

CASE STUDY

INTERIM MANAGEMENT / PRACTICE LEADERSHIP

HSG

Transforming An Ambulatory Service Line Through On-Site Management

MIDWEST HOSPITAL

OVERVIEW

HSG partnered with a Midwest Hospital, over a nine-month period providing interim leadership of its Gastroenterology ambulatory operations, with a focus on combining three major practices and creating a GI business unit within the Hospital's Medical Group, inclusive of a single EMR platform, a call center, and dedicated screening program.

CLIENT QUICK FACTS

- ✓ Based in the Midwest
- ✓ 270-bed acute care hospital
- ✓ 150+ employed providers
- ✓ \$316M net revenue
- ✓ Client since: 2005

“HSG has a strong knowledge base of clinic operations and a vision that thinks outside the box. **They have added a great deal to our GI service line and has truly helped us grow in areas that would not have been possible without their knowledge, guidance and leadership.**

– HOSPITAL'S REGIONAL EXECUTIVE DIRECTOR OF OPERATIONS

CHALLENGES

This health system had a fractured gastroenterology service line within its ambulatory network – consisting of three practices that had no common operational model, IT platform, or scheduling resources. Existing leadership over

the practices was not adequate for addressing the challenges within the service line, and as a result the practices were struggling to meet the community's access needs and the health system's strategic needs and financial goals.

THE PROCESS

HSG placed an interim service line leader onsite for nine months at the Hospital. The interim leader was supported by HSG's consulting team, with a focus on developing and implementing an action plan that was focused on consolidating the three existing Gastroenterology practices,

building an effective operational model for operating the ambulatory Gastroenterology service line, onboarding the practices onto a new EMR, and executing an Access strategy to drive volume to the practices.

THE RESULTS

In the course of the nine-month engagement, achievements included the following:

- Existing practices were consolidated.
- Staff was trained on a common set of policies and procedures.
- A screening program was developed to drive practice volume.
- A centralized scheduling program was set up to increase overall provider productivity.

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KEY FINDINGS

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