OUTSOURCE CONSULTANTS

CASE STUDY

HEALTHCARE | MULTI-SITE PROVIDER GROUP

Turning missed calls into booked visits. $2.05M came back.

A multi-site orthopedic group was losing one in four scheduling calls before anyone answered– and they knew they needed patient support assistance that could capitalize on calls being missed by their internal team.

Outsource Consultants (OC) was tasked with finding the right BPO for their dedicated patient support, matching the practice to a scheduling partner with documented medical-group experience.

To drive faster results and ensure top-tier patient support, OC stood up a dedicated Vendor Management Office (VMO), an expert CX team for every OC partner brand, to hold a monthly performance cadence.

Within twelve months, the phone line went from the biggest leak in the business to its cheapest growth engine.

96%
answer rate, up from 77%

+34%
booked appointments in year one

$2.05M
recovered revenue on capacity already paid for

VERTICAL	SERVICES	FOOTPRINT	GOVERNANCE
Orthopedics, multi-site	**Appointment scheduling + after-hours**	**US onshore, EMR-integrated**	**VMO: monthly KPI cadence**

THE STORY IN 20 SECONDS

THE LEAK

1 in 4 scheduling calls went unanswered; revenue was being drained via missed opportunities on unanswered calls from an existing headcount.

THE FIX

An independent patient support match to a medical-group scheduling partner, with OC's VMO benchmarking performance monthly.

THE RETURN

96% answer rate, +34% bookings, $2.05M recovered; coverage expanded into after-hours.

THE CHALLENGE

One in four scheduling calls went unanswered

Demand was rising within the multi-site orthopedic care group. But hiring was not keeping up. The practice could not recruit and retain enough schedulers to cover its own call volume, and the gap showed up exactly where you would expect: on the phones. Roughly one in four calls to schedule care went unanswered.

Every one of those calls is a patient who does not get scheduled, a referring office that quietly starts sending patients somewhere more reliable, and revenue leaking out of clinical capacity the practice already pays for.

The leak never shows up as a line item. It shows up as flat visit volume while demand grows, and it compounds every quarter it goes unfixed.

This is where most provider groups stall: they know the leak is expensive, they know they cannot hire their way out, and they do not trust the alternative.

Hiring more people, faster was not going to fix it

The practice had already tried the obvious answer: recruit more schedulers, backfill turnover, repeat. Retention made that model structurally fragile. Every resignation reopened the leak, and the market for scheduling talent was not getting easier.

The other obvious answer carries its own risk. Hand scheduling to a generalist call center and you get agents learning medical-group workflows on your patients. In healthcare, a bad outsourcing match does not just underperform; it damages the exact experience you were trying to protect.

THE APPROACH

The fix started with who answers the phone

The practice engaged OC to run an independent search. OC screened its network of 300+ vetted BPO partners, each tracked on 100+ performance data points, against one non-negotiable: documented medical-group scheduling experience inside the practice's own scheduling workflow. No generalists, no six-month learning curves.

OC narrowed the market to a shortlist. The practice made the final selection. OC does not choose the provider; the client does. That is what independence looks like in practice, not in a brochure.

ABOUT THE ADVISOR

OC unlocked $2.05M

OC's job was not finding new demand; it was catching revenue that was already dialing in and hanging up. The answer rate went from 77% to 96%, and $2.05M came back on clinical capacity the practice had already paid for.

OC found medical scheduling experts no one else could

One non-negotiable governed the entire patient support search: documented medical-group scheduling experience inside the practice's own workflow. OC screened its 300+ vetted partners down to the top vendors who had it, and the practice made the choice.

OC stayed after the ink dried

Most advisory ends at the signature, which is exactly when outsourcing fails. OC's VMO benchmarked the program monthly at no cost, caught a seasonal spike that pushed answer speed to 86 seconds, and drove it back to 22 before patients or referrers ever felt it.

How the patient support numbers held, month to month

A strong first-year headline is one thing. But continual improvement is what sets OC apart.

The patient scheduling engine

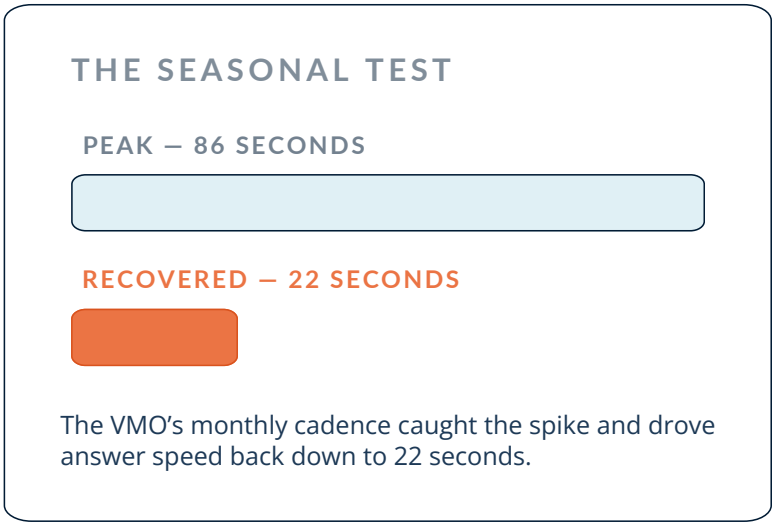
At steady state, the outsourced team fields tens of thousands of scheduling calls a month and books roughly 18,000 appointments in a typical month, converting about 40% of all inbound calls into a scheduled visit. That conversion rate is the number a practice leader should watch: it means the phone line is functioning as a booking channel, not a switchboard.

Quality held while volume scaled. Scheduling error rates ran between 1.0% and 1.2% against an industry average of 3% to 5%, and improved month over month. Provider-preference complaints, one of the most common failure points when outside schedulers work a specialty group's calendar, dropped significantly as the team mastered the practice's protocols.

Orthopedic care is unique. Enter the seasonal test.

Every scheduling operation eventually meets a volume surge that exposes its weaknesses. During one seasonal peak, average speed to answer climbed to 86 seconds.

The VMO's monthly cadence caught it, capacity and workflow adjustments followed, and average speed to answer came back down to 22 seconds.



The VMO's monthly cadence caught the spike and drove answer speed back down to 22 seconds.

The recovery is the point: the practice did not have to notice the problem, escalate it, and hope. The governance structure OC keeps in place catches experiential hiccups that often go unnoticed. Better yet, it solves them proactively.

THE RESULTS

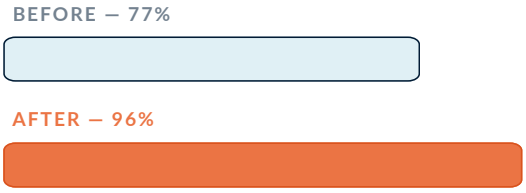
Twelve months later, the phone line became a revenue channel

The recovered revenue was not new demand, a new location, or a new service line. It was revenue that was already calling in and hanging up.

They came back for more

Within a year, the group extended its outsourced coverage into after-hours. **Expansion is the clearest signal a partnership is holding:** the practice measured the first twelve months, then bought more.

CALLS ANSWERED



The answer rate went from 77% to 96%: a 19-point lift on capacity already paid for.

BY THE NUMBERS

51K+	+19 pts	12 mos	24/7
appointments booked in Q4	answer-rate improvement	to a measured turnaround	after-hours coverage added

Four ways to read this outcome

Different leaders read this story against different numbers. All four readings are correct. And OC makes life easier for every healthcare stakeholder.

IF YOU OWN THE MARGIN

A recovered-revenue story, told straight

Provider-group scheduling largely requires US-based staffing, so the labor-cost window is real but capped. Anyone leading with a dramatic savings number on this work is selling you something. The economics that matter: $2.05M recovered on clinical capacity that was already fully paid for, with the program's operating savings funding it along the way.

IF YOU OWN GROWTH

Access is the cheapest growth lever

Every orthopedic visit starts with an access event. This practice added tens of thousands of booked appointments in a year without adding a provider, a location, or a service line. That is the reframe this story earns: the contact center stopped being a cost line and became the growth engine. The savings were never the point; what you do with them is.

IF YOU OWN THE EXPERIENCE

Patients meet your phone line first

An unanswered scheduling call is an experience failure before it is a finance problem, and it is the failure patients repeat to the referring office. The fix was not a script. It was consistent coverage by agents who already knew medical-group scheduling, with quality benchmarked month over month so erosion gets caught early.

IF YOU OWN TECHNOLOGY + RISK

A vendor-risk decision before anything else

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. AI readiness is screened as a first-order criterion, and the work runs inside your existing scheduling workflow.

Three things to take from this story

01 **You cannot hire your way out of a scheduling leak.** If retention is the root cause, more recruiting is a treadmill, not a fix.

02 **For a provider group, who answers the phone is a revenue decision.** A 19-point answer-rate lift was worth $2.05M here, on capacity already paid for.

03 **The match matters, but the monitoring is why it holds.** Most outsourcing fails after signing, not during selection. Build the VMO cadence in from day one.

Your scheduling line is either leaking or compounding. There is no neutral.

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

Let's Talk outsource-consultants.com 888.766.4482

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