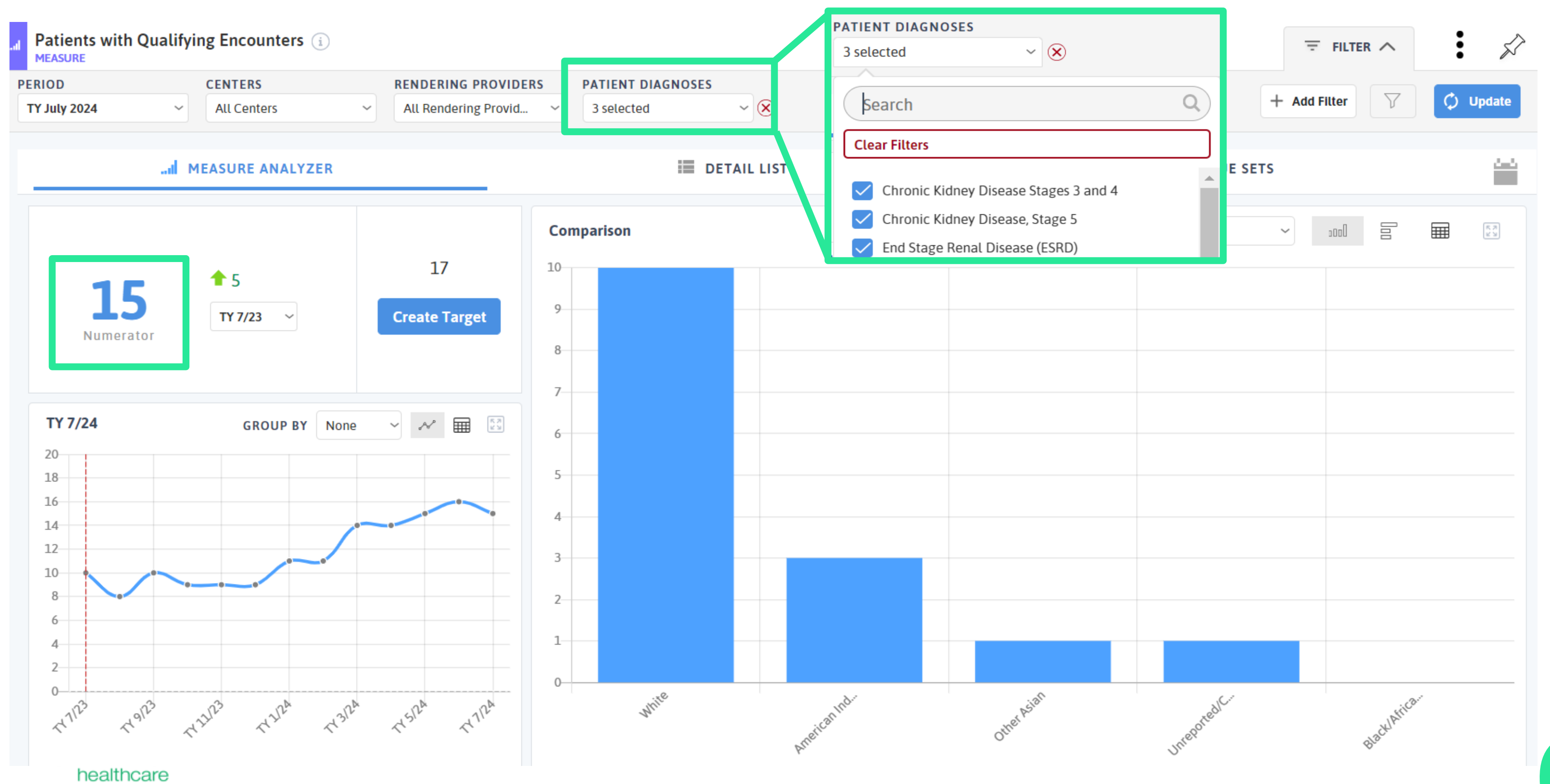
In the US, diabetes and high BP are the leading causes of kidney failure, accounting for **3 out of 4 new cases**

In 2019, treating Medicare beneficiaries with CKD cost **$87.2 billion**, and treating people with ESRD cost an additional **$37.3 billion (>124 billion)**

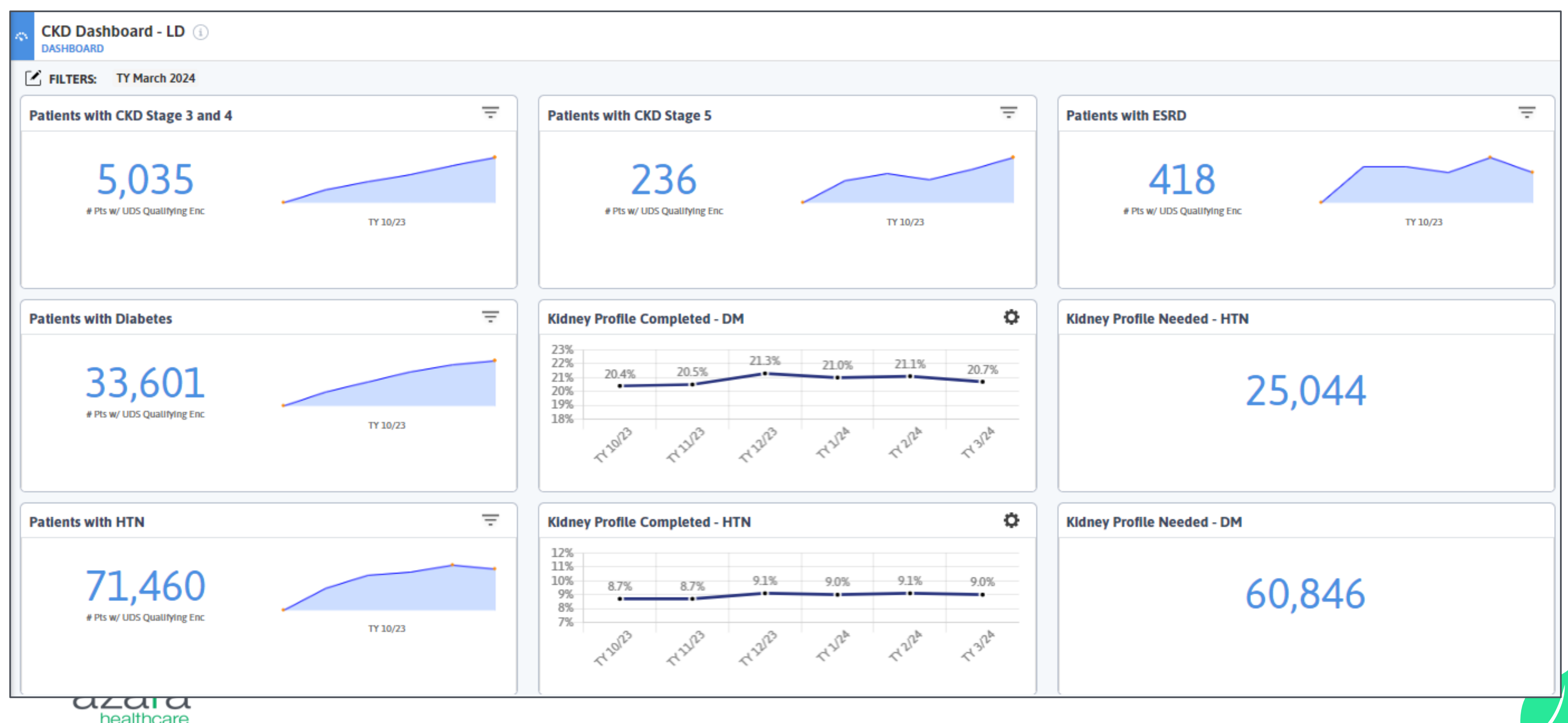
https://wonder.cdc.gov/controller/datarequest/D176

Leveraging DRVS for CKD Management

Prevalence | Diagnosed



Prevalence | Diagnosed + At-Risk



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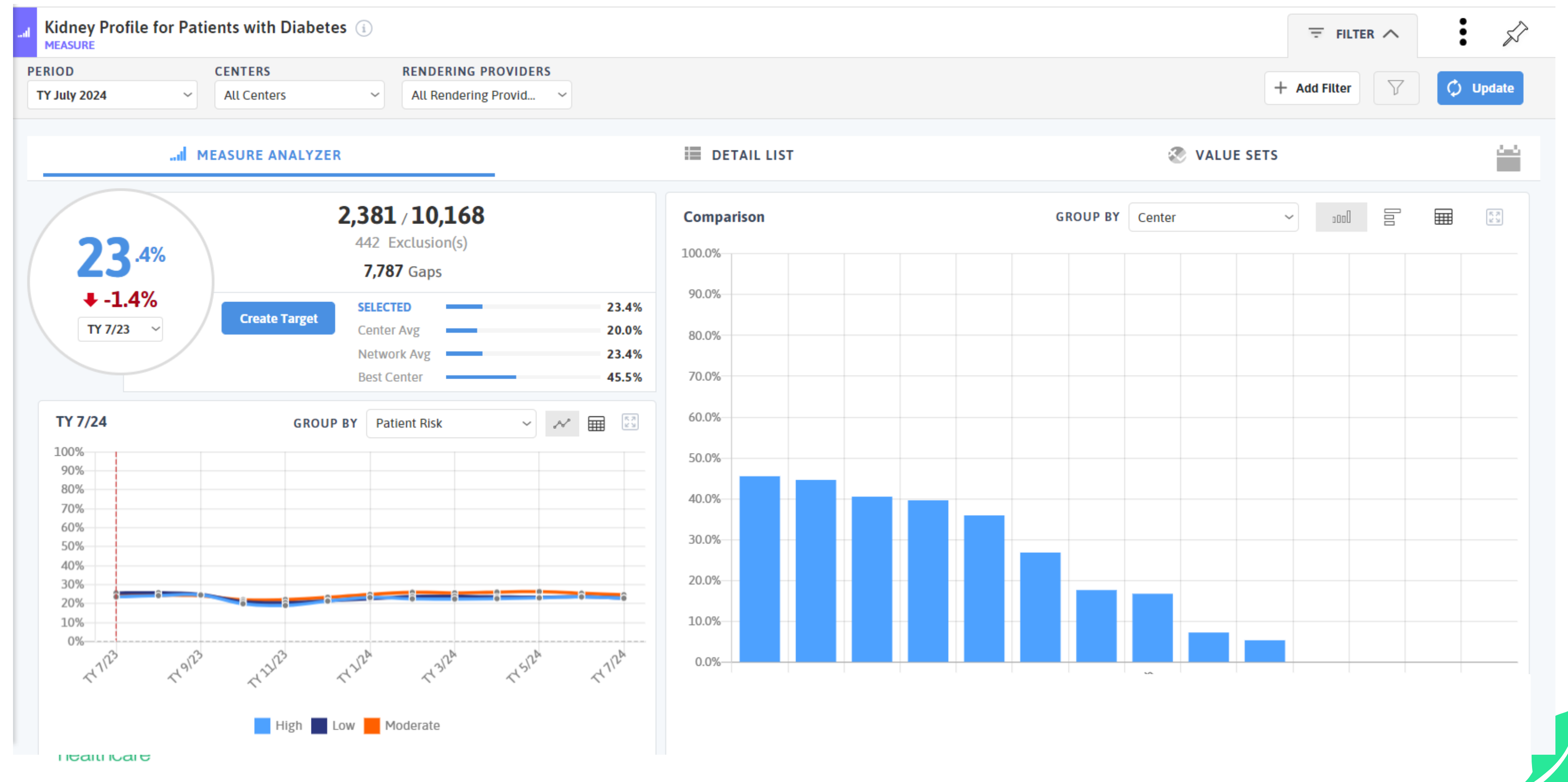
Kidney Profile Measures

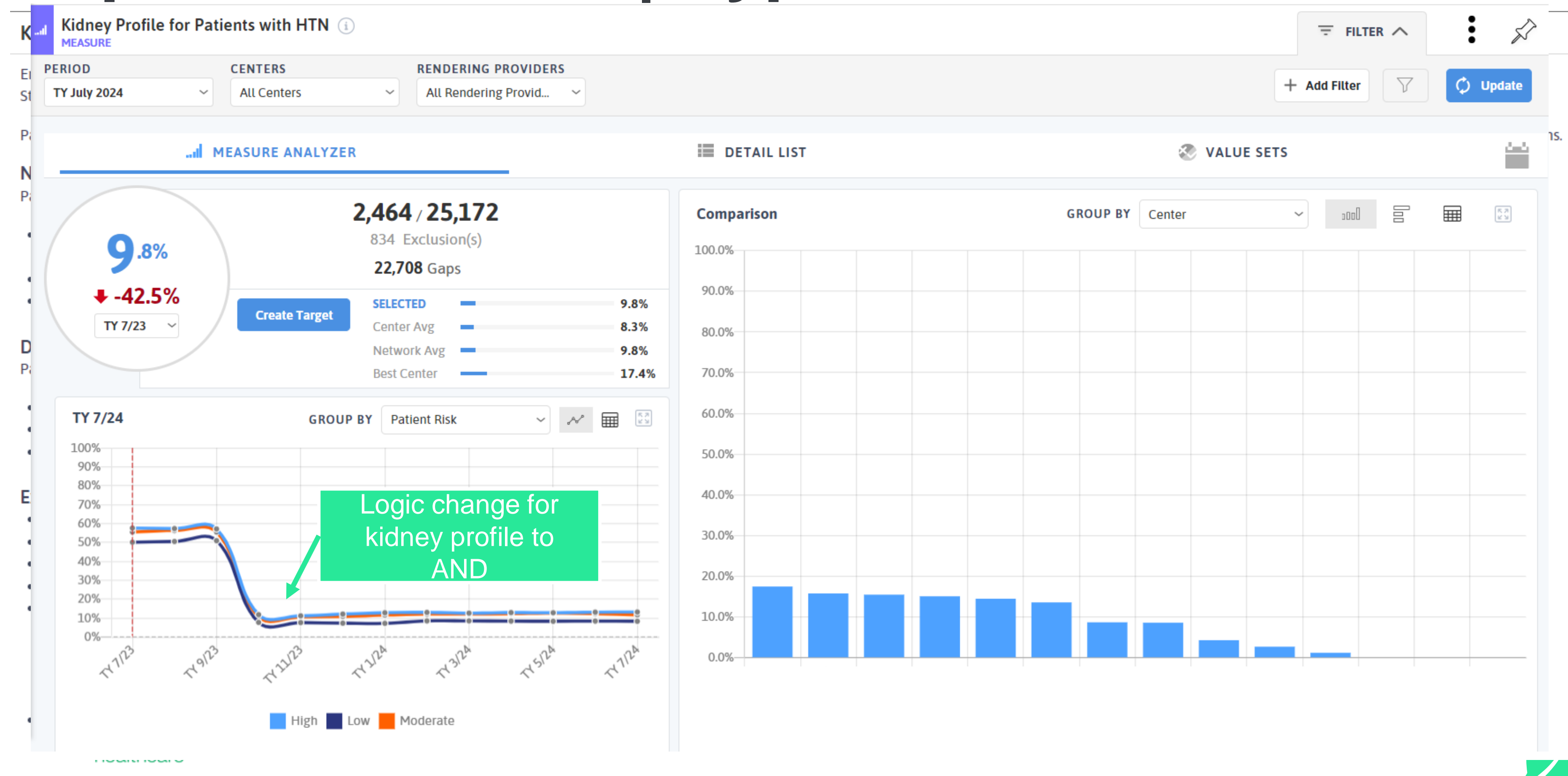
Determine kidney profile testing rates for patients with DM or HTN

Numerator	Estimated glomerular filtration rate (eGFR) in last 12 months **AND** Urine albumin-creatinine ration (UACR) test in last 12 months
Denominator	Ages 18-85 Active Diagnosis (Diabetes or Hypertension) Qualifying encounter in last 12 months
Exclusions	ESRD CKD Stage 5 Dialysis or kidney transplant Hospice/advanced illness/frailty

Population at Risk | Diabetes



Population at Risk | Hypertension



Identify Patients for CKD Screening

Kidney Profile for Patients with HTN
MEASURE

FILTER 1

FILTERS: TY August 2023

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ...

All | Gaps | Num | Excl

Measure Investigation Tool | Reset Columns | SAVED COLUMNS

	DEMOGRAPHICS							
MRN	NAME	RACE	ETHNICITY	LANGUAGE	PRIMARY PAYER	PHONE	ADDRESS 1	ADDRESS
1100005	Noboa, Irvin	Asian Indian	Unreported/Choose Not to Disclose Ethnicity	English	BCBS	351-127-1033	522 Maple St.	
1100092	Wehr, Jeffry	Chinese	Not Hispanic, Latino/a, or Spanish Origin	English	BCBS	413-819-6942	666 Park St.	
1102594	Flanagan, Celeste	Other Pacific Islander	Unmapped	Spanish	Medicare	351-072-0874	250 Lake St.	
1102601	Scaman, Mitch	Chinese	Another Hispanic, Latino/a, or Spanish Origin	Unmapped	Coventry	351-606-4046	149 East St.	
1100021	Agins, Latarsha	American Indian/Alaska Native	Mexican, Mexican American, Chicano/a	Unmapped	Coventry	617-940-3533	31 Hill St.	
1100093	Rightnour, Fredric	More than One Race	Cuban	Unmapped	BCBS	774-383-1055	226 South St.	
1100094	Postema, Ruth	Korean	Not Hispanic, Latino/a, or Spanish Origin	Spanish	Medicare	351-147-8346	803 Lake St.	

demo

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Alert Providers at Point of Care

Alert Administration

Consider adding into POC alert measure to track closure rates

CKD

All | Enabled | Disabled

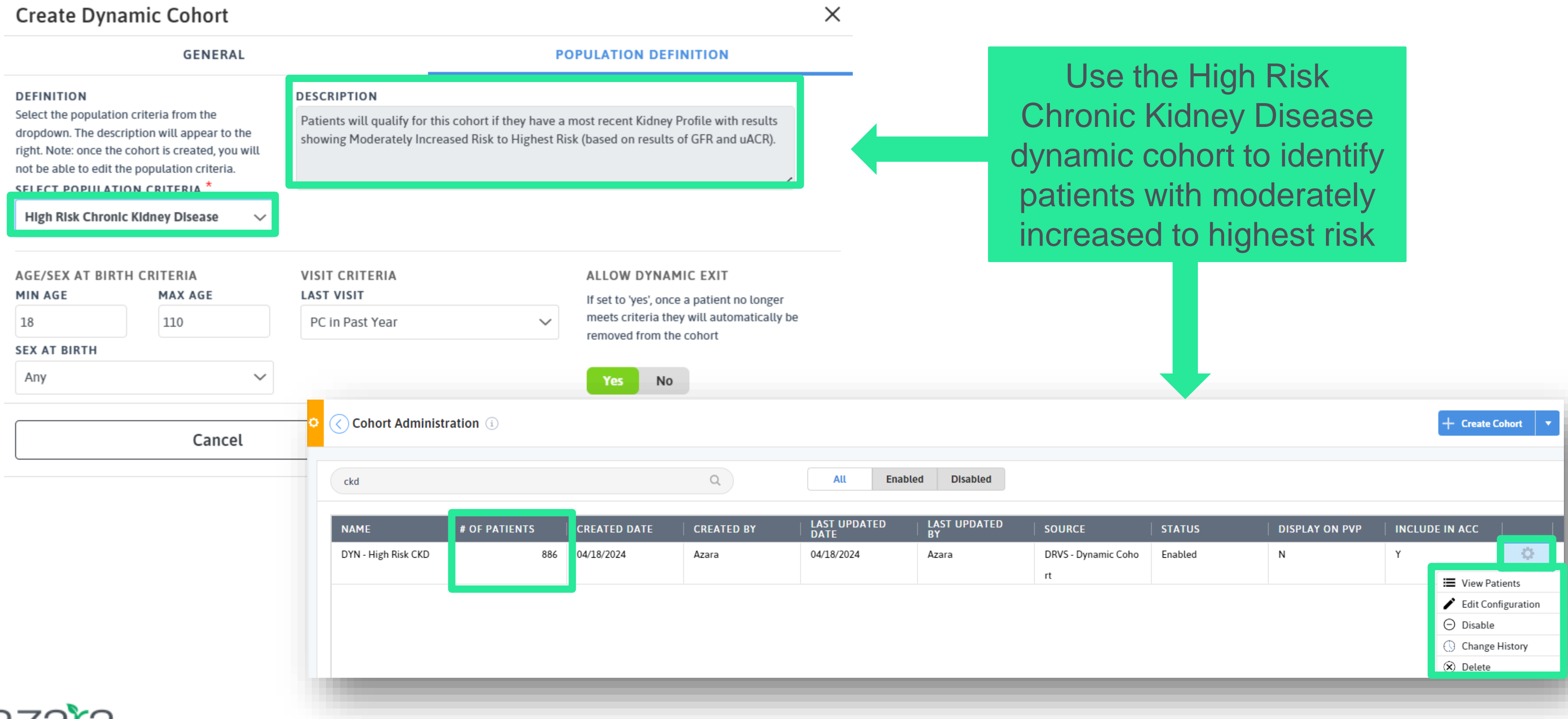
All | In POC Measure | Not in POC Measure

CENTER	CATEGORY	NAME	PVP NAME	ENABLED	DESCRIPTION
Access Community Health	Screening	CKD Screening - DM	CKD Screening - DM	Y	Alert will trigger if Kidney Profile has not occurred in the last 1 years. Alert only applies to patients >= 18 yrs old and <= 85 yrs old. Patient must have Diabetes. Patient must not have Palliative Care or hospice care or Hospice Care or End Stage Renal Disease (ESRD) & CKD Stage 5 or Dialysis Services.
Access Community Health	Screening	CKD Screening - HTN	CKD Screening - HTN	Y	Alert will trigger if Kidney Profile has not occurred in the last 1 years. Alert only applies to patients >= 18 yrs old and <= 85 yrs old. Patient must have Hypertension - Essential. Patient must not have Palliative Care or hospice care or Hospice Care or End Stage Renal Disease (ESRD) & CKD Stage 5 or Dialysis Services.

Turn on CKD Screening PVP Alerts for DM and HTN patients
(2 MT centers have alert enabled)

ALERT	MESSAGE	DATE	RESULT
CKD DM Screen (eGRF + uACR)	Missing		
CKD Screening - HTN (eGRF + uACR)	Missing		
Missing or High BP (needs in-clinic visit)	Out of Range	3/11/2024	142/81
Foot	Overdue	7/8/2022	07/08/2022

Diagnose | Dynamic Cohort



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Diagnose | Custom Registry

Create a copy of the CKD registry

Remove the inclusion criteria of the CKD registry

Exclude patients with CKD and ESRD diagnoses

Copy

GENERAL | POPULATION DEFINITION | DATA ELEMENTS

INCLUSION CRITERIA

MIN AGE: 0
MAX AGE: 120
SEX AT BIRTH: Any

INCLUSION OBSERVATIONS

- × Chronic Kidney Disease Stages 1 and 2
- × Chronic Kidney Disease Stages 3 and 4
- × Chronic Kidney Disease, Stage 5
- × End Stage Renal Disease (ESRD)

REQUIRE ANY OR ALL OBSERVATIONS FOR INCLUSION: Any

EXCLUSION CRITERIA

EXCLUSION OBSERVATIONS

- × Chronic Kidney Disease Stages 1 and 2
- × Chronic Kidney Disease Stages 3 and 4
- × Chronic Kidney Disease, Stage 5
- × End Stage Renal Disease (ESRD)

REQUIRE ANY OR ALL OBSERVATIONS FOR EXCLUSION: Any

Cancel | Confirm

Diagnose | Undiagnosed CKD

Undiagnosed Chronic Kidney Disease - LD
REGISTRY

FILTER

VISIT DATE RANGE: 04/11/2024-04/18/2024
RENDERING PROVIDERS: All Rendering Provid...
COHORTS: DYN - High Risk CKD

Add Filter | Update

REGISTRY | VALUE SETS

Search Patients ...

Reset Columns | SAVED COLUMNS

EGFR			UACR				KIDNEY PROFILE				SERUM CREATININE		
DATE	CODE	RESULT	DATE	CODE	RESULT	VALUE	DATE	RISK LEVEL	UACR RESULT	EGFR RESULT	DATE	TEST	RESULT
1/19/2024	98979-8	79	1/19/2024	9318-7	30-300 mg/g	30.00	1/19/2024	Moderately Increased Risk	30-300 mg/g	79.00	1/19/2024	38483-4	1.08
8/1/2023	98979-8	33	6/5/2019	9318-7	30-300 mg/g	203.00	6/5/2019	Very High Risk	30-300 mg/g	33.00	8/1/2023	38483-4	1.69
5/5/2022	88294-4	91	3/9/2023	9318-7	30-300 mg/g	30.00	5/5/2022	Moderately Increased Risk	30-300 mg/g	91.00			
11/21/2023	98979-8	65	11/30/2020	9318-7	30-300 mg/g	79.00	11/30/2020	Moderately Increased Risk	30-300 mg/g	65.00	11/21/2023	38483-4	1.02
11/2/2023	98979-8	64	12/17/2019	9318-7	30-300 mg/g	99.00	12/17/2019	Moderately Increased Risk	30-300 mg/g	64.00	11/2/2023	38483-4	1.31
3/29/2023	98979-8	72	3/29/2023	9318-7	30-300 mg/g	30.00	3/29/2023	Moderately Increased Risk	30-300 mg/g	72.00			
11/20/2023	98979-8	104	11/11/2020	9318-7	30-300 mg/g	50.00	11/11/2020	Moderately Increased Risk	30-300 mg/g	104.00	11/20/2023	38483-4	0.77
9/6/2023	98979-8	115	4/11/2024	9318-7	30-300 mg/g	0.00	9/6/2023	Moderately Increased Risk	30-300 mg/g	115.00	9/6/2023	38483-4	0.84
1/25/2024	98979-8	83	1/25/2024	9318-7	30-300 mg/g	30.00	1/25/2024	Moderately Increased Risk	30-300 mg/g	83.00	1/25/2024	38483-4	0.92
10/11/2023	98979-8	31	9/16/2022	9318-7	<30 mg/g	30.00	9/16/2022	High Risk	<30 mg/g	31.00	10/11/2023	38483-4	1.86

Use a custom registry to identify patients with elevated risk of CKD who do not have a diagnosis

Treat | CKD Registry

Chronic Kidney Disease
REGISTRY

FILTER

VISIT DATE RANGE: 04/01/2024-04/08/2024

RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

REGISTRY | VALUE SETS

Search Patients ...

Reset Columns | SAVED COLUMNS

CKD STAGE 1 2 DX		CKD STAGE 3 4 DX		CKD STAGE 5 DX		ESRD DX		EGFR			UACR		
DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	DATE	CODE	RESULT	DATE	CODE	RESU
10/16/2023	N18.9							10/16/2023	98979-8	74	6/19/2019	9318-7	30-3
4/2/2024	N18.9							7/20/2023	98979-8	52	11/3/2020	9318-7	30-3
		11/23/2021	N18.31					4/3/2023	98979-8	50			
		1/23/2024	N18.32					7/10/2023	98979-8	47	7/10/2023	9318-7	<30 r
		9/7/2023	N18.31					12/6/2023	98979-8	53			
1/13/2016	N18.9												

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Treat | Identify Care Needs

EGFR			UACR				KIDNEY PROFILE			
DATE	CODE	RESULT	DATE	CODE	RESULT	VALUE	DATE	RISK LEVEL	UACR RESULT	EGFR RESULT
10/16/2023	98979-8	74	6/19/2019	9318-7	30-300 mg/g	30.00	6/19/2019	Moderately Increased Risk	30-300 mg/g	74.00
7/20/2023	98979-8	52	11/3/2020	9318-7	30-300 mg/g	198.00	11/3/2020	High Risk	30-300 mg/g	52.00
4/3/2023	98979-8	50								
7/10/2023	98979-8	47	7/10/2023	9318-7	<30 mg/g	30.00	7/10/2023	Moderately Increased Risk	<30 mg/g	47.00
12/6/2023	98979-8	53								

SERUM CREATININE		MICROALBUMIN URINE		HGB		LDL		BMI		BLOOD PRESSURE	
DATE	RESULT	DATE	RESULT	DATE	RESULT	MOST RECENT DATE	RESULT	DATE	VALUE	VITALS DATE	VALUE
10/16/2023	0.90	6/19/2019	30	2/6/2023	12.40	10/16/2023	124	7/7/2023	40.3	4/5/2024	165/85
7/20/2023	1.55	11/3/2020	198	7/20/2023	14.90	7/20/2023	99	4/2/2024	26.6	4/2/2024	142/42
				4/3/2023	12.40	4/17/2023	130	2/29/2024	26.3	2/29/2024	128/76
7/10/2023	1.29	7/10/2023	<30	7/10/2023	14.20	7/10/2023	108	4/1/2024	55.6	4/1/2024	114/66
12/6/2023	1.40			9/6/2023	13.20	9/6/2023	59	3/6/2024	25.5	3/6/2024	109/71
				1/10/2017	13.40			3/7/2024	37.1	3/7/2024	160/82

MOST RECENT ENCOUNTER			NEXT APPOINTMENT				
DATE	PROVIDER	LOCATION	DATE	PROVIDER	LOCATION	TYPE	REASON
9/11/2023	Winslow, Francine	Main St. Office	9/29/2023	Black, Ronda	ACH - Needs Update	Office Visit	
7/7/2022	Augustine, Greg	Main St. Office	9/16/2023	Black, Ronda	ACH - Needs Update	High BP	
9/3/2023	Weixel, Evan	Florence Ave. Center	9/17/2023	Rigoli, Brian	FHC - Needs Update	High BP	
9/24/2023	Cote, David	Florence Ave. Center	9/25/2023	Cote, David	FHC - Needs Update	Annual Visit	

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healthcare

Treat | Medication

Chronic Kidney Disease
REGISTRY

VISIT DATE RANGE
04/01/2024-04/08/2024

RENDERING PROVIDERS
All Rendering Provid...

Filter to patients who have not been prescribed an ACE/ARB and evaluate

REGISTRY

Search Patients ...

MICROALBUMIN URINE			ACE ARB
DATE	CODE	RESULT	START DATE
9/12/2023	2890-2	604	

No Date

Clear

Azara Patient Outreach | Campaigns

Cancer Screening
- Breast
- Cervical
- Colorectal
- Unreturned FIT Kits

Chronic Disease
- Diabetes A1c
- Comprehensive Diabetes
- Undiagnosed Hypertension
- Hypertension Control
- CKD Screening Patients w/ HTN
- CKD Screening Patients w/ Diabetes

Pediatrics
- Childhood Immunizations
- Well-Child Visits
- Adolescent Immunizations
- HPV Vaccination

Preventative Visits
- Patients Without Visits
- Members Without Visits
- Unmatched Patients
- Transitions of Care
- Seasonal Flu
- Chlamydia Screening

COVID-19
- Immunization Availability
- 2nd Dose Reminder
- Booster Dose Reminder

Medicaid Eligibility
- Initial Redetermination
- Follow-Up Redetermination
- Redetermination Date Passed

Targeted Outreach

Kidney Profile for Patients with Diabetes
MEASURE

FILTER

PERIOD: TY August 2023
RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

MEASURE ANALYZER | DETAIL LIST

Search Patients ...

All | Gaps | Num

ED COLUMNS

Identify patients with diabetes who have not had CKD screening and have no upcoming appointment

No Date

Clear

	MOST RECENT ENCOUNTER			NEXT APPOINTMENT				
MRN	DATE	PROVIDER	LOCATION	DA...	TYPE	REASON	NUMERAT...	EXCLUSI...
333333333	2/15/2023	Unassigned Provider	ACH - Needs Update				N	N
44444444	1/15/2023	Unassigned Provider	ACH - Needs Update				N	N
1100017	8/12/2023	Fritz, Renata	Main St. Office				N	N
1100047	7/16/2023	Gunther, Eric	1400 Cambridge St.				N	N
1100053	11/23/2022	Gunther, Eric	Main St. Office				N	N
1100081	6/1/2023	Black, Ronda	1400 Cambridge St.				N	N
1100086	1/24/2023	Augustine, Greg	1400 Cambridge St.				N	N

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Understanding ASCVD

ASCVD & 10-Year Risk

ASCVD is a major cause of morbidity and mortality in the United States. **Understanding a patient's 10-year ASCVD risk is fundamental to the prevention or delay of ASCVD** and is established based on certain demographics, lifestyle factors, diagnoses, medications, and vitals.

10-year risk assess a patient's risk of developing a first ASCVD event, including:

1. Non-fatal myocardial infarction
2. Coronary heart disease death
3. Fatal or nonfatal stroke

Source: ARUP Consult, Atherosclerotic Cardiovascular Disease Risk Matters

What ASCVD calculator do staff at your practice use?

Calculator | Elements of Calculation

Total Cholesterol

HDL-C Cholesterol

Most recent in past 5 years

Systolic Blood Pressure

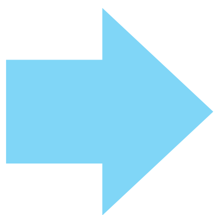
Smoking Status

Most recent in past 2 years

Treatment for High Blood Pressure

- Active Hypertension Medication

Diabetes Diagnosis

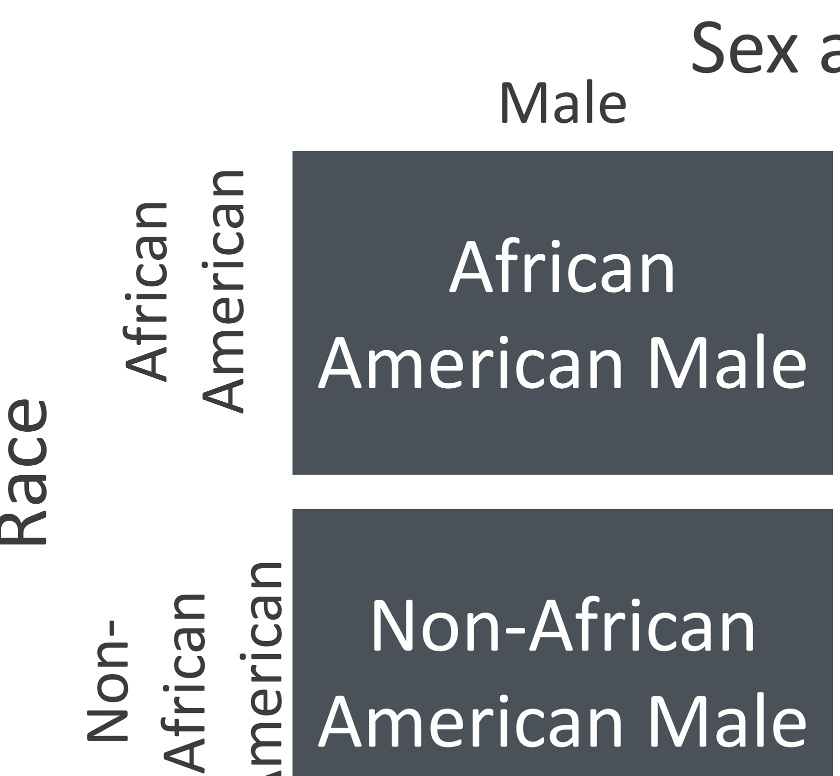


Active in last 365 days

Azara's ASCVD 10-Year Risk Calculator

Patient Populations

Sex at Birth



Female

African American Female

Non-African American Female

ASCVD Risk Thresholds

Risk Level	Calculated % Risk for ASCVD Event in 10yrs
Low Risk	<5%
Borderline Risk	5% – 7.4%
Intermediate Risk	7.5% – 19.9%
High Risk	>= 20%
Missing Data	Missing any calculation elements
N/A	Excluded from calculation

ASCVD	
RISK	RISK SCORE
Low	3.66
High	23.7
Missing Data	
Low	3.33
N/A	
Borderline	6.2
Intermediate	16.9
Intermediate	8.27
Borderline	5.8

ASCVD Risk-Informed Interventions

Risk Level	Calculated % Risk	Recommended Intervention
Low	<5%	Eating a healthy diet and exercising will help keep your risk low. Medication is not recommended unless your LDL, or “bad” cholesterol, is greater than or equal to 190.
Borderline	5% – 7.4%	Use of a statin medication may be recommended if you have certain conditions, or “risk enhancers.” These conditions may increase your risk of a heart disease or stroke.
Intermediate	7.5% – 19.9%	It is recommended that you start with moderate-intensity statin therapy.
High	>= 20%	It is recommended that you start with high-intensity statin therapy.

Source: Intermountain Heart Institute. Intermountain Medical Center, Understanding Your ASCVD Risk Score Corcal Research Study

Rescreening & Reclassifying

Consider re-screening intervals based on ASCVD risk:

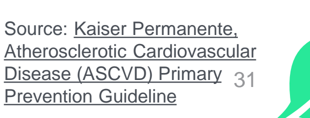
1. Every 5 years if ASCVD risk < 7.5% over 10 years
2. Every 2 years if ASCVD risk 7.5–14.9% over 10 years
3. Annually if ASCVD risk ≥ 15% over 10 years and not on statin

Source: American College of Cardiology, New Aspects of the Risk Assessment Guidelines: Practical Highlights, Scientific Evidence, and Future Goals

What barriers exist to timely identification and diagnosis of patients with ASCVD at your health center?

ASCVD Lifestyle Modifications

BP Management



Activities by Role| Summary

Role	Activities
MA/LPN	• Pre-visit plan for telehealth /face to face patient visits • Perform ASCVD risk assessment and deliver results to provider/care team • **Discuss alerts** in huddle – Elevated BP and no HTN dx – Missing ASCVD criteria – No Statin
Pharmacist	• Review statin therapy options and discuss potential patient concerns • Participate in **Care Team huddles**
Medical Provider	• **Use ASCVD Risk Registry** to guide treatment when labs returned • **Review ASCVD Dashboards** • **Consider treatment plans as it relates to comorbidities** • Collaborate with care team and facilitate warm hand-offs for more in-depth education

Activities by Role| Summary continued

Role	Activities
Care Manager	• Actively **oversee/manage patients with changes in medication (cohort)** • Conduct SDOH screens • Provide education or enabling resources • Participate in **Care Team huddles**
Registered Dietitian	• **Self management focus on nutrition and weight loss** • Participate in Care Team huddles
Care Coordinator/ CHW	• Identify patients with high risk ASCVD **without treatment** and consider potential comorbidities
Front Desk	• Schedule visits for ASCVD patients with no follow up appointments
Quality Improvement Team	• **Review panel reports with providers** (academic detailing) • **Monitor practice, team, provider performance** • **Create cohorts** based on care manager engagement, statin therapy, and high ASCVD risk

Leveraging DRVS for ASCVD Management

Identifying and Addressing ASCVD

Patient Management (POC)

Population Management

Performance Management

PVP Alerts at Point of Care

Alert	Description
ASCVD Risk Calculator Data Missing	Alert will trigger for patients age >= 40 and age <80 that do not have clinical atherosclerotic cardiovascular disease (ASCVD) who are missing data for the required components of the ASCVD Risk Calculator. This alert is not configurable.
Elevated ASCVD Risk & Statin Rx	Alert will trigger for patients age >= 40 and age <80 that have not been prescribed statin medication with an elevated risk of atherosclerotic cardiovascular disease (ASCVD) as determined by a risk score >= 7.5%. This alert is not configurable
Statin Rx	Alert will trigger for patients age >= 22 that have not been prescribed statin medication AND that have any of the following conditions: ASCVD, LDL>190, pure or Familial Hypercholesterolemia, OR diabetes with an LDL of >=70. This alert is not configurable
BP High No Dx	Alert will trigger if a patient has had 2 BP readings in the past year with a systolic >= 140 OR diastolic >=90. Alert only applies to patients 18 - 85 years old. Excludes patients which have ESRD, hypertension, or pregnancy. This alert is not configurable
BP	Alert will trigger if Blood Pressure has not occurred in the last 365 days, or if numeric_1 value is >= 140 and numeric_2 value is >= 90. Alert only applies to patients <= 85 yrs old. Patient must have IVD and AMI and CABG or PCI and Hypertension and Diabetes.

Alerts Enabled | Montana Centers

1

ASCVD Risk Calculator Data Missing

1

Elevated ASCVD Risk & Statin

13

Statin Therapy

11

BP High No Dx

13

BP

14 Health Centers

PVP Visualizations: ASCVD Alert Definitions

CATEG...	NAME	PVP NAME	DESCRIPTION
Other	ASCVD Risk Calculator Data Missing	ASCVD Risk Calculator Data Missing	Alert will trigger for patients age >= 40 and age <80 that do not have clinical atherosclerotic cardiovascular disease (ASCVD) who are missing data for the required components of the ASCVD Risk Calculator. This alert is not configurable
Other	Elevated ASCVD Risk Statin Rx	Elevated ASCVD Risk & Statin Rx	Alert will trigger for patients age >= 40 and age <80 that have not been prescribed statin medication with an elevated risk of atherosclerotic cardiovascular disease (ASCVD) as determined by a risk score >= 7.5%. This a lert is not configurable
Medication	Statin Therapy	Statin Rx	Alert will trigger for patients that have not been prescribed statin medication AND have any of the following conditions: ASCVD, LDL>190 or Familial Hypercholesterolemia for patients age >=20 OR active diagnosis of diabetes for patient age>=40 and <=75 This alert is not configurable

PVP Alert: ASCVD Risk Calculator Data Missing

9:00 AM Monday, January 30, 2023 Visit Reason: **TELE**

DIAGNOSES (1)

SUD No Depend

RISK FACTORS (2)

BMI TOB

SDOH (2)

INSURANCE RACE

RAF GAPS DIAGNOSIS CATEGORIES (0)

ALERT	MESSAGE	DATE	RESULT
Depr Screen	Missing		
Sub Use Scr	Missing		
Tobacco Scr	Overdue	12/7/2020	Y
BMI & FU	Missing Follow-up	1/10/2023	32.23
Flu - Annual	Overdue	12/4/2017	1
Flu - Seasonal	Overdue	12/4/2017	
Tetanus	Missing		
ASCVD Risk Calculator Data Missing	Missing		

PVP Alert: Elevated ASCVD Risk & Statin Rx

1:00 PM Monday, January 30, 2023 Visit Reason: BH TELE 30 BH 30- BHC Therapy TELE

DIAGNOSES (5)

Anxiety	Bipolar	COVID-19
Depression	HyLip	

RISK FACTORS (4)

ASCVD Intermediate (9.24)	h/o COVID	SMI
TOB		

SDOH (1)

INSURANCE

RAF GAPS DIAGNOSIS CATEGORIES (0)

ALERT	MESSAGE	DATE	RESULT
Mammo	Missing		
Hep C - Baby Boomer	Missing		
HIV	Missing		
Sub Use Scr	Overdue		
Tobacco Scr	Overdue	6/28/2021	Y
BMI & FU	Missing		
Flu - Annual	Overdue	11/20/2019	1
Flu - Seasonal	Overdue	11/20/2019	
Tetanus	Missing		
Dental	Overdue	6/28/2021	
Elevated ASCVD Risk & Statin Rx	Overdue		

PVP Alert: Statin Therapy

8:30 AM Monday, January 30, 2023 — Visit Reason: **PT INITIAL EVAL IE**

DIAGNOSES (4)

DM	HTN-E	HyLip
Pre-DM		

RISK FACTORS (2)

BMI	Pre-DM

SDOH (3)

HISP/LAT	INSURANCE	LANGUAGE

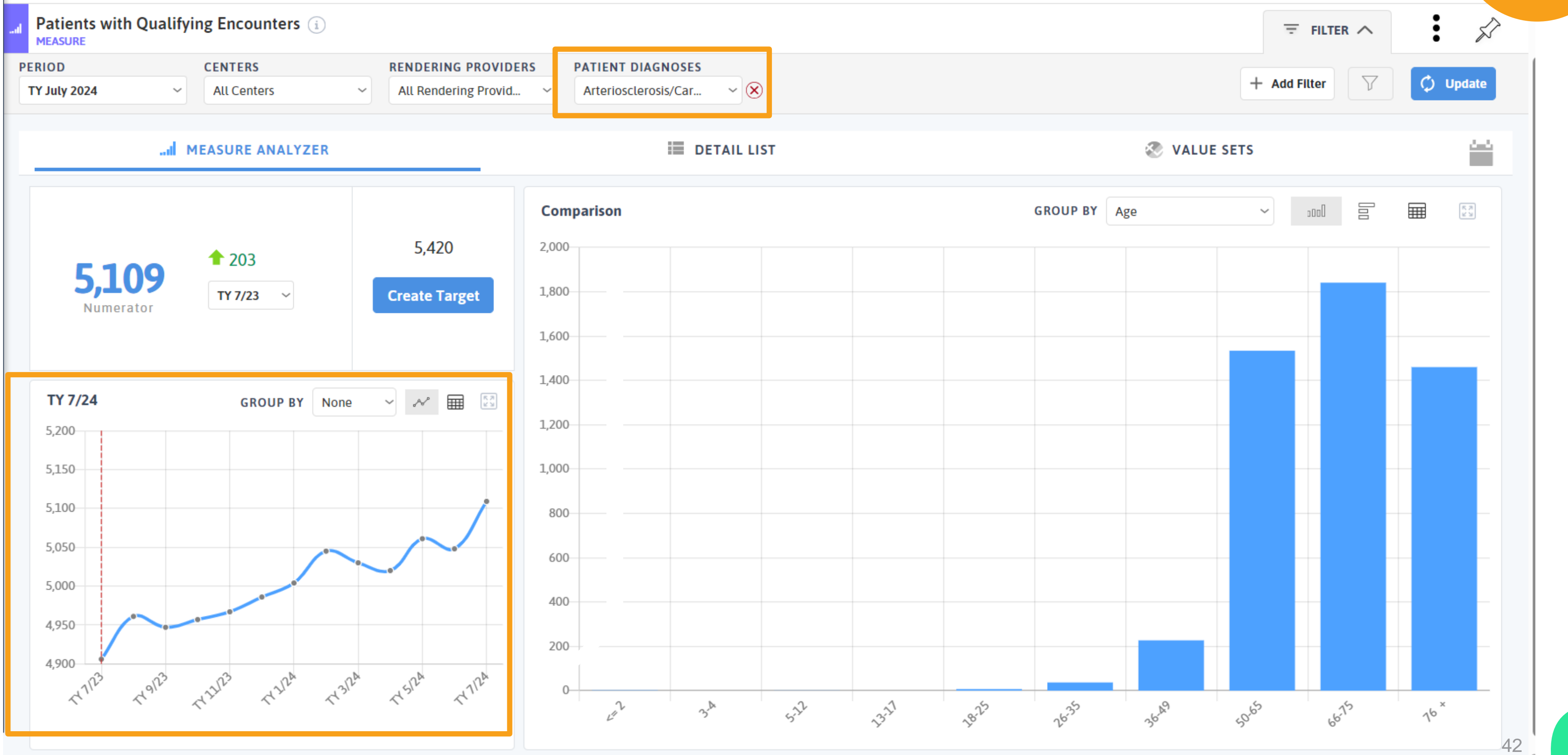
RAF GAPS DIAGNOSIS CATEGORIES (2)

Diabetes	Morbid Obesity

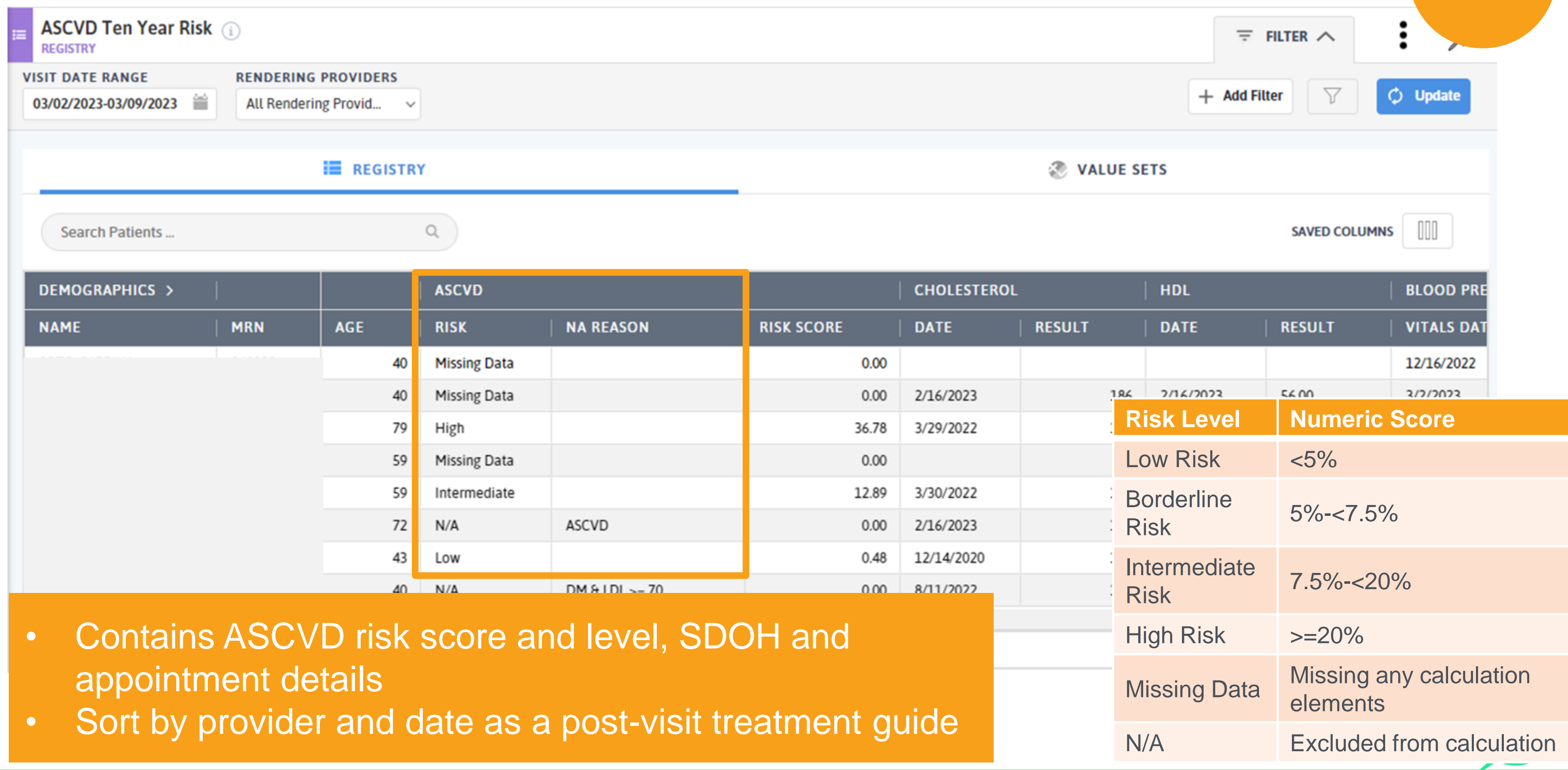
ALERT	MESSAGE	DATE	RESULT
Mammo	Overdue	10/30/2019	
LDL	Out of Range	7/15/2022	127
Alcohol Screening	Missing		
Drug Screening	Missing		
Flu - Seasonal	Missing		
HepA (Pts >10 mths)	Missing		
PCV13 >=65	Missing		
PPSV >=65	Missing		
Eye	Missing		
Foot	Missing		
Statin Rx	Overdue		DM

ASCVD Prevalence | MT

Measure Analyzer



ASCVD Risk Registry



Risk Level	Numeric Score
Low Risk	<5%
Borderline Risk	5%-<7.5%
Intermediate Risk	7.5%-<20%
High Risk	>=20%
Missing Data	Missing any calculation elements
N/A	Excluded from calculation

ASCVD Risk Registry

ASCVD Ten Year Risk
REGISTRY

VISIT DATE RANGE
03/14/2023-03/15/2023

VISIT DATE RANGE
03/14/2023-03/15/2023

- Today
- Tomorrow
- Yesterday
- Last 7 Days
- Last 30 Days
- This Month
- Last Month

Su
26
5
12
19
26

Select Date Range for tomorrow. Narrow results further by provider or care manager.

FILTER

+ Add Filter

Update

VALUE SETS

Search Patients ...

Reset Columns
SAVED COLUMNS

	ASCVD		CHOLESTEROL		HDL		BLOOD PRESSURE			
AGE	RISK		DATE	RESULT	DATE	RESULT	VITALS DATE	VALUE	SYSTOLIC	DI
53	Missing Data	00								
45	Missing Data	.00	2/6/2021	220	2/6/2021	37.00	2/4/2021	117/81	117	
70	Missing Data	0.00					2/6/2023	183/85	183	
53	Missing Data	0.00	12/13/2021	212	12/13/2021	46.00	6/28/2021	145/75	145	
43	Missing Data	0.00					12/26/2018	131/92	131	
59	Missing Data	0.00					12/15/2022	114/72	114	
70	Missing Data	0.00								
51	Missing Data	0.00	12/22/2022				2/14/2023	111/68	111	

1 to 8 of 35

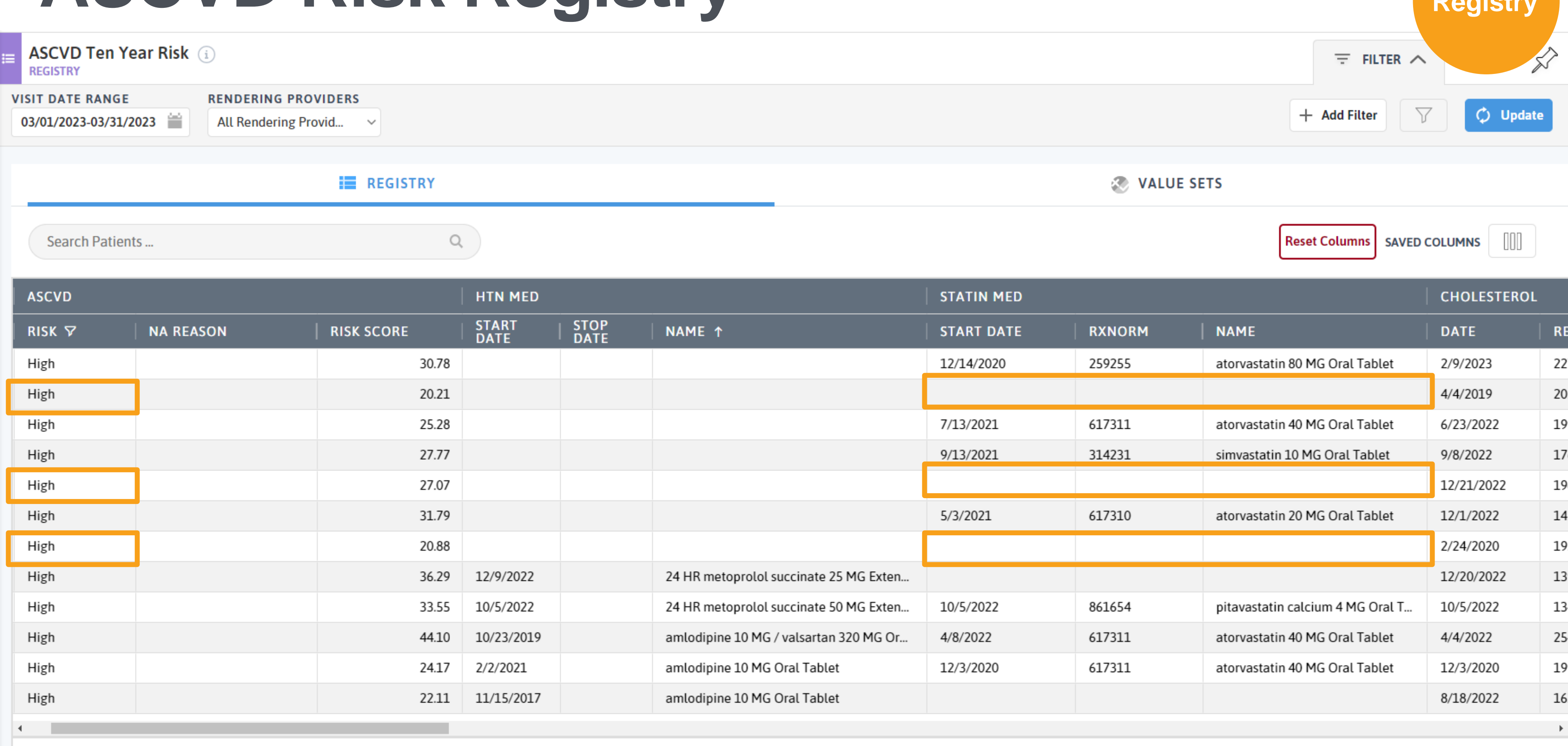
Page 1 of 5

Filter ASCVD Risk column to “Missing Data”.

What criteria are they missing?

ASCVD Risk Registry

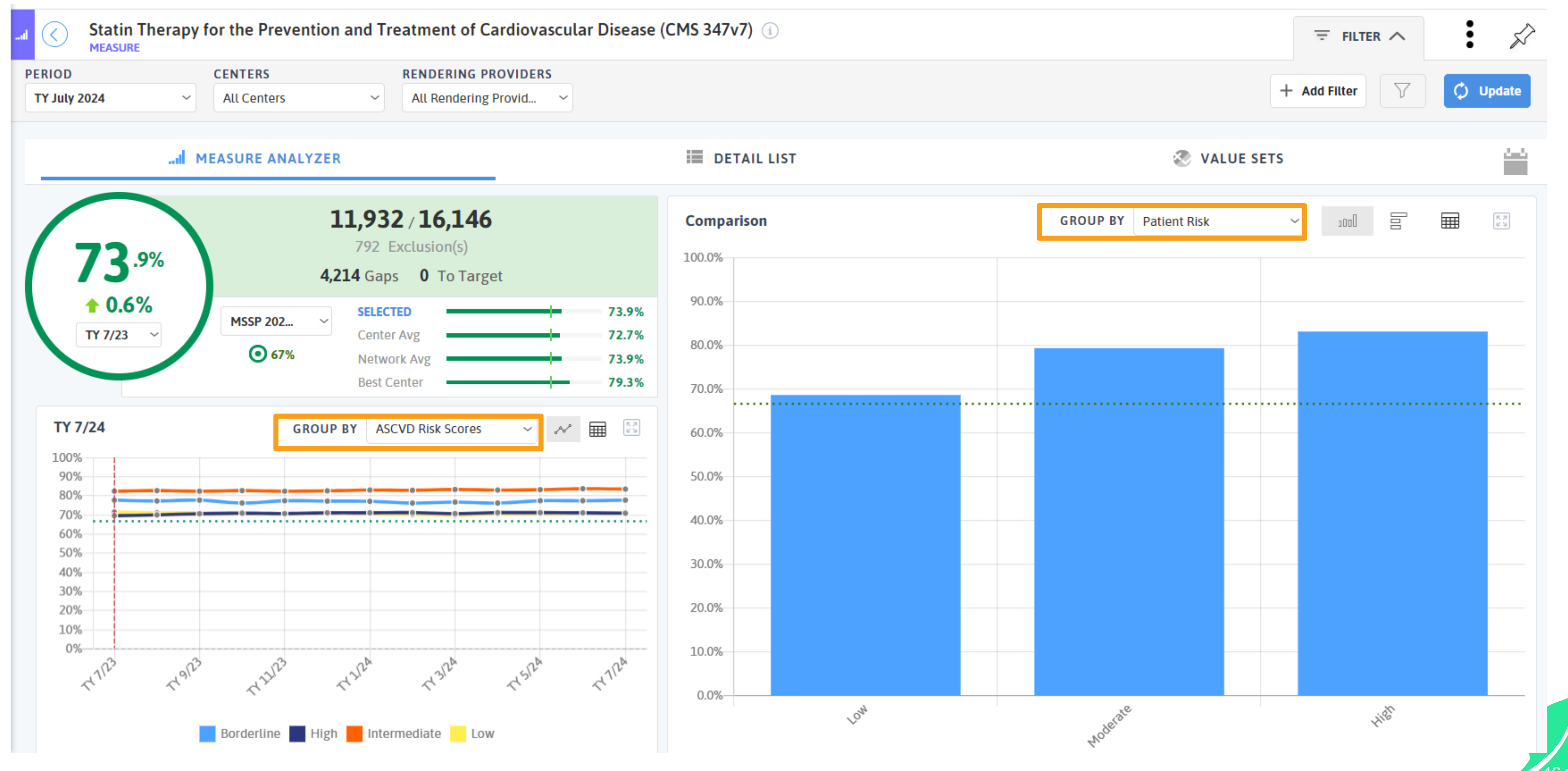
Registry


ASCVD Ten Year Risk
REGISTRY
FILTER
VISIT DATE RANGE
03/01/2023-03/31/2023
RENDERING PROVIDERS
All Rendering Provid...
Add Filter
Update
REGISTRY
VALUE SETS
Search Patients ...
Reset Columns
SAVED COLUMNS

ASCVD			HTN MED			STATIN MED			CHOLESTEROL	
RISK	NA REASON	RISK SCORE	START DATE	STOP DATE	NAME ↑	START DATE	RXNORM	NAME	DATE	RE
High		30.78				12/14/2020	259255	atorvastatin 80 MG Oral Tablet	2/9/2023	22
High		20.21							4/4/2019	20
High		25.28				7/13/2021	617311	atorvastatin 40 MG Oral Tablet	6/23/2022	19
High		27.77				9/13/2021	314231	simvastatin 10 MG Oral Tablet	9/8/2022	17
High		27.07							12/21/2022	19
High		31.79				5/3/2021	617310	atorvastatin 20 MG Oral Tablet	12/1/2022	14
High		20.88							2/24/2020	19
High		36.29	12/9/2022		24 HR metoprolol succinate 25 MG Exten...				12/20/2022	13
High		33.55	10/5/2022		24 HR metoprolol succinate 50 MG Exten...	10/5/2022	861654	pitavastatin calcium 4 MG Oral T...	10/5/2022	13
High		44.10	10/23/2019		amlodipine 10 MG / valsartan 320 MG Or...	4/8/2022	617311	atorvastatin 40 MG Oral Tablet	4/4/2022	25
High		24.17	2/2/2021		amlodipine 10 MG Oral Tablet	12/3/2020	617311	atorvastatin 40 MG Oral Tablet	12/3/2020	19
High		22.11	11/15/2017		amlodipine 10 MG Oral Tablet				8/18/2022	16

1 to 12 of 61
Page 1 of 6

Statin Therapy | CVD



Statin Therapy | CVD

Measure Analyzer

Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v6)
MEASURE

FILTER

PERIOD	RENDERING PROVIDERS	SERVICE LINES	ASCVD RISK SCORES
TY February 2023	All Rendering Provid...	Primary Care	High

+ Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ...

All | Gaps | Num | Excl

Measure Investigation Tool | Reset Columns | SAVED COLUMNS

NEXT APPOINTMENT				PREV CARE VISIT		ASCVD DIAGNOSIS		ASCVD PROCEDURE		HIGHEST LIFETIME LDL		HY
DATE	APPOINTMENT TYPE	NUMERAT...	EXCLUSIO...	DATE	CODE	DATE	CODE	DATE	CODE	DATE	RESULT	DA
		N	N	11/2/2022	99214					10/11/2017	109	
		N	N	8/15/2022	99397							
5/2/23 3:30 pm	Patient Follow Up	N	N	11/4/2022	99214					8/12/2022	56	

Statin Therapy for ASCVD

Measure Analyzer

Statin Thera
MEASURE

PERIOD
TY July 2024

82
-0.
TY 7/23

TY 7/24
100%
80%
60%
40%
20%
0%
TY 7/23

Statin Therapy ASCVD (CMS 347v6 Breakout)

Endorser: Azara
Steward: Azara

Patients with ASCVD and on Statin Therapy.

Numerator:
Patients who are actively using or who receive an order (prescription) for statin therapy at any point during the measurement period

- Active statin therapy during the measurement period

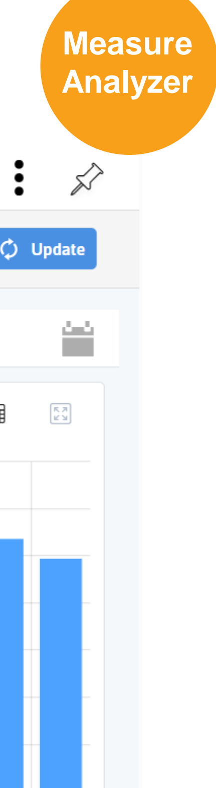
Denominator:
Patients with a qualifying visit and an active diagnosis of ASCVD, or that have ever had an ASCVD procedure, in the last year

- Active diagnosis of ASCVD or have ever had an ASCVD procedure
- Measure qualifying visit in the last 12 months (see value set tab and technical specifications for qualifying visit codes)

Exclusions:
- Actively breastfeeding in the measurement period
- Active diagnosis of rhabdomyolysis in the measurement period

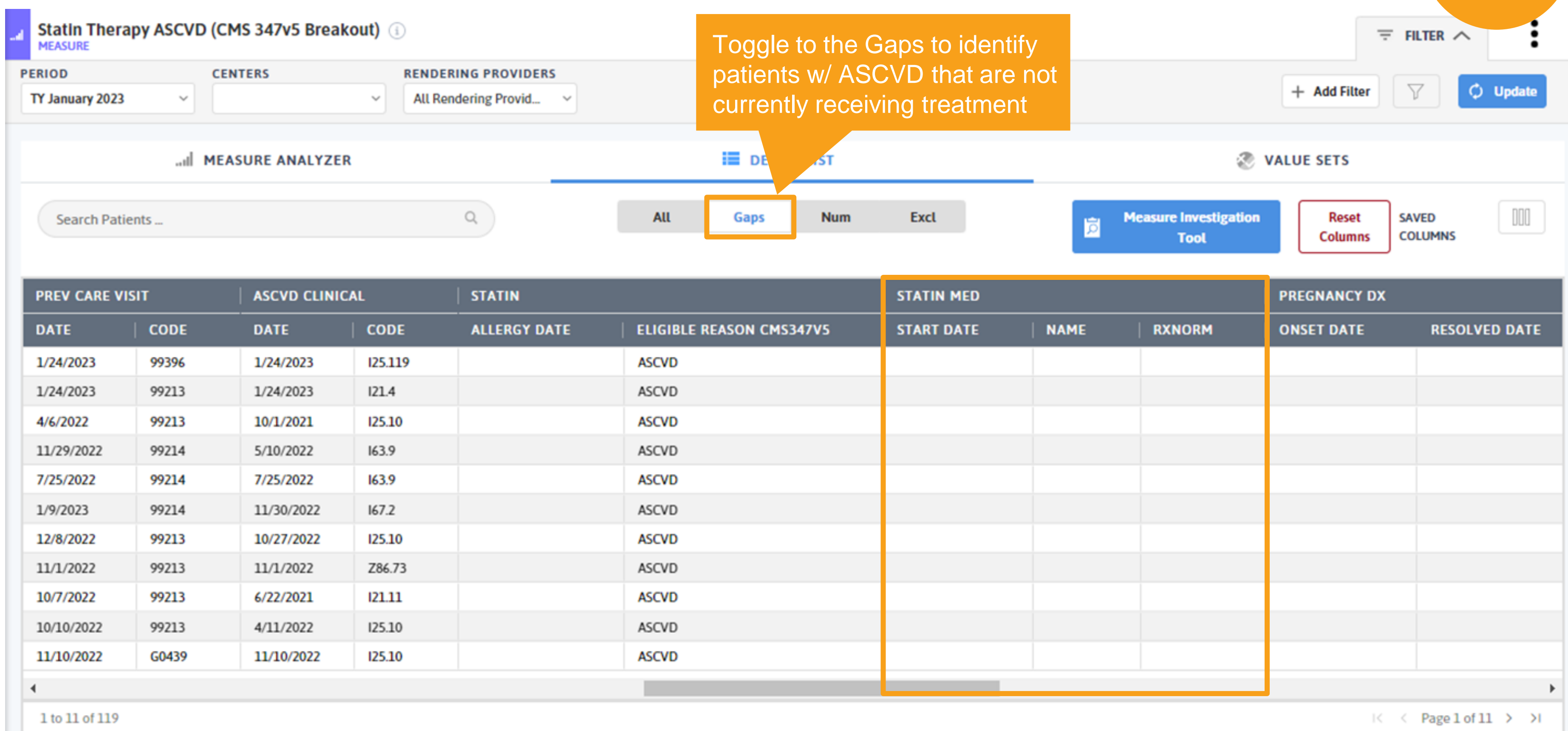
Exceptions:

- Statin allergy/intolerance
- Statin-associated muscle symptoms
- Receiving palliative or hospice care



Statin Therapy | ASCVD

Measure Analyzer

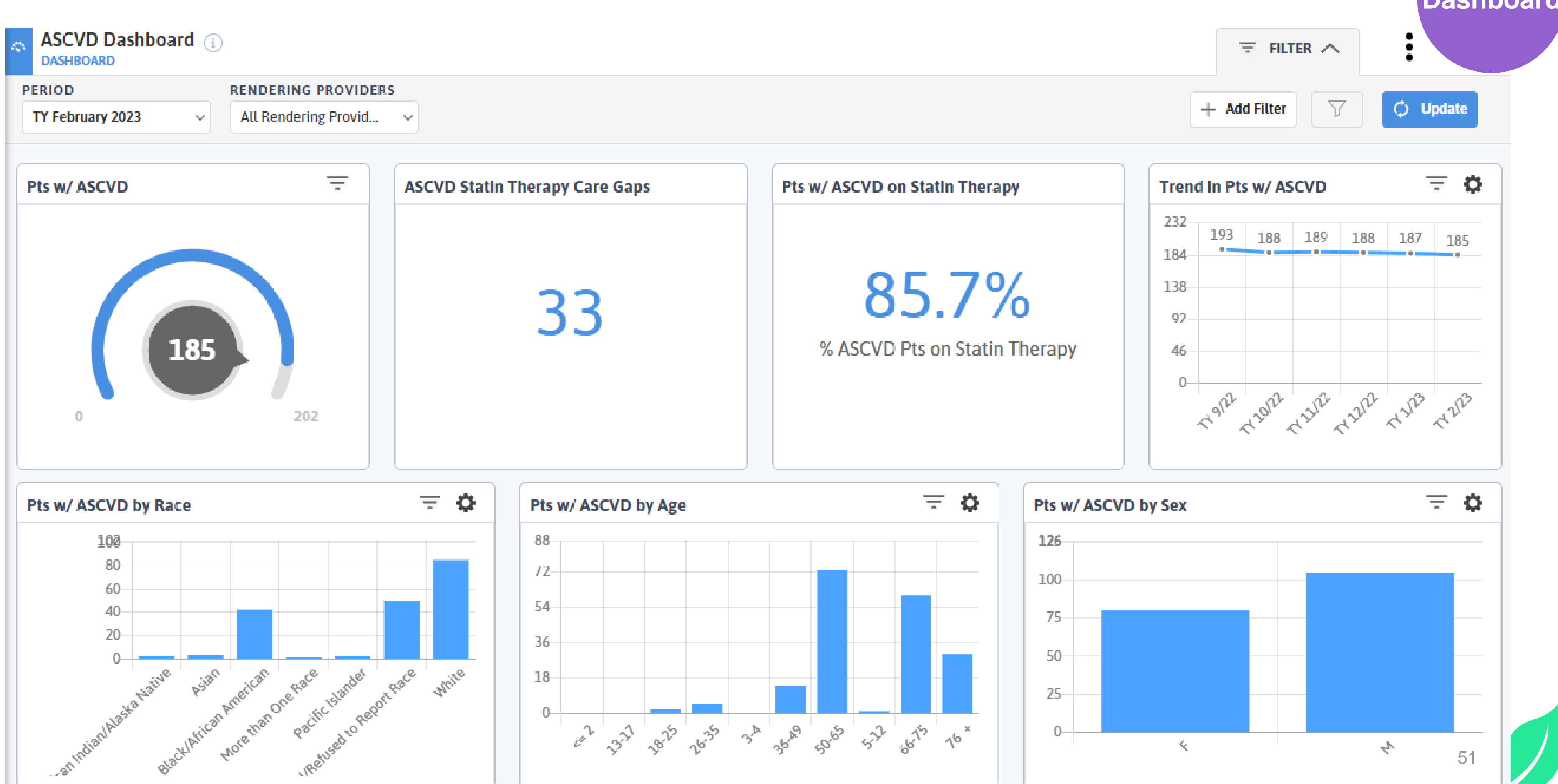


PREV CARE VISIT		ASCVD CLINICAL		STATIN		STATIN MED			PREGNANCY DX	
DATE	CODE	DATE	CODE	ALLERGY DATE	ELIGIBLE REASON CMS347V5	START DATE	NAME	RXNORM	ONSET DATE	RESOLVED DATE
1/24/2023	99396	1/24/2023	I25.119		ASCVD					
1/24/2023	99213	1/24/2023	I21.4		ASCVD					
4/6/2022	99213	10/1/2021	I25.10		ASCVD					
11/29/2022	99214	5/10/2022	I63.9		ASCVD					
7/25/2022	99214	7/25/2022	I63.9		ASCVD					
1/9/2023	99214	11/30/2022	I67.2		ASCVD					
12/8/2022	99213	10/27/2022	I25.10		ASCVD					
11/1/2022	99213	11/1/2022	Z86.73		ASCVD					
10/7/2022	99213	6/22/2021	I21.11		ASCVD					
10/10/2022	99213	4/11/2022	I25.10		ASCVD					
11/10/2022	G0439	11/10/2022	I25.10		ASCVD					

Performance Management

ASCVD Dashboard

Dashboard



Statin Therapy Breakout Scorecard

Statin Measures
REPORT

FILTER

PERIOD: TY July 2024 | CENTERS: All Centers | RENDERING PROVIDERS: All Rendering Provid...

Add Filter | Update

REPORT | CARE GAPS

GROUPING: No Grouping | TARGETS: Primary, Secondary, Not Met | REPORT FORMAT: Scorecard

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS	GAP
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v7)	73.9%	66.7%	11,932	16,146	792	4,214
Statin Therapy ASCVD (CMS 347v6 Breakout)	82.8%	*Not Set*	4,996	6,036	337	1,040
Statin Therapy Diabetes Ages 40-75 (CMS 347v6 Breakout)	74.4%	*Not Set*	4,718	6,345	278	1,627
Statin Therapy - Elevated LDL Ages 20+ (CMS 347v6 Breakout)	69.5%	*Not Set*	1,144	1,647	89	503

Alert Closure | ASCVD Missing & Statin Rx

Alert Closure - Point of Care (POC)
MEASURE

FILTER

PERIOD: WE 11/22/20 - 11/28/20
RENDERING PROVIDER: 11 selected
ALERT: 4 selected

+ Add Filter
Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Targets & Metrics
Last Processed 11/24/2020

SELECTED
15.0%
-6.8%
Baseline: WE 10/25/20 - 10/31/20
16 / 107
91 Gaps

TARGET
UDS 2017 Performance
PRIMARY 56%
44 To Target

BENCHMARK
8% Center Average
11% Network Average
31% Best Center

18.4%
16 / 87
0 Exclusions

WE 11/28 — GROUP BY: Alert

25.0%, 20.0%, 15.0%, 10.0%, 5.0%, 0.0%
24.3%, 18.1%, 13.3%, 7.3%, 12.5%, 16.7%, 14.9%, 0.0%
WE 10/31, WE 11/07, WE 11/14, WE 11/21, WE 11/28

0.0%
0 / 20
0 Exclusions

ASCVD Risk Calculator Data Missing | Statin Rx

Comparison — GROUP BY: Alert — 2ND: Provider - Rendering

100.0%, 80.0%, 60.0%, 40.0%, 20.0%, 0.0%
ASCVD Risk C... | Statin Rx

Don’t forget to include the alert in the POC measure!

azara healthcare

What’s New in DRVS

Option to Edit Saved Filters:
Now Available!

Users can now edit saved filters that have been created in the past.

To do so, users can apply the original saved filter, make modifications to the global filter bar, press Update, and then save over their saved filter.

FEATURE

Update Saved Filter

You are about to save over the existing saved filter "**Primary Care**" with your selected changes. This will also update any associated email subscriptions

Saved filter name: Primary Care

Cancel | Confirm

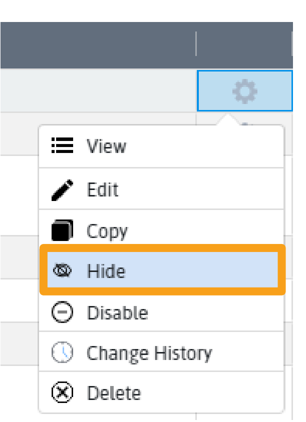
Object Visibility:
Now Available in Dashboards, Registries & Scorecards

FEATURE

Object visibility for registry, scorecard, and dashboard admin is now available to users

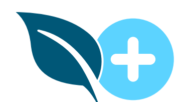
Users can hide registries, scorecards, and dashboards from the left-hand navigation bar and from search results

Users can also see if a dashboard is hidden or unhidden in the new "Hide in Navigation" column



Released
July 2024

New Measure Coming Soon:
Pregnancy Intention Screening



MEASURE

UDS Update

ANNOUNCEMENT

UDS Pregnancy Intention

Azara will be supporting health center efforts to comply, and report results for the new UDS question HRSA is requiring for CY 2024 reporting:

"How many health center patients were screened for family planning needs, including contraceptive methods, using a standardized screener during the calendar year?"

More specifically, we are creating a "Pregnancy Intention Screening" measure that records the number of pregnancy intention screens done (based on screening date). This measure will be released no later than October 31, 2024.

For centers who have the Azara Family Planning module or who are Upstream program participants, the results of the pregnancy intention surveys already mapped will be used for our new measure.

For all other centers who are screening and collecting this information, additional mapping will be required. There will be no additional cost / charge for this mapping. To get this mapped please create an Azara Support ticket and include:

1. A screenshot of the EHR that includes the question being asked, structured results, and date completed (or indicate to use the encounter date for date completed)
2. A patient example where this information has been recorded

Note: that we can only complete this mapping if you are currently screening and documenting pregnancy intention as structured data within your EHR.

Requests submitted to support by September 1, 2024, will be completed by the UDS CY 2024 reporting deadline. Best efforts will be made but completion cannot be guaranteed for requests received after September 1, 2024.

Automatically available for practices with the Family Planning Module.
Available for all other practices with additional mapping but no extra cost.

Released
July 2024

Alerts:
Updated to Align with 2024 CQM Measures

Recent Alert Updates for 2024 CQMs

Alerts updated to UDS 2024 CQMs specifications

Azara has been updating alerts to align with the 2024 CQM measure updates.

To date the following changes have been released:

- CMS124
  - Alert: Cervical Cancer Screening
  - Changes: For centers with payer integration data, a message of "plan has data" will appear if patient is compliant for the measure Cervical Cancer screening according to the current enrolled plan
- CMS125
  - Alert: Mammogram
  - Changes: Add age related exclusion criteria from CQM like advanced illness and frailty
- CMS130
  - Alert:Colorectal Cancer Screening 45+
  - Changes: For centers with payer integration data, a message of "plan has data" will appear if patient is compliant for the measure Colorectal Cancer Screening according to the current enrolled plan
- CMS138
  - Alert:Tobacco Cessation & Tobacco Status
  - Changes:Mimimum inclusion age dropped to 12 years of age and older
- CMS2
  - Alerts:
    - Depression Screening
    - Depression Screening Primary Care
    - Depression Screen with Diagnosis
    - Depression Screening Follow Up (planned release 7/17)
  - Changes:
    - Removed depression diagnosis as exclusion criteria
    - Remove requirement for screening withing 14 days of an encounter to close alert
- CMS347
  - Alert: Statin Therapy
  - Changes: Addition of patients with a 10-year ASCVD risk score >= 20%

Alert development in progress:

- Depression Remission
- General Childhood Immunizations
- Diabetes A1c

Note: There are no changes to the following measures, and thus Azara is not updating the alerts associated with them:

- Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (CMS 155v12)
- HIV Screening (CMS 349v6)
- Hypertension Controlling High Blood Pressure (CMS 165v12)

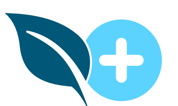
Please see the Azara UDS Webinar for more information on the 2024 CQM updates. The slides are available here: Preparing for UDS 2024: CQMs, Table Changes, UDS+, Oh My!

Please reach out to Azara Support using the blue link below if you have additional questions.

A L E R T

Released
July 2024

2024 HEDIS Measures Certified & Live



M
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HEDIS Measure Year 2024 is Certified and Live!

We are pleased to announce that Azara has certified 55 measure families in compliance with NCQA licensing and certification requirements for Measure Year 2024 (MY2024)

HEDIS® MEASURES

MY 2024
HEALTH PLAN MEASURES AND
ALLOWABLE ADJUSTMENT
MEASURES
Azara Healthcare

HEDIS MY2024 certified measures have been released to DRVS. The MY2024 versions have replaced older HEDIS certified measures in your scorecards and dashboards. Targets from your MY2023 HEDIS measures were migrated to the MY2024 version of the same measure.

NCQA Measure Certification ensures that our logic has gone through the industry's most rigorous assessment, that our coded measures meet current NCQA standards and produce accurate results.

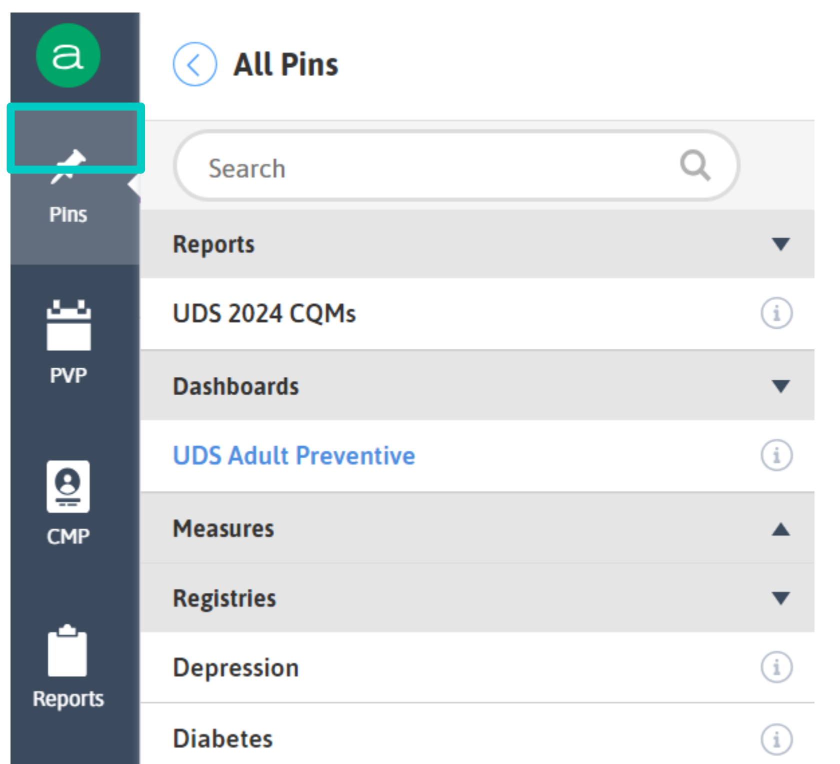
Please note:
*The MY2023 measure family Hemoglobin A1c Control for Patients With Diabetes (HBD) was revised and renamed to Glycemic Status Assessment for Patients With Diabetes (GSD) in MY2024.
*The measure Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR) was retired by NCQA in MY2024.

Available for practices with the Payer Integration Module.

Released
June
2024

Super Pins:
Now Available!

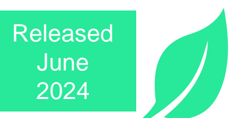
FEATURE



Users can now access a collection of all of their pinned items in one place

This new feature is located at the top of the left-hand navigation bar, directly above the PVP

Released June 2024

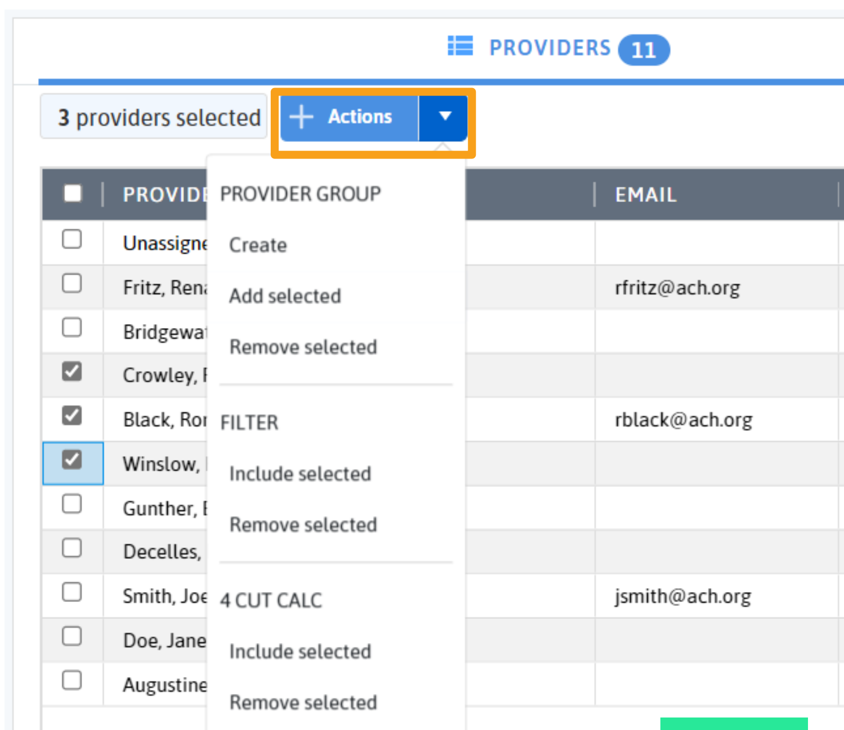


Provider Admin:
Bulk Actions Now Available!

Users can now select multiple providers from Provider Administration

By clicking on the "Actions" button, users can:

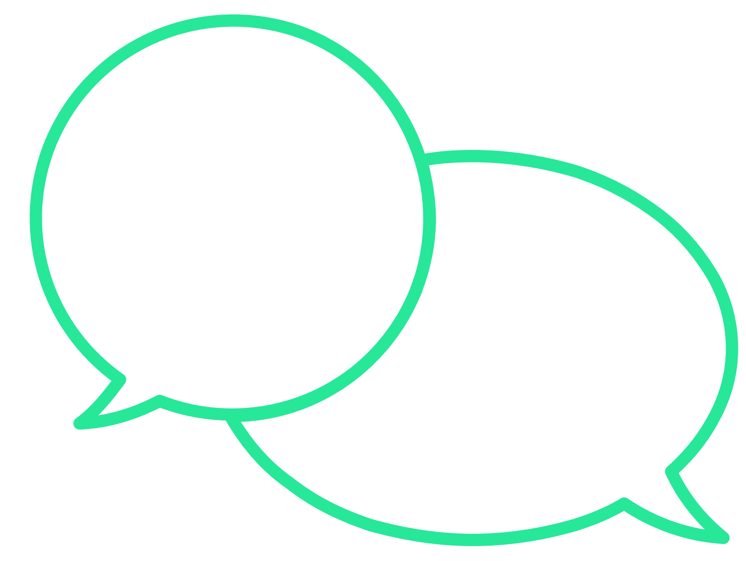
- Create a new provider group or update an existing one
- Include or exclude selected providers in filter
- Include or exclude selected providers from 4 cut calculation



FEATURE

Released June 2024

Questions?



Achieve, Celebrate, Engage!

ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!

Submit your success story by completing the form at this link or scan our QR code:

See this year's ACE posters in the Ballroom Foyer!

azara healthcare

Upcoming Webinars | September

Tell Me the Tooth: Dental Quality and Integration Using DRVS

Thursday, Sept 5, 2p ET

Register here

Data Voyage: How Data Becomes DRVS

Thursday, Sept 12, 2p ET

Register here

From Silos to Synergy: How Integrating Behavioral Health Data Enhances Primary Care

Thursday, Sept 19, 2p ET

Register here

Beyond the Basics: Azara Tools to Support Care Management and Coordination

Thursday, Sept 26, 2p ET

Register here