ADVANCING PATIENT ACCESS AT SCALE:

A STRATEGIC DIALOGUE BETWEEN TLCx AND COMMONWEALTH PURCHASING GROUP



TLCx and **CPG** partnering together

Why This Partnership Matters Now

Across the United States, healthcare organizations—particularly Federally Qualified Health Centers (FQHCs) and community-based providers—are facing mounting operational pressures that threaten both access to care and workforce sustainability.

Patient demand continues to rise, yet many organizations are struggle to maintain timely access to care while managing administrative complexity, staffing shortages, and uneven technology adoption.

These pressures are not isolated challenges; they are systemic realities that affect healthcare delivery nationwide. At the same time, healthcare leaders are being asked to do more with fewer resources—expanding access, improving patient engagement, and reducing staff burnout, while maintaining compliance and financial discipline.

"What is increasingly required is a coordinated approach that integrates people, processes, and technology to deliver practical, scalable solutions."

For many organizations, the traditional approach—adding staff, layering technology, or outsourcing isolated functions—has proved insufficient. What is increasingly required is a coordinated approach that integrates people, processes, and technology to deliver practical, scalable solutions.

Within this context, TLCx and Commonwealth Purchasing Group (CPG) have formed a strategic partnership to address one of the most pressing challenges facing community healthcare systems today: improving patient access while reducing the operational burden.

CPG's long-standing mission to improve efficiency and reduce operational costs for its members aligns closely with TLCx's focus on human-centered, technology-enabled service delivery.

Together, the partnership aims to equip community health organizations with practical tools and structured approaches that deliver measurable operational improvements and support long-term sustainability.

Rather than promoting generic service offerings, the collaboration focuses on solving specific, high-impact operational challenges—such as reducing patient no-shows, improving access responsiveness, and easing administrative strain on frontline staff.
The goal is not simply to introduce new technology, but to enable healthcare organizations to deliver better patient experiences through structured, real-world solutions that can scale across diverse healthcare environments.

This dialogue reflects a shared perspective between TLCx and CPG leadership on the realities facing healthcare organizations today—and the practical steps needed to improve patient access and operational performance across the communities they serve

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Executive Dialogue: Redesigning Access While Strengthening Operations



Bryan Gray
Chief Commercial Officer,
TLCx

Strategic Leadership Through Ambidextrous Transformation

Across healthcare today, one of the most important shifts we are seeing is the growing recognition that access to care is no longer simply an operational function—it is becoming a defining measure of organizational performance.

Healthcare leaders are facing rising patient demand while operating under tighter workforce and financial constraints. Many organizations have responded by adding resources incrementally—more staff, more systems, more process layers—but these measures often add complexity without fundamentally improving patient access.

Healthcare organizations must become ambidextrous—capable of redesigning how care is accessed while strengthening the operational systems that support delivery.

Redesign alone is not enough. Innovation without operational discipline leads to fragmented systems and inconsistent outcomes. At the same time, operational excellence alone is insufficient if underlying workflows are no longer aligned with patient needs.

“Healthcare organizations must become ambidextrous—capable of redesigning how care is accessed while strengthening the operational systems that support delivery.”

The organizations that will succeed in the next phase of healthcare delivery will be those that can do both—redesign where necessary and operationalize consistently.

From our perspective, improving patient access requires moving beyond isolated initiatives towards coordinated solutions that integrate people, processes, and enabling technologies within a structured operating model.

This is particularly important in community health settings, where teams are already stretched and new initiatives must deliver measurable improvements without increasing the administrative burden.

The goal is not transformation for its own sake. The goal is dependable access—delivered through systems that staff can trust and that patients can rely on. That is where we see the greatest opportunity.



Rich Napolitano
Executive Director &
Senior Vice President,
CPG

From the perspective of our member organizations, the pressures being experienced today are both immediate and deeply practical.

Our members are serving communities where patient demand continues to grow, yet staffing resources and operational capacity are often constrained.

Many organizations are doing extraordinary work under challenging conditions, but they are increasingly seeking solutions that help them operate more efficiently without adding complexity.

What we consistently hear from member leadership is the need for practical, adaptable, and sustainable solutions. Technology alone is not the answer.

“Technology alone is not the answer.”

Members are cautious about introducing new systems unless they can clearly improve day-to-day operations. They want solutions that make it easier for patients to access care, reduce administrative burdens on staff, and support long-term operational stability.

This is why partnerships matter.

Our role at CPG has always been to identify partners who understand the realities facing community healthcare providers and can deliver solutions that create measurable value.

What makes this collaboration compelling is its shared focus on practical improvement—helping organizations address real operational challenges such as missed appointments, administrative overload, and fragmented patient communication.

“Members are seeking solutions that help them operate more efficiently without adding complexity.”

Equally important, our members need scalable solutions.

A successful approach in one organization must be adaptable across many others, each with unique patient populations, staffing models, and resource constraints.

Our responsibility is to ensure that any solutions introduced through the CPG network are credible, achievable, and aligned with the operational realities our members face every day. That is the lens through which we view this partnership.

Strategic Themes Emerging from the Dialogue

Across the healthcare landscape, organizations are facing a convergence of pressures that cannot be resolved through isolated interventions.

The dialogue between TLCx and Commonwealth Purchasing Group highlights several strategic themes that reflect both industry-wide realities and the day-to-day operational challenges faced by community healthcare providers.

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These themes are not abstract ideas but practical observations grounded in the experiences of healthcare leaders working to maintain access, workforce stability, and operational continuity amid mounting strain.

Theme 1: Patient Access Has Become an Operational Imperative — Not Just a Clinical Outcome

For many healthcare organizations, patient access has historically been treated as a scheduling or administrative function. Today, it has become a defining measure of organizational performance.

Increasing patient demand, together with workforce shortages and administrative complexity, has created an environment in which delays in access can directly affect patient outcomes, staff morale, and financial sustainability.

> **"Patient access has become one of the most visible measures of organizational effectiveness."**

Healthcare leaders recognize that improving access is not simply about adding resources—it requires redesigning how access workflows operate across the organization. At the same time, redesign must be accompanied by operational discipline. New approaches must be reliable, repeatable, and manageable for frontline teams already operating under pressure.

Organizations that succeed will be those that treat access as a system-level responsibility—integrating clinical priorities, administrative workflows, and patient communication into a coordinated service-delivery model.

This shift reflects a broader reality: access has become one of the most visible measures of organizational effectiveness.

Theme 2: Efficiency Must Translate Into Patient Impact — Not Just Cost Reduction

Operational efficiency has long been a central focus for healthcare organizations, particularly those operating in constrained financial environments.

However, the conversation is evolving. Efficiency alone is no longer the goal. The true measure of improvement is whether operational gains translate into better patient access, improved continuity of care, and reduced staff burden.

Community health organizations are particularly sensitive to this balance. Savings generated through operational improvements must support patient care delivery—not simply reduce operating expenses.

This perspective aligns closely with the mission of organizations that prioritize reinvesting efficiencies into patient services and community health outcomes.

The emerging expectation is clear: operational improvements must deliver tangible patient benefits, not just internal metrics.

Theme 3: Technology Must Enable People — Not Add Complexity

Healthcare organizations have invested heavily in technology over the past decade. Yet many leaders report that technology adoption alone has not resolved operational challenges.

In many cases, new systems have added layers of complexity without simplifying workflows or easing staff burdens. What is increasingly clear is that technology delivers value only when it is aligned with real operational needs and supported by clear processes and workforce readiness.

> **"Technology delivers value only when it is aligned with real operational needs."**

Frontline teams require solutions that simplify daily work, not make it more complicated. This requires a disciplined approach to implementation—one that integrates technology into existing workflows, simplifies decision-making, and reduces repetitive tasks.

Organizations that succeed will be those that treat technology as an enabler for people, rather than a replacement for operational clarity.

Theme 4: Sustainable Improvement Requires Ambidextrous Leadership

Healthcare organizations today face a dual challenge: improving current operations while redesigning future service models. This requires leadership capable of operating in two modes at once.

On the one hand, organizations must maintain reliable day-to-day operations that support patient care and staff stability. On the other hand, they must be willing to redesign workflows, adopt new approaches, and evolve service delivery models to meet changing patient expectations.

This ambidextrous capability—balancing redesign with operational discipline—has emerged as a defining characteristic of organizations successfully navigating healthcare transformation.

Without this balance, innovation risks devolving into fragmented experimentation, while an operational focus alone risks reinforcing outdated systems.

The organizations that succeed will be those that develop the capacity to do both.

Theme 5: Proof Will Define Trust in the Next Phase of Healthcare Transformation

Healthcare leaders are increasingly cautious about adopting new solutions without evidence of measurable outcomes.

Conceptual promises are no longer sufficient. Organizations are prioritizing partners who can demonstrate practical, real-world results—solutions that show measurable improvements in areas such as appointment adherence, patient engagement, staff productivity, and service responsiveness.

This shift towards proof-based decision-making reflects both operational realities and resource constraints.

“Proof is no longer optional—it is the foundation of trust.”

Healthcare organizations cannot afford to invest in initiatives that do not deliver visible outcomes. As a result, early pilot programs and measurable outcomes are becoming essential components of credible transformation strategies.

Proof is no longer optional—it is the foundation of trust.

While healthcare transformation is often discussed in broad strategic terms, meaningful progress typically starts with targeted, high-impact improvements that address specific operational challenges.

Across community healthcare environments, several areas consistently emerge as urgent and achievable starting points—areas where improvements can be implemented quickly, measured reliably, and scaled across organizations.

The dialogue between TLCx and Commonwealth Purchasing Group highlighted a set of practical use cases where early impact can be delivered while strengthening long-term operational resilience. These areas are not theoretical opportunities—they reflect recurring operational pressures reported by healthcare leaders throughout the CPG member network.

Where Early Impact Can Be Delivered

Priority Use Case 1: Reducing Missed Appointments Through Structured Patient Outreach

Missed appointments remain one of the most persistent challenges to healthcare access and operational efficiency.

No-shows disrupt clinical schedules, reduce provider utilization, and delay access for patients who need timely care. In many organizations, appointment reminders and follow-up communications are still handled manually or inconsistently, increasing the administrative burden on staff and limiting effectiveness.

"Improving this process requires more than additional reminders—it requires structured patient outreach."

Improving this process requires more than additional reminders—it requires structured patient outreach that integrates scheduling workflows, communication channels, and response tracking into a cohesive system.

Operationally, this may include:

- Automated yet personalized patient reminders across preferred communication channels
- Real-time confirmation workflows enabling staff to adjust schedules dynamicall
- Follow-up outreach for high-risk patients requiring additional engagement
- Performance tracking that identifies patterns and improves scheduling accuracy

trategically, reducing missed appointments improves not only operational efficiency but also patient continuity of care—ensuring clinical capacity is used effectively while reducing delays for patients waiting for access.

This represents one of the most immediate opportunities to demonstrate measurable improvements in operations.

Priority Use Case 2: Strengthening Patient Access Through Intelligent Intake and Scheduling

For many healthcare organizations, patient intake and appointment scheduling are the first—and often the most challenging—point of contact.

Long wait times, repeated calls, incomplete information capture, and fragmented scheduling workflows can frustrate both patients and staff. Addressing this challenge requires rethinking intake processes as coordinated workflows rather than as isolated tasks.

Operational improvements in this area may include:

- Streamlined intake workflows to reduce repetitive data entry
- Assisted with scheduling models that improve call-handling efficiency
- Intelligent routing that directs patients to the appropriate services more quickly
- Workflow visibility tools that allow supervisors to monitor access performance

From a strategic perspective, improving intake and scheduling performance strengthens patient trust and reduces administrative strain on frontline teams. More importantly, it establishes the operational foundation needed to scale access reliably across growing patient populations.

Priority Use Case 3: Reducing Staff Burden Through Workflow Automation

Healthcare organizations are experiencing rising levels of workforce fatigue, driven by repetitive administrative tasks that consume valuable time.

Reducing staff burden requires identifying repetitive workflows that can be simplified or automated without disrupting care delivery. Operational improvements in this area may include:

- Automating routine patient notifications and follow-ups
- Supporting staff with guided workflows to reduce manual processing steps
- Standardizing communication patterns across departments
- Monitoring administrative workload patterns to identify opportunities for improvement

Strategically, reducing the administrative burden helps stabilize workforce performance, improve job satisfaction, and reduce the risk of turnover. It also enables clinical and administrative teams to focus on higher-value interactions that directly support patient care.

Priority Use Case 4: Building Visibility Into Access Performance and Patient Flow

One of the most persistent challenges reported by healthcare leaders is the lack of real-time visibility into access performance. Many organizations

operate with fragmented reporting systems, making it difficult to understand how patient demand, staffing availability, and scheduling workflows interact.

Improving visibility requires structured reporting mechanisms that convert operational activity into actionable insights. Operational improvements may include:

- Dashboards that track appointment adherence and response times
- Monitoring tools that identify emerging workflow bottlenecks
- Reporting structures that support continuous operational improvement
- Performance feedback loops that help teams refine their scheduling strategies

Visibility, strategically, creates accountability.

Organizations that understand how access workflows perform are better placed to improve reliability, allocate resources effectively, and maintain consistent service levels. This capability becomes particularly important as organizations expand their services or adapt to changing patient demand patterns.

Transforming patient access and operational performance across healthcare organizations is not achieved through sweeping initiatives or rapid system overhauls. Sustainable improvement requires disciplined execution—starting with focused pilots, establishing measurable outcomes, and scaling success in a structured way.

The dialogue between TLCx and Commonwealth Purchasing Group reflects a shared belief that progress must be deliberate, evidence-based, and grounded in operational reality. Rather than attempting large-scale change across all Organizations simultaneously, the partnership will focus on building structured momentum—delivering measurable results in defined stages that enable organizations to adopt improvements with confidence and sustainably.

This approach balances innovation with operational reliability, ensuring that change strengthens existing workflows rather than disrupting them.

“Healthcare transformation occurs through structured momentum —focused action, measurable outcomes, and steady expansion of proven capabilities.”

The Path Forward: From Insight to Proof

Stage 1: Identifying Priority Organizations for Early Engagement

The first step is to identify a focused group of organizations where early impact can be achieved.

Within the broader CPG member network, organizations vary significantly in size, digital maturity, staffing models, and patient volume. Recognizing these differences is essential to ensuring that early pilot efforts are both achievable and meaningful.

Priority organizations may be selected based on:

- Organizational readiness and leadership engagement
- Patient volume and access demand patterns
- Operational constraints that can be addressed through structured improvements
- Willingness to participate in measured pilot initiatives
- This targeted approach enables the partnership to focus effort where measurable improvement is most likely, laying a foundation for broader adoption across the member network.
- This staged prioritization aligns with the recommendation to focus initial engagement on a smaller subset of organizations before scaling across the broader population.

Stage 2: Delivering Focused Pilot Programs With Measurable Outcomes

Pilot programs become the primary means of testing and refining operational improvements. These pilots are designed to address clearly defined challenges—such as improving appointment adherence, streamlining intake workflows, or reducing administrative workload—without compromising continuity of care.

Pilot programs typically include:

- Defined operational objectives aligned with real-world challenges
- Structured implementation steps that minimize disruption

- Continuous performance monitoring to measure improvement
- Feedback loops that enable refinement based on frontline experience

Importantly, pilot initiatives are not isolated experiment. They serve as proof-building exercises that demonstrate what works in practice, giving healthcare leaders the confidence to expand successful approaches across additional departments or facilities.

This emphasis on measurable outcomes reflects a growing expectation across healthcare settings that transformation initiatives must deliver visible, operational improvements.

Stage 3: Scaling Proven Approaches Across the Network

Successful pilots lay the foundation for broader adoption. Once measurable improvements are achieved in early pilot organizations, those learnings can be adapted and extended to additional member organizations across the CPG network.

Scaling requires more than replication—it requires structured adaptation to reflect each organization's unique characteristics.

Scaling activities may include:

- Translating pilot learnings into repeatable operational models
- Creating standardized workflows that support consistent performance
- Providing structured guidance to support adoption across diverse settings
- Establishing performance benchmarks that reinforce accountability

Through this structured scaling process, individual improvements evolve into network-level capabilities—enabling multiple organizations to benefit from shared learning and validated operational models.

Stage 4: Establishing Continuous Improvement as a Core Capability

Sustainable transformation does not end with pilot success or with initial scaling. Healthcare environments are dynamic, and operational demands continue to evolve.

Organizations that succeed over the long term are those that build internal capability to continuously refine workflows, measure performance, and respond to evolving patient needs.

Continuous improvement may include:

- Regular performance review cycles
- Ongoing refinement of patient access workflows
- Structured evaluation of new operational opportunities
- Workforce engagement in improvement initiatives

By embedding continuous improvement into daily operations, healthcare organizations strengthen their ability to adapt without resorting to disruptive transformation efforts.

This builds resilience—an increasingly important capability in today's healthcare landscape.

Closing Reflection: Building Confidence Through Measured Progress

The collaboration between TLCx and Commonwealth Purchasing Group reflects a shared commitment to disciplined progress—balancing innovation with operational reliability.

Healthcare transformation does not result from isolated technology investments or temporary operational adjustments. It occurs through structured momentum—focused action, measurable outcomes, and steady expansion of proven capabilities.

For community healthcare organizations, this approach offers a path forward that is both ambitious and achievable—supporting improved patient access, reduced staff burden, and sustainable operational performance.

The journey ahead is defined not by speed alone but by consistency, confidence, and measurable progress.