



health center **intelligence**

👋 Welcome to Relevant.

We're here to help improve
patient health and clinic operations.

Our tools are built specifically for health
centers, because that's where we come from.

We're excited to talk with you.

What we do

Relevant provides a data, reporting, and population health platform for health centers. We pull data from your EHR and other sources, clean it up, and help you turn it into action with dashboards, reports, and clinical tools.

Here's a sampling of what you can do with Relevant:

- » Close gaps in care
- » Improve clinical quality
- » Maximize incentive dollars
- » Simplify UDS reporting
- » Integrate claims data
- » Track productivity
- » Recover open A/R
- » Identify high-risk patients
- » Reduce no-shows
- » Send text messages

OUR HISTORY

Relevant was founded in 2015 by a team with decades of experience working in health centers. Today, our platform is used by more than 75 FQHCs, HCCNs, and PCAs across the country, including several recent winners of the HIMSS Community Health Davies Award.¹ A recent KLAS analysis gave Relevant the highest score among population health vendors for FQHCs.²

1 bit.ly/elrio-opendoor-davies

2 bit.ly/klas-relevant



How we're different



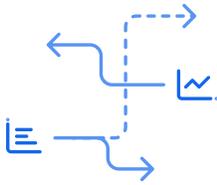
Simple and easy to use

Our platform doesn't feel like typical healthcare software: pages load fast, the design is simple and intuitive, and users find it easy to get started.



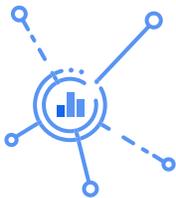
Works out of the box

Right away, you'll find standards-based quality measures, recommended care gaps, and a suite of operational reports meeting common health center needs.



A platform, not just a product

Create your own measures, reports, care gaps, and dashboards. Start by tweaking a standard option, or build from scratch. Do it yourself, or get help from our team.



One source of truth

Combine data from your EHR, payers, dental or care management platforms, and more. Users across the organization have one place to go for consistent, validated, self-serve reports and analysis.



Data warehouse included

We expose our backend data warehouse, giving additional power and flexibility to technical users. Run queries, hook up tools like Tableau or R, and more—your team won't outgrow the platform, and it won't lock you in.

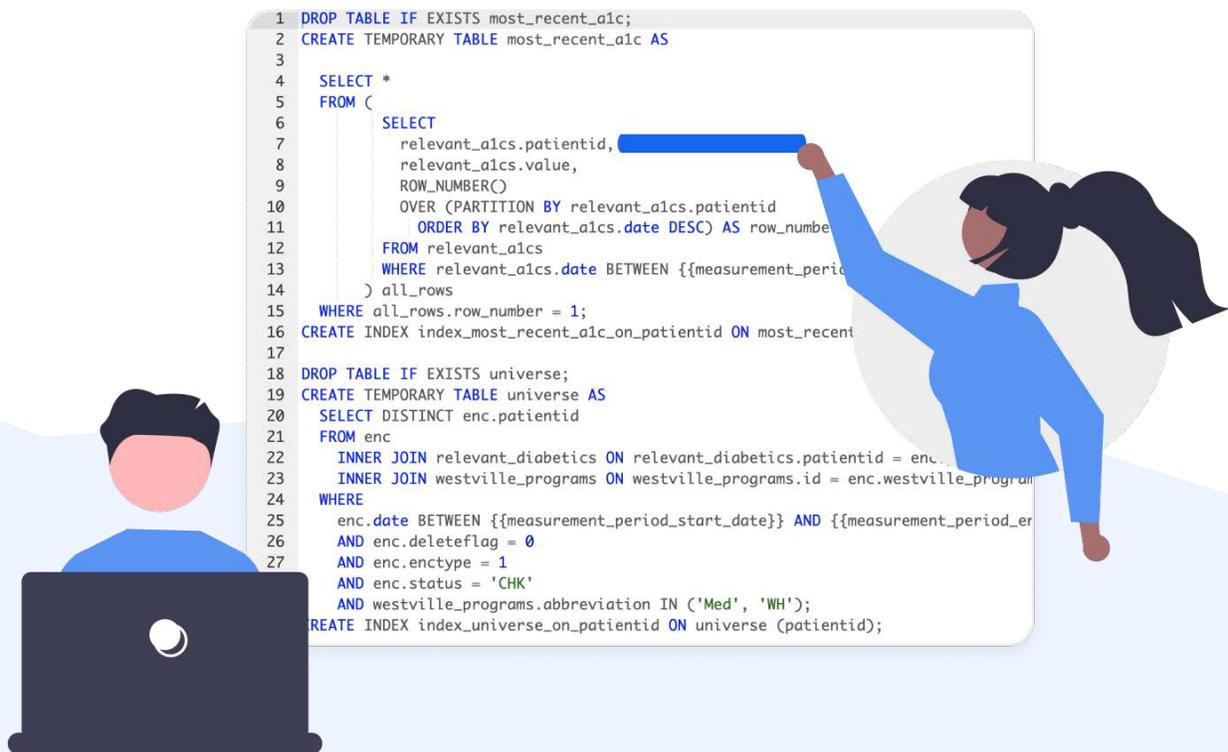


A partner with deep expertise

Whether it's providing day-to-day analytics support or consulting on tricky data science problems, our services team can help. We've built a community of practice across leading health centers, and we love sharing what we learn.

Expert data services

Our analysts are here to help you get the most out of Relevant. Along the way, we help health centers build up their own, internal analytics capabilities.



Have a data team?

We often work alongside health center analysts to solve hard problems. This might mean nerding out about how to build a master patient index, speed up a slow query, or validate a custom risk model.

Don't have a data team?

We can help fill the gap by meeting day-to-day reporting needs. Got someone new in the role? We provide training that demystifies the EHR database and builds confidence in SQL and other data tools.



Happy customers

We're honored to collaborate with some of the most innovative health centers in the country.



My doctors love Relevant. Nothing we've seen is as elegant or easy to understand. Working with them has made us smarter at every level."

Lindsay Farrell, CEO
Open Door Family Medical Centers



Getting data into the hands of the care team has been streamlined—we've cut out so many manual steps. The response has been overwhelmingly positive."

Danielle Oryn, DO, MPH, Chief Medical Informatics Officer
Petaluma Health Center



I have worked with many organizations in my career but I haven't worked with a nicer, more professional group. Top notch."

Jason Kuder, Chief Information Officer
Oak Orchard Health Center



Our experience with Relevant has been terrific. They really know the FQHC world. The product has given our providers the flexibility to document their care in different ways that can all be captured."

Holly Preston, COO
West Cecil Health Center

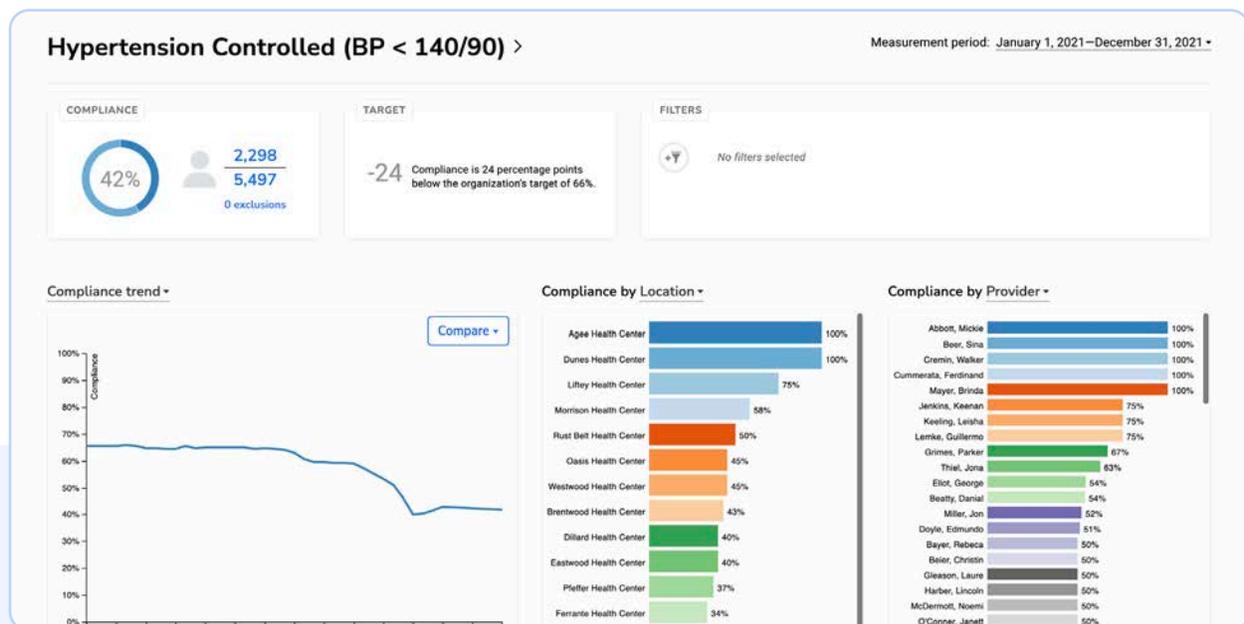


By far the best vendor we've worked with. The attention to detail from the implementation team is truly impressive."

Linda Spokane, VP, Population Health Management
Hudson Headwaters Health Network

Clinical quality insights

Medical directors, QI leaders, and care teams use Relevant to analyze quality trends and prioritize areas for targeted patient outreach.



Analyze quality measures by provider, care team, gender, race, payer, and more in a friendly and fluid interface. Out of the box, we provide a variety of measures based on standards from CMS and NCQA. Health centers can also build their own, customized measures, with or without our support.

CASE STUDY

Petaluma Health Center used Relevant’s quality dashboards to improve patient outcomes for hypertension and Hepatitis C. View the case study by scanning the QR code or visiting bit.ly/relevant-phc-case-study.



Smarter visit planning

Care teams use Visit Planning to prepare for upcoming appointments, often during a huddle at the start of a shift.

For each appointment, care gaps and recommended interventions are highlighted. We provide a library of gaps, but what you choose to display is customizable. No “noisy alerts”—just the stuff your team decides to prioritize.

The screenshot displays the 'Visit Planning' interface. At the top, there are filters for Providers (Alaine Hammes), Provider Teams (All), Locations (All), and Date (12/6/2021). Below these are buttons for 'Expand all', 'Expand favorites', and 'Collapse all'. The main content shows two appointments:

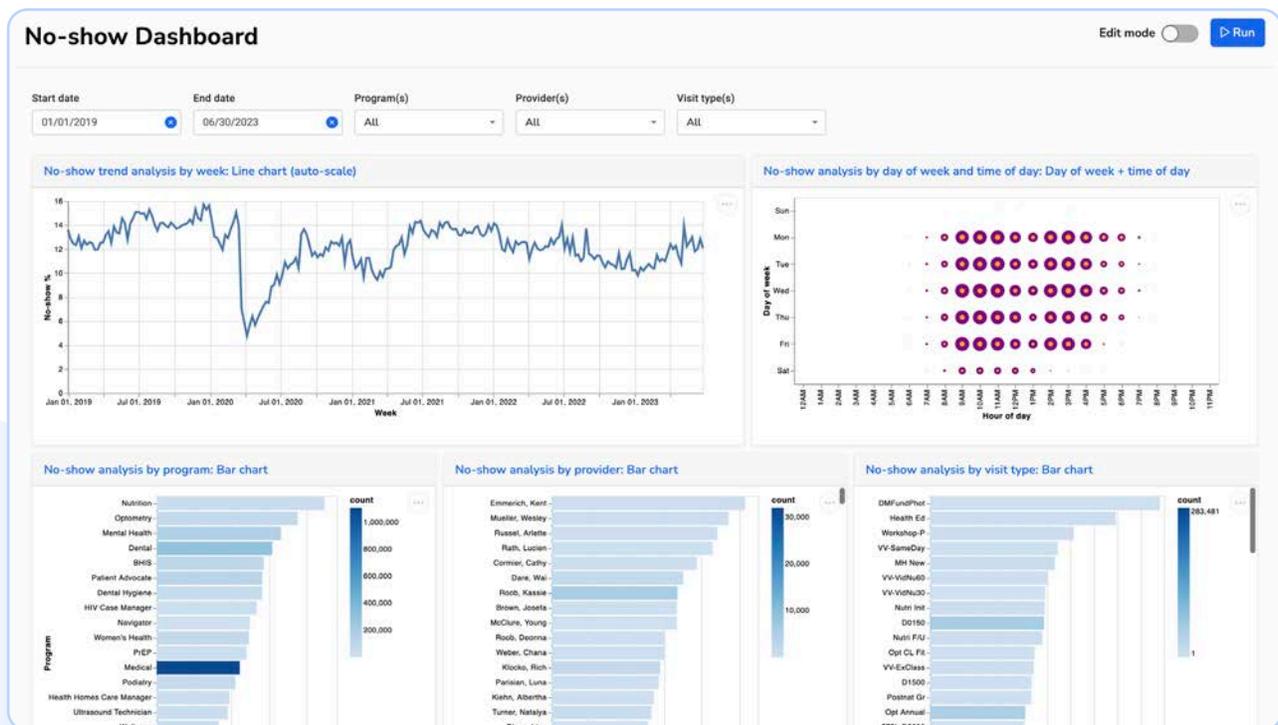
- 4:00 PM Karl Yost:** Patient details include MRN 253842, Age 27 years, DOB 06/29/1996, Gender Female, Sex assigned at birth Female, Preferred language Spanish, Primary care giver Blaine Watsica, and Primary insurance Fidelis NONPAR Medicaid. Risk Scores are CCI 0.0 and COVID 0.0. Care gaps include Medical (1), Portal (1), and Uncategorized (3). Recommended intervention: Complete AUDIT-C Smart Form.
- 6:00 PM Marcel Auer:** Patient details include MRN 212957, Age 98 years, DOB 06/29/1925, Gender Male, Sex assigned at birth Male, Preferred language Spanish, Primary care giver Alaine Hammes, and Primary insurance Patient. Risk Scores are CCI 2.0 and COVID 2.0. Populations include High Risk for No Show, Hypertension, and Diabetes. Care gaps include Medical (2). Recommended interventions include Complete AUDIT-C Smart Form and Colorectal Cancer Screening.

You can also create your own care gaps, based on any data point in the EHR. Care gaps can be clinical, administrative, financial, or anything else you want to surface ahead of a visit.

Powerful custom reports

Build custom reports, dashboards, and data visualizations within Relevant. Start with our library of common reports, or build from scratch.

Analysts love our report builder because it's a power tool: direct SQL access, custom parameters, visualizations powered by Vega-Lite. Users appreciate fast, friendly, self-serve access to the reports and dashboards they need.



Health centers have built over 14,000 reports in Relevant—most on their own, and some in collaboration with us. Here are some examples:

- Opioid prescriptions and morphine equivalents »
- Referrals management
- Grant reporting »
- Missed opportunities »
- Covid syndromic surveillance
- Call center metrics »
- PRAPARE data »
- And much more



Data exploration for all

Don't write SQL? No problem. **Data Explorer** allows users to **build complex reports without writing code**. For example, create a list of patients who:

- » Are due for both colorectal and cervical cancer screenings;
- » Have one of three specific Medicaid plans;
- » Have had a medical visit within 18 months; and
- » Do not already have an upcoming medical appointment.

You can then choose from hundreds of data points to add to your report: visit details, screenings, lab results, immunizations, vitals, demographics, social determinants, quality measure calculations, and more.

Diabetic patients - latest A1c and next medical appt

Search by patient name or MRN Displaying 30 of 5,856 rows

Diabetic Patients		Latest a1c labs		Latest visits	
Patient name ^	MRN ↕	Result date ↕	Result ↕	Provider name ↕	Visit date ↕
Abbott, Adrian	135340	4/26/2021	6.4	Olson, Carmen	4/26/2021 8:45 AM
Abbott, Clemencia	293830	12/5/2019	6.2	Hagenes, Samira	4/7/2020 4:30 AM
Abbott, Clementine	309288	8/7/2020	12.0	Miller, Jon	9/4/2020 12:45 PM
Abbott, Connie	155268			Beatty, Danial	3/10/2021 7:15 AM
Abbott, Corey	299998	5/14/2021	7.7	Beatty, Danial	5/17/2021 10:00 AM
Abbott, Corinne	358223	5/11/2021	8.4	Kling, Leslie	5/29/2021 9:45 AM
Abbott, Cyril	307254	8/15/2016	10.7	Cassin, Sixta	8/15/2016 4:30 AM
Abbott, Dorothy	265293	5/27/2020	9.1	Glover, Andre	9/22/2020 11:15 AM
Abbott, Eugene	360476	6/1/2021	12.9	Cremin, Walker	6/1/2021 10:00 AM
Abbott, Florencio	241793	4/5/2021	11.3	Schowalter, Dede	4/5/2021 6:00 AM
Abbott, Granville	130764	11/18/2020	9.2	VonRueden, Stevie	6/2/2021 11:45 AM
Abbott, Hollis	338935	10/15/2020	7.3	Schowalter, Dede	1/18/2021 9:30 AM
Abbott, Jonnie	324975	2/7/2020	9.7	Miller, Jon	2/7/2020 4:15 AM
Abbott, Kelvin	307983	2/27/2016	7.1	Olson, Carmen	2/27/2016 4:30 AM
Abbott, Kimber	343748	5/14/2021	8.6	Eliot, George	4/20/2021 10:45 AM
Abbott, King	143382	4/14/2021	5.2	Olson, Carmen	6/9/2021 8:45 AM
Abbott, Korey	110696	6/13/2016	6.5	Eliot, George	9/29/2016 8:15 AM

Edit Data Element

DATA ELEMENT
Select the additional data element you want to see in the table.

A1c labs

JOIN BEHAVIOR
Select how you want your data elements to be combined in this table

Show only patients with a1c labs

Show patients even if there are no a1c labs

COLUMNS
Check the boxes to add and remove columns in the table

A1c lab ID

Performed on

Result date

Result

Test name

Component name

LoInc code

FILTERS
Show a subset data from a1c labs by adding filters to the table

Only include a1c labs that meet all of the following criteria:

[Add a filter on a1c labs](#)

REDUCER
Once filtered, which a1c lab should show in the table?

Show the a1c lab with the latest result_date

NAME
Name your group of columns in the table

Latest a1c labs

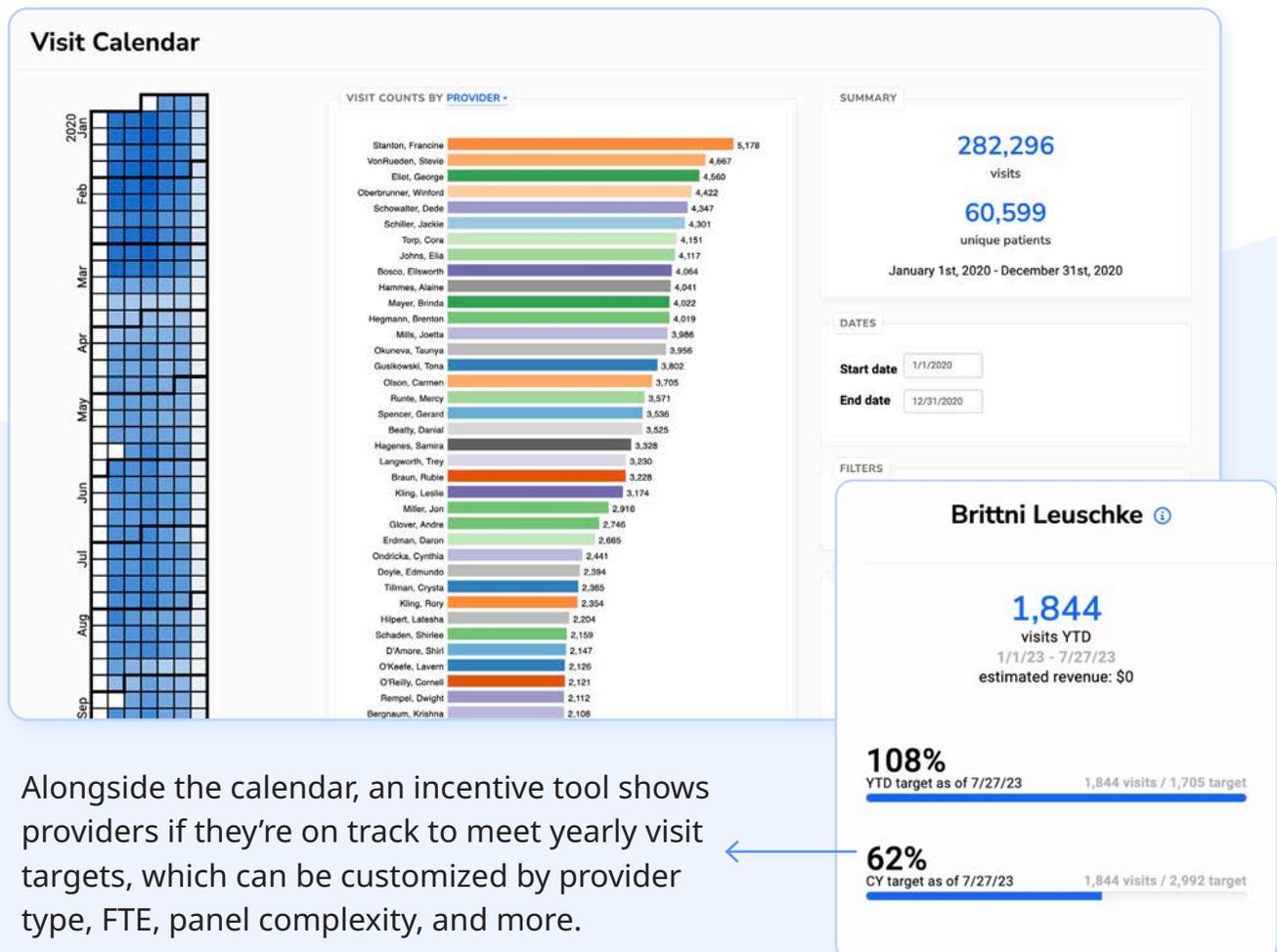
www.relevant.healthcare

Utilization trends

Our calendar visualizations are for everyone with a stake in understanding productivity and utilization.

- » Should we run our dental program on Saturdays?
- » In what ways did visit volume change over the holidays?
- » Is Dr. Leuschke on track to meet her yearly productivity target?

Calendar heatmaps help answer questions like these, revealing patterns that remain hidden on a spreadsheet. The more visits on a given day, the darker the square on the calendar. Drill into the details for a specific day, or slice and dice by provider, location, visit type, and more.



Alongside the calendar, an incentive tool shows providers if they're on track to meet yearly visit targets, which can be customized by provider type, FTE, panel complexity, and more.

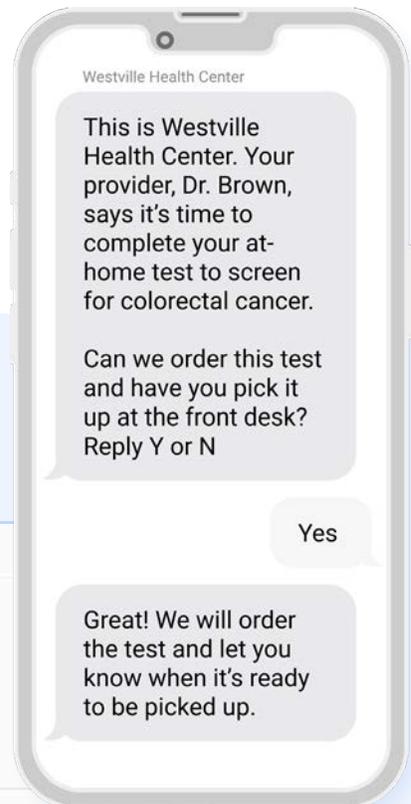


Text messaging

Send text messages that reach the right patients at the right time—automatically.

Our text messaging module is used for FIT kit outreach, patient satisfaction surveys, appointment reminders, and more. With Relevant’s sophisticated data filtering, you can precisely target the patients you need to reach.

- » Dynamic, “set it and forget it” audience filters
- » No need to upload or download spreadsheets
- » Customize messages with parameters
- » Run campaigns in multiple languages
- » View detailed campaign reports



Panel management

Compare provider panels and balance patient loads. For each provider, you can see the number of assigned patients vs. the provider's target capacity, as well as panel demographics, risk profiles, and average visits per patient.

Our panel explorer helps answer questions like:

- » Do some providers have spare capacity on their panel, while others are over-subscribed?
- » Which patients are assigned to a provider but have never been seen?
- » Are some providers seeing more high-risk patients than others?

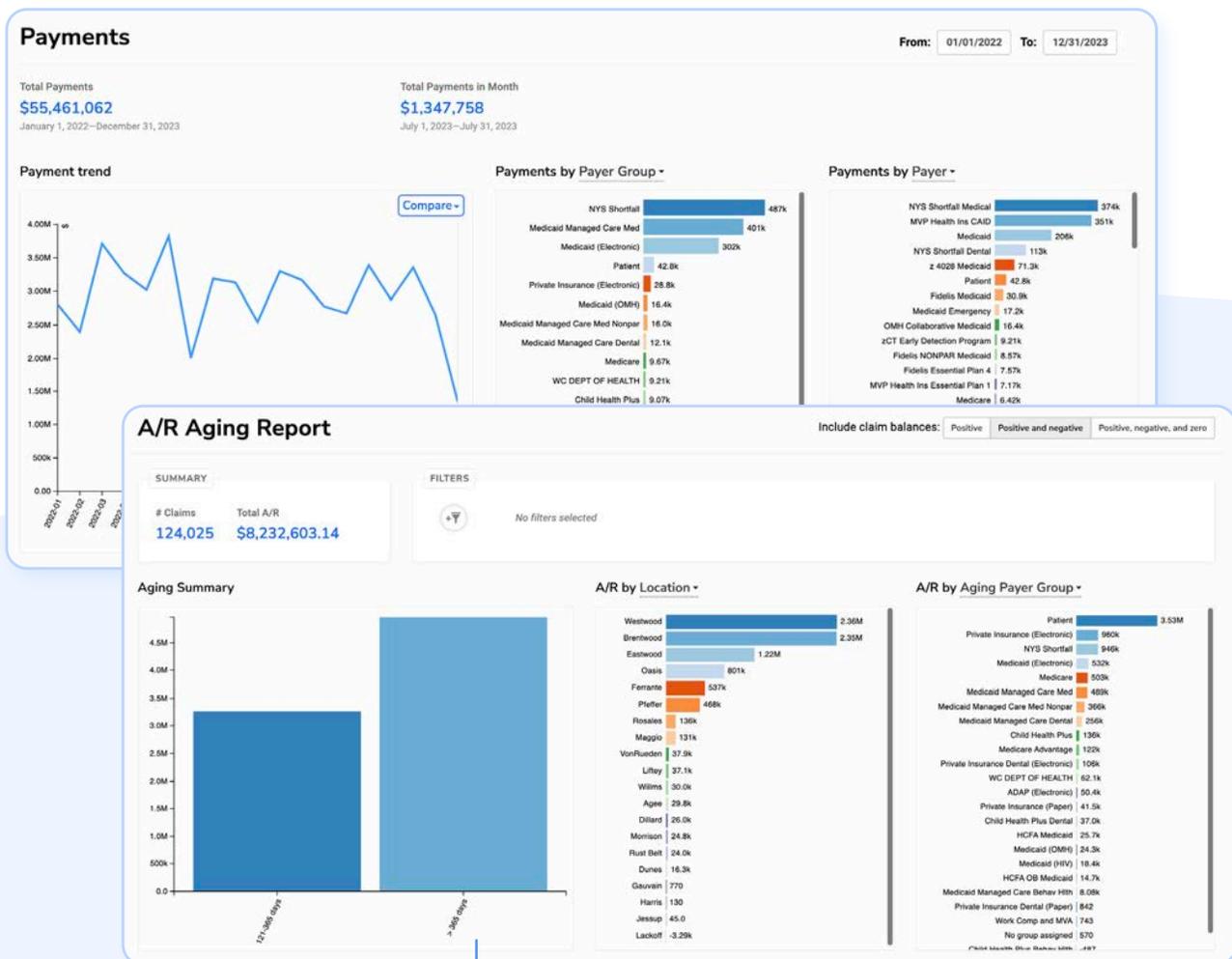


A robust attribution methodology means the right patients are attributed to the right provider, even when the underlying EHR data for PCP assignment is messy.



Revenue cycle reporting

High-level views, line-level details. Interactive dashboards show payments, A/R, and net collection trends. Customized reports get deep into the billing weeds: tracking charges, payments, contractual adjustments, and financial adjustments; normalizing denial codes; accounting for split claims; and more.



Explore month-over-month trends. Slice by payer, provider, clinic location, and more. Drill through to line-level details.

Risk modeling

Risk scores can inform patient care. From adjusting visit durations, to building specific interventions for cohorts of high-risk patients, to making sure the most complex patients are being seen by the right providers.

Charlson Comorbidity Index Edit

Short Name CCI

Description An enhanced version of the Charlson Comorbidity Index (CCI), a risk stratification model designed to attribute risk scores to patients based on various chronic conditions. The enhanced CCI has been validated to predict all-cause mortality and total cost of care.

Standard risk model definition ID 1566925214

Risk Levels Edit Risk Levels

Low risk ($-\infty \leq \text{score} < 1.0$)
Some risk ($1.0 \leq \text{score} < 3.0$)
High risk ($3.0 \leq \text{score} < 5.0$)
Very high risk ($5.0 \leq \text{score} < \infty$)

Risk Factors

Name	Qualifying Population	Weight
AIDS/HIV	Patients with AIDS/HIV	6.0
Metastatic Solid Tumor	Patients with Metastatic Solid Tumor	6.0
Having Had an Organ Transplant	Patients Having Had an Organ Transplant	6.0
Autism	Patients with Autism	3.0
Bipolar Disorder or Schizophrenia, or Taking Antipsychotics or Medication for Bipolar Disorder	Patients with Bipolar Disorder or Schizophrenia, or Taking Antipsychotics or Medication for Bipolar Disorder	3.0
Cystic Fibrosis	Patients with Cystic Fibrosis	3.0

In partnership with Cornell University, Relevant offers an enhanced version of the Charlson Comorbidity Index (CCI), which calculates risk based on the weights of over 30 comorbid conditions. Health centers can also create their own risk models, with or without our help.

WHY CCI?

We like the CCI because it combines predictive power with simplicity, allowing providers to “look under the hood” in Relevant and see what factors contributed most to a patient’s risk score. To learn more about the CCI, scan the QR code or visit bit.ly/relevant-cci.



REPORTING

World's best UDS(+)

UDS reporting is complex. **We make it as painless, transparent, and accurate as possible.** In fact, the screens in our UDS module look exactly like what you ultimately submit to HRSA.

Our team includes some deeply committed UDS nerds. We confer with HRSA's Technical Assistance staff a lot, so you don't have to.¹ We are also active participants in UDS+ testing and development efforts.

Check UDS numbers throughout the year. Drill into patient-level details to identify trends and areas for improvement.

Table 6A: Selected Diagnoses and Services Rendered

Data on selected diagnoses and services based on your diagnoses and billing codes.

Note: The counts of patients in the "Selected Diagnoses" section of Table 6A are not expected to be the same as Table 6B and Table 7, due to differences in the inclusion criteria.

Table 6A: Selected Diagnoses [How we map this section](#)

Line	Diagnostic Category	Applicable ICD-10-CM Code or Value Set Object Identifier (OID) ⓘ	Number of Visits by Diagnosis Regardless of Primacy (a)	Number of Patients with Diagnosis (b)
Selected Infectious and Parasitic Diseases				
1-2	Symptomatic/Asymptomatic human immunodeficiency virus (HIV)	B20, B97.35, O98.7-, Z21 OID: 2.16.840.1.113883.3.464.1003.120.12.1003	455	192
3	Tuberculosis	A15- through A19-, O98.0-, Z86.15, Z22.7 OID: 2.16.840.1.113762.1.4.1151.56 (O98.0- is not in value set)	130	83
4	Sexually transmitted infections (gonococcal infections and venereal diseases)	A50- through A64-, Z22.4 OID: 2.16.840.1.113883.3.464.1003.112.11.1003	406	282
4a	Hepatitis B	B16.0 through B16.2, B16.9, B17.0, B18.0, B18.1, B19.1-, O98.4- OID: 2.16.840.1.113883.3.464.1003.110.12.1025 (B19.1- and O98.4- are not in value set)	55	40
4b	Hepatitis C	B17.1-, B18.2, B19.2- OID: 2.16.840.1.113762.1.4.1222.30	33	22
4c	Novel coronavirus (SARS-CoV-2) disease	U07.1 OID: 2.16.840.1.113762.1.4.1248.139, 2.16.840.1.113762.1.4.1200.151	347	307

On-screen documentation explains how we calculate each section of UDS. Data mappings can be customized, ensuring you get full credit for services provided—even if the underlying EHR data has coding problems.

1. Unless you also think it's weirdly fun. :)



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