



# **The Patient Access Maturity Matrix:**

*Key Drivers for Efficient Operations*



**3 out of 4 patients want the ability to book appointments online or from a mobile device**

**75% of providers rate the quality of patient scheduling and communication as “very important” to the patient experience.**



Half of U.S. consumers value access to care even more than cost effectiveness of care. Yet 32% rate their access to care as below average—and it’s a finding that has significant implications for provider performance.

Medical technology has advanced exponentially in recent decades, dramatically improving healthcare delivery and outcomes. But patient access—the ability of patients to receive care when they need it—is equally important. It’s also vital to both healthcare organizations’ operational performance and the patient experience.

When leaders effectively manage and facilitate patient access, they give their organization an edge in managing complex conditions, which improves performance under value-based care models—and, in turn, health outcomes and revenue. Providing simpler and more timely access also promotes loyalty and builds patient trust at a time when consumers are losing trust in healthcare.

Yet too often, barriers to patient access erode the patient experience and put health outcomes at risk. It’s a challenge many organizations struggle to overcome.

**But 47% of providers believe patient access is worse than it was two years ago.**

# Common Barriers to Patient Access

*Healthcare organizations struggle to give patients the level of access, service and convenience they crave while optimizing operational efficiency—and it's putting patient loyalty at risk.*

## Frequent obstacles to patient access include:

- **Challenges managing provider preferences and scheduling rules across multiple locations.** [A recent Relatient survey](#) found that 31% of providers say managing individual preferences is their top scheduling challenge. Notably, 58% rely on internal staff knowledge (vs. intelligent rules) to navigate the issue. This becomes a high-risk problem when staff turnover occurs.
- **Highly manual processes.** Many organizations still rely on manual documentation and processes – like spreadsheets and sticky notes – to keep track of scheduling rules across providers and locations. This can lead to scheduling errors that delay access to care, pushing patients to seek care elsewhere.
- **Barriers in navigating patient flow, wait times, and changing levels of demand.** Managing care workflows is a deeply complex task. No-shows, seasonal increases in demand and staff fluctuations are just a few things that impact patient access and throughput. When healthcare organizations don't have the right tools to manage changes in demand, such as intelligent waitlists and solutions that streamline intake, they risk longer wait times and scheduling breakdowns that keep patients from receiving needed care as soon as possible.
- **Difficulties building in time to connect with patients.** The business case for streamlined patient intake and scheduling is strong: One recent survey found **three out of four patients** have not had a positive healthcare experience in the last three months. Long wait times but short appointment times can cause patients to feel [undervalued and disconnected](#) from their providers. Putting the tools in place to ease throughput can avoid backlogs while improving patient loyalty by giving them more facetime with their care teams.
- **Challenges maintaining stable staffing in a rapidly changing market.** Within the next five years, the United States is expected to face a [shortage of more than 3.2 million healthcare workers](#). When organizations struggle to manage patient access and throughput, the potential for clinician and staff burnout rises, increasing the risk that staff will leave the organization. Short-staffed organizations tend to have longer wait times, delayed responses to patients, and an inferior patient experience, which can negatively impact an organization's bottom line.

These are challenges organizations have attempted to address by adopting patient engagement tools such as patient portals, mobile friendly communications, payments, online self-scheduling and automated chat. However, they commonly struggle to find the right balance in two areas: **operational maturity and the patient experience.**



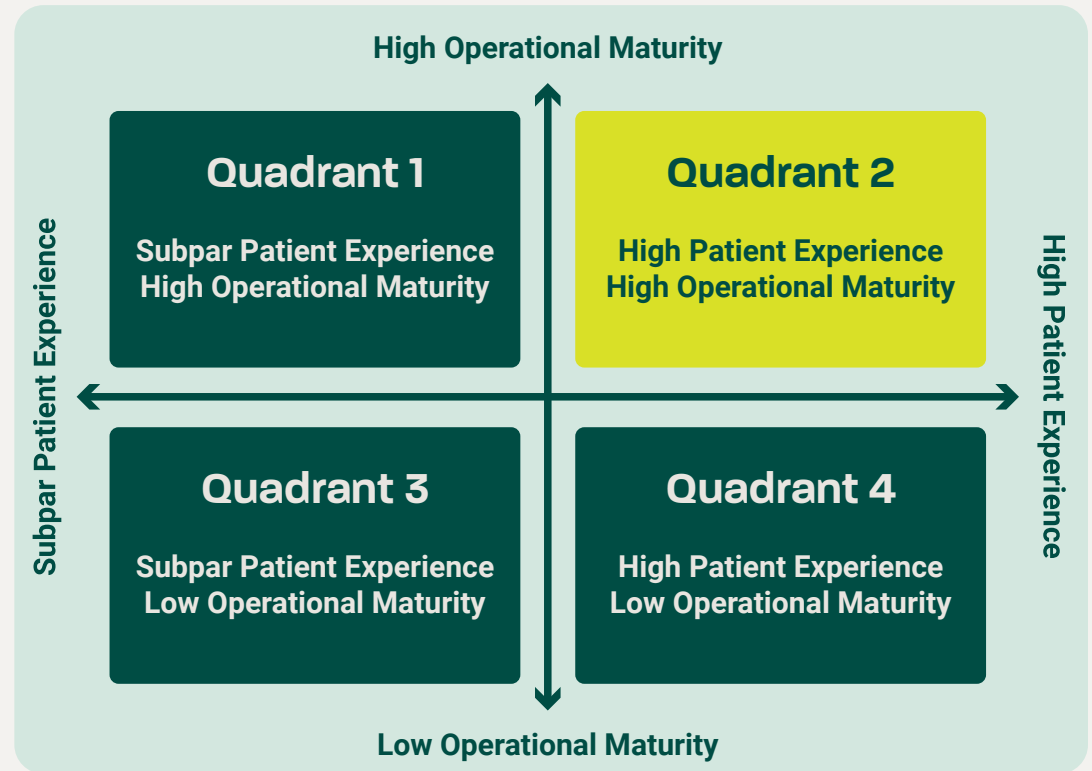
# The Patient Access Maturity Matrix

Two key metrics define a healthcare organization's success in attaining the level of access consumers want and the efficiency and effectiveness providers need:

- **Operational maturity.** Operational maturity describes an organization's success in establishing internal processes and leveraging technology to accommodate provider preferences and simplify operations. This includes processes associated with patient access, from scheduling to patient throughput.
- **Patient experience.** Patient experience measures the degree to which patients feel empowered to engage with the organization on their own, including their ability to quickly find providers, schedule appointments, communicate easily, complete preregistration, undergo financial clearance, and pay for their care. It also extends to their ability to view and track personal medical information, ask follow-up questions and coordinate the next steps in care.

Most of today's healthcare organizations and practices score well on one of the essential metrics—either high experience or high operational maturity—but not the other. These organizations flounder in either Quadrant 1 or Quadrant 4 and struggle to get to Quadrant 2, defined by high scores on both metrics.

Let's look a bit closer at common challenges and experiences in each quadrant.



*Providers hope to build organizations that offer both a high patient experience and high operational maturity.*





## Quadrant 1: Subpar Patient Experience. High Operational Maturity

Organizations that fall into this quadrant typically have patient access solutions at their disposal, but they struggle to make good use of these tools. Moreover, patient portal adoption is often low. These organizations also face challenges in consolidating tools from multiple vendors and struggle to develop a coherent IT strategy.

### Quadrant 1 organizations may have:

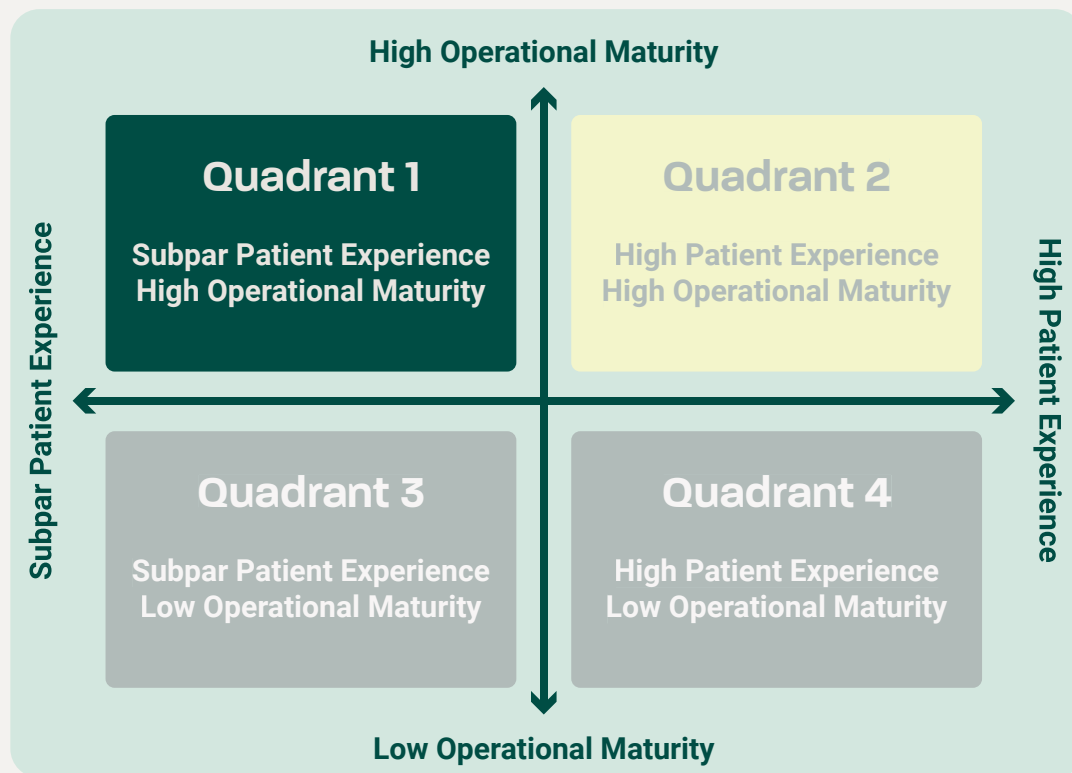
- Balanced provider schedules with limited errors
- Basic appointment notifications and scheduling options within the patient portal
- Optimal staff training and onboarding

### But they may lack:

- The ability to keep patients empowered and engaged through digital, mobile-friendly channels that enable them to manage their care experience
- A coherent, consolidated technology strategy that aligns with key business priorities and minimizes the number of vendors an organization has to manage
- Personalized, automated communications, such as online chat or patient-specific reminders

Low use rates of patient portals typically come down to cumbersome experiences in leveraging this technology. For one, patients must remember their username and password to log onto the system. For another, consumers often find them [difficult to navigate](#), and the perception of complexity increases among lower-income consumers, those with are in poor health, and other demographics. As a result, the percentage of patients who opted to pay bills via a portal within the last year is less than the number of patients who [chose to pay in person](#).

This is an instance where offering multiple, integrated options and access points—including mobile options for patient scheduling, check-in, communication and payment—could allow patients to feel empowered, while ensuring organizations don't miss out on vital payment or appointment opportunities.



## Quadrant 2: Superb Patient Experience. High Operational Maturity

For organizations in this quadrant, most aspects of patient access and operational efficiency work quite well. These organizations often seek help in maintaining their competitive edge and making better use of human capital.

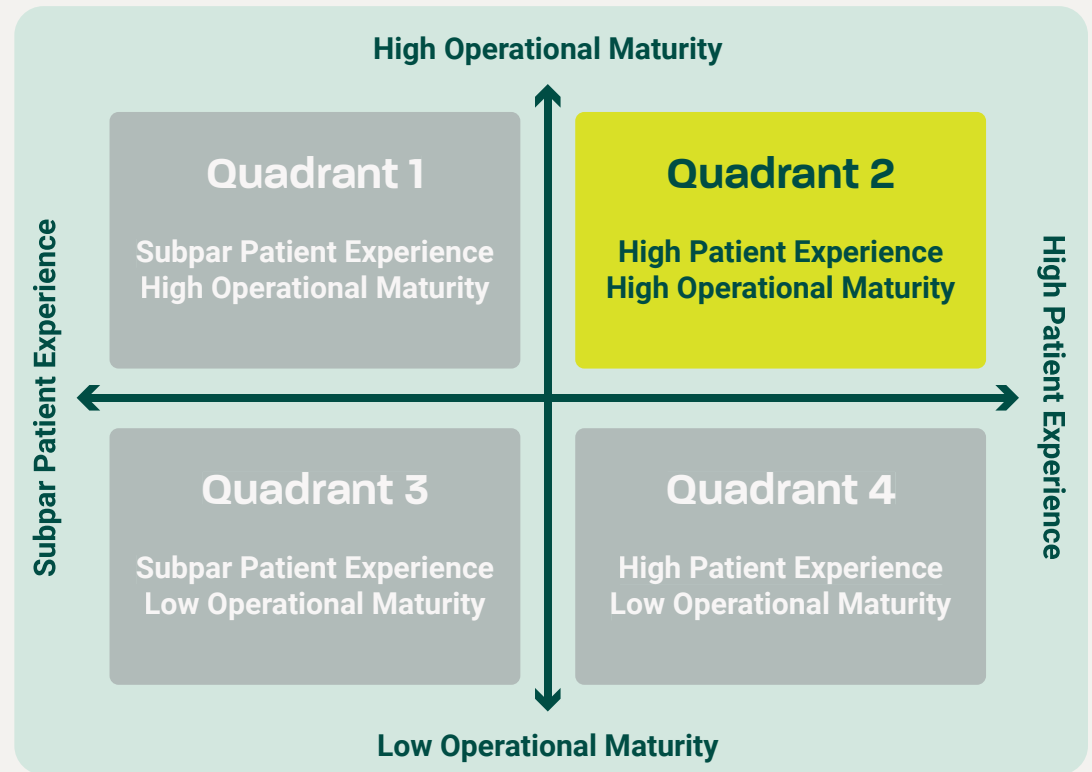
### Quadrant 2 organizations may have:

- Providers who are working at full capacity and at the top of their license
- Online access channels, such as self-scheduling and two-way chat
- Proactive patient communication strategies, such as actionable reminders, health maintenance campaigns and more
- Staff who are able to focus on high-value work, patient satisfaction and quality assurance

### But they may lack:

- A detailed view into their patient access performance, typically due to lack of data. Without this data, these organizations may struggle to set goals for performance or develop a strategy for continuous improvement.
- The ability to select and implement new solutions that:
  - Provide real-time analytics to measure scheduling efficiency and patient engagement
  - Put consumers in control of the patient's journey, such as through online scheduling, actionable communications, access to care information and the ability to view and pay their bill
  - Support a proactive patient access strategy
  - Offer a variety of ways for patients to get in touch with providers or administrative staff, whether through portals, secure two-way text, or after-hours responses

Organizations in Quadrant 2 understand that operations and tools must work together to provide seamless care and service, and they value the overall patient experience as a core success metric. But these organizations can't remain complacent. To maintain their edge in the market, they must continually measure outcomes, set goals, and iterate and smartly onboard technology that will further ease operational burden on their staff while enhancing the patient experience.



## Quadrant 3: Subpar Patient Experience. Low Operational Maturity

Organizations in Quadrant 3 possess the biggest opportunity to grow by improving operational workflows and implementing digital solutions that improve the patient experience.

### Quadrant 3 organizations may have:

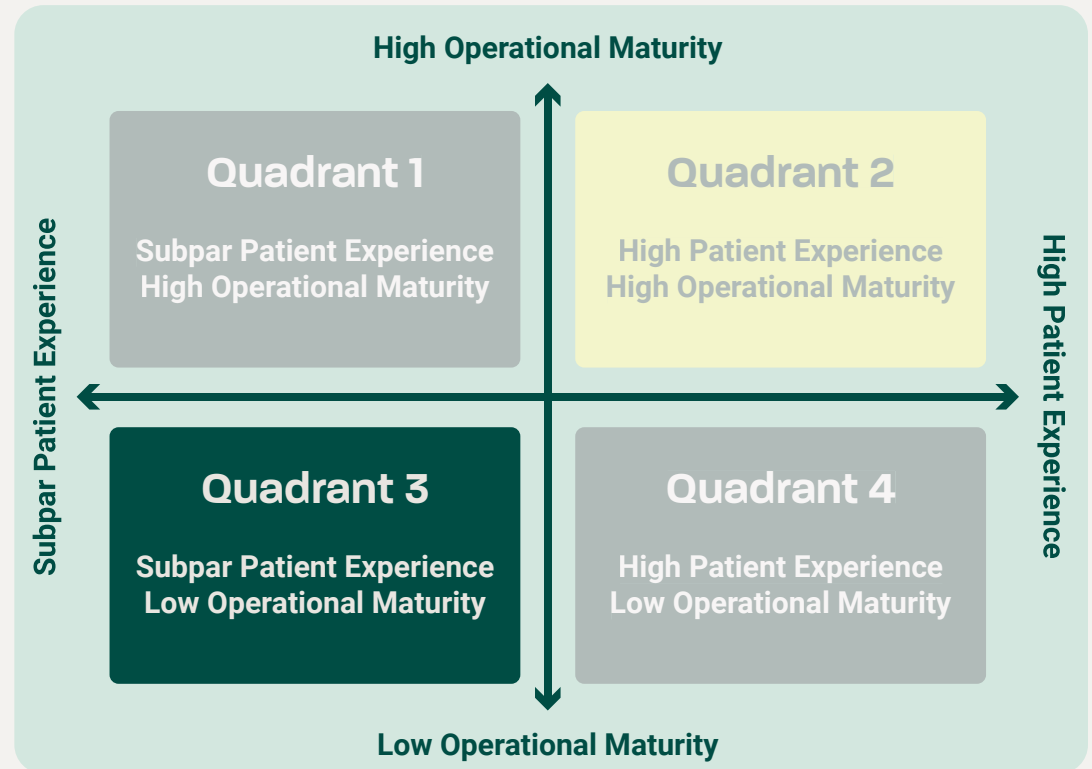
- A highly loyal patient population that was built years ago
- Undocumented and non-automated provider preference rules that create barriers to access
- A minimally used and moderately effective EHR/patient portal that has a low adoption rate
- Outdated, manual patient access processes that rely largely on multiple phone calls and paperwork

### But they may lack:

- Modern, intelligent patient scheduling and engagement channels
- Interoperability and data management
- Digital intake and automation tools
- Balanced provider schedules which accurately reflect individual preferences and rules

Organizations in Quadrant 3 are in the least advantageous position on the matrix. That's because they haven't fully engaged with their patient population or implemented the necessary technology and business processes to maintain a successful practice in a competitive landscape. Just 5-10 years ago, these providers might have been thoroughly up-to-date and even had an edge in the market. However, their inability to keep up with the continued rise of consumerism and digital advances may have left them behind.

These organizations may have an EHR or practice management system in place, but they tend to rely on only basic portal functionality to get by. Their processes are often clunky, and patients generally have only one or two access points into the organization, likely via phone call. This predictably offers an inferior patient experience and sometimes leads to patients seeking a new provider.





## Quadrant 4: High Patient Experience. Low Operational Maturity

These organizations generally deliver a high-touch patient experience that requires a lot of manual work on the part of staff. They often seek help automating manual processes and identifying ways to scale easily to support future growth.

### Quadrant 4 organizations may have:

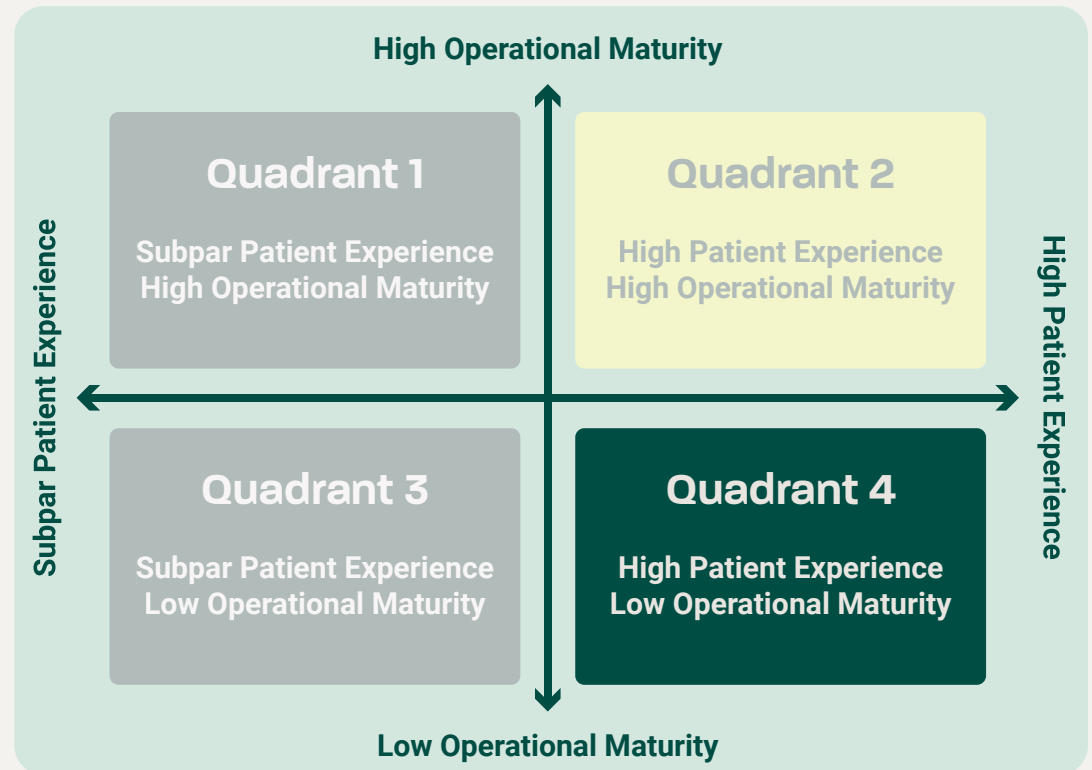
- Passionate, highly trained and engaged staff
- Fully booked patient schedules
- Satisfied and engaged patients
- Physicians working at full capacity and at the top of their license

### But they may lack:

- The ability to prevent burnout: High-touch processes wear on employees, and it's hard to train and retain great staff
- Automated tools that help staff keep track of physician preferences and office protocols, eliminating the need to keep office-particular information in their heads or in binders
- Simple ways to train new staff
- Automated patient processes for online booking and confirmation (e.g., Q4 organizations may offer less mature “request an appointment” features vs. true self-scheduling), waitlisting and referral intake

Organizations in Quadrant 4 have happy and engaged patients, but they must address gaps in their operational efficiency to ensure staff are likewise fulfilled. Requiring staff to continuously engage in manual processes will contribute to burnout, which has diminishing effects on both the patient experience and the provider's own stability, revenue, and growth.

While high-touch processes may work for now, automating tasks and implementing improved workflows will ensure an organization can scale, while reducing staff burnout and turnover.



# Getting on the Path to Patient Access Maturity

Once leaders identify where their organization falls on the matrix, the next step is to develop and execute a plan to move forward. By following a planning cycle such as DMAIC (define, measure, analyze, improve, control), organizations can take the critical first steps toward improving patient access maturity.

Often, organizations may find that their challenges stem not just from one, but multiple areas of patient access or operations. For instance, it's not uncommon for organizations to realize that they not only need to add scheduling automation capabilities, but also invest in upgrades that strengthen patient outreach and simplify patient intake.

As an example, here's how using the DMAIC framework can help guide the organization toward more effective scheduling processes and functions.



# Getting on the Path to Patient Access Maturity

Once leaders identify which quadrant their organization falls within and establish a DMAIC plan for improvement, two other factors are critical: **establishing a timeline and maintaining maturity.**

The timeline should specifically document which steps or operations the organization will have in place by specific dates.

Timelines will vary depending on factors such as size and organizational complexity, current budget and resources, growth rate and how programs align across strategic initiatives for the business.

It's important to remember that part of the DMAIC cycle involves maintaining maturity. Even organizations that are already in Quadrant 2, the optimal matrix position, cannot remain content with their current success. Almost every factor that is part of the provider-patient equation is likely to change: Not only do patient populations, demographics and engagement preferences evolve, but provider and staff resources will fluctuate, and a changing regulatory environment will affect both the types of services providers can offer and the methods they use to offer those services.





# Strengthening Operational Maturity: Top Areas of Focus

## CHALLENGE → SOLUTION

**Challenge:** Inefficient appointment scheduling can lead to long wait times, unbalanced provider schedules, scheduling errors, and dissatisfied patients.

**Solution:** Implement intelligent, rules-based scheduling to simplify patient scheduling and automate provider preferences.

**Challenge:** Staff rely on manual processes such as data entry or tracking provider rules in offline resources such as binders or spreadsheets, resulting in decreased efficiency and increasing the likelihood of scheduling errors.

**Solution:** Implement automated scheduling tools, integrated intake processes and forms, automated chat, and “digital diversion” tools that route patients off the phone toward online solutions.

**Challenge:** Provider burnout, exacerbated by inaccurate scheduling and inability to practice at the top of their license.

**Solution:** Intelligent, rules-based scheduling helps to balance provider schedules and ensure they are practicing at the top of their license.

**Challenge:** Patient collections are slow and cumbersome, often taking place by mail or via portals—and consumers are slow to engage, strangling cash flow.

**Solution:** Implement balance notifications with mobile payment solutions that enable patients to pay from their phones without logging in, creating a profile or referring to a paper bill. Also important: Offer payment plans with built-in notifications.

**Challenge:** Insufficient data analytics and performance metrics. Without the ability to measure key performance metrics such as provider utilization, call volume, no-show rates and more, healthcare leaders may struggle to measure performance and identify areas for improvement.

**Solution:** An analytics-driven, intelligent scheduling and engagement solution that empowers organizations to track metrics on a daily or regular basis, identifying actionable data trends and opportunities for improvement.

# Strengthening the Patient Experience: Top Areas of Focus

## CHALLENGE → SOLUTION

**Challenge:** Long wait times and constant phone tag make it difficult for patients to communicate their needs and get answers to their questions.

**Solution:** Provide clear points of access for patients to reach out with questions or concerns, but also prioritize investing in an online chat solution that enables staff to provide direct responses to common patient inquiries or quickly route to different departments within the organization.

**Challenge:** Inconsistent appointment volume due to patient leakage and poor retention rates.

**Solution:** An improved overall patient experience that builds patient loyalty and reduces customer leakage through proactive scheduling and personalized and targeted communications based on patients' healthcare needs, preferences, and demographics.

**Challenge:** High no-show rates.

**Solution:** Actionable reminders and alerts that notify patients about upcoming appointments, with key details and options to digitally reschedule or cancel right from their phone.

**Challenge:** Long, duplicative, paper-heavy intake processes that can cause patient frustration, additional time, and lead to repetitive data inputs.


**Solution:** Invest in e-Registration solutions that automate the intake process, enabling patients to complete necessary paperwork online, ahead of time, streamlining the intake process, reducing bottlenecks and staff burden, and improving patient experience.

**Challenge:** Losing patients to competitors and failing to fill gaps in provider schedules.

**Solution:** Implement intelligent online scheduling and digital access tools to support patient demand and to acquire more patients online.



# A Call to Action for Healthcare Leaders



Ultimately, both higher revenue and better patient outcomes depend on high patient experience and high operational maturity.

Both of these components are essential to healthcare organizations' ability to survive and thrive amid staffing shortages, clinician burnout, rising costs, declining margins and patients' desire for a consumer-oriented experience.

Organizations that maintain high operational maturity and a strong patient experience not only strengthen patient loyalty but improve efficiency, build a positive reputation, and gain an edge over their competitors.

Want to continue the conversation?

**SCHEDULE A DEMO**





**Better patient engagement leads to better patient revenue. Dash® by Relatient delivers with the best-in-class scheduling and communication tools.**

**For more information or to schedule a demo,  
visit [www.relatient.com](http://www.relatient.com)**

### **About Relatient**

At Relatient, we believe that the key to better health is better access. Better access lies at the intersection of scheduling and communication. Our Dash® platform combines best-in-class patient self-scheduling and centralized scheduling with modern two-way patient communication tools to provide better access for patients, better utilization for providers, and better outcomes for all.

**RELATIENT**