



Bridging the Gap: Analytics-Driven Patient Access and Workforce Development Strategies

Prepared for:



Society for Health Care
Strategy & Market
DevelopmentSM

Presentation Overview

Abstract:

Healthcare organizations are navigating a dual challenge: rising patient demand for timely access to care, and persistent provider workforce constraints.

This webinar reveals how leading health systems are using analytics and process optimization to meet both challenges head-on—with agility, precision, and measurable impact. HSG will explore how data-driven redesigns of scheduling workflows and patient intake are reducing bottlenecks and improving access. Learn how predictive analytics are transforming workforce planning by identifying burnout risks, forecasting staffing needs, and aligning recruitment with strategic growth. See real-world examples of continuous improvement methodologies—powered by real-time data—that drive operational excellence and enhancing provider engagement.

Whether you're expanding service lines, leading market growth initiatives, or refining core operations, this session offers actionable frameworks to close gaps in care delivery and workforce sustainability.

Learning objectives:

1. Identify key analytics tools and process strategies that improve patient access and reduce scheduling inefficiencies.
2. Apply workforce planning models that forecast staffing needs and mitigate burnout using real-time data.
3. Evaluate continuous improvement approaches that drive measurable gains in operational efficiency and provider engagement.

| HSG Speakers



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Strategic Healthcare Executive experienced in utilization of data in system- and organizational-level strategic planning and growth.

EXPERTISE

- Claims Data Utilization
- Market Analytics
- Service Line Growth
- Medical Staff Development Planning
- Provider Need
- Market Development Strategy

PROFESSIONAL EXPERIENCE

- Managing Director and Chief Growth and Delivery Officer at HSG Advisors.
- Provider of Claims Data Analytics market-level insights several hundred hospitals and health systems nationwide.
- Development of primary care and service line growth plans resulting in multi-million dollar increases in incremental service line and organizational revenues.

EDUCATION

- MBA, University of Utah David Eccles School of Business
- MHA, University of Utah David Eccles School of Business
- BS, Pre-Medicine w Business Minor, Brigham Young University

| HSG Speakers



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Strategic Healthcare Executive experienced in system- and organizational-level management and planning for Physician Alignment Strategy, Employed Physician Network Strategy, and Growth Strategy.

EXPERTISE

- Employed Physician Network Growth
- Operational and Financial Performance
- Physician Network Strategy
- Management Infrastructure
- Market Development Strategy

PROFESSIONAL EXPERIENCE

- Strategy Manager at HSG Advisors
- Multi-year enterprise-wide physician strategy planning for large, multi-hospital systems
- Provider need analytics and medical staff development and recruitment planning for sole or regional-based hospitals and health systems

EDUCATION

- MBA, Vanderbilt University
- BS, UT Knoxville

| Presentation Overview



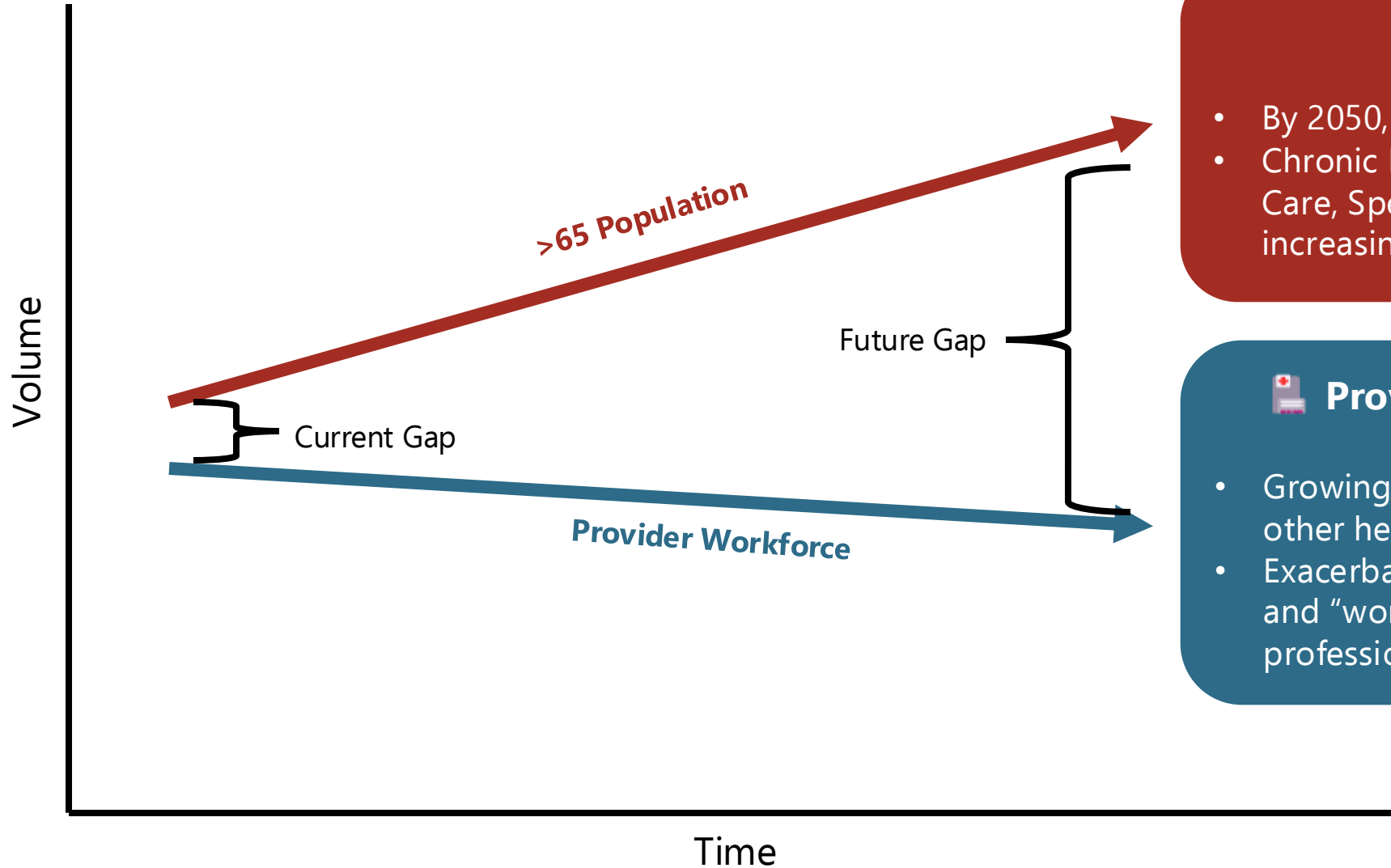
- Market & Organizational Factors Impacting Growth
- Analytics-Driven Workforce and Access Planning
- Case Study: Analytics-Driven Planning to Combat Market & Organizational Factors
- Common Challenges and Considerations for Continuous Improvement and Evaluation



Market & Organizational Factors Impacting Growth

Market Factors

Disparity in Population and Workforce



Aging Population

- By 2050, 50% of Americans will be over 65
- Chronic Disease Management, Long-term Care, Specialized Services, all with increasing demand



Provider Workforce Shortages

- Growing shortage of physicians, nurses, other healthcare professionals
- Exacerbated by burnout, early retirements, and "work-life balance" by younger professionals

| Market Factors

Aging Population

Aging Population

National Impact:

- By 2050, nearly 1 in 4 Americans will be over 65. Growth from 58M to 82M from 2022 – 2050.
- 93% of adults 65+ have at least one chronic condition, 79% have two or more.
- Those aged 65-74 go to the doctor twice as often as those who are 45-64. 75+ use physicians 50% more than those 65-74.
- Chronic conditions like diabetes, heart disease, and Alzheimer's are increasing impacting demand for long-term care.

| Market Factors

Access and Workforce Shortages

Access and Workforce Shortages

National Impact:

- The U.S. faces a projected shortfall of up to 124,000 physicians by 2034. Nursing shortages are critical, with burnout and early retirements accelerating.
- Patients want to access to care on their terms
 - Three “non-traditional” organizations (CVS, Walgreens, Target) operate 73% of retail clinics.
 - Management of schedules within employed physician practices – Centralized, Patient Self-Scheduling
 - Expansion or shifting of practice hours to accommodate patients

| Other Market Factors

Rising Costs & Stagnant Reimbursement

Healthcare spending continues to outpace inflation, with per capita costs reaching historic highs. Many Americans report delaying or skipping care due to affordability concerns.

Insurance and Coverage Gaps

Despite record-high insurance coverage in 2022, millions remain uninsured or underinsured. Medicaid redeterminations and non-expansion in some states are contributing to coverage losses.

Mental Health and Equity

Mental health needs are rising, but access remains uneven. Systemic inequities—especially in underserved communities—continue to drive disparities in outcomes and access.

Financial Pressures on Providers

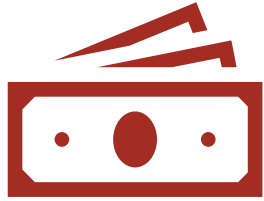
Hospitals and health systems are facing rising labor and supply costs, stagnant reimbursements, and administrative burdens from insurers. Many are operating on razor-thin margins.

Technological Shifts

Telehealth, AI, and data analytics are reshaping care delivery, but integration challenges and digital divides persist.

Organizational Factors

Insufficient Market Intelligence for Growth



Growth and Revenue Generation is Main Focus

- **Revenue Growth and Workforce Planning** are Top Initiatives for Health System CEOs
- 65% of health systems CEOs cited **developing growth strategies** as their top priority in 2025
- 80+% of health system executives note workforce shortages with ~60% expecting **workforce challenges** to have the largest impact on growth



Actionable Market Insights are Lacking

- Only **20-25% of healthcare executives have sufficient and actionable data** for strategic planning
- 80% say high-quality data is a top priority, but **most feel their current data is not sufficient or reliable.**
- Many organizations are **data-rich but insight-poor**, struggling to translate raw data into actionable strategy.



Time and Resource Allocation is a Constraint

- 66% of healthcare analytic professionals report **staffing shortages for analyst roles**
- Due to data complexity and volume, analysts spend too much time on **data wrangling and preparation** rather than generating insights.
- Extensive engineering work required before analysis can begin—**delaying time-to-insight.**

The background of the slide is a dark blue overlay. It features a stethoscope in the center, a line graph with square markers on the left, and a bar chart on the right. The text 'Analytics-Driven Workforce and Access Planning' is written in white, bold, sans-serif font across the middle.

Analytics-Driven Workforce and Access Planning

| HSG Insight to Action Framework

01



DATA ACQUISITION

Collection of data from clients, public and proprietary sources, standardized, and enriched to improve accuracy and value.

- AGGREGATE
- STANDARDIZE
- FILTER



02



DATA TRANSFORMATION

Cleaning, integration, and visualizing data to transform it into information specific to the problem being solved.

- CLEANSING
- INTEGRATION
- VISUALIZATION



03



PROFESSIONAL SERVICES

Applying HSG service consulting expertise and process to the problem to create a comprehensive solution.

- EXPERTISE
- CLIENT EDUCATION
- CLIENT MANAGEMENT



04



PACKAGING

Define investment for problem resolution, partnership structure, and delivery mechanism.

- ONE-TIME OR RECURRING
- SOLUTION BUNDLING



05



DELIVERY

Define investment for problem resolution, partnership structure, and delivery mechanism.

- HSG DASHBOARD
- PPT-BASED REPORTING
- ONGOING OR ADHOC



06



IMPLEMENTATION & MONITORING

Post-delivery solution implementation and resolution monitoring plan.

- MEASUREMENT TRACKING
- PROCESS MANAGEMENT



Provider Workforce

Problem Statement

Problem Statement:

The healthcare industry is facing a significant challenge with the **impending retirement of many physicians and increasing burnout among younger doctors**. Without a formal succession plan, there could be gaps in coverage and disruptions in patient care. Therefore, healthcare organizations must develop comprehensive strategies to ensure a seamless transition and maintain high-quality care and plan for future growth.

Problem Identification:

- **Succession Planning:** Many clients are concerned about how to effectively plan for succession within their medical groups. **This includes understanding the current capacity and how it impacts recruitment efforts.** The focus is on understanding current capacity, productivity, and the implications for future recruitment.
- **Data-Driven Decisions:** Identifying when to make recruitment decisions and what data should guide this process is crucial.

Provider Workforce

Data Acquisition

Data Acquisition:

- **Current Medical Group Inventory:** Assess the current employed medical group inventory, and other provider detail in the market as available.
- **Productivity Metrics:** Evaluate productivity levels using work RVUs (Relative Value Units) as a proxy for access.
- **Physician and Advanced Practice Provider Age Detail:** Incorporation of age information for physicians and advanced practice providers, by specialty and practice, will be necessary.



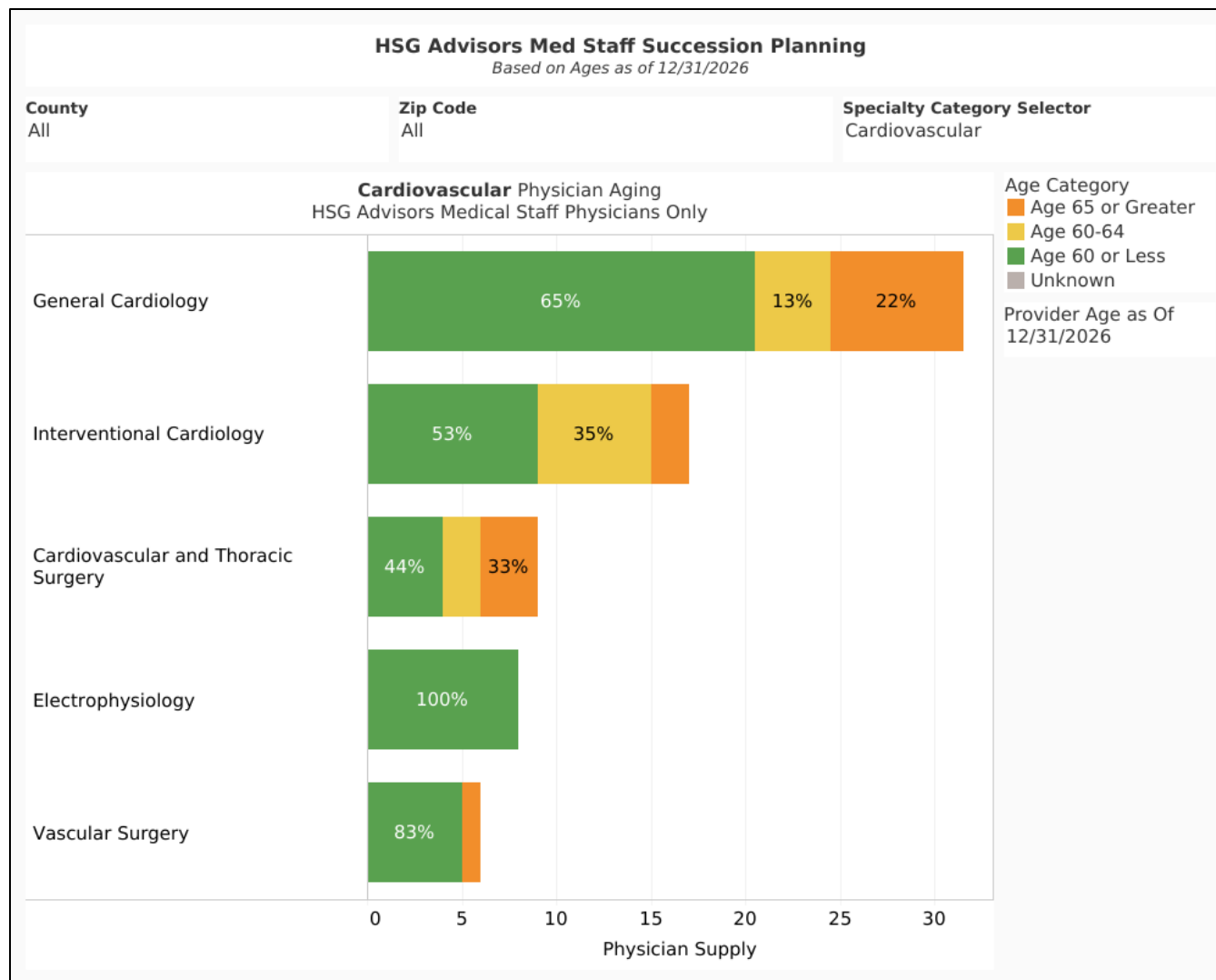
Provider Workforce

Data Transformation

Provider Aging

Age categorization and breakout by specialty, practice, provider, etc.

Project aging based on length of planning period (1, 2, 3 years)



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Provider Workforce

Data Transformation

Network Status

Current productivity level of providers by specialty and practice.

Apply aging information to productivity to determine potential risks.

County

All

Zip Code

All

Specialty Selector

General Cardiology

Productivity Analysis for Employed Providers

wRVUs Compared to Benchmark Quartiles: Numbers and Percent of Providers Falling into Each Quartile

	0-25th		25th-50th		50th-75th		75th+		Grand Total	
Physician	1	4%	2	8%	2	8%	21	81%	26	100%
APP	5	15%	9	26%	10	29%	10	29%	34	100%
Grand Total	6	10%	11	18%	12	20%	31	52%	60	100%

Provider Age Analysis

Provider Type	Employment Status	Unknown	Age 60 or Less	Age 60-64	Age 65 or Greater
Physician	HSG Employed		17.0	4.0	5.0
	HSG Medical Staff		3.5		2.0
	Other	3.2	34.6	7.9	16.9
APP	HSG Employed	29.0	5.5	1.0	1.0
	Other	30.2	6.0		

HSG Advisors Employed Provider Productivity by Age Cohort

	Age 60 or Less			Age 60-64			Age 65 or Greater			Unknown		
	Clinical FTE	Actual wRVUs	% of Total wRVUs	Clinical FTE	Actual wRVUs	% of Total wRVUs	Clinical FTE	Actual wRVUs	% of Total wRVUs	Clinical FTE	Actual wRVUs	% of Total wRVUs
Physician	17.0	193,722	64%	4.0	50,633	17%	5.0	58,450	19%			
APP	3.5	6,702	11%	1.0	2,320	4%	1.0	3,711	6%	28.0	49,708	80%
Grand Total	20.5	200,424	55%	5.0	52,953	14%	6.0	62,161	17%	28.0	49,708	14%



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Provider Workforce

Data Transformation

Network Capacity

Median FTE
Replacement of Current
Providers.

FTE Opportunity from
underperforming
providers (<Median
Percentile).

County All		Zip Code All	Specialty Selector General Cardiology		
Median FTE Replacement					
Median FTE Replacement is calculated by taking the provider's actual wRVUs divided by the specialty specific Median Benchmark for wRVUs. Grouped by Age Category.					
		Clinical FTE	Actual wRVUs	Median FTE Replacement	
Physician	Age 60 or Less	17.0	193,722	24.4	
	Age 60-64	4.0	50,633	6.4	
	Age 65 or Greater	5.0	58,450	7.4	
	Total	26.0	302,805	38.1	
APP	Age 60 or Less	4.5	6,702	4.4	
	Age 60-64	1.0	2,320	1.5	
	Age 65 or Greater	1.0	3,711	2.4	
	Unknown	29.0	49,708	32.2	
	Total	35.5	62,441	40.5	
Total		61.5	365,246	78.6	
Provider Productivity Opportunity Below Median					
FTE Opportunity is calculated by taking the specialty specific Median Benchmark for wRVUs and dividing by the wRVUs below the Median. This was then adjusted to the providers clinical FTE. Excludes providers with productivity > Median Benchmark and providers Age 65 or Greater.					
	Clinical FTE	Total Actual wRVUs	Total Median wRVUs	wRVUs Below Median	FTE Opportunity
Physician	3.0	14,759	23,838	9,079	1.1
APP	14.0	11,169	21,564	10,395	6.7
Grand Total	17.0	25,928	45,402	19,474	7.9



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| Patient Access

Problem Statement

Problem Statement:

Demand for timely, convenient care has exploded post-pandemic. Patients are facing long wait times, no shows and late cancellations, and fragmented experiences. **Patients expect on-demand scheduling, virtual options, and transparency.** Health systems face provider shortages, operational inefficiencies, and rising costs.

Problem Identification:

- **Digital Experience:** Combining digital tools like self-scheduling and telehealth visits
- **Schedule Optimization:** Data-driven scheduling optimization to help you reduce wait times and proactively manage capacity.
- **Patient Experience:** Goal of improving patient satisfaction, increasing throughput, and delivering a more seamless experience.

| Patient Access

Data Acquisition

Data Acquisition:

- **3rd Next Available New Patient Appointment:** Assess the current provider inventory and establish a standard for measuring time to 3rd next available new patient appointment. Or a proxy that is suitable for your organization.
- **Provider Productivity Metrics:** Evaluate productivity levels using work RVUs (Relative Value Units) as a proxy for access.
- **Physician and Advanced Practice Provider FTE Status:** Incorporate productivity for physicians and advanced practice providers based on amount of time actually servicing patients in the market.



Patient Access

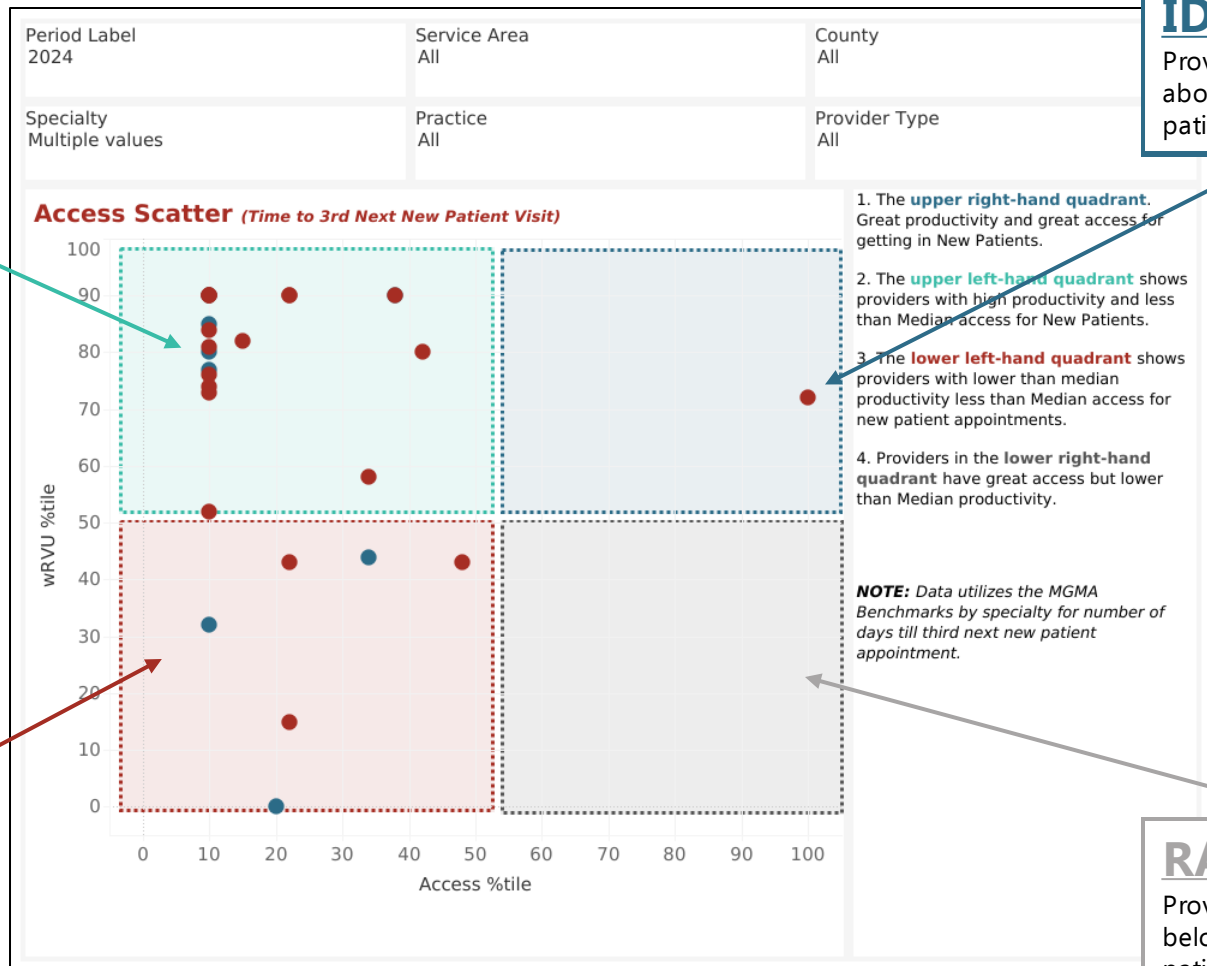
Data Transformation

RECRUITMENT

Provider productivity is above the Median and new patient access is non-existent.

NOT IDEAL

Provider productivity is below the Median and new patient access is poor.



02



DATA TRANSFORMATION

Cleaning, integration, and visualizing data to transform it into information specific to the problem being solved.

- **CLEANSING**
- **INTEGRATION**
- **VISUALIZATION**

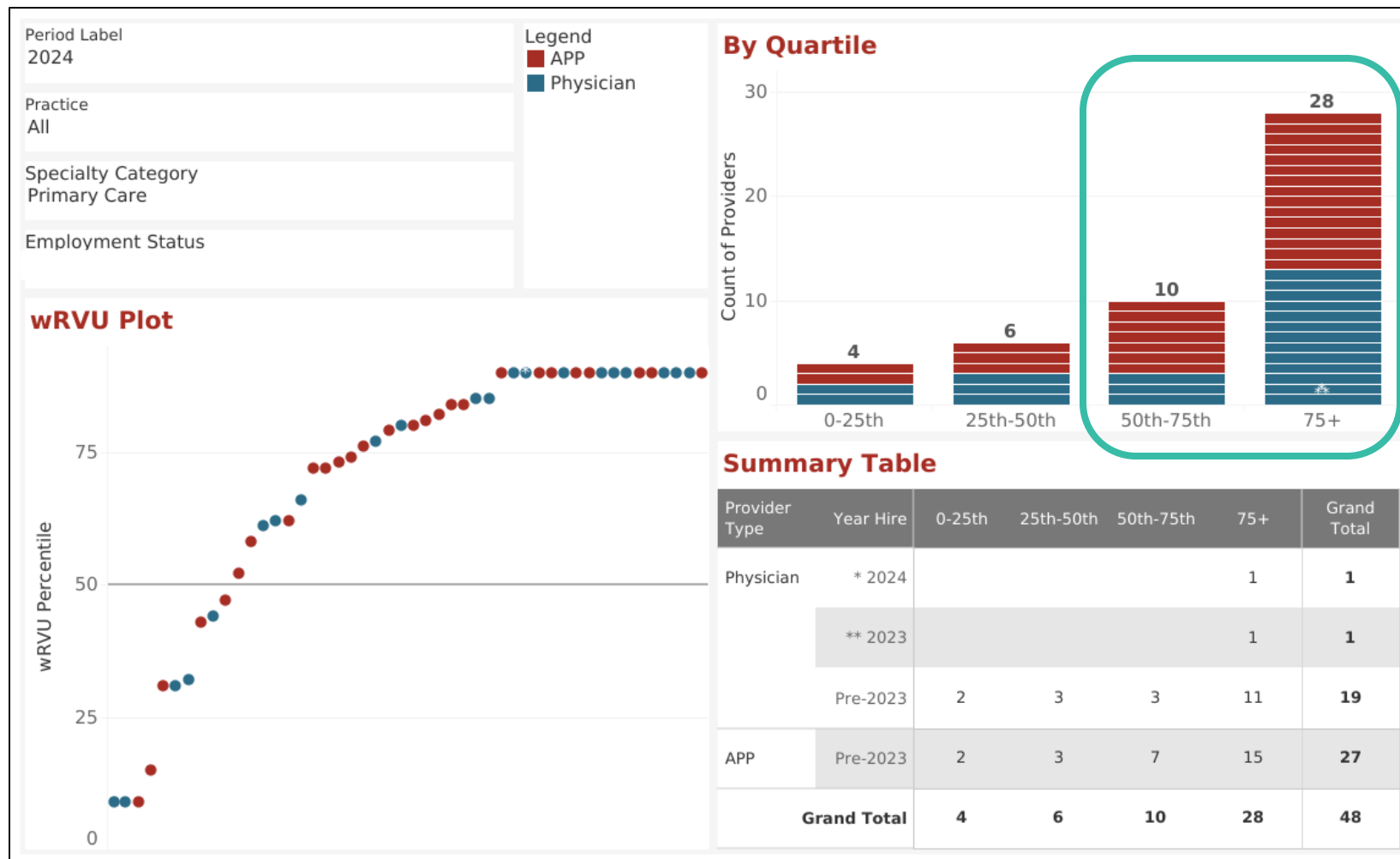




Case Study: Analytics-Driven Planning to Combat Market & Organizational Factors

Example – Primary Care Growth

What does the data say?



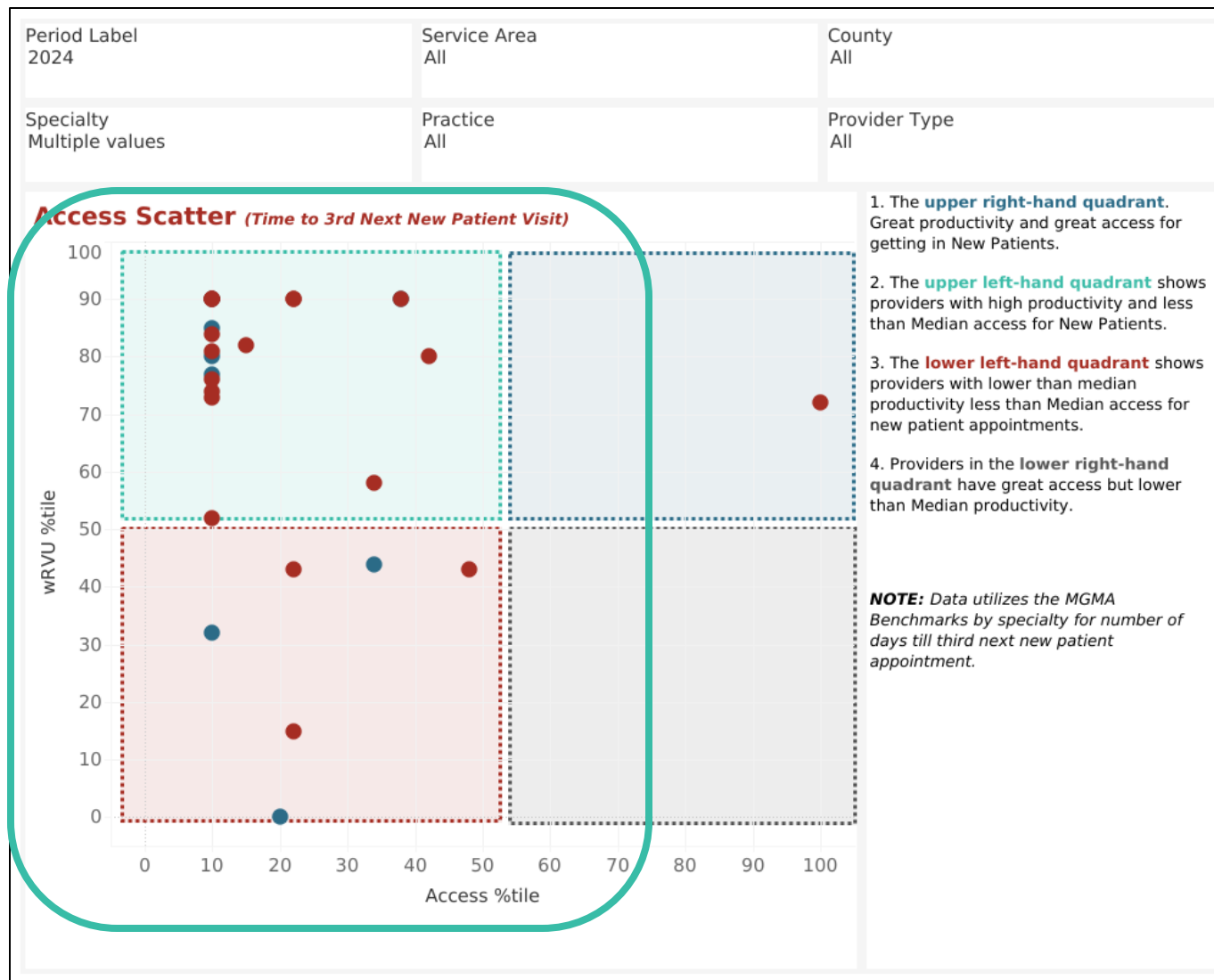
Primary Care Productivity

Fantastic productivity!

We should be crushing primary care in our market.

Example – Primary Care Growth

What does the data say?



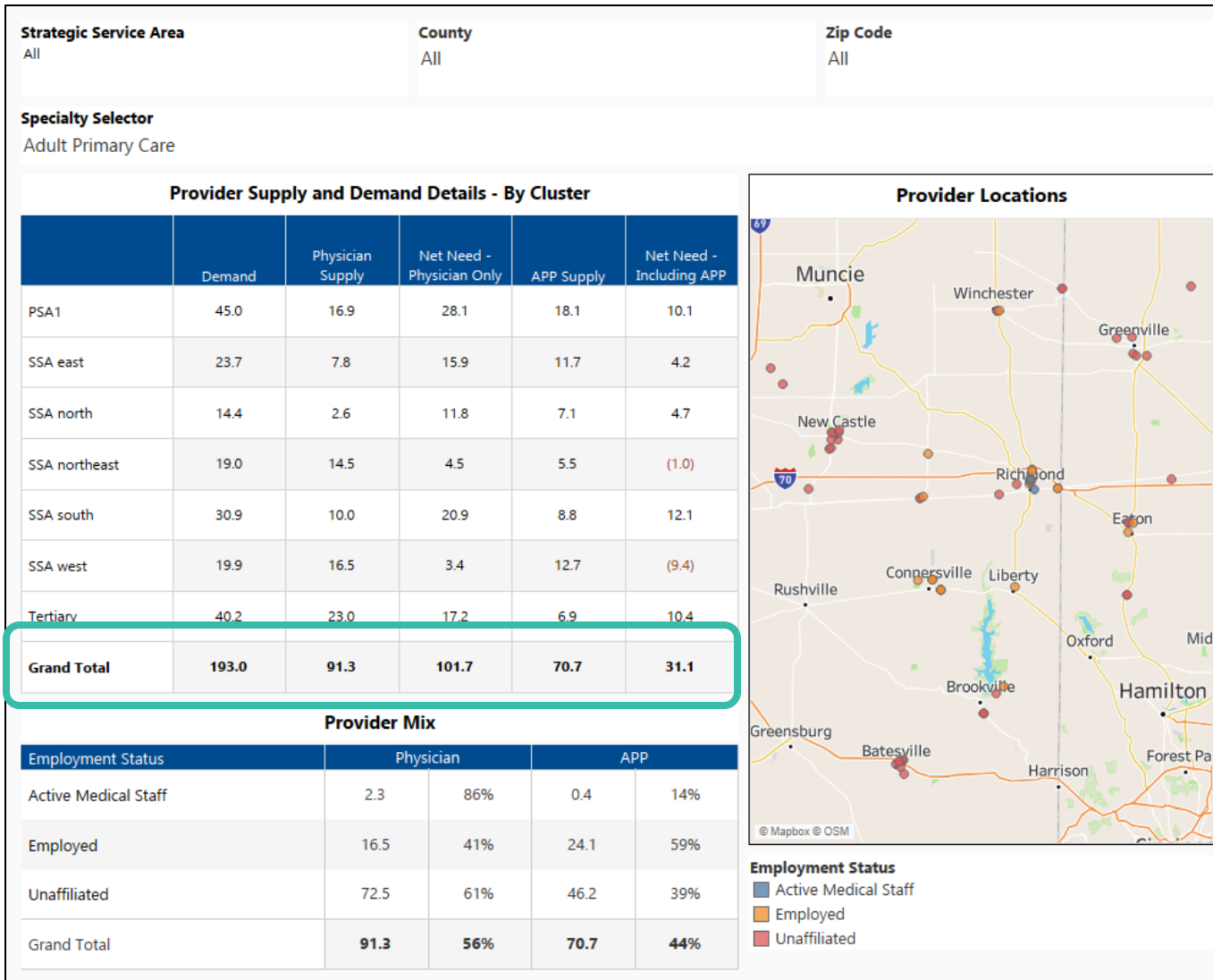
Primary Care Provider Access

Uh oh – but our access isn't good.

That's potentially ok as long as we control the market and are meeting its needs

Example – Primary Care Growth

What does the data say?



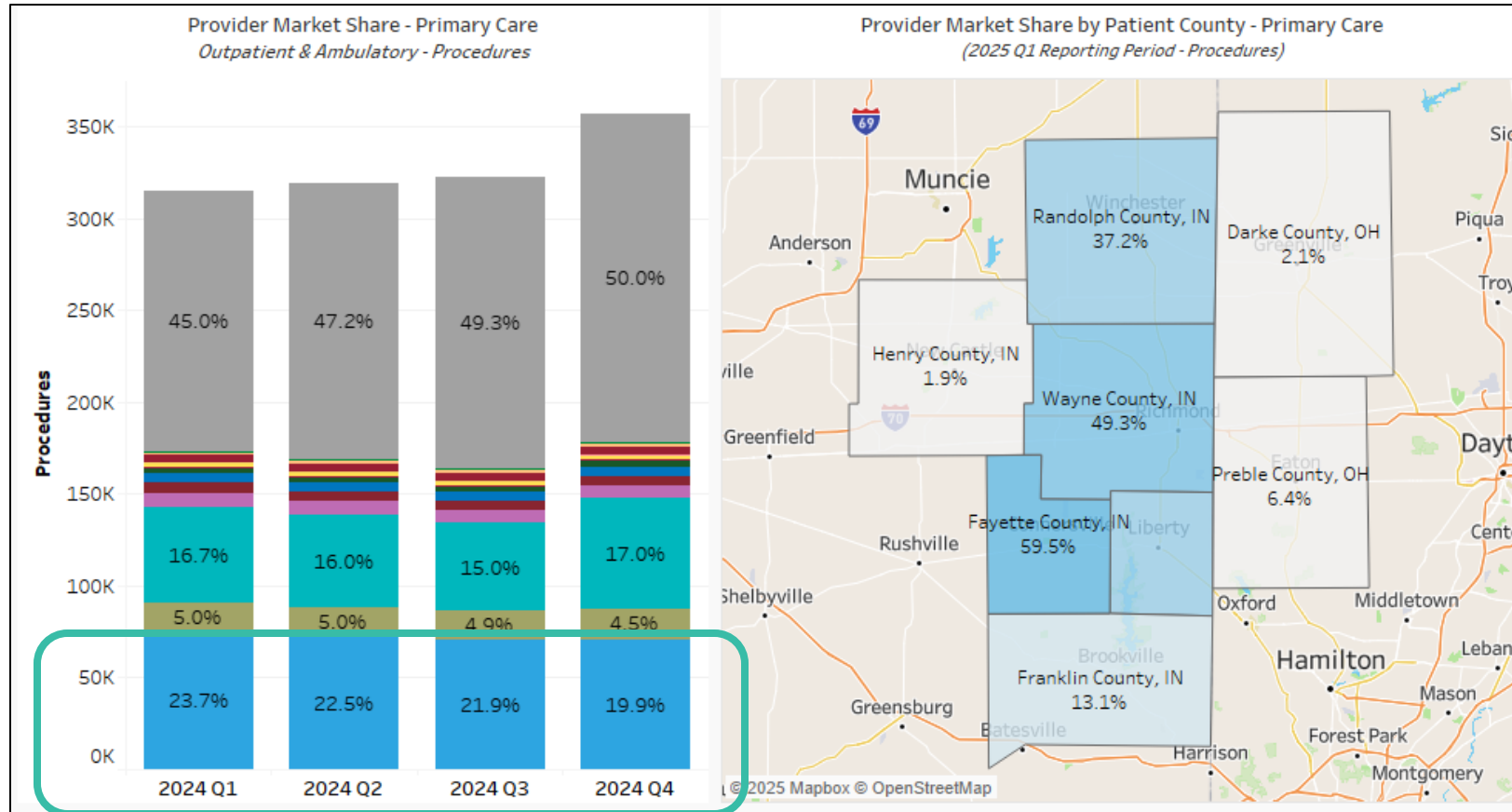
Primary Care Need

Oh...and there's a big need for primary care in our market...even in our PSA.

That creates a lot of opportunity, but also a lot of risk, for a sole-hospital market.

Example – Primary Care Growth

What does the data say?



Primary Care Market Share

...and yeah, there it is in the market share data –

We only have 20% of our total market and only 50% of our primary county where we're the sole health system.

Are there other risks we need to be aware of that may limit our growth?

Example – Primary Care Growth

What does the data say?

County

All

Zip Code

All

Specialty Selector

Adult Primary Care

Productivity Analysis for Employed Providers

wRVUs Compared to Benchmark Quartiles: Numbers and Percent of Providers Falling into Each Quartile

	0-25th		25th-50th		50th-75th		75th+		Grand Total	
Physician	2.0	14%	2.3	16%			10.2	70%	14.5	100%
APP	0.8	3%	3.0	13%	7.0	29%	13.1	55%	23.9	100%
Grand Total	2.8	7%	5.3	14%	7.0	18%	23.3	61%	38.4	100%

Provider Age Analysis

Provider Type	Employment Status	Unknown	Age 60 or Less	Age 60-64	Age 65 or Greater
Physician	Active Medical Staff			0.8	1.5
	Employed	1.0	9.7	1.8	4.0
	Unaffiliated	16.5	27.3	12.3	16.5
APP	Active Medical Staff		0.5		
	Employed	1.0	26.7	3.0	4.4
	Unaffiliated	64.3	2.0	1.0	

Reid Health Employed Provider Productivity by Age Cohort

	Age 60 or Less			Age 60-64			Age 65 or Greater		
	FTE	Actual wRVUs	% of Total wRVUs	FTE	Actual wRVUs	% of Total wRVUs	FTE	Actual wRVUs	% of Total wRVUs
Physician	8.7	65,391	55%	1.8	14,585	12%	4.0	38,011	32%
APP	18.4	97,960	74%	2.0	13,370	10%	3.6	20,734	16%
Grand Total	27.1	163,351	65%	3.8	27,955	11%	7.6	58,745	23%

Primary Care Capacity

Not great... over 1/3 of our primary care capacity is over the age of 60 with 25% at risk of disappearing in the next 2-3 years.

Incremental growth isn't the only concern now but also replacing existing access.

Example – Primary Care Growth

What does the data say?

County

All

Zip Code

All

Specialty Selector

Adult Primary Care

Median FTE Replacement

Median FTE Replacement is calculated by taking the provider's actual wRVUs divided by the specialty specific Median Benchmark for wRVUs. Grouped by Age Category.

		FTE	Actual wRVUs	Total Median wRVUs	Median FTE Replacement
Physician	Age 60 or Less	8.7	65,391	50,259	11.4
	Age 60-64	1.8	14,585	10,589	2.5
	Age 65 or Greater	4.0	38,011	20,878	6.7
	Total	14.5	117,987	81,727	20.6
APP	Age 60 or Less	18.4	97,960	77,335	23.6
	Age 60-64	2.0	13,370	8,902	3.0
	Age 65 or Greater	3.6	20,734	13,036	5.9
	Total	23.9	132,064	99,272	32.5

Provider Productivity Opportunity Below Median

FTE Opportunity is calculated by taking the specialty specific Median Benchmark for wRVUs and dividing by the wRVUs below the Median. This was then adjusted to the providers clinical FTE. Excludes providers with productivity > Median Benchmark and providers Age 65 or Greater.

		FTE	Actual wRVUs	Total Median wRVUs	wRVUs Below Median	FTE Opportunity
Physician		3.3	12,277	19,414	7,692	1.2
APP		3.5	12,678	15,579	4,720	0.7
Grand Total		6.8	24,955	34,992	12,412	1.9

Primary Care Replacement

Our succession planning concerns are even further exacerbated as our aging providers are very high producers. We're going to need 1.5-2 FTEs to replace them.

Replacing them with current staff isn't really possible due to everyone high production levels.

Example – Primary Care Growth

Opportunities and Threats – what are next steps?

Opportunities

- Improving access – especially for providers not at 75th+ productivity
- Recruitment and regional expansion of Primary Care footprint

Threats

- Primary Care market share portends increasing patient outmigration from primary market and surrounding markets to competitor health systems
- Succession planning for primary care will notably impact future growth opportunities
- Hospital has not sufficiently created barriers to entry within its primary footprint, leaving itself ill-prepared for larger competitors or another tertiary health system to enter the market.

Access Strategy

- Comprehensively evaluate Primary Care practices and providers
 - Data, Staffing, Practice Workflows, APP and Staff Utilization, Scheduling Templates, Clinical Hours Utilization
- Develop prioritized plan and tactics by provider and practice location
- Work with physician executive committee to understand implications and get provider involvement
- Monitor Access data and related analyses quarterly and identify emerging challenges

Primary Care Strategy

- Develop comprehensive growth plan for Primary care
- Update primary care specific analyses tied to primary care strategy goals (growth in wRVUs, growth in encounters, growth in New Patients # and % of total visits, etc.)

Coding and Documentation

- Validate coding and documentation patterns for high producing providers
- Provide ongoing audit, education, feedback
- Report ongoing coding curves



Considerations for Continuous Improvement

| Considerations for Continuous Improvement

- 1. Analytics-Driven Planning** Using claims-enhanced data and real-time dashboards helps identify access gaps, optimize scheduling, and forecast staffing needs. This enables proactive strategy development and performance benchmarking.
- 2. Strategic Growth Playbooks** Cross-functional teams can be deployed to target service lines with high growth potential. These teams focus on patient education, referral tools, and leadership accountability.
- 3. Governance and Alignment** A strong governance structure prevents silos and improves coordination. Aligning recruitment and care models with organizational mission enhances strategic execution.
- 4. Operational Excellence via Process Redesign** Continuous improvement methodologies—supported by real-time data—are essential for streamlining patient intake, reducing bottlenecks, and improving provider engagement.



HSG
advisors

| Questions