

A close-up photograph of a person's hands holding a white tablet. The person is wearing a dark blue suit jacket. The tablet screen displays several business analytics charts, including a large blue area chart with a black jagged line, a smaller blue area chart, and two circular gauges or progress indicators. The background is blurred, showing what appears to be an office setting with a window.

Operational Efficiency Assessment

April 14, 2026

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Key Operational Challenges



Key Drivers of Financial Sustainability



Financial

- Expense management including provider compensation
- Reimbursement optimization including MCO contracting
- Productivity



Cultural

- Provider engagement with organizational vision & goals
- Selective recruitment to sustain culture
- Transparency through strong communication processes



Quality

- Organizational KPIs that emphasize quality expectations
- Measurable patient outcomes
- Reporting platforms that support communication of quality outcomes



Service

- Integrated, patient-centered organizational expectations
- Developing reporting platforms that support the communication of service outcomes

Key Operational Areas of Focus

Culture of Data-Driven Decision Making

- Utilizing reporting tools to provide KPI reports applicable to all levels of the organization
- Developing accountability pathways that utilize data to drive strategic achievement

Provider Productivity

- Aligning provider compensation to provider productivity
- Encouraging provider performance driving compensation at or above market median, increasing recruitment & retention

Patient Access

- Maintaining provider patient facing hours to industry norms
- Implementing standardized provider templates
- Optimizing support staff to provider ratios

Revenue Realization

- Ensuring revenue realization in areas such as:
 - ✓ Managed Care Contracting
 - ✓ Revenue Process Accountability
 - ✓ Denial Management

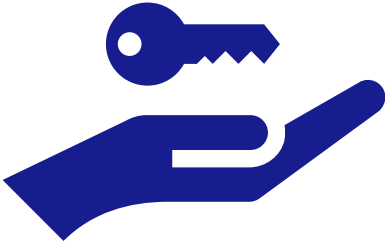
Assess & Optimize Focus Areas



Culture of Data-Driven Decision Making



Provider Productivity



Patient Access



Revenue Realization

ASSESS & OPTIMIZE

- Data-Led vs. Mission-Led (Room for Both)
- Data Utilization to Develop KPI Reporting
- Data Implementation to Develop a High Performing Organization

- Provider Productivity
- Provider Compensation
- Patient Facing Hours
- Staffing Support

- Standardized Visit Types
- Strategy to Realize 85% or Greater Slot Utilization (Double Book, No-Shows)
- Walk-In Strategy

- Collections
- Managed Care Contracting
- Denial Management

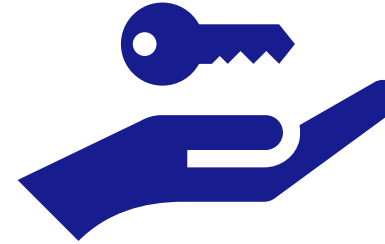
Anticipated Results From Operational Improvements



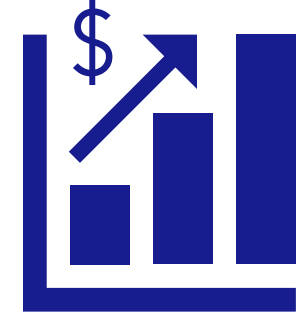
Culture of Data-Driven Decision Making



Provider Productivity



Patient Access



Revenue Realization

OPERATIONAL ASSESSMENT RESULTS

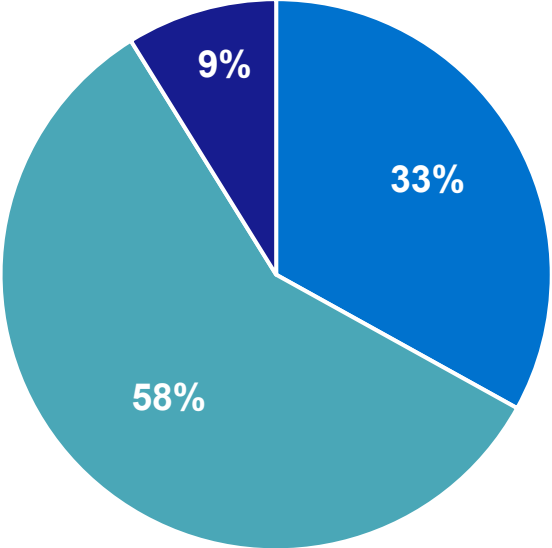
- Develop a High-Performing Organization That Emphasizes Organizational Performance & Sustainability That Compliments the Mission
- Compensation Plan Design Focused on Alignment
- Improves Recruitment, Culture, & Productivity
- Typical Outcome ~15% Productivity Increase in the First Year
- Community Needs Focused, Creating a Culture of Patient Centered Care & Financial Sustainability
- Standardize Processes & Expectations
- Typical Outcome – Improvement in Net Margin

Assessment & Implementation Deliverables



Staffing Benchmarking

Clinical Staffing



- Registered Nurses
- Licensed Practicing Nurses
- Medical Assistants

Findings

- 65% of the clinics benchmark over median in overall clinical & front desk staff.
- RNs make up a significant portion of the clinical staffing team.
- Solo practitioner clinics create staffing inefficiencies due to lack of economies of scale.

Recommendations

- Typically, clinical staffing is comprised of LPNs & MAs. Recommend reviewing the roles & responsibilities of RNs & ensuring all clinical team members are practicing at the top of their license.
- Recommend aligning staffing ratios to the median. For single provider clinics at minimum staffing ratios, maintain staffing at the minimum level to safely respond & care for patients until volume grows.
- Develop staffing flex plan to deploy or flex out staff as provider availability varies.

Access

Findings

- New patient visits are 60 minutes; follow-ups are 30 minutes—aligned with industry norms
- No standardized caseload or discharge process, creating variation in patient management
- Directors carry full caseloads while handling administrative duties, limiting capacity for leadership and staff support
- The QBHP program serves only 44% of enrolled patients (447 of 1,009), which is below the 85% performance goal
- Current cancellation rate is 32%, with 20% of those visits being cancelled by provider
- Current no show rate is 26% compared to the MGMA metric of 4%

Recommendations

- Maintain current visit lengths and develop a standard caseload model with clear expectations
- Implement a standard discharge workflow to ensure timely transitions and appropriate levels of care
- Reduce director caseloads to allow more focus on leadership, supervision, and community presence
- Establish routine caseload review processes to keep panels fluid and right-sized
- Standardize QBHP workflows to increase engagement and move toward the 85% served target
- Create root cause analysis to understand what is driving the cancelled by provider volume. Reduce cancellations to industry standard ($\leq 2\%$)
- Strengthen no-show management by conducting timely outreach (same-day/next-day), using multiple communication methods, applying double-booking for high-risk patients, reinforcing reminder calls, and reviewing no-show trends regularly with clinic leadership

Cancellations Improvement Opportunity

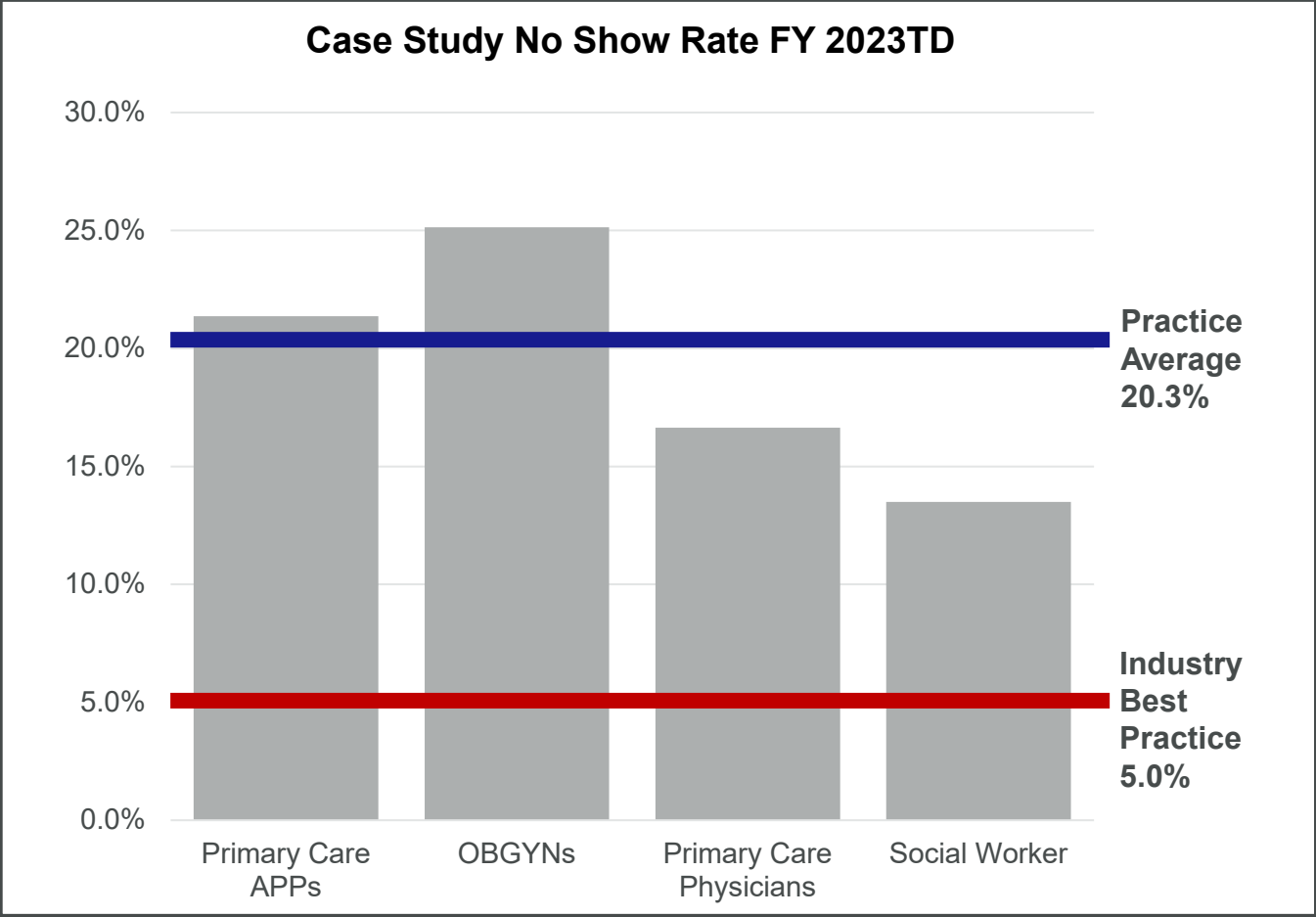
Provider Cancellations 20%	5,791 annual visits	\$362,200
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No Show Rate Reduction Opportunity (Assumes Revenue of \$62.54 Per Visit)

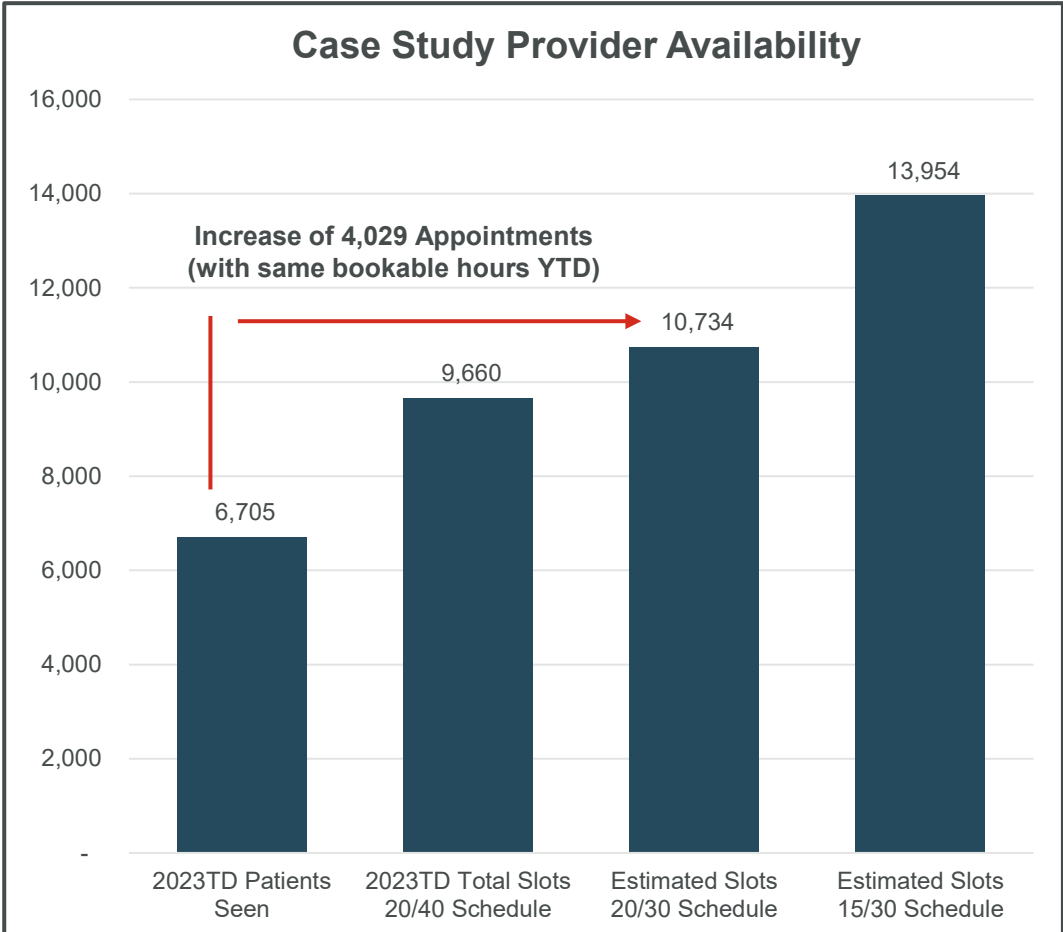
Improvement Level	Additional Appointments Captured	Potential Ongoing Revenue Opportunity
10% Improvement	952	\$59,538
20% Improvement	1,904	\$119,076
30% Improvement	2,857	\$178,676

Provider Access Reporting Continued

No-Shows



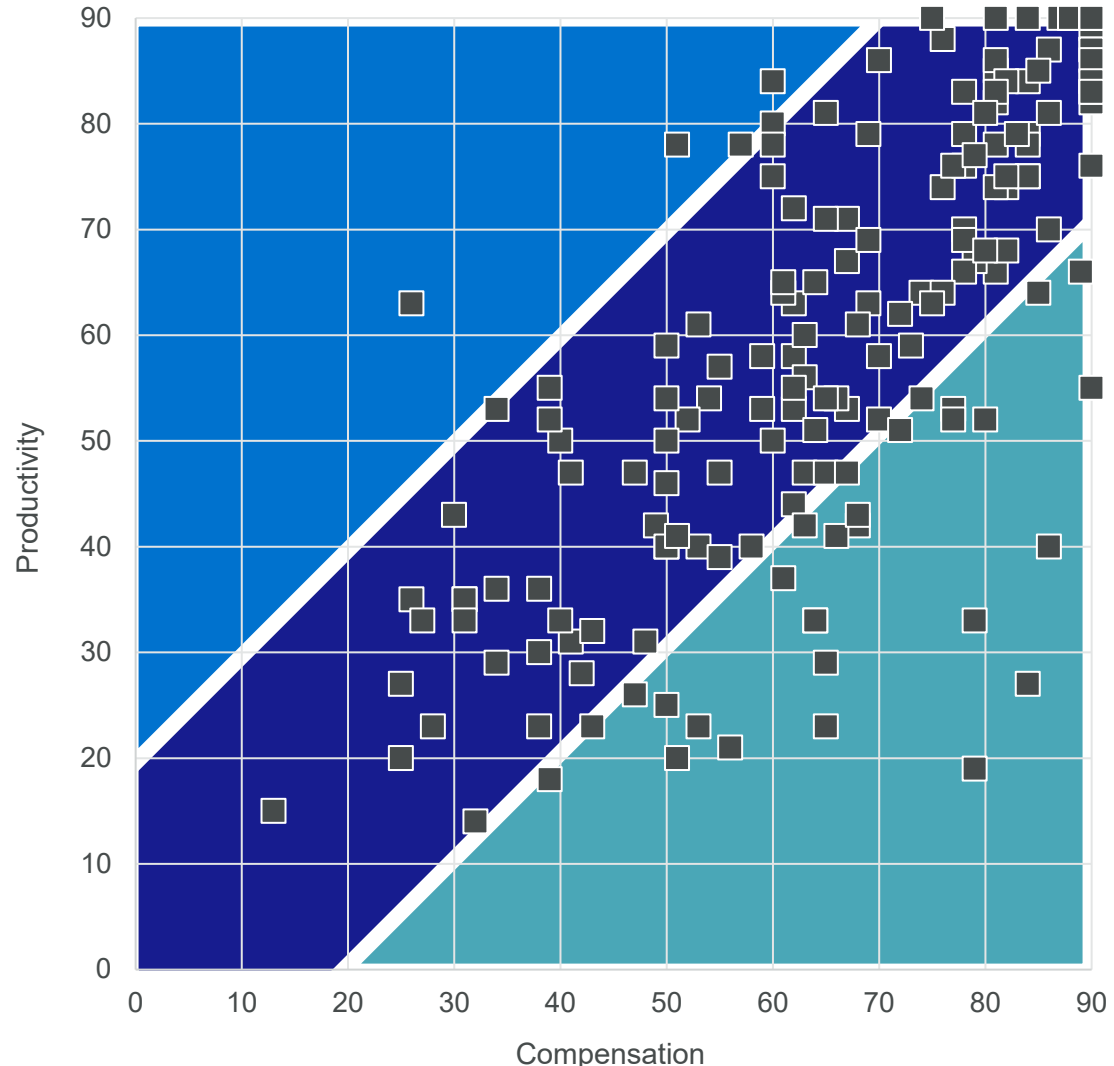
Template Optimization



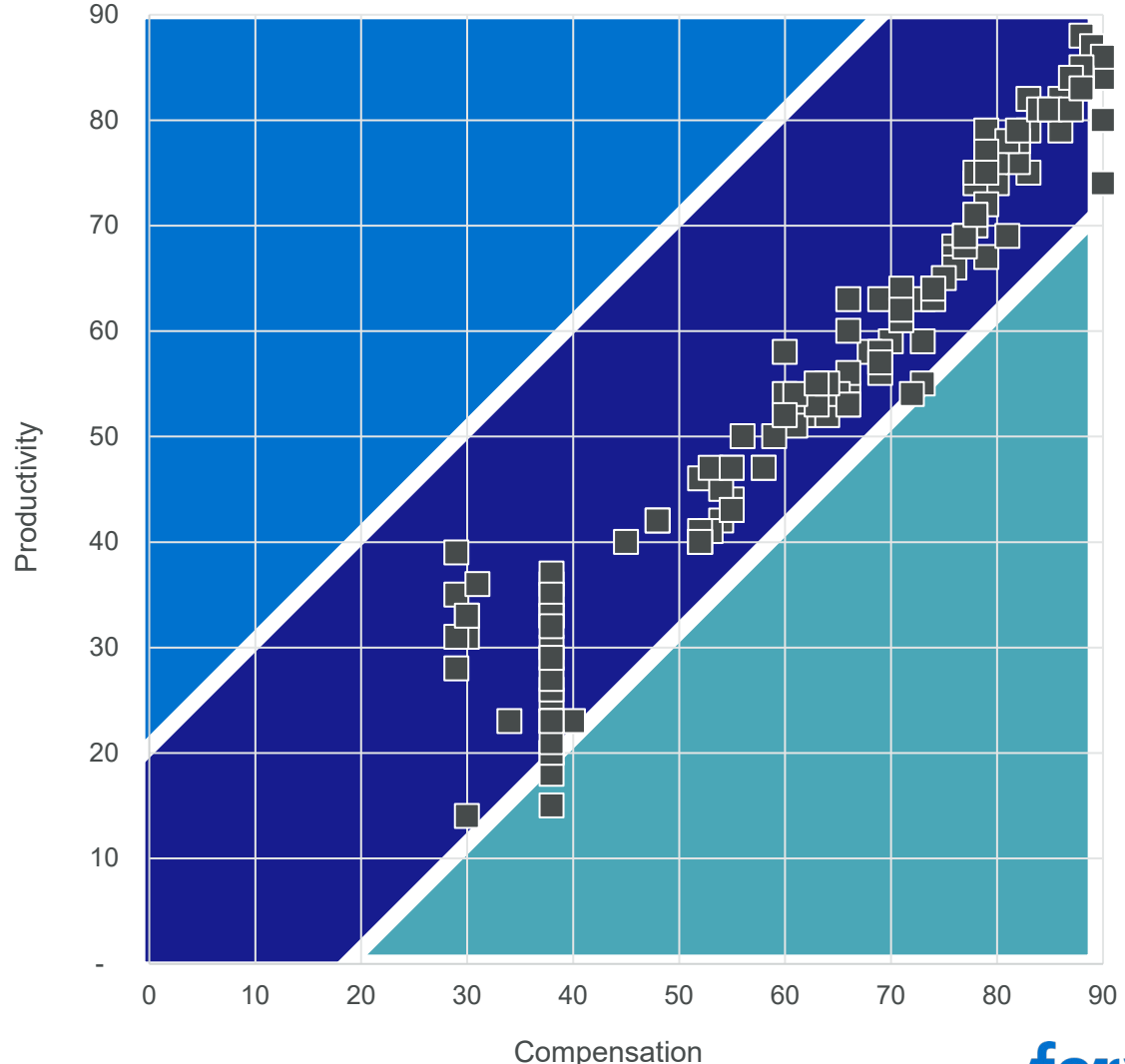
- With the current 20/40 scheduling, we would estimate each provider has 18 appointments open per 8-hour day.
- Moving to a 20/30 schedule, will allow for 20 patient appointments per 8-hour day.
- In industry best-practice schedule, providers would be scheduled in a 15/30 template. This would allow for an estimated 26 patients per 8-hour day.

Compensation Plan Development

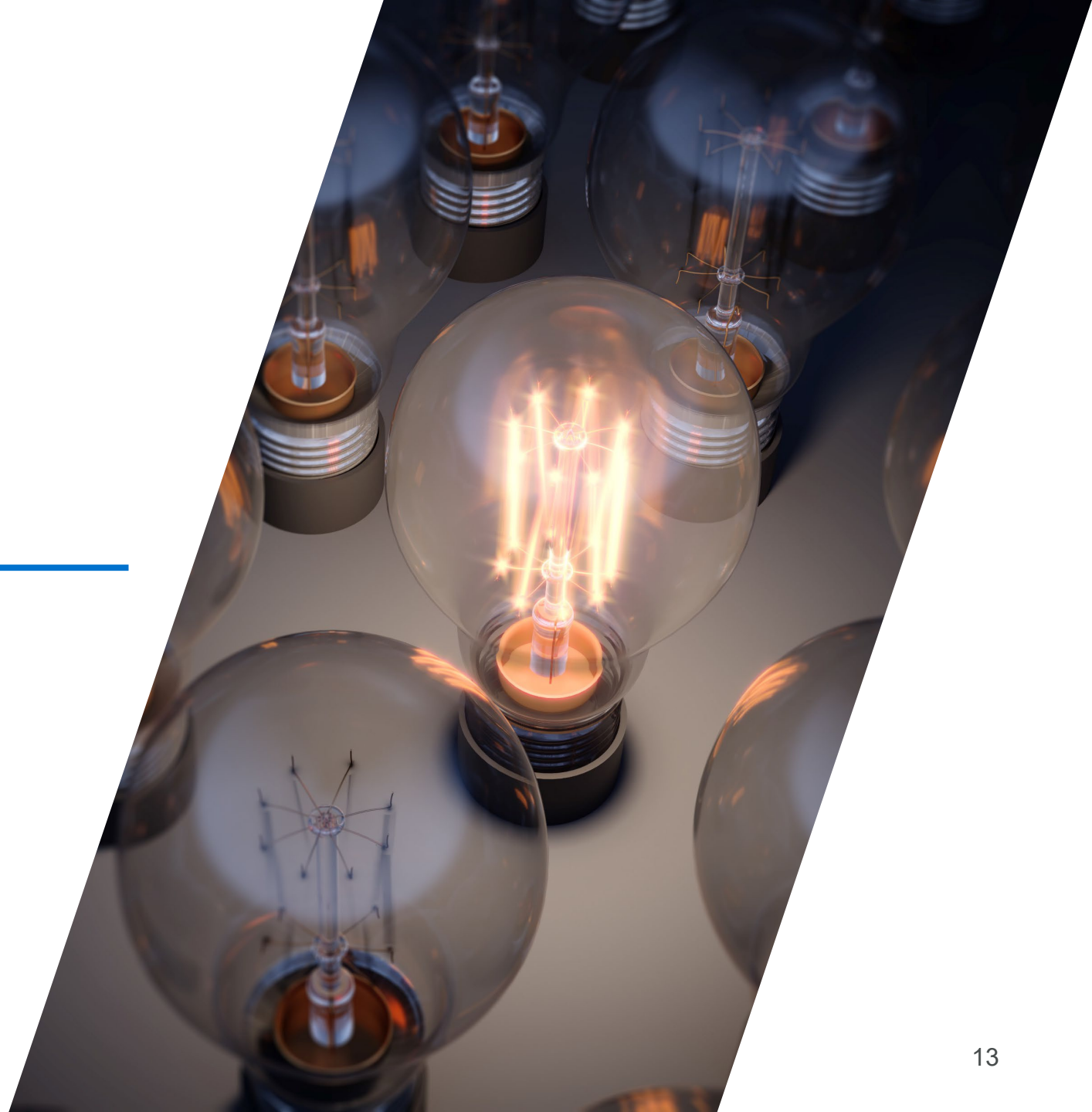
Initial Analysis



New Compensation Model



Lessons Learned



Lessons Learned

Organization Culture Is Key

- Great communication is critically important
- Strong IT game?
- Does your organization have a “can’t” or a “let’s figure it out” attitude?

Be Strategic

- Avoid the “checklist” mentality
- Make decisions with the financial consequences in mind
- Make time for efficiency improvements

Know Your History so You Can Change Your Future

- Financial benchmarking is very important
 - ✓ Internal
 - ✓ External
- Financial difficulties should not “sneak up” on any health center

Balance Risk & Opportunities

- Manage/Mitigate Organizational risks
 - ✓ Billing/Coding
 - ✓ Grant Compliance
 - ✓ Fraud
- Consolidation?

Wrap-Up, Q&A



Thank you!



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