ILLUSTRATIVE OPERATIONAL ASSESSMENT

THE PROBLEM IS IN THE HANDOFFS.

A sample look at how interconnected workflow failures can affect access, team capacity and revenue-cycle execution.

THE FICTIONAL ORGANIZATION

Example Practice A | Independent outpatient practice | One location | Three clinicians | Mixed-payer environment

Leadership believes rising front-desk workload is the main problem. OO7 tests that assumption by examining what happens *between* scheduling, clinical operations and billing.

THE REVIEW LENS / EXAMPLE EVIDENCE SET

Staff walkthroughs · Call and callback logs · Schedule changes · Pre-visit exception queues · Claim-edit and denial worklists · Existing SOPs

A PATIENT JOURNEY IS ALSO AN OPERATIONAL JOURNEY

01	02	03	04	05	06
INQUIRY	SCHEDULING	PRE-VISIT	VISIT	CLAIM	FOLLOW-UP

EXECUTIVE INTERPRETATION / ILLUSTRATIVE

The visible symptom: The front desk is overwhelmed, follow-up feels inconsistent, and revenue-cycle rework is growing.

The deeper question: Are unclear ownership, disconnected handoffs and underused tools creating repeated work across departments?

OO7 approach: Validate the sequence first. Do not prescribe more hires, a new platform or a promised savings figure before the evidence supports it.

WHAT THE SYMPTOMS MAY BE HIDING.

Three connected example findings. Observations, causes and actions below are invented to demonstrate analytical structure—not measured OO7 client results.

01 PATIENT ACCESS

Missed requests are a visibility problem.

OBSERVED SIGNAL

Calls and voicemail tasks queue during peak periods. Callback ownership changes by shift, and cancellations are not consistently offered to waiting patients.

WORKING HYPOTHESIS

No named queue owner or clearly defined handoff / escalation rule. Extra staffing may not solve the primary defect.

WHAT TO VERIFY

Reconcile timestamps across phone activity, callback completion, scheduling availability and cancellations. Map the actual workflow before redesign.

02 PRE-VISIT & BILLING

Rework starts before the claim.

OBSERVED SIGNAL

Eligibility or required payer steps may remain unresolved until the day of service. Billing reports avoidable edits but the error origin is not consistently categorized.

WORKING HYPOTHESIS

Front-end and billing responsibilities are split without clear completion criteria or a shared exception process.

WHAT TO VERIFY

Trace a sample from registration through submission. Group claim edits and denials by preventable cause, volume and owning step.

03 TEAM & TECHNOLOGY

The work exists in too many places.

OBSERVED SIGNAL

Staff use EHR tasks, email and side spreadsheets to coordinate the same work; unresolved items do not have one reliable status view.

WORKING HYPOTHESIS

An unclear operating process and inconsistent system adoption create duplicate steps and weak accountability.

WHAT TO VERIFY

Shadow staff by role, compare SOPs with real work, review queues and identify duplicated entry and unresolved tasks.

THE CONNECTION: Fragmented ownership can create missed access opportunities, avoidable rework and delayed billing. Each link must be verified.

FROM FINDINGS TO A WORKABLE PLAN.

A practical example of how OO7 could translate a scoped assessment into priorities. The roadmap is illustrative. An in-depth assessment is paid and separately scoped; implementation support is optional and separately scoped.

PRIORITIZED ACTION ROADMAP / PROPOSED

0–30 DAYS

STABILIZE

Assign callback ownership; standardize pre-visit exceptions; define escalation and closeout rules. Establish baseline data definitions.

31–60 DAYS

REDESIGN

Map the actual patient-to-claim journey; remove duplicate work; refresh role-based SOPs; adjust existing EHR queues before evaluating new tools.

61–90 DAYS

VALIDATE

Review trends weekly; audit exceptions and staff adherence; refine workflow capacity. Decide whether additional systems or support are warranted.

WHAT THE ASSESSMENT PRODUCES

01 **Current-state workflow map**
Where requests, work and decisions move.

02 **Finding and root-cause register**
Evidence, uncertainty, impact and priority.

03 **90-day recommended action plan**
Sequence, responsible roles and dependencies.

04 **KPI baseline & review cadence**
Measures, source systems and accountable owners.

A MEASUREMENT PLAN

Patient access: callback completion within agreed timeframe; available appointment capacity.

Revenue cycle: clean-claim rate, charge lag, actionable denials and billed A/R aging using consistent definitions.

Execution: unresolved task age, exception closure and workflow adherence.

RESEARCH-INFORMED FRAMEWORK

AHRQ: workflow mapping and team responsibility [1] · HFMA: standard revenue-cycle KPIs [2] · MGMA: patient access priorities [3]

Sources and links are embedded in the PDF. No fictional outcomes are represented as measured results.

BEGIN WITH A COMPLIMENTARY 15–30 MINUTE INITIAL EVALUATION

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