Three main ways EDEN can help your practices.

HIETexas
Connecting Texas. Enhancing Care.

1. Improve Care Coordination

Opportunity: Ensure your ambulatory patients are obtaining proper follow-up care after a hospital encounter using EDEN.

Sample Workflow: Care Coordinators receiving EDEN notifications for ambulatory practices.

1. Receive EDEN notifications daily.
2. Initiate medical records requests from treating hospitals.
3. Note updated contact information in notifications leading to higher patient reach rates.
4. Contact patients and perform medication reconciliation, review discharge summary, answer patient questions, and schedule a post-discharge follow-up visit with PCP or specialist.

Improved Care Coordination Helps Reduce Unnecessary Readmissions:
A hospital-owned clinician network found lower 30-day, post-discharge readmission rates for patients seen by their PCP within 7 days, compared to those not seen within 7 days. If all hospitals within a given community are pushing EDEN notifications to their providers, it helps protect all hospitals from inter hospital readmissions in a way never possible.

2. Increase Ambulatory Revenue

Opportunity: Take advantage of new Medicare Transitional Care Management (TCM) CPT codes?

New TCM CPT codes reimburse post-discharge follow-up visits at a higher rate if the following can occur:

1.Provider must have interactive contact with patient or caregiver within 2 business days of discharge.
2.For moderate-complexity cases, a face-to-face visit must occur within 14 calendar days of the date of discharge. For high-complexity cases, a face-to-face visit must occur within 7 calendar days of discharge.
3.Without EDEN notifications, clinicians are reliant upon patients to self-report hospital encounters in a timely fashion in order to capture this revenue.

A Real-Life Example:
In Maryland, a 10-practice physician network successfully billed over 700 TOCs in a 12-month span and received over $125,000 in additional reimbursement.

3. Improve Patient Satisfaction

Opportunity: Lower the burden of patients post-discharge.

EDEN notifications allow clinicians to proactively reach out to their patients post discharge.
This alleviates the need for patients and caregivers to contact providers to schedule follow-up care, while also reducing the likelihood that patients fail to follow post-discharge care plans or have adverse medication events. All of this leads to significantly better outcomes and higher patient satisfaction rates.

EDEN helps reduce non-emergent ED utilization
EDEN notifications often include a Primary Complaint or Discharge Diagnosis. Care Coordinators and Case Managers can use this information to identify patients obtaining emergency care when a PCP visit would have otherwise been sufficient. Staff can then educate patients on the importance of leveraging in-network ambulatory care when possible.

THSA
Texas Health Services Authority

Texas Health Services Authority
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How can hospitals start using EDEN?

1. **Contact*** THSA to express interest. (info@thsa.org)
2. **Sign** EDEN Subscription Agreement as needed.
3. **Identify** the organizational POC who will be recipient of the notifications.
4. **Obtain** credentials from THSA and submit a patient panel for subscription.
5. **Start** receiving and routing your organization's notifications.

*Check www.thsa.org/hie-texas/ to see if your healthcare organization is currently enrolled in EDEN via one of our partner HIEs.

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