



MEDIVIEW

BEYONDLUCID.COM
(650) 648-ePCR {3727}

beyond lucid
Technologies & Consulting



Dear Colleagues:

You bring people back to life—and keep them there. Pull the wounded out of crumpled cars. Lift the helpless. You are **professional caregivers** who run toward every crisis, and your expertise is chronically underestimated. We believe such attributes impart upon us a responsibility as your **innovation partner**.

If the business of collecting, aggregating, analyzing and—**most important: sharing**—your insights fast enough to impact patient care becomes a race to be the cheapest, it devalues your expertise. Some companies aim to charge the most they can at every turn. Some lock agencies into onerous contracts while failing to support their evolving needs. We commit to you that we will never do such things.

Beyond Lucid Technologies is #MissionDriven to empower the smartest and most innovative Mobile Medical Professionals. We build the tools you need to take your seat at Healthcare's Table of the Future, while maximizing their ROI in terms of money, time, and heart. "If you are working, we are working."

—Your Beyond Lucid Technologies Team

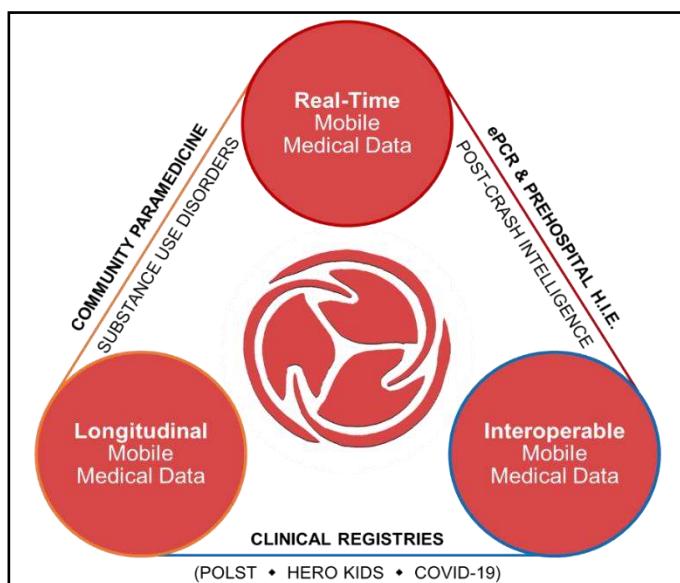
THE FUTURE OF PREHOSPITAL DATA IS REAL-TIME & OVER-TIME.

MEDIVIEW™ by Beyond Lucid Technologies is designed to keep your crew, and your patients, safe and healthy while reducing your charting time, and improving your ability to analyze and share data.

We accomplish this lofty goal by ensuring that you are connected across the care continuum in real-time, so you can keep documenting even while offline in an austere setting; access critical data and connect with the appropriate clinicians via telemedicine for care-at-home or hospice; and apply CP/MIH principles to substance use disorders and tracking infectious disease. **Our platform was built to achieve four objectives:**

Transparent • Interoperable • Scalable • Measurable

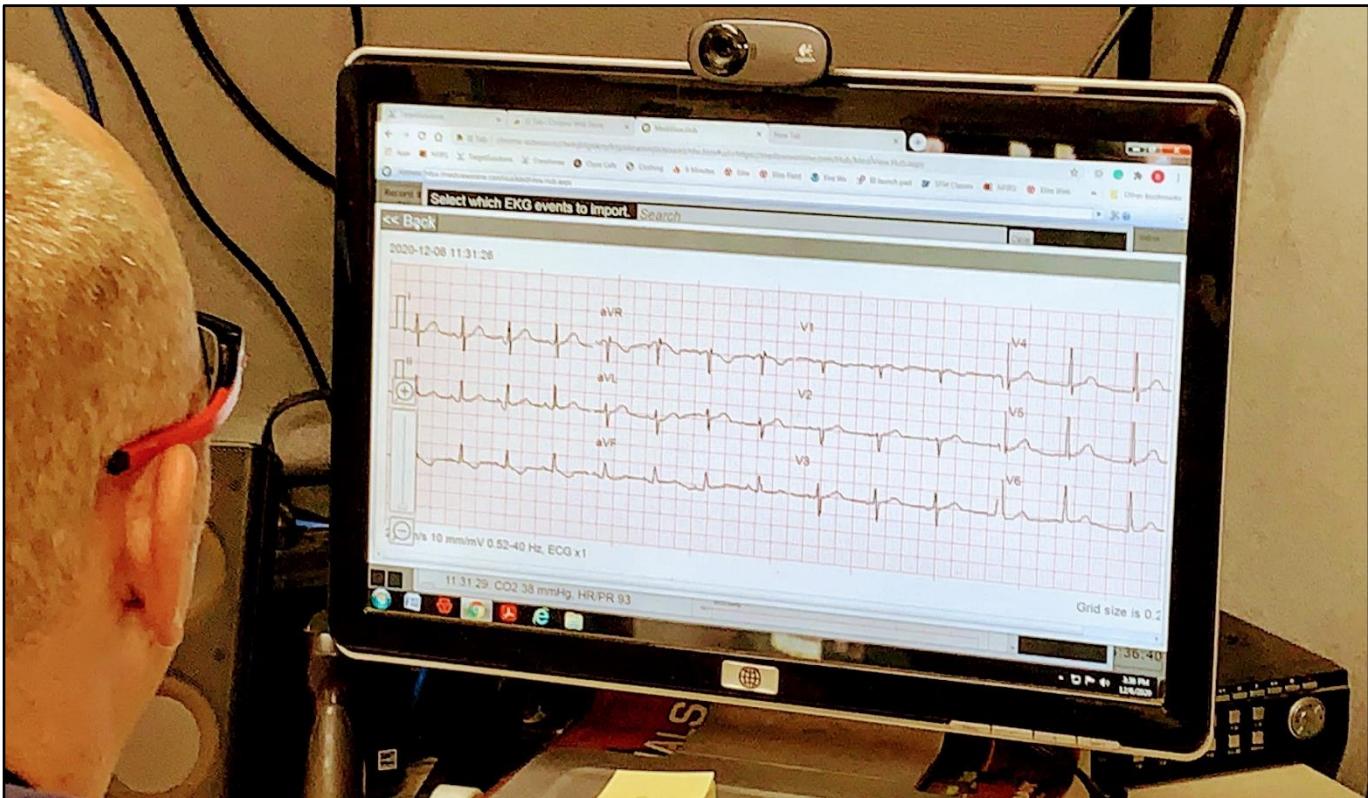
Clinical, operational and financial benefits: Improve quality and revenue capture while reducing charting time and actuarial risk.



With MEDIVIEW...
"Our denials are virtually non-existent."

Jeff Sarokas
Lowcounty Billing Services
South Carolina, May 2020.

MOBILE ePCR



CHARTING & ANALYTICS

Pioneering Technology

First to NEMSIS v3 compliant ePCR...period.

First to offer integrated speech-to-text

First to offer a 30-day money back guarantee

First to deploy a data bridge to a 3rd-party Fire EMS

First to deployed NEMSIS v3 ePCR in a college course

First to import Social Determinants data into any 9-1-1 chart.

First to offer an integrated camera. (Also scans driver's licenses.)

First to share real-time, consumable data with the hospital...*FREE*

Innovation Highlights • Customization Options

Windows, iOS & Android. ePCRs as fast as 5 MINUTES. Target documentation time reduction: 60% from baseline. Works offline.

Customizable surveys, PCR Templates, and validation rules.

Share PCRs with other Responder agencies in as little as 30 sec.

Customizable formulary, procedures...even graphical screens.

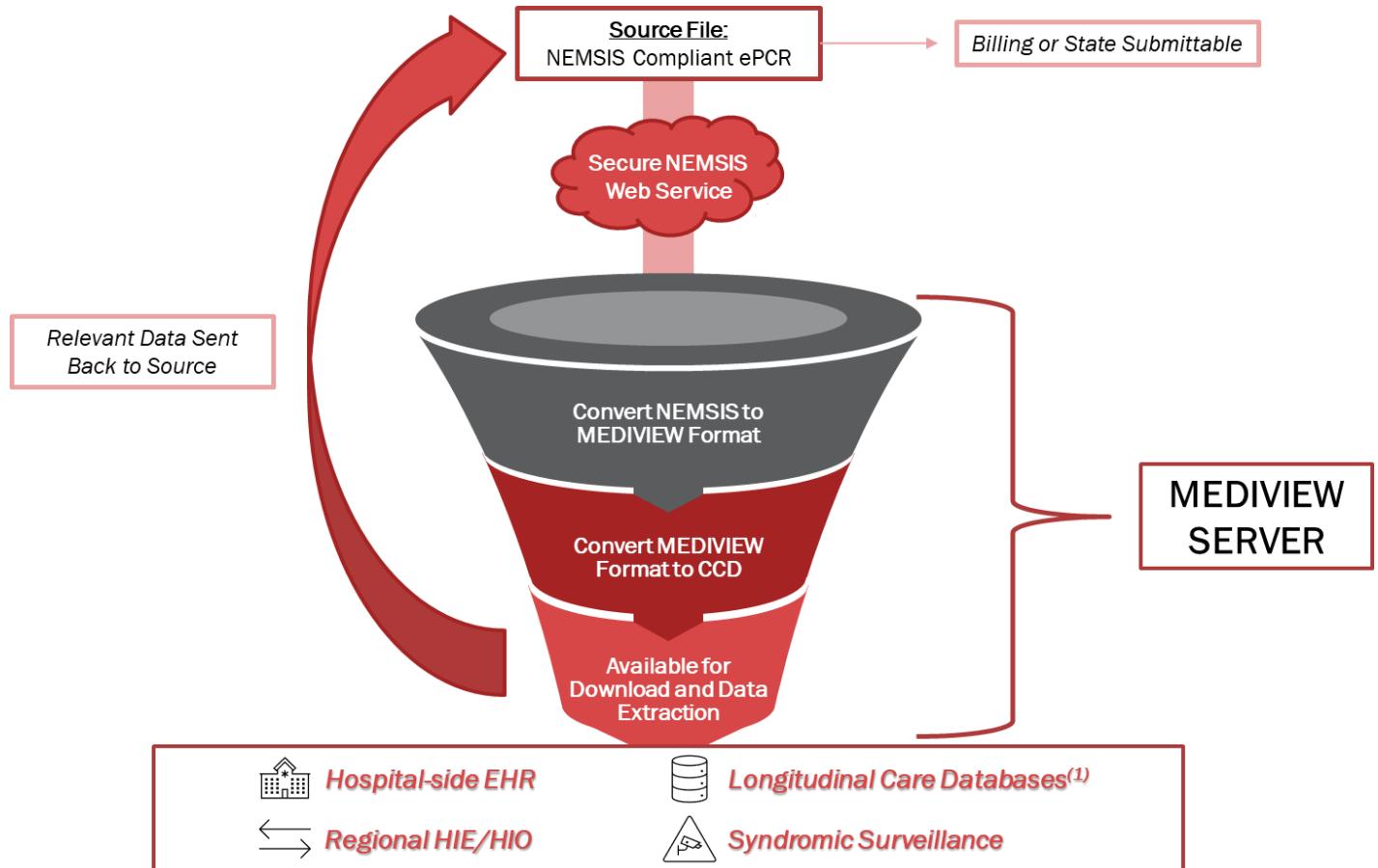
QA/CQI process enables secure two-way dialogue with crews.

Over a billion combinations of analytic reports and filters.

Deploy in as little as 24 hours. 60 days optimal go-live window.

Available Integrations: Health Information Exchange, Billing, CAD, Fire, ECGs / Medical Devices, Handtevy, Inventory, Pulsara.

BEACON PREHOSPITAL H.I.E.



SHARING WITH HOSPITALS

Exchange Data Between Ambulances & Hospitals...from ANY ePCR

Approximately 300 hospitals – as well as non-hospital facilities – on the network and able to receive Fire/EMS data in real-time.

HIPAA, SAMHSA & 42 CFR Part 2 compliant for use in CP/MIH-type programs focused on substance abuse and mental health.

13 ePCR systems have been ingested, converted, and shared via our “prehospital pipes,” including Zoll, ImageTrend, Zoll and Stryker HealthEMS. Automated feeds from select ePCRs.

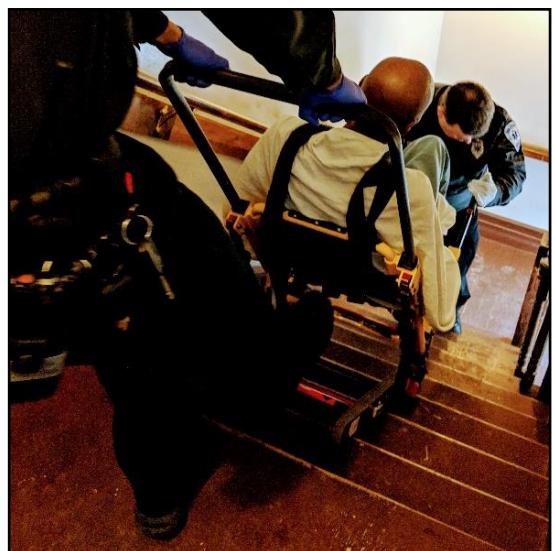
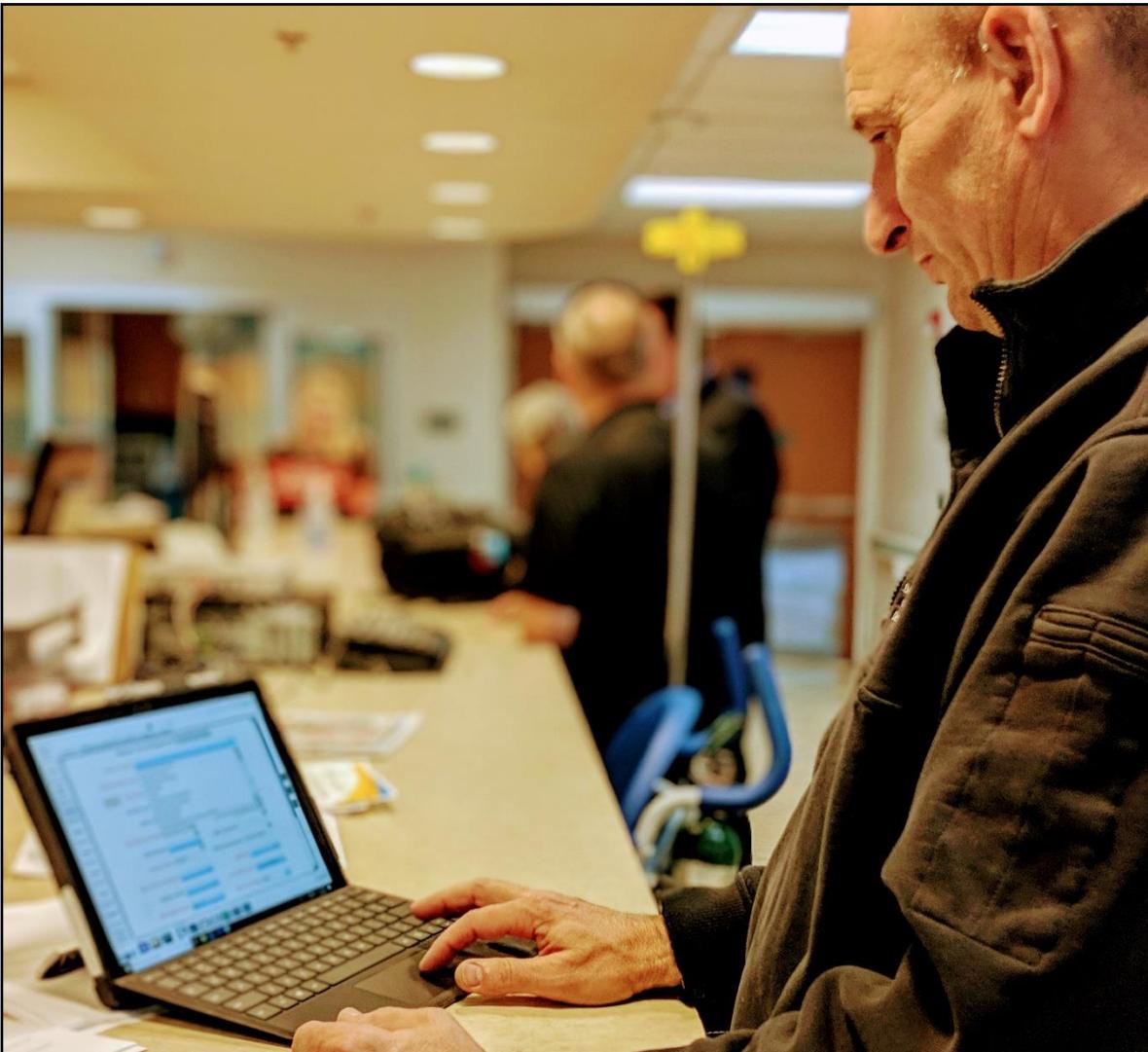
First to share EMS data, using consumable HL7 CDA formats, with a receiving ED in 30 seconds, even prior to patient arrival. The facility can create a transport and/or visit referral request that auto-populates into a PCR, eliminating double-charting.

First to enable regional analytics – including PHI – for use by CP/MIH-type programs on behalf of patients who are exhibiting chronic care, mental / behavioral, or substance use disorders.

First to enable one-touch confirmation of COVID-19 status and other hospital outcomes, with confirmation to the source chart.

First to enable multi-site hospitals to see all incoming transports – to every one of its facilities – on a single screen. Each facility can see inbound transports from all EMS agencies that are connected to the network, and run regional analytics.

TRIPS & T.R.I.O.



COMMUNITY PARAMEDICINE

Community Health and Real-Time Syndrome Surveillance

Built-in Non-Emergency Encounter Scheduling with Recurrence. Transport & Non-Transport. Auto-populates PCR via CAD feed.

Create Patient Profiles for a longitudinal ("over time") view of clinical and social interventions (SDOH), labs and vaccinations.

Care facilities can use BEACON to easily submit a CP/MIH/CHW referral request, which the agency can then review and manage.

Longitudinal reporting to demonstrate CP/MIH/CHW program efficacy and turn actions-impacts into viable economic models.

Create and manage Action Items by crew member and patient.

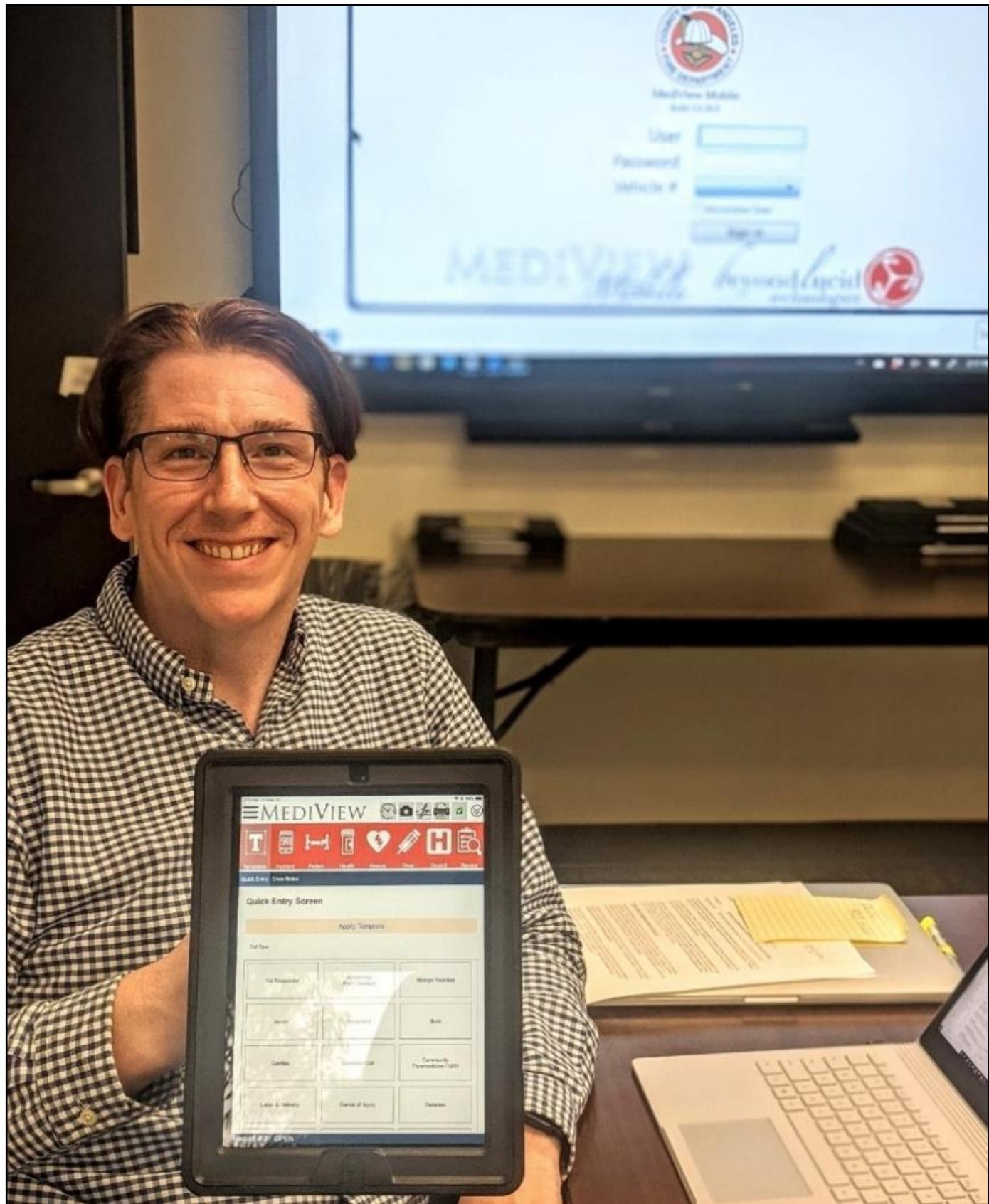
Used by some of America's largest and most complex public health-and-safety agencies to track and manage COVID-19 crew exposures. Deployed across L.A. County Fire in just one week.

T.R.I.O. - "Tracking Readmissions, Interventions & Opiates"

The same features as TRIPS but while CP / MIH / CHW programs focus on keeping chronic care patients at home and/or avoiding hospital admissions, T.R.I.O. programs are designed to expect a possible 9-1-1 transport and transfer to a hospital (in light of the heightened patient acuity frequently associated with overdose).

First EMS-facing HIPAA- & SAMHSA-compliant data exchange network that includes hospitals and non-hospital care facilities. Core focus on high-risk interventions, addiction and overdose.

SPECIALTY CARE REGISTRIES:



POLST, PEDS & PROVIDERS

S.H.I.N.E. Registry

Special Health Information Needs for Emergencies at the Patient's Side

Oregon POLST Registry:

The first registry of end-of-life medical orders designed for real-time Responder access at the patient's side. A.I. and statewide clinician access.

H.E.R.O. Kids Registry:

From the Oregon Center for Children & Youth with Special Health Needs at OHSU, this is America's first registry of medically complex children. Critical context about patients who often cannot speak for themselves.

ProjectBRUCE

Longitudinal Wellness & Health Tools for Use INSIDE Agencies

Industry's first collection of purpose-built tools to facilitate Responder health and wellness tracking "from recruitment to retirement."

In-house immunization registry that can also submit to state IISs. Includes (to date): COVID-19, Hep B, TDaP, MMR, Varicella, Flu. *Additional vaccinations and lab panels can be added on request.*

Mental and behavioral wellness, including tools to identify PTSD risk, and refer to counseling while eliminating feelings of stigma. Responder rehabilitation documentation (Fire, EMS, and Police).

Exposure tracking and occupational health, including referrals to external care. Strict access limits to protect employee privacy.

PROGRAMMATIC GOALS

Downshift OpEx for Mobile Medical agencies and hospital partners – while maintaining clinical excellence and readiness.

Free up bed capacity and reduce unnecessary transports where comparable care can be given in a more suitable setting.

Ensure that local efforts are seen as assistive, not competitive. Prove the value of Mobile Medicine using rich, longitudinal data.

Modernize using connected care models, e.g., tele-technology and real-time interoperability via consumable, standardized data.

Reduce uncompensated care and/or low revenue-high cost calls for net effective revenue increase. Close data holes for a more accurate view of population health & syndromic surveillance.

Improve medication adherence and reduce “harmful habits” such as consumption (actuarial impact).

Improve data quality to reduce risk of errors based on black spots or gaps. Critical where high incidence of chronic disease, SUDs, and behavioral / mental health issues. Lack of reliable and timely data skews analytics—the view of what is actually happening.

Clinical registry integration for more informed care (clinical benefit and risk reduction): POLST / MOLST / POST / MOST forms; health information exchanges (HIEs / HIOs) and prescription drug monitoring program (PDMP) controlled substance databases.

TESTIMONIALS



Wren Nealy • 1st

Chief Operating Officer, Cypress Creek EMS

1mo •

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BLT has been responsive and agile unlike any other PCR vendors in EMS. They had the ability to adapt their product to our idea in a matter of a couple of days. Jonathons response to me was, "love it, let's do it!" It was that simple, on my end. I made the ask and he provided the answer a day later. On day two, we worked out the bugs and we had a working product. They continue to follow us and answer our ask as our needs follow. BLT helps us adapt to this pandemic so we can care for our people. Thank you **Jonathon Feit** and the rest of the BLT team.

#covid19 #waroncovid #crewsafety #pcr #ems #exposuretracking #MIH

EMS, Fire & Hospital Interoperability During the Age of COVID-19

FEATURING

Rio Rico Medical and Fire District, AZ • Mill Creek Volunteer Fire Department, NC

MEDIVIEW ePCR and BEACON Prehospital HIE from Beyond Lucid Technologies

Emergency Reporting Fire and EMS Records Management Software

When asked if the extra work involved in optimizing their technology stack was worth it, Cluff replied: "Yes, because I know you can start these ePCRs without having internet, and when we had power issues [in the field] we could actually start a PCR and that's good. That way you can save that information." As for his advice to other would-be trailblazers, he says, "You have to have patience. I think we've actually made this program more user-friendly than anything else that I've seen."

PRICING OPTIONS

1. Price per chart, subject to year-end “true-up”

- Optional tiers (i.e., \$ up to # PCRs, etc.)

2. Price per device or per ambulance, per year

- If a different unit metric is preferred, please advise.

3. Enterprise-like model

- Can apply to #1 or #2 above
- Capitalize defined % upfront (year 1)
- Only charge for maintenance / support / upgrades in later years
- Capped at certain # of PCRs, devices, ambulances, or years
- Can also build in automatic price adjustments for future years

4. Joint venture (“fully at-risk”) model

- No fees
- All software and support included
- Instead, BLT allocated a % of contract value where deployed

5. Other? Let us know your preferred pricing structure

Now available outside of EMS & Fire!



When one of the world's largest fire departments needed contact tracing deployed in under a week, Los Angeles County Fire chose MEDIVIEW™ TRIPS for COVID-19 Exposure Tracking.

In March 2020, Beyond Lucid Technologies introduced the first-of-its-kind "over time" charting system for compiling suspected & confirmed COVID-19 exposure reports covering 6000 personnel across the Los Angeles County Fire Department. **We deployed the system in five days.**

MEDIVIEW™ TRIPS for COVID-19 Exposure Tracking aggregates monitoring forms over time for contact tracing and follow-ups. TRIPS transforms data to information, empowering managers to determine who should be sent home to get better, and who is ready to return to work. Insights to keep teams large and small safe during the COVID-19 crisis. Let us protect you too.

#BetterIsPossible

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First Deployed By:



Chambers County EMS (TX)
RON NICHOLS, DIRECTOR



Chester County EMS (SC)
BRITT LINEBERGER, DIRECTOR

COVID-19 Vaccine Tracking Appointment Scheduling Appointment Notifications Data Aggregation for Follow-Up*

For All Public Health & Safety Orgs

VaxRegistration.com

Collaborative Real-Time Innovation

#MobileMedicine **IS** #PublicHealth

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*Optional integration to ePCR and CP/MIH software



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The Oregon POLST Registry chose the MEDIVIEW BEACON Prehospital H.I.E.

The longer that people live after a serious diagnosis, the more essential the role of Mobile Medicine in the P.O.L.S.T. process.

A P.O.L.S.T. registry — powered by the MEDIVIEW™ BEACON Prehospital Health Information Exchange — includes a modern, secure and intuitive data entry portal for scale, reliable uptime & statewide access. Only our registry platform builds on an award winning architecture that links Emergency Medical Services with hospitals and HIEs across the U.S. Choose a P.O.L.S.T registry that links the continuum of care when there's no margin for error.



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You take care of patients. We'll take care of you.

"The health and well-being of our crews goes well beyond having them go home. Without a bigger picture of their healthcare needs, we cannot provide for their overall well-being."

Chief Art Groux

Bennington Rescue Squad



ProjectBRUCE
His Legacy, Our Mission

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Technologies & Consulting

Keep Your Colleagues Safe and Healthy From RECRUITMENT to RETIREMENT

- Track All Your Crews' Vaccines & Send to Immunization Registries
- Mental Wellness & Health Tools
- Responder Rehabilitation Tools

Submission to state registries as HL7 or flat files where external upload is supported.