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CUSTOMER **SPOTLIGHT**

Greene County Health Care Uses a New Training Program and DRVS Pre-Visit Planning and Dashboards to Improve Quality Measures

A New Standardized Clinical Workflow

Before working with Azara, Greene County Health Care, a part of Community Partners HealthNet of Greene County Health Care, Inc., used their EHR system, a data warehouse, and a report writer to generate labor-intensive manual reports on quality improvements that took days to run and review. In 2017, Greene County implemented Azara DRVS and were able to quickly identify what quality outcomes they wanted to improve. With a new innovative tool at their fingertips, the center's leaders believed retraining the staff on new clinical workflows using the DRVS Pre-Visit Planning report could help them understand which patients need further interventions based on the outcomes the center was aiming to improve. Using the DRVS dashboards would also provide the on-demand, quick analysis they needed to measure success along the way.

Care Alerts

GCHC selected the care alerts in DRVS that they wanted to focus on and only enabled a selected few, to ensure the staff was focused and not overwhelmed by too many alerts. They then trained the staff on the alerts and the associated actions. The month period in the Azara Measure Analyzer was used to monitor how providers were doing after the training. Those providers that didn't show satisfactory results were then retrained. When leadership was confident that staff was following the new workflows, they selected additional alerts to focus on and retrained the staff. The training teaches the staff where to document the data and identifies who is responsible for it. For example, the medical assistant may record the smoking status but it's up to the provider to do the counseling.

The 2017 training and measures focused on:

- Depression screening and follow up
- Tobacco use screening and cessation
- Child weight screening, nutritional and activity counseling

Providers were required to ask the relevant measure screening questions and offer the related care steps. With Azara DRVS, the staff was able to see, with just a few clicks, how the program was making a difference for their patients. The DRVS dashboards also allowed providers to engage in a healthy competition with each other, providing real-time data by person.

"Everyone at our clinic can use the Pre-Visiting Planning module. It saves us a lot of time and providers can leap right into a visit. It really improves our workflow."

—Crystal Keel, Director of Implementation and Training, GCHC

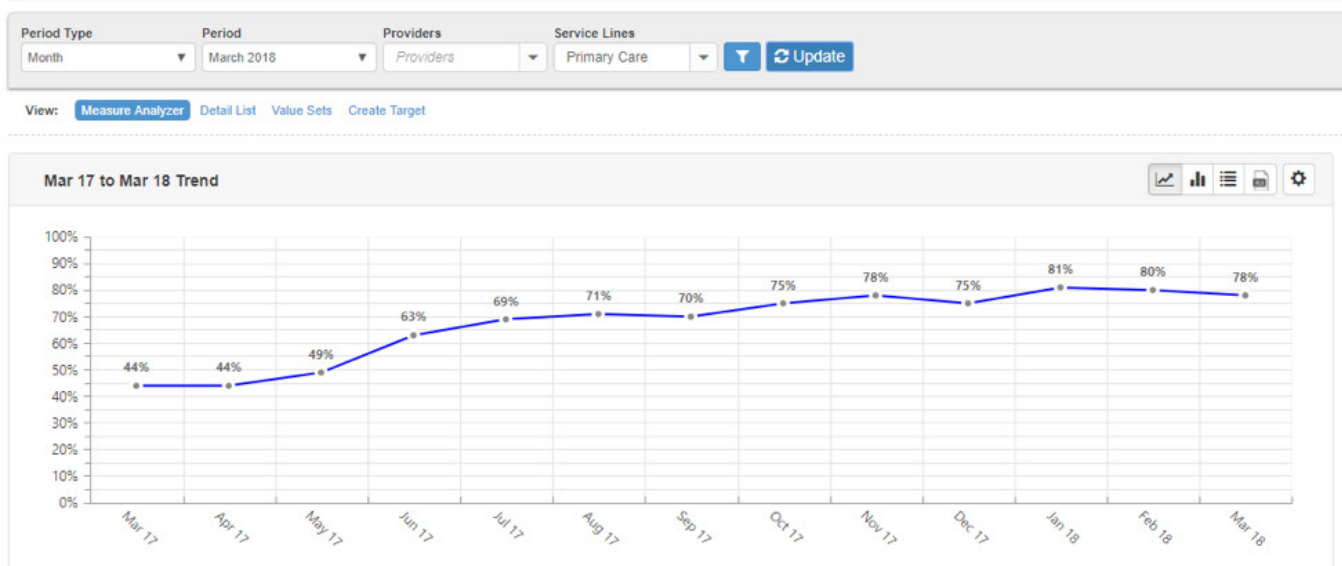
Measures Improve at Greene County Health Care

The new program and training sessions have been embraced at the health center and quality measures are improving. As an example, Tobacco Use Screening and Cessation for June 2017 – to January 2018 saw an average increase in provider intervention and follow up of 17.6%.

Angie Hamilton, Internal Auditor, shared that "the training is paying off for our patients. The team is able to see results at any time and drill down on specifics."

Sample Comparison Chart in Azara DRVS

Tobacco Use: Screening and Cessation (NQF 0028)



What's Next

Azara DRVS has become a critical tool for Greene County Health Care. They have been moving most of their clinical information into DRVS, piloting the Controlled Substance Module, and tracking patient Social Determinants of Health (SDOH). The team looks at their data every few months to determine potential areas for improvement. They then set up a one-hour classroom training with computers for staff to learn hands-on what needs to be done next for their diverse patient population. With Azara DRVS as their planning, analytics, and reporting tool, Greene County Health Care is confident they will be able to tackle their next set of challenging measures, such as diabetes and cancer screening.

About Community HealthNet of Greene County

Community Partners HealthNet of Greene County Health Care, Inc. is a network of four community health centers and three rural health centers. As of 2016, these centers together serve over 350,000 patients per year, the majority of whom are low-income and/or uninsured. Many of these patients also suffer from several, often complex, health problems at once.

These community health centers and rural health centers realize that comprehensive and high quality health care services are needed, particularly for this special group of at-risk patients. CPH is a community health center based application service provider which specializes in delivering and supporting Electronic Health Records (EHR), Electronic Dental Records (EDR) and Practice Management Software (PMS), manages a data warehouse, and tracks clinical outcomes for member organizations.