Lumos Acquisition & Retention Strategy and Action Plan (2025-28)

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Lumos momentum & drive was lacking some punch

- Growth had slowed considerably from 2021 to 2024 (from 23 to 33 practices).
- GP fatigue was dictating our goals, communication plans, motivation & objectives.
- No internal ownership of a strategy – no shared KPI culture. No goal for everyone to be part of. Success was determined by only one individual.
- Reaching GPs and communicating to them is a marketing problem, but we weren't treating it as one.
- We needed deeper insights to better understand 'why' practice owners and their principal GPs weren't consenting.
- Once we saw it as a marketing problem, it was easy to build a solid platform for future engagement (address all the P's – Price, Product, Promotion, Place, People & Process)

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Acquisition Strategy

STRATEGY:

Objective:
Increase the number of consenting GP practices from 33 to 40 by Dec 25, from 40 to 46 by Dec 26 and from 46 to 50 by Dec 2027.

By developing ‘reasons to believe’ – reasonable remuneration, commissioning requirements and supporting clinical research activities requiring Lumos.

Target eligible GPs who are in population dense areas and where Lumos representation is low and active patient population data set is higher then 5,000.

Advocate and educate internally for Lumos acquisition to be a shared KPI (From ELT down)

ACTION PLAN:

Introduce Lumos as a system requirement for all upcoming commissioned services such as UCC/UCS and After Hours. Pilot program.

Drive Lumos awareness and education through regular digital health content channels (podcast, webinars, GP masterclasses, collateral and digital platforms).

Actively review and encourage promotion of academic and clinical research study partnerships that require access to Lumos datasets. Ensure reasonable remuneration is considered to encourage GP participation.

Ensure Lumos strategic objectives are shared by all and added to annual performance plans.

Retention Strategy

Objective:
Increase the number of Lumos-consenting GPs actively reviewing reports as part of QI planning (establish baseline KPI in FY26).

By proactively engaging GPs during “moments of downtime” with a new Lumos engagement platform that gives GPs an opportunity to discuss and review their reports with the PHN.

Elevate Lumos as the “pinnacle” of QI achievement by celebrating case studies and practical use cases for Lumos use.

Positioning – “Always talk about and reference Lumos when engaging with GPs”

Develop a new product that helps to incentivise GPs to use Lumos reports more – Introduce the Lumos ‘Q&A for QI’ series and add a Lumos category to future annual PHN achievement awards (From FY27 onwards).

Practices book a session to review Lumos report and the PHN provides insights and suggests possible QI activities to get started.

Collect QI activity case studies. Encourage practices to reach out to PHN Data Team to explore further analysis within the SAPHE (From FY27 onwards, subject to data team workforce capabilities).

Hero GP Lumos champions through testimonials, content strategy and annual awards

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Q&A for QI launched in Nov 2025

Helping general practices turn data into meaningful improvement

Lumos
Q&A for QI
Your data holds the story.
We help you tell it.

Purpose of this QI template is to focus on decreasing the percentage of uncoded diagnosis reflected in hospital presentations identified in the practice Lumos report

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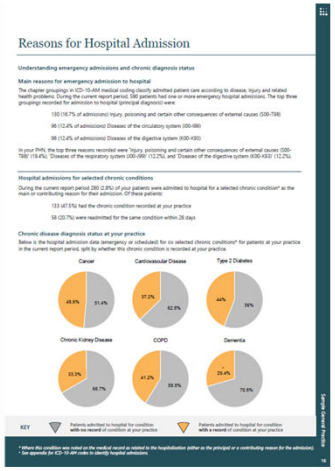
Digital Health: Quality Improvement Plan

Build Block 1 Engaged Leadership	Goal 1 – Be SMART S - Simple M - Measurable A - Achievable R - Relevant T - Timely	Enhance the quality of [CC Care type] by reducing the number of patients with [CC type] related indicators but no documented diagnosis from X patients to X patients by [Date]		QI Lead: QI Team: Measure: Baseline & Date:		
	Activity/Actions (Tip: Use the PDSA template to track each activity)		Who	Resources/Tools	Start Date	Due Date	Comments
Building Block 2 Data-Driven Improvement	Using CAT4, identify and extract a list of active patients with indicated [CC type] with no diagnosis		PM	PenCS guide link – indicated diabetes with no diagnosis Indicated Conditions Report Details - CAT GUIDES - PenCS Help			
	Admin to archive inactive patients and schedule a bulk archive on a regular basis		PM	BP instruction			
	Perform a cleanup of uncoded & free text data following BP/MD process		PM/RN/GP	BP instruction			
	Review GP data coding and ensuring all clinical staff are recording [X results] and diagnosis correctly. Book in training if required		PM/RN/GP				
	Find active patients with at least one chronic condition who are eligible for a care plan/review		PM/N/RN	CAT4 – 965/967 - PenCS			
Building Block 3 Patient Registration	Review MyMedicare status and enrol patients to MyMedicare		PM/N/RN	CAT4PRODA, MyMedicare patient registration forms			
	Identify eligible patients and use a patient education and reminder system, printed material or other digital tool (e.g. My Health Record app, GoShare, etc)		PM/N/RN				



About Lumos

Lumos securely links de-identified patient data across general practice and other healthcare settings to provide a more complete picture of patient journeys and outcomes.

You can learn more about Lumos and how it benefits your practice on our Lumos page.

LEARN ABOUT LUMOS ›

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