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Case Study

Resolving Prior Authorization & Front-Desk Challenges for a Major Gastroenterology Practice

EXECUTIVE SUMMARY

A leading multi-division gastroenterology practice in Florida partnered with us to streamline front-end operations. For one division, we optimized the prior authorization process, achieving approvals 21+ days in advance, reducing appointment reschedules from 30% to 0.2%, and increasing staff productivity by over 95%. Simultaneously, our Virtual Assistance team improved appointment scheduling across the practice—reducing patient call wait times by 60%, lowering no-show rates by 70%, and increasing provider appointments by 40%. These targeted interventions significantly enhanced patient access, operational efficiency, and revenue cycle performance within just 90 days of implementation.

PRIOR AUTHORIZATION OPTIMIZATION: OUTCOMES AT A GLANCE

10X AHEAD

Authorization
Completion Time
(before DOS)

99%

Decrease in
Appointment
Rescheduling Rate

92%

Increase in Weekly
Authorization
Volume

95%

Increase in FTE
Productivity

PATIENT SCHEDULING OPTIMIZATION: OUTCOMES AT A GLANCE

70%

Decrease in Patient
No-Show Rate

41%

Increase in First
Call Resolution
Rate

40%

Increase in Daily
Appointments per
Provider

60%

Decrease in
Patient Wait-Time
on Call

PRIOR AUTHORIZATION OPTIMIZATION

CHALLENGES

- ❗ **Late Authorization Completion:** Auths were finalized just 1–2 days before the date of service (DOS), risking delays.
- ❗ **High Rescheduling Rate:** About 20% of weekly appointments were rescheduled due to pending authorizations.
- ❗ **Slow Document Turnaround:** Delays from PCPs and insurers caused workflow disruptions.
- ❗ **Unstructured Workload:** Combined initiation and follow-up tasks led to poor time allocation and reduced efficiency.

ANALYSIS AND APPROACH

- 🔍 **Time Audit Conducted:** Found each auth took 12–15 minutes, enabling accurate FTE planning.
- 🔍 **Manpower Optimization:** One FTE could process 28–30 requests/day, or 140/week.
- 🔍 **Team Restructuring:** Split into initiation and follow-up teams for better task focus.
- 🔍 **Visual Prioritization:** Color-coded trackers flagged priority cases by DOS.
- 🔍 **Daily Output Balancing:** Workloads were monitored and redistributed as needed.

SOLUTIONS

- ✓ **Task Segmentation:** We split the team into two specialized groups with distinct responsibilities – one for initiating requests and another for conducting follow-ups.
- ✓ **Workflow Redesign:** We introduced color-coded trackers to prioritize cases based on their proximity to the DOS.
- ✓ **Performance Monitoring:** We instituted daily output reviews to balance workloads and adjust for daily fluctuations in volume.
- ✓ **Proactive Planning:** Focus was kept on early identification of upcoming service dates to reduce last-minute follow-ups.

RESULTS

After implementing the new workflow and optimization techniques, the practice saw significant improvements in key performance metrics:

Metric	Before Optimization	After Optimization
Auth Completion Ahead of DOS	Avg. 1–2 days before DOS	Avg. 21+ days before DOS
Appointment Rescheduling Rate	30% of total appointments	0.2% of total appointments
Weekly Authorization Volume	120–140 auths/week	250+ auths/week
FTE Productivity	20–22 requests/day	40+ requests/day

KEY SUCCESS FACTORS



Clear division of labor between initiation and follow-up activities



Daily productivity reviews and workload redistribution



Real-time task tracking using visual dashboards



Proactive engagement with providers and insurers to prevent documentation delays

PATIENT SCHEDULING OPTIMIZATION (USING VIRTUAL ASSISTANCE)

CHALLENGES

The clinic handles a high volume of patients daily that includes office consultations (new patients and follow-up patients) and appointments for procedures like zcolonoscopies and endoscopies.

The practice was facing several front-office challenges across its different divisions, such as

- ❶ Inconsistent workflows across divisions led to scheduling delays and staff overload.
- ❷ Missed eligibility checks affected appointment readiness.
- ❸ Manual processes strained front-desk capacity.
- ❹ Communication gaps due to unmonitored fax and email backlogs.

SOLUTIONS

We deployed trained Virtual Assistants who were:

- ✓ Fully versed in the clinic's EMR system (eClinicalWorks)
- ✓ Trained on customized scheduling workflows as defined by the client
- ✓ Assigned to handle new consults, follow-ups, and procedure scheduling
- ✓ Also responsible for tasks such as handling the fax inbox and placing patient reminder calls

The goal was not just to replicate the clinic's existing workflow but to enhance it through standardization, better training, and dedicated resources.

ANALYSIS AND APPROACH

Our analysis of the challenges faced by the Client led us to identifying 4 distinct areas that needed to be addressed. These were:

- High patient call volumes causing long wait times
- Inconsistent follow-ups and high no-show rates
- Inexperienced EMR users leading to scheduling errors
- Clinical staff stretched thin with both medical and administrative responsibilities

These issues not only impacted scheduling efficiency but also led to reduced provider utilization and subpar patient experiences.

RESULTS

Within 90 days of implementation, the client observed significant performance improvements:

Metric	Before Optimization	After Optimization
No-Show Rate	20% of scheduled appointments	6% of scheduled appointments
First Call Resolution	50% calls led to appointments	91% calls led to appointments
Daily Appointments per Provider	Avg. 17–19 patients/day	26–28 patients/day
Patient Wait Time on Call	Avg. 6–8 minutes	Avg. 2–3 minutes

KEY SUCCESS FACTORS



Dedicated, EMR-trained virtual assistants



Enhanced follow-up call routines



Reduced burden on internal clinical teams



Protocol adherence and streamlined communication

CONCLUSION

Through targeted interventions in both prior authorization workflows and virtual scheduling assistance, we enabled this large gastroenterology practice to reclaim control over its operations. The improvements led to better scheduling accuracy, higher appointment fulfillment, fewer delays, and enhanced patient engagement—proving the value of specialized, outsourced support in front-end RCM processes.



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