A Playbook for Healthcare Providers

Reducing Administrative Drag in the Care Journey

Faster Intake. Better Follow-up. True Continuity of Care.

The *first steps* of patient access

Clinical care depends on the steps that happen first. Before a patient sees a clinician, teams schedule the visit, confirm coverage, and verify referrals or authorizations. Those steps decide whether care moves forward or stalls on a waiting list.

Much of this coordination is still manual. Staff track authorizations, check eligibility, and update records across multiple systems. This work involves sensitive health information and strict privacy rules. When information is late or wrong, appointments slip and follow-up breaks down.

As call volumes rise, the same issues come back as reschedules and repeat calls. Providers need to fix these operational gaps without making care feel cold or putting compliance at risk.

Access breaks down when the visit is not ready. A referral exists, but the required detail is missing. An authorization is pending, but nobody can say what is blocking it. A patient gets scheduled, then rescheduled because a prerequisite never cleared.

This turns into the same work done multiple times. Staff take the call, look up the status, ask for missing items, then leave the next step floating. The next call repeats the same chase.

The outcome shows up quickly. Schedules get messy, follow-up slips, and patients spend their time tracking a process instead of moving toward care.

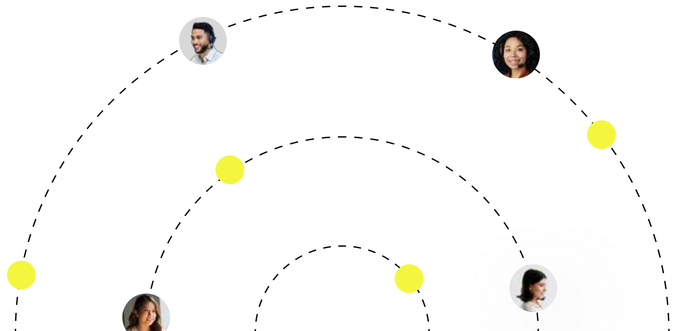
Automation that *finishes* the work

Access calls usually start as simple requests. A patient wants to know whether a referral cleared. A referring office wants to confirm what is missing. The front desk wants to protect the schedule. The problem is that the request often ends with a partial answer and no clear next step.

Automation helps when it moves the work forward. The appointment record reflects the latest status. Missing items get captured. The next action lands with the right team. The same request does not come back through another channel and restart.

This is where AI agents can carry real load. They can handle repeatable access work like intake questions, appointment triage, and high-volume status checks, while following the verification and privacy steps the organization requires. When a situation turns sensitive or complicated, the handoff happens with the context already captured.

Simple Online Healthcare faced rapid growth and end of month spikes in medication demand that strained its contact operations. Call abandonment reached 30 percent, and backlogs became common during peak periods. To manage the volume, the organization deployed an AI voice agent to answer every incoming call, handle high-volume status checks, and route sensitive cases to staff. Call abandonment dropped to zero, the AI resolved 55 percent of inquiries end to end, and average handle time was reduced by 50 percent. This allowed the clinical team to focus on complex cases without adding headcount.(1)



Maintaining the human element for *complex calls*

Some interactions should stay human. Complex scheduling issues, insurance disputes, referrals, and post-visit follow-up can carry anxiety and urgency. These conversations require judgment, empathy, and clear documentation.

The problem is that staff often spend most of their time on the parts that should be repeatable. They re-check the same information, jump across systems, and write notes after the call. That pressure leads to longer calls, more transfers, and inconsistent explanations.

AI copilots support staff during live calls by guiding them through the next steps, pulling up the right information at the right time, and handling documentation. This reduces pressure on staff and shortens handle time without making patients feel rushed. Accurate guidance matters in healthcare. Wrong explanations, missed disclosures, or messy notes create real risks. Real-time assistance keeps things accurate so staff can focus on empathy and problem solving.

Signify Health needed faster, more consistent onboarding and clearer real-time support for agents handling scheduling and insurance-update calls. New hires trained for weeks before taking calls but still lacked live guidance once they were on the floor, which hurt confidence and consistency. By using a real-time AI Copilot and auditing every interaction with automated QA, Signify Health helped new hires reach proficiency 12 percent faster. New-hire proficiency increased from 70 percent to 82 percent over one year, and QA coverage expanded from roughly 70,000 calls annually to about 65 million. These changes were associated with an increase in scheduled in-home visits from 30 percent to 34 percent.(2)

Documentation without *extra work*

Provider operations run under strict expectations because conversations involve sensitive health information and regulated communication. The risk shows up in small breakdowns that repeat. Missing disclosures, inconsistent explanations, incomplete notes, and avoidable transfers create delays and trigger more calls.

Sampling only catches a small slice of what happens. Issues surface late, after they have already created rework across access, scheduling, and follow-up. Full-coverage conversation intelligence changes what teams can see and what they can fix. Every interaction is captured and searchable. Teams can pull the exact call, the language used, and the notes that followed. When answers drift across staff or locations, it becomes visible early.

This makes coaching and onboarding easier. New hires get up to speed faster, and experienced staff receive feedback based on their actual work. Audit readiness improves because documentation and evidence are consistently available.

Affordable Care supports hundreds of dental practices and handles more than 1.5 million calls per year. With manual QA, only a small portion of interactions was reviewed, which made it difficult to understand what was working. Conversation intelligence and automated QA showed which agent behaviors were working. The team coached agents on those specific actions. Appointment scheduling increased from 48.4 percent to 54 percent, and patient show-up rates improved by 17 percent. The organization estimated 8 million dollars in additional revenue from better scheduling and follow-through.(3)

Patient status and their next steps

Access work falls apart when each interaction ends with a partial answer. A patient checks an authorization and hears "still pending." A referral is missing a document, but no clear next step gets assigned. The same request comes back through another channel and starts over.

The goal is that every interaction ends the same way. Clear status, clear next step, and the record updated so the next person sees the same facts. When that holds, schedules stay cleaner, call-backs drop, and follow-up stops slipping through gaps. Patients spend less time chasing updates and more time getting the care they came for.

simple online HEALTHCARE

Simple Online Healthcare deployed an Observe.AI VoiceAI Agent named Erica to handle high-volume patient calls, which eliminated missed calls, cut abandonment from about 30% to zero, and contained around 55% of routine inquiries end-to-end. The AI agent answers common questions naturally, reduces average handling time by half, and routes more complex or sensitive issues to human staff. By automating routine support while keeping compliance and empathy intact, the team can focus on care that truly needs a human touch.

55%

Containment rate with AI Agents

0%

Call abandonment, down from 30%

50%

Reduction in average handle time

AFFORDABLE CARE

Affordable Care used an Observe.AI VoiceAI Agent to replace its legacy IVR and handle high-volume routine calls, reducing transfers and giving agents time back by containing roughly 95% of those interactions end to end. That led to first-call resolution above 90% and saved more than 2,000 agent-hours per month by automating frequent, simple inquiries and letting humans focus on complex patient needs. With AI Agents taking care of common call topics, human staff can spend more time building rapport and driving better experiences across its network of 400+ practices.

95%

Containment rate with Beth, their AI Agent

90%+

First call resolution

2,000+

Agent hours saved per month with automation

Get started today