OUTSOURCE CONSULTANTS

CASE STUDY

HEALTHCARE | MULTI-LOCATION DERMATOLOGY GROUP

Patient experience went to 99%. Costs fell 50%. In that order.

A dermatology management group with more than 60 clinics could see exactly what its care center cost — the invoice arrived every month. What it wasn't seeing was the high quality patient experience that money was supposed to buy. Instead the dermatology group was plagued by weak English on patient calls, agents on the phones before they were ready, and absenteeism that turned coverage into a gamble. And every escalation came at a cost as well.

Enter Outsource Consultants (OC) whose expert CX advisory matched the group to a vetted partner built for clinical scheduling, rebuilt training so no agent takes a live patient call unprepared, and stood up its Vendor Management Office (VMO) to benchmark performance every month, a recurring service to all OC clients that comes at no additional cost.

Results? Quality rose first. The 50% cost reduction followed, because the group stopped paying for its vendor's weaknesses.

99%

patient experience

Score sustained against a 90% goal

50%

cost reduction

$758K saved over two years

60+

clinics

Scaling on one scheduling platform

VERTICAL	SERVICES	FOOTPRINT	GOVERNANCE
Dermatology, 60+ clinics	**Inbound patient scheduling + care**	**Vetted clinical-trained delivery**	**VMO: monthly KPI cadence**

THE STORY IN 20 SECONDS

THE PROBLEM

A 60-clinic group was paying full price for a vendor whose weak English, unready agents, and absenteeism drove escalations it paid for twice.

THE MATCH

An independent match to a vetted clinical-scheduling partner, training rebuilt as a readiness gate, and OC's VMO benchmarking KPIs from day one.

THE RETURN

A 99% patient experience score that has not slipped, an operation the group keeps expanding, and 50% off the cost line.

THE CHALLENGE

Their call center invoice showed up every month. Quality patient experience never did.

The group had already tried outsourcing. The offshore care center handling its patient calls had been selected the way these decisions usually go wrong: without a real test of fit. What the group got was agents with weak English taking calls from patients, a nine-day training program that put people on the phones before they understood dermatology scheduling, and absenteeism high enough that coverage was a daily gamble.

The group was paying real money for this, visible on the P&L every month, and it was not buying the experience metrics that mattered. Worse, the invoice was only the first bill: frustrated patients, escalations climbing to clinic staff who had their own jobs to do, and a scheduling operation that could not scale with a group adding clinics. Every escalation was work the group was paying for twice, once to the vendor who fumbled it and once to the employee who cleaned it up.

Sixty-plus clinics cannot grow on that foundation. The group did not have an outsourcing problem. It had a fit problem.

This is where most multi-site groups stall: they know the vendor is failing, they fear the switching risk more, and the gap between what they pay and what they get keeps compounding at every clinic.

The surface-level fix: Fit first, then price

The group engaged Outsource Consultants to run an independent BPO search. OC screened its network of 300+ vetted BPO partners, each tracked on 100+ performance data points, against the criteria the incumbent had failed: documented clinical scheduling experience, English fluency as a hard gate, and the staffing depth to hold attendance. OC narrowed the market to a shortlist. The group made the final selection. OC does not choose the provider; the client does.

Then the operating model changed. Training became a readiness gate, not a race to the floor: no agent touched a live patient call until they had cleared a rigorous program with tight quality assurance behind it. That is how high-retention operations work. They do it right once, instead of churning underprepared agents onto the phones, where the cost never appears on a vendor invoice but absolutely appears in patient satisfaction. And the gate did not slow the ramp: new agents cleared strict QA benchmarks within 30 days of hitting the floor, the program-wide QA goal was met within 60, and agent occupancy topped 70% by month four and held, turning a coverage gamble into a scalable operation.

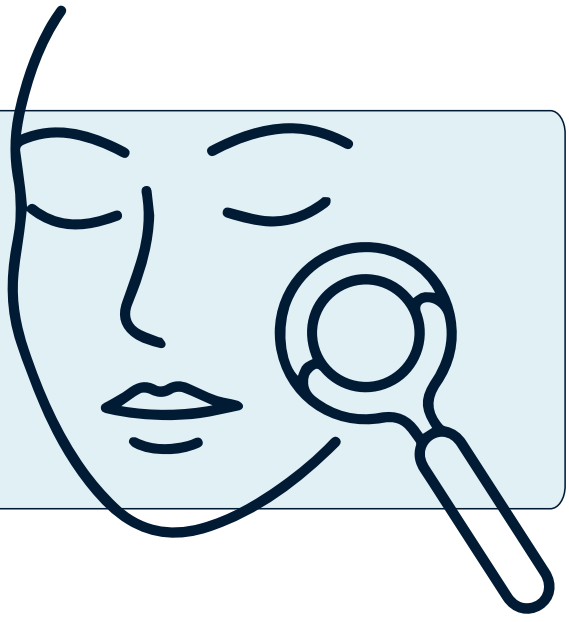
THE RAMP BEHIND THE READINESS GATE

Day 30
new agents cleared strict QA benchmarks

Day 60
program-wide QA goal met

Month 4
agent occupancy topped 70% and held

Most outsourcing does not fail in the selection. It fails in the first 180 days after go-live. So OC's VMO stayed in: benchmarking abandonment, occupancy, quality, and patient experience every month from day one, so leadership did not have to.



ABOUT THE ADVISOR

We tested for what the last vendor botched

The old vendor failed on English, rushed training, and attendance. OC made those failures the test, screened 300+ vetted partners with English fluency and clinical scheduling as hard gates, and handed the group a shortlist. The group picked the winner.

We caught the QA slip before patients did

Most advisors leave at signature. OC stays and measures. When QA dipped under the group's 90% floor, the VMO flagged it that month, coached the gap, and QA rapidly recovered, hitting 93% two cycles later. Leadership never had to intervene.

Savings became the growth budget

Cost-cutters hand you a smaller invoice and leave. OC fixed quality first, then cut the cost line 50%. That freed $758K, and the group put it to work scaling a 60-clinic platform. Same budget, no board fight.

INSIDE THE ENGAGEMENT

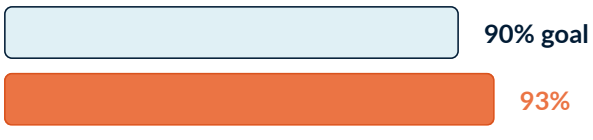
What OC's dedicated VMO actually catches

Two years in, the numbers that matter most are not the launch numbers. They are the ones showing the operation still performs under continuous measurement.

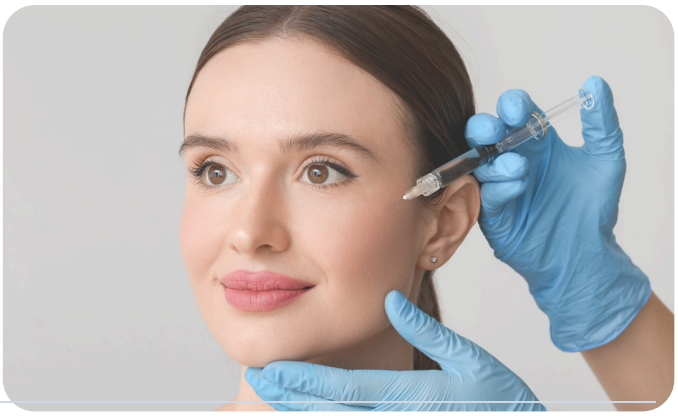
The scoreboard the client set

Every month, performance is benchmarked against goals the group set for itself: abandonment under 7%, quality assurance at 90% or better, patient experience at 90% or better. Recent cycles tell the story. Abandonment has improved cycle over cycle and runs comfortably under the ceiling. The patient experience score has held at 99% every cycle, nine points above the bar. And when the QA score slipped below the 90% goal, the VMO's monthly cadence flagged it; focused coaching followed, and within two cycles QA climbed to 93% and cleared the goal with room to spare.

QA VS THE 90% FLOOR



The VMO flagged the dip that month; within two cycles QA climbed to **93%** and cleared the goal with room to spare.



Training depth became a durable advantage

The training rebuild kept paying off past launch. With a dedicated trainer and a streamlined recruitment-to-training pipeline, training attrition fell to zero in recent cycles: agents who start the program finish it and reach the floor ready. The partner has also recruited agents with medical backgrounds, deepening the clinical bench the group scales on.

Trust that compounded

The clearest signal came from the group itself: it expanded the relationship twice, standing up a dedicated research function and then a data analyst role with the same partner, on top of the core patient-scheduling operation. A leadership site visit found what the numbers already showed, a team with exceptional attendance running a program the group is willing to grow. The vendor the group left was a coverage gamble. The partner it chose became infrastructure.

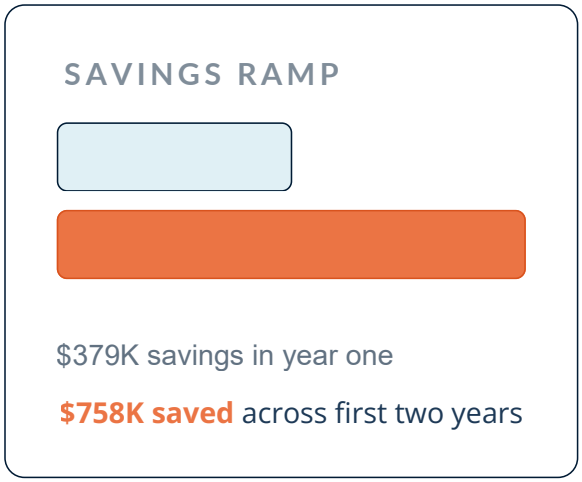
THE RESULTS

Quality first. The savings followed.

Read the results in the order they happened. New agents are productive in 30 days. QA goals met by day 60 and cleared with room in current cycles. A patient experience score of 99%, sustained.

Then, and because of that, the cost line fell 50%: $379K in the first year and $758K across two.

The group stopped paying twice for every fumbled call, and the savings became a budget the growth plan could actually use.



They came back for more

The group extended the partnership beyond patient scheduling, standing up a dedicated research function and adding a data analyst role with the same partner. Expansion is the clearest signal a partnership is holding: the group measured the results, then bought more. Twice.

BY THE NUMBERS

60+
clinics supported by one scheduling operation

30 days
for new agents to clear strict QA benchmarks

99%
patient experience score, sustained

$758K
saved across the first two years

WHO SHOULD CARE

Four ways to read this outcome

Different leaders read this story against different numbers. All four readings are correct.

IF YOU OWN THE MARGIN

The 50% cost reduction was a secondary benefit of the main goal: fixing patient experience

The group was paying a base rate it agreed to and anticipated every month. But it was also paying an invisible surcharge by way of escalations, rework, and coverage gaps, each one billed as staff time at 60+ clinics. The right match eliminates the surcharge and the premium at once, meaning costs can be reduced even as quality improves with the right partner. And the $758K unlocked over two years is a budget that funds the growth plan instead of subsidizing a vendor's weaknesses.

IF YOU OWN GROWTH

You cannot scale on a coverage gamble

A group adding clinics needs a scheduling operation that adds capacity on demand. Absenteeism made the old vendor a ceiling on growth. The new operation holds attendance, trains reliably, and has already absorbed two scope expansions beyond scheduling. That is what a platform looks like: build the operation once, and every new clinic and every new function plugs into it.

IF YOU OWN THE EXPERIENCE

Patients hear the difference before you see it

Weak English on a patient call is an experience failure in the first sentence. The fix was not a cheaper script; it was fluency as a hard gate, a readiness bar cleared before any live patient call, and a patient experience score benchmarked monthly. That score has held at 99% against a 90% goal, cycle after cycle.

IF YOU OWN TECHNOLOGY + RISK

Switching vendors is a risk decision. So is staying.

Every healthcare BPO in OC's network is vetted for HIPAA readiness before it can be recommended, with the documentation your review starts with: BAA process, SOC 2 reporting, incident-response protocol. And the transition risk that keeps groups locked into failing vendors is exactly what a managed match plus the VMO's monthly cadence is built to absorb.

THE TAKEAWAY

Three things to take from this story

01 **Audit what the invoice buys, not just what it costs.** Escalations, rework, and absenteeism are real costs paid at every clinic. Fixing fit removes the tax and the premium at once.

02 **Gate the floor, not the budget.** The old program put agents on phones before they were ready; the new one holds them until they clear QA. That gate was the difference between escalations and a 99% patient experience score.

03 **The match matters, but the monitoring is why it holds.** When QA slipped below the goal, the VMO's monthly cadence caught it and closed it within two cycles. Build the cadence in from day one.

Your outsourced care center is either building patient trust or spending it. There is no neutral.

A 30-minute conversation with our healthcare CX advisors will tell you which one you have, and what the wrong match is costing you. No cost, no obligation, no pitch deck.

Let's Talk outsource-consultants.com 888.766.4482

OUTSOURCE CONSULTANTS

Outsource Consultants | Independent CX advisory | Client details blinded to protect confidentiality