Keeping to a True North on Data When Delivering Acute Specialty Care Across 50 States

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ABSTRACT

- **Objective**: As the need for acute specialty care grows nationwide, organizations have had to scale rapidly to meet demand. In the telehealth space, mergers and acquisitions occur to scale services across all 50 states. The impact of rapid growth includes varied processes, and changing operational leadership led to inaccuracies in data. The EOS Model (Entrepreneurial Operating System) framework was the organizational catalyst at Access TeleCare to focus on 'Data' and 'People' through a multidisciplinary approach (see Figure 1).
- **Methods**: Titled *Project True North*, this improvement initiative was led by the Quality Department using the DMAIC methodology to address patient volume discrepancies. During the **Define** phase, stakeholder interviews informed a fishbone and key driver diagram to identify root causes and potential interventions. The **Measure** phase identified three metrics (Table 2), while the **Analyze** phase validated data inconsistencies and volume reconciliation needs. For **Improve**, a Tableau-based reconciliation tool and visual daily management system were created to reduce revenue leakage and promote accountability. Testing began in October 2024 with Behavioral Health and Infectious Disease, expanded to Neurology in November, and scaled across all service lines (SLs) in December.
- **Results**: Initial analysis revealed gaps in oversight, lack of usable finance data, and unclear data ownership. A pre/post comparison of key metrics (May–Sept 2024 vs. Oct–Feb 2025) showed improvement in two of three metrics for both Infectious Disease (ID) and Behavioral Health (BH). Across all service lines, all three metrics improved following implementation, indicating a positive impact of the intervention.
- **Conclusion**: Intentional structure is essential to support scalable growth in telehealth. By leveraging the EOS model, a data-driven DMAIC approach, and effective tools like Tableau and Visual Daily Management, the organization achieved improved metrics and sustainable operational alignment. A phased rollout led to full adoption across service lines, driven by quality-led facilitation, collaborative data analysis, and empowered leadership—shifting operations toward consistency, reliability, and continuous improvement.

Figure 1. EOS Model

Figure 5. Visual Daily Management Concept

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INTRODUCTION

As the need for acute specialty care grows nationwide, organizations have had to scale rapidly to meet demand. In the telehealth space, mergers and acquisitions occur to scale services across all 50 states. The impact of rapid growth includes varied processes, and changing operational leadership led to inaccuracies in data. The EOS Model (Entrepreneurial Operating System) framework was the organizational catalyst at Access TeleCare to focus on 'Data' and 'People' through a multidisciplinary approach (see Figure 1).

METHODS

The work was given the title of 'Project True North' and the improvement project was facilitated by the Quality Department. The data-driven methodology of DMAIC was used to focus on the processes surrounding patient volume data:

Define: Interviews were conducted to develop a fishbone diagram to determine the root cause (see Figure 2 and Figure 3). The key driver diagram helped to assess all potential interventions (see Figure 4)

Measure: see Table 1 for the three metrics determined to assess for improvement

Analyze: The interviews with stakeholders determined the metrics that drove patient volumes. Existing data was reviewed, which showed numerous discrepancies on patient volumes that required reconciliation

Improve: Operationalized the concept of 'Visual Daily Management' to focus on potential revenue leakage areas (see Figure 5) using the PDSA ramp up. Developed a Tableau encounter reconciliation tool, with weekly actionable emails distributed to all service lines to encourage regular reporting and real-time escalations, as necessary (see Figure 6):

- October 2024: Designed and tested tool with Behavioral Health and Infectious Disease, leading to development of the concept of daily visual management (see Figure 5 for training slide)
- November 2024: Added Neurology to testing
- December 2024: Implementation to remaining five service lines (MFM, cardiology, pulmonary/critical care, nephrology, hospitalist)

Figure 2. Fishbone Diagram

Figure 4. Key Driver Diagram

Metric	Numerator	Denominator	Target	Baseline	Data Source
Metric 1	# Total Coded Encounters	Total # Encounters	Increase	0.54%	Tableau - CPT Entry Compliance % Report
Metric 2	# Voided Encounters		Decrease	22.80%	
Metric 3	# No Charge Encounters		Decrease	1.4%	

Table 1. Project Metrics

RESULTS

Qualitative Findings:
- Launched new technology without concurrent management report creation or expectations on monitoring and oversight
- Unclear and duplicative reports, lack of usability, and minimal accountability

Quantitative Findings: The three identified metrics were compared five months before implementation of tool (Pre) to five months post implementation of tool (Post):

- Pre: May – Sept 2024
- Post: Oct – Feb 2025

Tables below share the pre/post of ID and BH, which started testing in October. Along with the aggregate of all SLs during the same time periods. The results shows an improvement in two of three metrics for both BH and ID. It also shows that when looking at all SLs, all three metrics improved post intervention.

Total Coded	Pre	Post	Improved?
Infectious Disease	97%	97%	Same
Behavioral Health	92%	98%	Yes
All SLs	46%	57%	Yes

Total Voids	Pre	Post	Improved?
Infectious Disease	22%	13%	Yes
Behavioral Health	30%	17%	Yes
All SLs	23%	15%	Yes

Total No Charge	Pre	Post	Improved?
Infectious Disease	0.4%	0.2%	Yes
Behavioral Health	1.1%	1.3%	Same
All SLs	1.4%	1.3%	Yes

Figure 3. Define Phase, Interviews Timeline

VISUAL DAILY MANAGEMENT

Figure 6. Tableau Encounter Reconciliation Tool, Snapshot from March 2025

CONCLUSIONS

Key Takeaways:
- **Scalability Requires Structure:** Rapid organizational growth in telehealth can lead to inconsistent processes and data inaccuracies without a standardized operational framework
- **EOS Model as a Catalyst:** Helped focus efforts on improving both *Data* and *People*, fostering cross-functional collaboration
- **Data-Driven Methodology:** DMAIC enabled a systematic approach to patient volume discrepancies and guided targeted interventions
- **Effective Tools Implemented:** A Tableau-based encounter reconciliation tool and the concept of Visual Daily Management were introduced to monitor all metrics in real time
- **Phased Rollout (PDSA Ramp) Led to Full Adoption:** Initial implementation with Behavioral Health and Infectious Disease expanded to all service lines by December 2024
- **Positive Impact on Metrics:** Post-implementation analysis showed improvement in key metrics—two of three improved in pilot areas, and all three improved across all service lines
- **Sustainable Operational Alignment:** Structured, visual, and data-centric management practices enabled better reporting, faster issue escalation, and overall stronger data integrity
- **Quality-Led Facilitation:** A strong foundation in Quality leadership drove the project, ensuring structured facilitation and a focus on sustainable improvement
- **Collaborative Data Analysis:** Quality team partnered with Analytics team to design and deliver robust, actionable data visualization
- **Empowered Leadership:** Service Line Leaders play a critical role in driving process improvements, shifting teams from operational var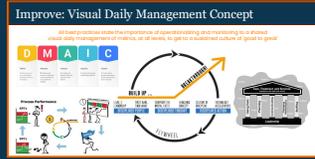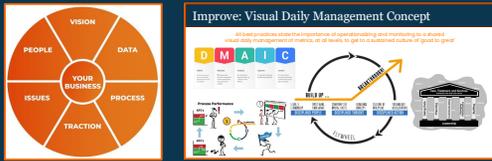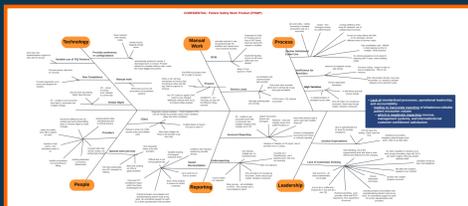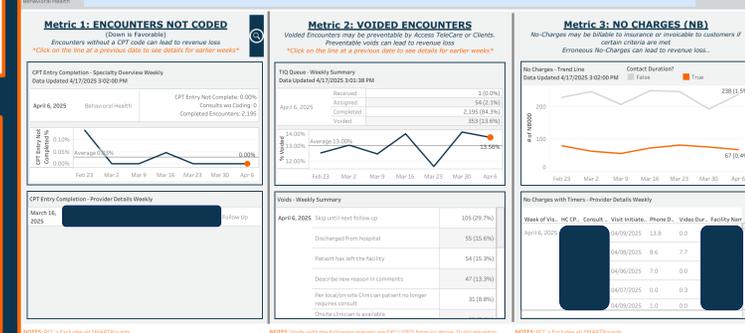iation toward reliability and consistency