CASE STUDY

Lightbeam Health Solutions

Confidently Transitioning to Value-based Care: How a Physician-owned Multi-Specialty Practice Reduced Costs by $1.5 Million While Growing Revenue

Background

Mankato Clinic is a physician-owned, multi-specialty practice with 190 providers, serving over 790,000 clinic visits annually at 11 locations across Minnesota.

Challenges

Living in Two Worlds: Growing Downside Risk Exposure While FFS is Primary Revenue Source

Mankato Clinic faced the challenge of improving quality and reducing utilization in its value-based care contracts while still relying on fee-for-service as its primary source of revenue. Previously, Mankato Clinic participated in upside only risk within its MSSP ACO, but in 2022, added 35,000 patients in downside risk. Mankato was now responsible for both cost and quality for a much larger population, but high costs made it financially unsustainable to grow its care team to support its growing patients. Mankato needed to improve the efficiency and effectiveness of its existing, hard-working care team, and it needed new strategies to succeed in the two worlds.

Extending the Value-based Care Model to the Rising Risk

According to Nicole Krenik, Clinical Manager for Care Management at Mankato Clinic , "we were familiar with providing care management for the high risk, top 5% spender population. We noted with downside risk there was a huge opportunity to impact the rising-risk. And we knew there was an opportunity to impact the high spending that comes with it before diseases flare up and frequent flyers get to the ED. Our CMO asked me, 'how might we expand the value-based care model to the rising risk?'"

Bringing Mental Health into the Fold to Support Whole-Patient Health

While it was vital for Mankato to improve quality across common chronic conditions such as diabetes and heart failure, it also recognized mental health as a significant cost driver and comorbidity. National statistics show that costs for patients with diabetes or cardiovascular conditions and depression are 2-4x the cost for the same condition without depression.[1] Recognizing the importance of delivering whole-patient health, it sought a technology solution that could support both physical and mental health conditions.

Mankato Clinic
Together we thrive.

www.mankatoclinic.com
Mankato, MN

Outcomes

3,254	Patients Enrolled in Deviceless RPM
$1.52M	Estimated Medical Cost Avoided
122	ED Visits Averted
$28 PMPM	Reduction for Patients with Depression
CCM	Billable Instances Grew from 3% to 17%

Testimonial

"We are working with high-risk patients with chronic conditions, we have workflows and algorithms, but we were still trying to guess when to initiate contact. With CareSignal, the alerts drive us so we can be at the right place at the right time which has allowed us to better address preventable events."

Nicole Krenik, BSN, RN, PHN-RN, Clinical Manager for Care Management, Mankato Clinic

Goals

To bridge the fee-for-service and value-based care worlds, Mankato prioritized growing revenue and reducing avoidable utilization.

- **Goal #1** – To increase chronic care management (CCM) enrollment and instances billed per month
- **Goal #2** – To reduce avoidable utilization and improve quality
- **Goal #3** – To scale care management to reach more patients

Solution

The clinic partnered with Lightbeam Health Solutions to deploy its Deviceless RPM, CareSignal™ to engage high and rising-risk ACO and Medicaid populations with chronic and mental health conditions. "We saw that Deviceless RPM would allow us to meet those 20% of rising risk patients that we weren't able to touch before," Krenik said. The system worked by monitoring patient health through automated text messages and phone calls to collect patient-reported health data (see Fig. 1).

The data collected was then used to categorize risk and trigger real-time alerts to Mankato's care team. Katie Dessner, LPN, Care Manager at Mankato Clinic shared, "the alerts are in near real-time therefore I'm able to connect with the patient within hours or even minutes." Mankato focused on six conditions: depression, hypertension, diabetes, asthma, heart failure, and COPD. It required no new devices, apps, downloads, or passwords, making it accessible to all patients. Recognizing the importance of delivering whole-patient health, patients could enroll in up to two RPM programs.

Fig. 1: Mankato Clinic RPM Workflow

CareSignal	Mankato Clinic Patients	CareSignal	Mankato Clinic Care Team	Mankato Clinic
Enrolls eligible patients via text, email, mailers, and direct phone calls.	Answer automated SMS and phone call prompts, sending in clinically relevant data.	Categorizes at-risk patients and triggers alerts in real-time.	Care managers monitor dashboard and follow standard operating procedures.	Providers receive escalations, only as needed.

Addressing Depression with a Unique Workflow

"We really pushed depression as one of our first programs because of what we were seeing with mental health driving cost and utilization." said Krenik. To address concerns around suicidality and the sensitivity of mental health challenges, Lightbeam RPM's workflow ensured that patients received timely support even on evenings or weekends. If a patient reports suicidal ideation, almost immediately the patient's phone automatically calls the national suicide outline to connect the patient with help, while an alert triggers to the Mankato care team for later follow-up. "While the patient can hang up if they wish, our team will still call to check up on them, giving us peace of mind that we're going above and beyond to help," said Dessner.

Deviceless RPM Program Utilization

Figure 2 **Patients Enrolled in Programs**

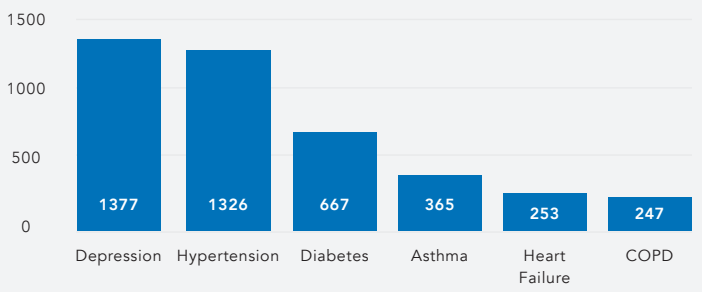
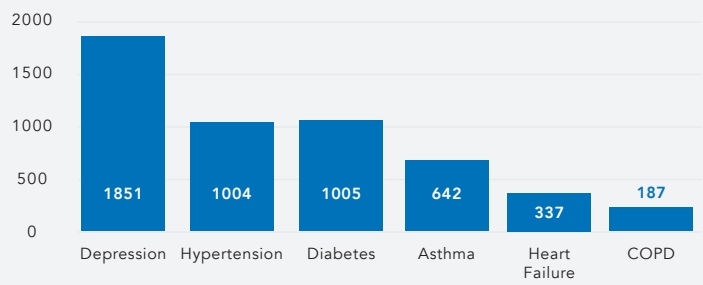


Figure 3 **Total Alerts by Program**



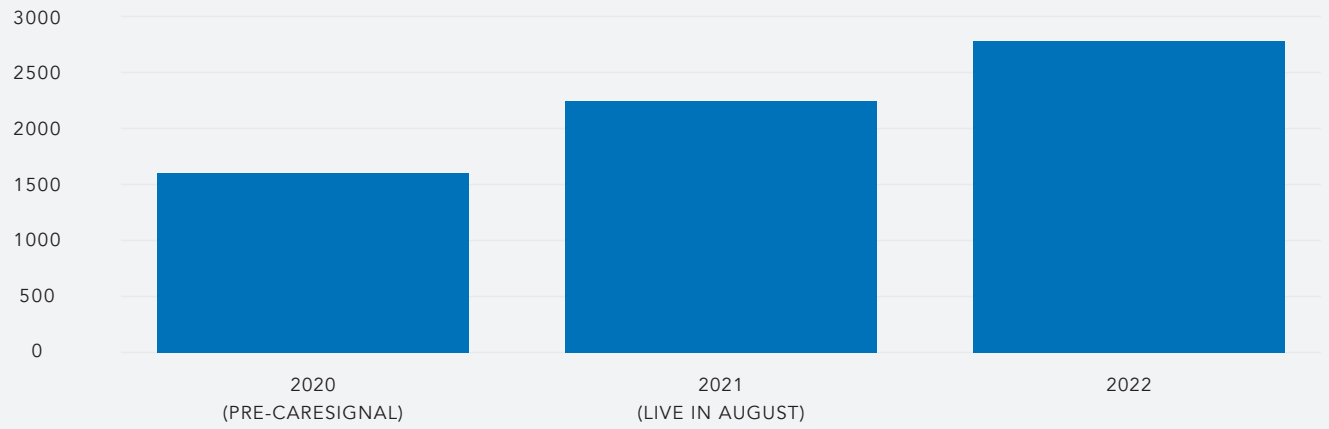
Over 3,200 patients enrolled into RPM programs between August 2021 and January 2024 (see Fig. 2). Given their focus on addressing comorbidities, 40% of Mankato's RPM depression enrollees are also enrolled in a second RPM program to manage a physical health condition such as diabetes. While there were nearly half a million automated messages sent to all enrolled patients during this time period, only 5,000 resulted in a proactive alert being raised (see Fig. 3). As a result, the average alert rate was 2.4%, making the daily volume of alerts and patients to support manageable for the care manager.

CCM Program Utilization: Combining CCM and RPM for Larger Impact

Deviceless RPM enabled Mankato to capture CCM revenue for time spent following up on Deviceless RPM-generated alerts. Lightbeam's enrollment specialists not only educated and consented patients into RPM, they also read Medicare patients the CCM enrollment script and enrolled those who consented. For patients enrolled in both programs, over 75% of Deviceless RPM alerts resulted in intervention and follow up for a patient in the CCM program. "All of the time spent working in the Deviceless RPM platform, I'm able to collect as CCM time," Dessner said. Mankato care managers also used the longitudinal health data captured by Deviceless RPM to actively reach out to patients trending to less optimal health but not necessarily triggering an alert. They also used the data to support pre-visit planning and chart reviews for more productive office visits.

As a result, Mankato went from billing 3% to 17% of the CCM eligible population (see Fig. 4), over 4x the national avg. ACO CCM participation rate of 4% [2]. While CCM revenue was not reported for this case study, a separate study in 2023 found that practices could expect approximately $332 per enrolled per year if CCM services were delivered by registered nurses [3], generating vital revenue while improving health outcomes. "It allows us to continue our CCM work and get credit for it with doing this model of care, which is a perfect fit. We're monitoring chronic disease and digging deeper," Krenik said.

Figure 4 **CCM Billable Instances Grew from 3% to 17% of the Eligible Population**



Outcomes

Mankato Clinic's efforts combined with Deviceless RPM yielded improvements in clinical quality, cost savings, operational efficiency, and patient and staff satisfaction. Through engagement and proactive care, Mankato reduced ED visits, improved physical and mental health conditions, avoided medical costs, and enabled one care manager to manage a large rising-risk population without compromising care quality or staff satisfaction. Patients equally reported improvements in care satisfaction and communication with the care team.

Clinical

ED Visits	Diabetes	Hypertension	Depression
122	2.3	20.77	10.5%
ED Visits Averted	Average Drop in eHbA1c	mmHg Drop in sBP	Reduction in High Risk PHQ-9 Category Patients

Financial

$1.5M Cost Savings

Grew CCM billable instances from 3% to 17%

Operational

1:100 to 1:2,000

One care manager grew caseload 20x

Satisfaction

Care Satisfaction

The majority of patients strongly agree that they receive the best possible care from Mankato Clinic.

Average = 7.68 N = 1,756

1 – Strongly Disagree Strongly Agree – 9

Improved Communication

The majority of patients agree that the messages have improved communication with the Mankato Clinic.

Average = 6.99 N = 1,892

1 – Strongly Disagree Strongly Agree – 9

"I appreciate that these texts help me keep a closer eye on my mental well-being and understand what I actually need to tell my doctors when I need help." - Depression Patient

Conclusion

Mankato Clinic's experience illustrates the ability of Deviceless RPM to support providers in the transition to VBC and downside risk. By leveraging technology to enhance patient engagement and direct proactive care management to the high and rising-risk patients at the right time, the clinic not only improved health outcomes but also achieved cost savings. Mankato has also shown that Deviceless RPM can support patients with mental health conditions alongside physical health to drive even greater outcomes through whole-health management.

Learn More: View Webinar with Mankato Clinic

Sources

(1). https://www.sciencedirect.com/science/article/abs/pii/S0165032715313549 (Kalsekar et al., 2006, Egede et al., 2002, Ciechanowski et al., 2000).

(2). https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf

(3). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10064153/