

# EDIE (aka PreManage ED) Overview

## What is EDIE?

EDIE is an ED-based, collaborative care management tool for coordinating the care of the highest needs patients—those whose needs are not and cannot be met by any single facility in isolation (e.g., opioid-seeking individuals, complex, chronic and palliative care utilizers, etc.)—across a community of hospitals irrespective of hospital, health system, or geographic boundaries. EDIE enables providers—physicians, nurses, case managers, and social workers—to collaborate on the care of these patients, in real-time and across care settings, to ensure that each is operating from the same game plan when it comes to the patient’s specific care needs. It facilitates this collaboration through a thin slice of real time data, risk analytics, targeted notifications, and living care guidelines an individual patient’s care needs to ensure that the most important insights, based on the least amount of information necessary, get in front of the right provider at just the right time to improve his or her decision making. EDIE has demonstrated a high degree of effectiveness in reducing medically-unnecessary utilization and improving patient outcomes by enhanced coordination across participating EDs. EDIE is strictly licensed to participating hospital and health system emergency departments. The system is endorsed by the American College of Emergency Physicians (ACEP) as an ED best practice.

## How does EDIE work?

- **Integrated with Clinical Workflows.** EDIE integrates within existing clinical workflows—generally right into the EHR ED tracker board, network printer, or fax—to push high-value, actionable insights to ED providers the moment a high-risk patient presents.
- **Real-Time, Proactive Notifications.** Hospitals can customize trigger criteria to automatically send EDIE notifications in real-time as a patient presents at the ED to give providers immediate perspective on the patient without their having to search through voluminous clinical records.
- **Content Curated Specifically for the ED.** EDIE notifications deliver a synthesized amount of insight—just what ED providers need and no more—including ED visit history, community-sourced care plans, Prescription Monitoring Program (PMP) and Advanced Directives (POLST) content where available, security alerts, and other valuable clinical and social histories.
- **Low IT Burden, Secure Infrastructure, Fast Rollout.** EDIE deploys quickly and can integrate into EHR systems with minimal effort from hospital IT staff. This enables wide deployment across a community of hospitals very rapidly.
- **Community-wide Collaborative Case Management.** EDIE enables ED physicians to see care plan summaries from other entities providing care for the patient. Additionally, the ED staff are able to collaborate with other providers to better coordinate care across the community so they can coordinate care for complex patients.

## What impact does EDIE have?

- **Improved Patient Outcomes.** By giving clinicians visibility into ED visit and prescription history in real-time, EDIE enables them to deliver higher quality, better coordinated care in the ED and to avoid lapses in care that can occur when one set of providers is unaware of what another may be doing with the patient.
- **Reductions in Inappropriate ED Utilization.** With EDIE, ED clinicians and case managers can identify high utilizing patients and connect with their other treating providers to help meet underlying patient needs with fewer workups and in more appropriate care settings. EDIE has demonstrated a 34-37% reduction in ED utilization among Medicaid ED high utilizers.
- **More Efficient Use of ED Resources.** EDIE delivers critical information to ED providers proactively in easily digestible format so they don’t have to waste time searching for it. As EDIE enables ED providers and case managers to help patients get care in more appropriate settings, ED resources can be re-directed to the truly urgent cases for which the ED is designed.

**PreManage ED ALERT 04/13/2015 14:18 PM Mouse, Mickey (DOB: 10/01/1926)**  
This patient has registered at the Ford Medical Center Emergency Department. You are being notified because this patient has recommended Care Guidelines. For more information visit: Please login to EDIE and search for this patient by name.

**Care Providers**

Provider	Type	Phone	Fax	Service Dates
John K SMITH MD		(801) 856-8575	(855) 343-7671	Current

**ED Care Guidelines from Ford Medical Center** Last Updated: Wed Feb 17 10:35:40 MST 2015

**Care Recommendation:**  
Pain contract and scheduled substance prescribing: Patient had a controlled substance agreement with Dr. Smith but Dr. Jamison Dr. Jamison prescribes regular 1 mg Clonazepam, 1 mg Lorazepam, and hydrocodone as needed. Please do not use controlled substances in the ED unless there are new objective findings.

**Additional Information:**  
1. No opiates in the ED for chronic pain or opiate withdrawal. No opiate or benzodiazepine prescriptions at discharge.  
2. Strongly encourage or assist Pt in making a PCP appointment prior to d/c.  
These are guidelines and the provider should exercise clinical judgment when providing care.

**Care Histories**

**Behavioral**  
03/4/2015 Ford Medical Center  

- **AXIS I:** Bipolar disorder, type I, hypomanic.
- History of PTSD
- **AXIS II:** Borderline personality features.

**Radiation History**  

- 15 CT scans on record from 2007 through 2/6/15, as well as numerous radiology exams.

**Security Events**

Date	Location	Type	Specifics	Security Events (LR No.) Count
11/02/2014	Ford Medical Center	Verbal	Patient was verbally abusive towards care providers, staff or patient.	1

**Washington PDMP Report** Rx Risk Assessment: High

Rx Details (12 Mo.)	Drug Description	Qty.	Prescriber	CS	MEID	Rx Summary (12 Mo.) Count
2015-02-18	HYDROCODONE-ACETAMINOPHEN 7.5-325	30	John Smith, MD	3	60.0	CS II Rx 0
2015-01-31	HYDROCODONE-ACETAMINOPHEN 7.5-325	30	John Smith, MD	3	60.0	CS II Rx 0
2015-01-10	HYDROCODONE-ACETAMINOPHEN 7.5-325	15	John Smith, MD	3	60.0	Quantity Dispensed 480
2014-12-18	HYDROCODONE-ACETAMINOPHEN 7.5-325	30	John Smith, MD	3	60.0	Unique Prescribers 2
2014-11-29	HYDROCODONE-ACETAMINOPHEN 5.0-250	30	John Smith, MD	3	60.0	Unique Pharmacies 1
2014-10-31	HYDROCODONE-ACETAMINOPHEN 5.0-250	30	John Smith, MD	3	60.0	Benzoic 1
2014-10-02	HYDROCODONE-ACETAMINOPHEN 5.0-250	30	John Smith, MD	3	60.0	Opioids 20
						Long Acting Opioids 2

**Recent Visit Summary**

Visit Date	Location	Visit	Diagnosis
02/12/2015	Ford Medical Center	patient	Fever, unspecified
02/11/2015	Ford Medical Center	Surgery	Malignant neoplasm of liver, secondary
04/13/2015	Ford Medical Center	Emergency	Fever, unspecified Headache Cough
03/10/2015	Murray Medical Center	Emergency	Fever, unspecified
02/16/2015	Ford Medical Center	Emergency	Long term (current) use of other medications
02/10/2015	Providence Centralia Hospital	Emergency	Other chronic bronchitis Fever, unspecified

**E.D. Visit Count (1 Yr.)**

Location	Visits
Providence Centralia Hospital	4
Ford Medical Center	37
Murray Medical Center	6
<b>Total</b>	<b>47</b>

Note: Visits indicate total known visits.  
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