



Lightbeam
Health Solutions

ACHIEVING CLINICAL EXCELLENCE:
OPTIMIZING WORKFLOWS TO ENHANCE
PATIENT CARE & REDUCE BURNOUT

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Website: www.lightbeamhealth.com

Agenda & Housekeeping

- Industry Overview
- Current State - What's Causing Burnout?
- Addressing Burnout
- Lightbeam Clinical Services
- Q&A



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The webinar recording will be distributed via email and will be available in the Lightbeam Learning Portal

Industry Challenges

- Physicians are juggling multiple payer contracts and incentives
- Care gap and utilization management reports are usually sent quarterly, with a 60-90-day lag that creates challenges in managing patients
- Gap reports are not prioritized or aligned to optimize incentive payouts, which discourages proactive management

Resulting In

- Poor payer/provider alignment
- Missed patient engagement opportunities
- Decreased quality and outcome performance

Factors Leading to Burnout

Too many bureaucratic tasks

- Government regulations
- Spending too many hours at work
- Increasing computerization of practice (EHRs)

Lack of control/autonomy

- Feeling like just a cog in a wheel
- Lack of respect from administrators / employers, colleagues, or staff
- Lack of respect from patients
- Insufficient compensation / reimbursement
- Emphasis on profits over patients

Staffing shortages

- Exacerbated by COVID-19 pandemic
- All other burnout conditions contribute to this

What Can We Do?



Eliminate noise
without cutting
corners



Shift how we
address
populations
holistically



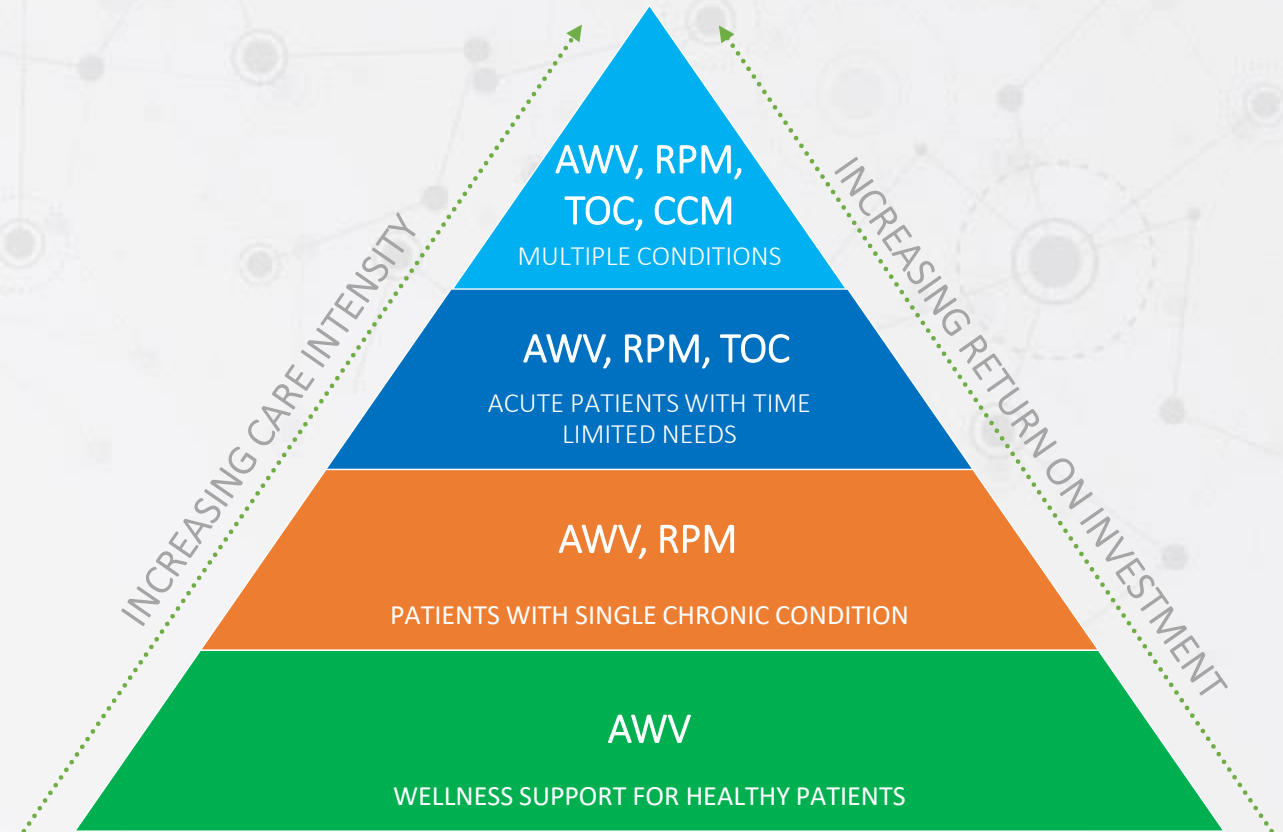
Understand
capacity,
opportunity &
priority



Strategy born
out of
population-level
assessment &
planning

How to Prioritize Opportunities

1. List all potential opportunities and ideas
2. Quantify estimated opportunity and impact (Cost, Revenue, Process, Quality, Patient Sat)
3. Weigh resource requirements
4. Pick top 4-5 opportunities and drill down into specifics



Addressing Care Gaps Before & After Visits



PRE-VISIT

- Review patient information and flag chart for care gaps, missing test results, or details around recent patient encounter
- Best practice: morning huddle
- Identify gaps in HCC coding
- Prep orders in EHR for approval vs. physician entry



POST-VISIT

- Staff verify that EHR has been updated and quality measures certified
- Verify that diagnoses were properly recorded
- Designate staff to follow up with patients who have missing information such as diagnostics or demographic information

Introducing: Lightbeam Clinical Services



LCS offers staffing augmentation and patient engagement programs designed to work under the general supervision of the organization's providers

Annual Wellness Visits

A Medicare-based program designed for providers to perform annually for patients. Included in this visit are key items which include preventive services, health risk assessments, and more.

Chronic Care Mgmt.

Medicare has several care management programs designed to support patients with two or more chronic conditions in achieving an improved quality of life.

Transitional Care Mgmt.

A Medicare-based program designed to support patients who have recently been discharged from an in-patient setting to decrease the likelihood of readmission.

End to End Solution Supported by Cohort Builder and Patient Engagement Tools

LCS Provides a Dedicated Clinical Team

Our clinical staff:

- Are licensed in the state in which the patient resides
- Are experienced nursing professionals
- Adhere to a strict scope of practice



LCS Delivers Outcomes

Clients utilizing Lightbeam Clinical Services achieve significant results:

AWV completion rates more than double the industry average

Over \$50M in generated FFS revenue in 2021

15x increase in Care Manager efficiency (100 patients vs. 1500 patients)

15.79 drop in Avg sBP from baseline for baseline high-risk Hypertension members
>160 sBP



QUESTIONS?

What programs do you recommend starting with?

Are these programs available for Medicaid in addition to Medicare?

Is LCS a centralized call center?

What are your recommendations around health equity?

Many large payers already have clinical staff to perform these programs. Does LCS replace these functions for payers or is it only suited for Fee-for-Service Medicare?

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Thank you for joining us!