

Briea: The Post-Discharge Engagement Layer for Hospital Software Platforms

How U.S. hospital software vendors can help clients reduce CMS readmissions, protect revenue, and unlock new recurring growth

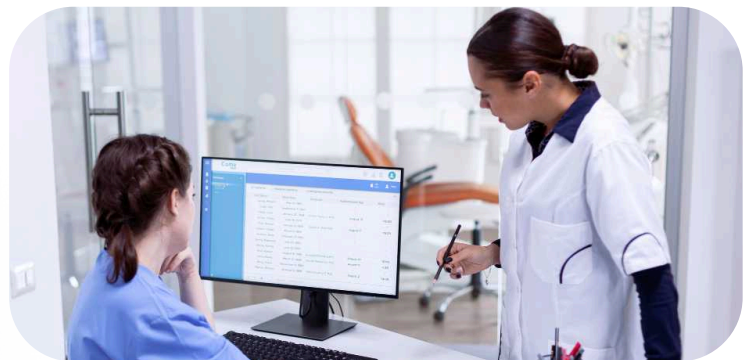


Under the Centers for Medicare & Medicaid Services (CMS), hospitals are financially penalized when patients are readmitted within 30 days - even when the original clinical care was appropriate and compliant



Designed for Health IT Companies, built for Hospital Economics

- White-label ready
- API-first, enterprise-grade integration
- Proven engagement channels (Voice + Text + WhatsApp)
- Direct alignment with CMS penalties and value-based care economics



As a result, **post-discharge patient engagement** has become:

- A CFO-level financial exposure
- A board-visible quality metric
- A buying criterion in hospital software RFPs

Hospitals are now demanding that their Health IT vendors help them manage this risk.

Briea enables your platform to meet that demand - and monetize it.



CMS Readmission Penalties are large, Recurring, and Non-Negotiable

Under the Hospital Readmissions Reduction Program (HRRP):

- CMS penalizes 2,200–2,600 hospitals every year
- 75–83% of eligible U.S. hospitals are penalized annually
- Penalties can reach up to 3% of total Medicare inpatient revenue
- Penalties apply to all Medicare discharges, not just readmitted cases

Source: CMS HRRP Program Overview (<https://www.cms.gov/medicare/quality/value-based-programs/hrrp>)

The Financial Impact Is Material and Well-Documented

According to CMS-published data analyzed by Kaiser Health News and Becker's Hospital Review:

- \$563 million in penalties (FY 2020)
- \$521 million in penalties (FY 2022)
- \$320 million in penalties (FY 2023)

These figures exclude the direct cost of readmission care itself.

Sources: Kaiser Health News – CMS Penalty Analysis & Becker's Hospital Review – Hospital Penalty Reporting

The Larger Cost: Readmissions Themselves

According to Medicare Payment Advisory Commission (MedPAC) and Agency for Healthcare Research and Quality (AHRQ):

- Average cost per hospital readmission: \$5,000 – \$10,000
- A mid-size hospital (30K–50K discharges/year) can incur \$30–\$60 million annually in readmission-related costs

Why Hospitals Fail, Despite Quality Care

Peer-reviewed studies (NEJM, NCBI) show:

- ~60% of readmissions are linked to post-discharge non-adherence
- Medication non-adherence causes ~125,000 preventable deaths annually
- \$100–\$300 billion lost each year due to non-compliance

The Core Truth

Hospitals are being penalized not for clinical care, but for lack of scalable patient engagement after discharge. Traditional hospital software was not built to solve this.

Bria extends Hospital Software into the Patient's Daily Life

Bria is a proactive, AI-driven patient engagement layer that integrates directly with hospital software platforms to execute care plans outside the hospital. It does not replace EHRs. It completes them.

Why Bria Works

01



Proactive Engagement Drives Adherence

Digital health research shows:

30 - 40% higher adherence with proactive reminders compared to passive portals

Source: Health Affairs / NEJM Catalyst – Digital Engagement Studies

Bria:

- Initiates medication reminders
- Follows up on labs and diagnostics
- Reinforces lifestyle and care instructions
- Escalates risk indicators automatically and more

02



Voice + Text + WhatsApp = Population-Scale Reach

80M+ WhatsApp users in the U.S

- Engagement overcomes
 - App fatigue
 - Elderly usability barriers
 - Language and literacy gaps

Hospitals consistently report higher engagement than portals or apps.

Source: Statista – U.S. WhatsApp Usage Report

Context-Aware Generative AI (Subject to HIPAA compliance)

Every interaction is generated with full patient context:

- Diagnoses & comorbidities
- Medications
- Labs & vitals
- Lifestyle risk factors

This enables clinically aligned, non-generic guidance.



03

04



Dynamic One-Year Care Plans

Static discharge summaries fail. Bria converts them into:

- Adaptive, one-year care plans
- Weekly follow-ups
- Delivered via voice and WhatsApp

Result:

- Earlier intervention
- Fewer missed steps
- Lower readmission risk

Demonstrated Outcome Ranges

Based on large-scale digital intervention studies:

- 10–15% reduction in 30-day readmissions (typical)
- Up to 25% reduction in high-risk cohorts

Sources: Johns Hopkins Medicine – Digital Cardiac Care Programs, NEJM Catalyst – Remote Engagement Outcomes



The Financial Case for Hospital Software Vendors

This Is Funded Demand - Not Experimental Spend

Hospitals are already allocating budgets to reduce readmissions and CMS penalties. According to Becker's Hospital Review and Definitive Healthcare:

- Mid-size hospitals spend \$150,000 – \$500,000 per year on:
 - Patient engagement tools
 - Care coordination platforms
 - Readmission-reduction initiatives
- These budgets are:
 - Recurring
 - CFO-approved
 - Directly tied to CMS risk

How Health IT Companies can monetize Briea

1. Incremental Annual Recurring Revenue

By embedding or white-labelling Briea, vendors can offer:

- Premium engagement modules
- Readmission-reduction add-ons
- Value-based care extensions

Typical pricing accepted by hospitals:

- \$150K – \$500K per hospital per year

This is net-new ARR, not replacement revenue

3. Revenue Share Without Core Rebuild

Briea operates as:

- API-driven
- Workflow-independent
- Enterprise-secure

This supports:

- No expansion of vendor support teams
- No re-architecture of core systems

This mirrors how analytics, population health, and RCM add-ons are monetized today.

2. Improved RFP Win Rates & Lower Churn

According to KLAS Research and Black Book Research:

- Patient engagement and outcomes are now top-5 evaluation criteria in hospital software RFPs
- Vendors demonstrating measurable CMS impact show:
 - Higher win rates
 - Longer contract durations
 - Lower churn

Sources: KLAS Research – Patient Engagement & Value-Based Care Reports, Black Book Market Research – Hospital IT Buyer Surveys

Why Vendors like you, Not Standalone Apps, Capture This Spend

Hospitals prefer:

- Fewer vendors
- Integrated platforms
- Single accountability

White-labelling Briea allows your platform to own:

- The engagement narrative
- The engagement budget
- The CMS risk-reduction story

• Call to Action •

Hospitals are already paying to solve this problem. The only question is which software vendor captures that spend.

If your platform does not actively engage patients after discharge, CMS already considers that a financial risk surface

Briea turns that risk into measurable value, for hospitals and for you

Partner | Integrate | White-Label | Lead



View Video



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