EFFICIENCY UNLOCKED

The 7 Levers of Efficiency for Stronger Practice Performance

nextgen
healthcare

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In today's ambulatory care landscape, efficiency is no longer just a back-office goal—it's a strategic lever for growth. From navigating staffing shortages and reimbursement cuts to embracing AI-powered solutions and patient-centric care models, the most successful organizations are not working harder, they're working smarter.

This playbook is for executives who want to grow without compromise. **The 7 Levers of Efficiency in this e-book are built on real-world data, best practices, and firsthand results from leading organizations who are transforming care delivery through smarter operations.**

Explore areas for efficiency and discover how organizations across various specialties are leveraging NextGen Healthcare solutions to **optimize their operations and drive tangible results.**

FINANCIAL LIFT THROUGH RCM PRECISION

⋯⋮ Drive 10% more margin without seeing a single new patient

Drivers: Clean claims generation, auto-disposition denials and follow-ups, coding/billing accuracy, provider eligibility, and prior authorizations

Financial health is the engine that drives organizational growth, but revenue cycle inefficiencies can hinder even the best-run organizations. Each step of the RCM process, from claims submission to denial management and payment collections, plays a role in lifting your financial performance.

Integrated, AI-powered tools play an essential role in delivering timely, accurate, and simplified RCM. Automated eligibility and claims management solutions help minimize errors, expedite payments, and refine the process for staff.

Behind the scenes of RCM success

Organizations, such as Ho-Chunk Health Care Center, a tribal clinic and FQHC, have seen measurable improvements with NextGen® RCM Services by streamlining claims workflows, improving financial data integrity, and identifying revenue leakage.

Specifically, by integrating automated claim rejections and improved tasking, they saw a **15% reduction in their overall A/R days**, a **25% improvement in accounts outstanding** in a three-to-four-year period, and **reduced their claim filing errors by 30%**.

Efficiency impact

Clean claims generation and auto-disposition tools eliminate rework and accelerate reimbursement timelines. By implementing coding precision and front-end eligibility checks, organizations reduce controllable denials and improve first-pass claim rates.

With the right tools, practices enjoy reductions in denials, faster reimbursements, and increased collections. Executive dashboards offer real-time visibility across payers, enabling leaders to make proactive decisions that impact the bottom line. As a result, revenue teams become strategic growth drivers.

"The tasking feature and the claim editing feature have been a godsend. We've definitely seen some positive effects with our ability to file claims, lessen our A/R days, and increase the amount of revenue that we bring in."

Liz Lund
Provider Network & RCM Manager
Ho-Chunk Health Care Center

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CONTRACTS AND REFERRALS THAT WORK FOR YOU

⋯⋮ Boost contract value and ensure referrals convert into revenue

Drivers: Referral coordination through scheduling and documentation, pattern recognition for missed referral opportunities

A solid patient base is only as strong as the referral pathways that support it. When referrals are missed, delayed, or misrouted, organizations lose both revenue and patient trust.

Efficient organizations manage referral workflows with the same precision they apply to clinical care. With the support of referral tools that can automate communication and coordination with patients and their referring providers, staff can streamline operational efficiency and drop manual call volume and manual tracking. Any missed or unconverted referrals are flagged by intelligent automation dashboards to help identify where opportunities are falling through the cracks.

Contract management and visibility also plays a key role. By analyzing outcomes and aligning with payer priorities, ambulatory groups can negotiate smarter contracts that reflect the true value they provide.

Better referrals in action

At Houston ENT & Allergy, NextGen® Referrals powered by Luma helped streamline incoming and outgoing referrals, closing communication gaps between providers and support staff. As a result, patients were seen faster, and more revenue stayed within the system. Over time, the practice can analyze and pivot strategies based on referral patterns, such as understanding which referring providers are most valuable, which ones are underutilized, and how care coordination can be enhanced.

Efficiency impact

Streamlined and accurate referrals boost overall practice efficiency, driving revenue and better care outcomes. Supporting patients as they are referred into, or even out of, your practice improves your reputation and patient retention so you can continue to grow.

Houston ENT & Allergy saw:

50%
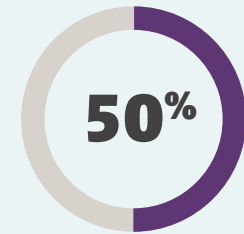
decrease in abandoned calls

$575K

gain in scheduled referrals

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OPTIMIZE STAFFING WITHOUT BURNOUT

⋯⋮ Increase admin. capacity 15% without hiring

Drivers: *Scheduling optimization, team-based care coordination*

Staffing shortages continue to strain ambulatory groups nationwide. Yet solving this strain can be done without hiring additional staff. Ambient AI, mobile tools, and smarter workflows are enabling practices to do more with the team they have.

AI-driven scheduling engines and voice agents can reduce gaps in provider calendars and improve patient follow-through. At the same time, integration of platforms that can decrease call volume, support fax OCR (Optical Character Recognition), and automate secure messaging have the power to optimize workflows for practice staff, thus improving staff utilization without compromising care.

According to a survey from the Medical Group Management Association (MGMA), 90% of respondents noted enhancing operational efficiency as the main factor motivating them in the adoption or expansion of AI solutions. Meanwhile, all respondents said reducing burdens on clinicians was the other driving factor.

Take it from them

Brian Heimer, Medical Director of Virtual & Digital Health at American Health Network, Optum, noted that burnout is perpetuated by four main causes: administrative stress, loss of autonomy, workplace stress, and the loss of connection with patients. However, since implementing ambient AI documentation and mobile workflows, he has seen direct improvements on these areas of burnout.

With NextGen Mobile, providers not only regain valuable time, they also reconnect with the purpose of patient care.

Clinical quality went up, staff turnover went down, and burnout was measurably reduced.

Efficiency impact

While staffing shortages and burnout may seem like constants in the healthcare space, modern technology helps practices do more with less while staying efficient and diligent in their care delivery.

"NextGen Mobile has eased physician burnout and made staff happier. It enables me to get back to the physician-patient experience the way it should be. It enables me to go into an exam room and actually communicate with a patient the way we are supposed to, rather than have a computer as an intermediary."

Brian Heimer, MD
Medical Director of Virtual & Digital Health
American Health Network, Optum

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SMART PATIENT GROWTH = REAL REVENUE

⋯⟩ Don't just attract patients—retain them

Drivers: Auto-schedule follow-ups, patient communications, self-served education tools, medication adherence prompts, simplified intake, automated payment collections

It's not just about seeing more patients, it's about retaining patients and guiding them through ongoing care. Smart patient growth comes from aligning access, convenience, and engagement strategies to optimize each visit.

A closed loop experience provides true integration, streamlined efficiency- all aiding towards patient retention and continued care within their preferred provider organization.

Patient engagement naturally follows practices that adopt automated follow-up and scheduling solutions. When patients are reminded via text about upcoming appointments or to schedule follow-ups, follow-through is more simplified and seamless. Other outreach tools can send broadcast messages or notify patients of newly-available appointment slots that better match their preferences. Additionally, reputation management tools that prompt online patient reviews and Google Calendar scheduling—for after-hours scheduling access—all contribute to a seamless patient acquisition process. When patients receive timely, relevant communication, no-show rates drop and satisfaction soars.
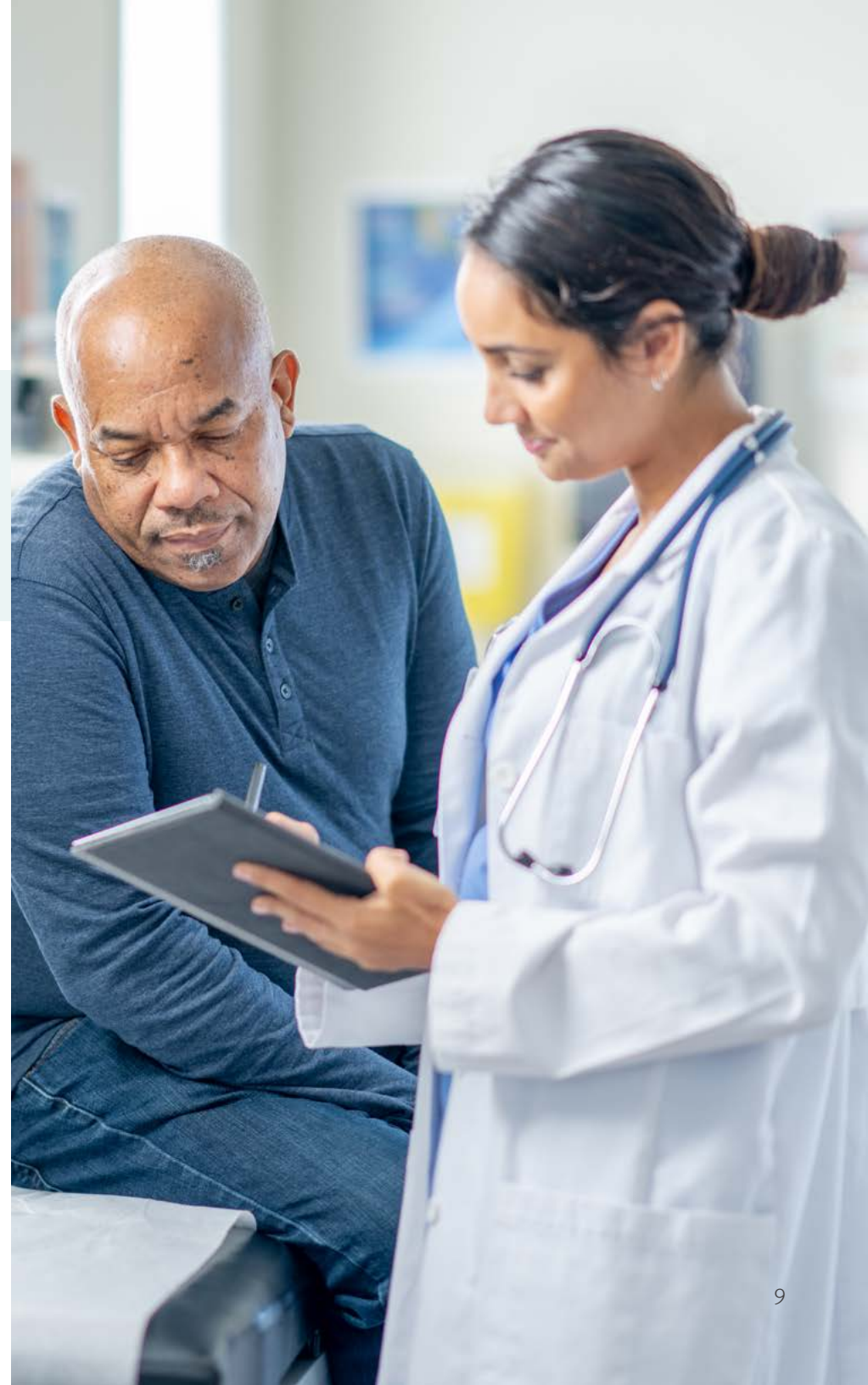
Engagement solutions that work

With the help of self-scheduling, smart waitlist, and broadcast messaging, Shasta Community Health Center experiences more filled appointments, fewer missed opportunities, and an increase in patient satisfaction. **The partnership between NextGen Healthcare and Luma has helped them automate their processes in ways that satisfy both patients and staff while keeping their appointment schedule full.** Specifically, Shasta Community Health Center saw a decrease in their canceled-appointment rate, from 13% to 9%.

Efficiency impact

Waitlist management, online scheduling, and mobile intake forms have helped practices reduce no-shows and fill last-minute cancellations. Point-of-service collections—automated and transparent—help convert visits into revenue more reliably. When paired with intelligent intake tools and harmonized patient communications, the result is greater throughput, higher revenue, and improved patient loyalty.

"It reduces our missed opportunities as an organization because we were dependent on a human to notice that there was an open appointment that someone canceled, and that we need to reach out manually to try to get it filled. Now, the system does it for us and we don't even have to think about it."

Laura Baynard
Chief Operations Officer
Shasta Community Health Center

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AI FOR PHYSICIANS = ROI FOR YOU

⋯⋮ Less typing, more treating—with measurable return

Drivers: Pre-visit summary generation (AI synthesizing notes & history), encounter documentation (SOAP notes, finalized encounters), quality benchmarking, mobile-friendly AI support during exams, throughput

AI-powered tools are transforming the clinical experience. Especially for physicians experiencing burnout from manual documentation, this technology introduces a new era of care. **Solutions like NextGen® Ambient Assist and NextGen® Mobile allow clinicians to engage with patients while leveraging efficiency with AI-powered suggestions including medications, diagnosis codes, patient summaries, and lab orders.**

Pre-visit summaries improve focus during exams and support more informed decision-making.
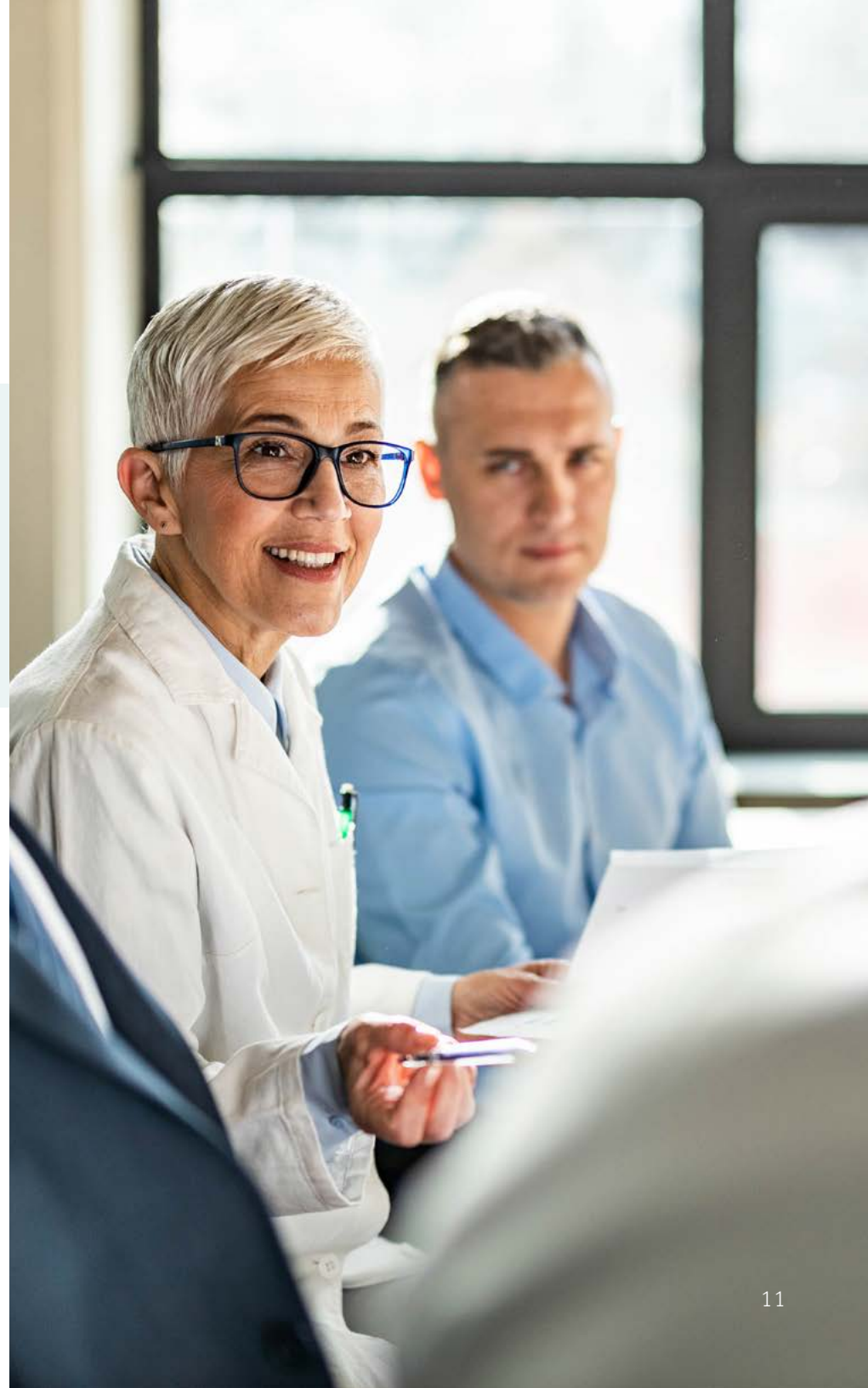
See the difference

Physicians at MedEye Associates, a multi-specialty ophthalmology group serving Miami, Florida since 1975, experience the first-hand benefits of NextGen Ambient Assist. With the help of ambient documentation, they have been able to streamline care to improve operations for both their providers and backend staff. Providers can see a patient and then move to the next one while staff review chart notes and charge out patients. **This alleviates physicians' workloads, improving their work-life balance, while also eliminating administrative backlog.**

Efficiency impact

Supporting providers helps them better support their patients. Artificial intelligence and documentation software is changing the game when it comes to improving care delivery. Streamlined care delivery translates to better retention, more productive schedules, and a stronger ROI across the board.
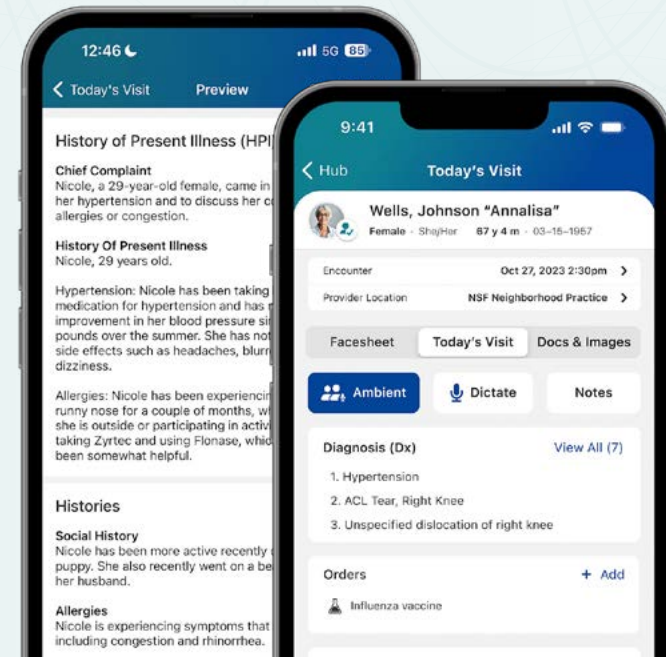
2.5 HOURS

Saved daily with **AI-powered** documentation

"It frees me up a tremendous amount to sit there and actually interact and talk with the patients, and they appreciate that tremendously."

Zachary Segal, MD
Medical Director
MedEye Associates

Read Client Case Study ›

CUT WASTE, NOT CARE

⋯⋗ Reduce 5–10% of non-clinical costs through data-backed decisions

Drivers: *Reduction in manual admin. burden (coding, scheduling, documentation), auto follow-ups to eliminate redundant staffing needs*

Waste in healthcare shows up as redundant steps, manual processes, and missed financial opportunities. By finding ways to eliminate waste, your practice can optimize value and output.

Administrative overhead can consume up to 25% of a clinic's operating budget. By automating essential tasks—such as claim follow-up, payment processing, chart review, and intake documentation—practices can reduce costs and free staff to focus on higher-value, patient centric activities.

When these tasks are automated, clinics see fewer rejections, less rework, and faster reimbursement.

Real revenue, real impact

Organizations like Sierra Pacific Orthopedics unlocked hundreds of thousands in previously lost revenue by implementing smarter billing solutions with NextGen Healthcare and InstaMed. Instead of relying on patients to pay, at times, unexpected costs at the time of service, Sierra Pacific Orthopedics began collecting payment methods securely before the visit. This way, payment can be automatically collected once a claim is adjudicated. **These strategies have allowed them to guarantee payments from patients with minimal collection costs, and once received, payments are automatically posted in the EHR**. The use of digital payment plans, upfront estimates, and clearer billing has also helped reduce bad debt and patient confusion.

Efficiency impact

A revenue best practice framework, focused on denial management, timely follow-up, and clean claims, helps organizations increase collections without increasing friction. Efficiently driving financial health is key to driving overall practice success.

Benefits at Sierra Pacific Orthopedics include:

›**80%**
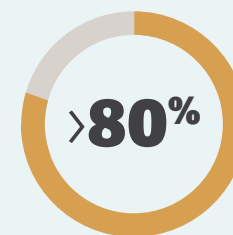
of patient payments collected after claim adjudication were automated in the first year

63%
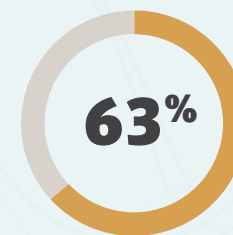
decrease in payments that required manual posting and reconciliation

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FUEL NEW GROWTH: M&A, ACO, EXPANSION

⋯⋯ Add $250K to $1M in annual lift through new revenue streams

Drivers: *Data mining for population health and research, pattern recognition for expansion opportunities (ACO/MSSP, new services), automate reporting for value-based contracts*

As consolidation and value-based care models accelerate, many ambulatory groups are exploring Accountable Care Organization (ACO) participation, Merger & Acquisition (M&A) activity, or regional expansion. Scaling growth with a reliable infrastructure minimizes fragmentation and bolsters success.

By drilling down population health data and performance trends, organizations can identify high-value expansion areas, such as a geographic market, a new payer opportunity, or a service line like behavioral health. Automated reporting engines help satisfy the compliance and data requirements of ACO and MSSP participation without increasing administrative overhead.

Efficiency impact

A revenue best practice framework, focused on denial management, timely follow-up, and clean claims, helps organizations increase collections without increasing friction. Efficiently driving financial health is key to driving overall practice success.

Bringing It All Together: What's Next?

The **NextGen® Closed Loop™ Patient & Practice Experience** tactically integrates powerful tools and solutions that create lasting, quality care. With an aim to improve patient engagement and practice success, the Closed Loop Experience encompasses the drivers to efficient, focused, and ongoing care. Practices, providers, and patients alike all experience the benefits of a solution that puts their success at the forefront.
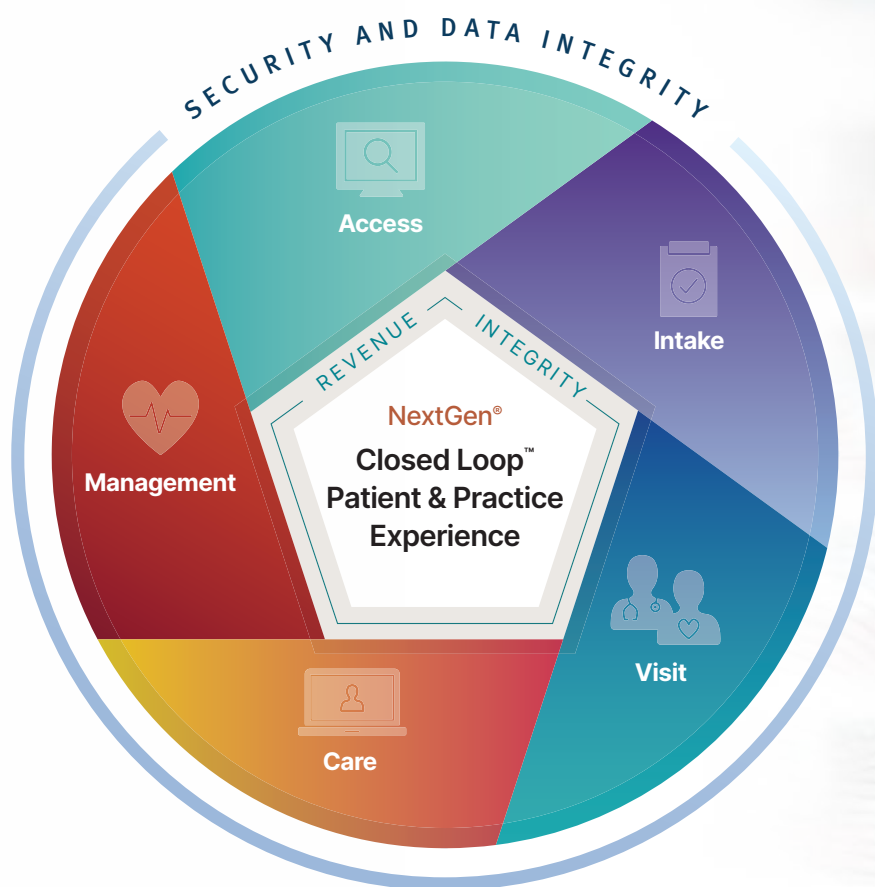
WHAT'S NEXT?

Each lever delivers its own value, but together they form a holistic blueprint for sustainable and smart growth.

Where should your organization start?

Schedule a 30 Minute Efficiency Audit Now.
We'll have a set of questions ready to help you understand your blueprint.

Schedule Call ›

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