Patient Access: The Untapped Engine of Revenue Cycle Transformation

The revenue that walks out the door, and how to get it back

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THE PATIENT JOURNEY

The provider writes the referral. Then life happens.

1

They never call

The next step slides to the bottom of a busy week.

2

They hang up on hold

They call, they wait, and they give up.

3

They cancel and never rebook

A conflict comes up and the order goes quiet.

Why this leak stays hidden

No denial posted.

No claim rejected.

Just a referral, aging quietly in a work queue.

Nothing technically failed, so it never shows up on a finance report.

SIZING THE LEAK

Small percentages, big dollars

5,000 referrals and orders a month

× **20%** never completed

× **$500** average downstream encounter

= **$500K** lost every month

$6M a year, walking out the door

THE FIX

It comes down to one word: communication

01

Communicate the why

Before the patient leaves the visit

02

Make it easy to say yes

When the patient is ready to act

03

Close the loop

When the referral goes quiet

Patients follow through on what they understand

1. **What it's for**

   The referral or order, in plain language

2. **What's at stake**

   Worsening symptoms, or a condition left untreated

3. **What to do next**

   Exactly who to call, and when

“Call this number, this week, for this reason.”

Urgency, without fear.

Every barrier costs you a patient

1

Proactive outreach

Don't wait for the call. Text, email and calls that make scheduling one step.

2

Staffed for real demand

An understaffed line doesn't just frustrate patients. It loses referrals.

3

AI with a clear exit

Answer every call, around the clock, with an easy path to a person.

BALANCING TECHNOLOGY AND HUMAN JUDGMENT

Artificial Intelligence × Actual Intelligence

AI^2

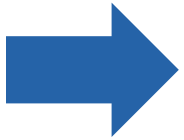
Technology absorbs the volume.

People handle the complexity and the care.

Get an answer, not just an appointment

30 days

with no appointment triggers follow-up by text, email and AI virtual agent



1. **Ready to schedule**
   Book the appointment
2. **Went elsewhere**
   Document it and update the referral or order
3. **No longer proceeding**
   Close it, with the reason noted

PATIENT INSIGHT

Automate the loop, so no referral ages out unnoticed

1

Clean work queues

Staff focus on patients who can still be helped.

2

True leakage, visible

Leadership sees what's really open, and why.

3

Stronger quality reporting

Supports the care-gap measures payers track.

WHAT TO MEASURE

Five numbers that show the leak

Metric	What it tells you
Completion rate at 30, 60 and 90 days	How much care is converting
Days from order to appointment	Where access delays start
Abandoned-call rate on scheduling lines	Whether patients give up first
Open work-queue volume and age	How much is sitting untouched
Follow-up outcomes	Scheduled, went elsewhere or closed

If you can't see these numbers today, that's your first finding.

Start with one question

Of the referrals your providers wrote last quarter, how many became appointments?

If the answer is “we’re not sure,” that’s the opportunity.

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