

# AFTER-HOURS CARE: THE MOST UNDERUTILIZED GROWTH ENGINE IN OUTPATIENT HEALTHCARE



## Overview:

### Call Abandonment:

Outpatient abandonment rates frequently exceed 15–30% (MGMA).

### Staff Stability:

Access teams face 25–40% turnover due to burnout and manual workflows.

### Revenue Impact:

A single clinic can lose \$165k–\$330k/month in missed appointments.

### Patient Loyalty:

62% of patients switch providers due to poor access experiences.

## The New Reality of Patient Behavior

Healthcare is no longer a 9–5 experience. Patients live in a 24/7 convenience ecosystem, Amazon, banks, and virtual services operate around the clock. When healthcare cannot meet that standard, patients perceive it as a broken relationship. Demand spikes after 5 p.m. across all specialties as symptoms worsen at night and working adults finally have time to call. These patients are often worried or uncertain; this emotional dimension increases the importance of reliable access.

The "Morning After" Bottleneck Furthermore, the digital "front door" never locks. Patient portals and online appointment request forms remain active overnight, allowing demand to accumulate while the clinic is closed. Without real-time management, this creates a "morning backlog" a surge of unaddressed tasks and messages that greets staff at 8:00 a.m. This bottleneck sets the entire operational day behind schedule before it even begins, forcing staff to play catch-up rather than focusing on the patients in front of them.

Modern patients encountering voicemail after hours won't wait; they defect to retail clinics. This silent leakage not only drains revenue but fragments care records, leading to redundant testing and disconnected plans



The Work Behind Care

### By The Numbers

- **30%:** Of total patient call volume occurs after 5 p.m.
- **13–27%:** Of ED visits are avoidable and result from clinic unavailability.
- **\$810,000:** Annual revenue lost per 100 providers by missing just 10% of after-hours visits.
- **40%:** Of after-hours callers have specific intent to schedule appointments.

## The After-Hours Gap

Where Clinics Lose Value Most clinics today still rely on voicemail as their primary after-hours strategy, a mechanism that modern patients increasingly perceive as unhelpful, outdated, and frustrating. Our data indicates that the majority of after-hours callers are not calling with vague concerns; they have specific intent. They are attempting to schedule appointments, confirm existing times, reschedule due to conflicts, or request immediate medication guidance.

When these calls go unanswered, they represent more than just missed connections—they are lost business opportunities. Patients unable to reach their clinic often default to the path of least resistance: the Emergency Department or Urgent Care. Research shows that 13–27% of all ED visits are avoidable and frequently result directly from a clinic's unavailability. This creates a disconnect where the primary care provider loses visibility into their patient's health events.

### Kloud 7's Specialized Solution for USA Health



Revenue Leakage



Patient Defection



Clinical Risk



Staff Burnout

## Operational Bottlenecks & Workflow Disruption

Where Clinics Lose Value Most clinics today still rely on voicemail as their primary after-hours strategy, a mechanism that modern patients increasingly perceive as unhelpful, outdated, and frustrating. Our data indicates that the majority of after-hours callers are not calling with vague concerns; they have specific intent. They are attempting to schedule appointments, confirm existing times, reschedule due to conflicts, or request immediate medication guidance.

When these calls go unanswered, they represent more than just missed connections they are lost business opportunities. Patients unable to reach their clinic often default to the path of least resistance: the Emergency Department or Urgent Care. Research shows that 13–27% of all ED visits are avoidable and frequently result directly from a clinic's unavailability. This creates a disconnect where the primary care provider loses visibility into their patient's health events.

## The Financial, Clinical, and Experience Cost of After-Hours Failure

The financial leakage resulting from this gap is substantial and often underestimated. Consider a standard scenario: a 100-provider group receiving 20,000 calls monthly. If 25% of these calls occur after hours and 90% go unanswered, that means 4,500 patients per month receive no support when they reach out.

The revenue impact is stark. Even if we assume only 10% of those unanswered calls were potential visits, that equals 450 lost visits monthly. At an average reimbursement, this creates an annual revenue loss of approximately \$810,000. Beyond the finances, there is a severe clinical cost. Unnecessary ED visits increase when patients lack guidance, leading to fragmented care records and redundant testing.

*"After-hours care is not an extension of the day it is an expansion of the relationship."*

**Omni White Paper Series**

**Burnout, Trust, and Competitive Risk Patient trust is fragile and declines rapidly when clinics are unavailable during times of anxiety or need. When a patient feels abandoned after 5 p.m., they are far more likely to seek care elsewhere. Competitors specifically retail health clinics and urgent care centers—have designed their business models to capture exactly this demand.**

**Internally, this creates a vicious cycle for your team. Providers face increased workload and burnout trying to manage the chaos of unresolved after-hours needs. Ultimately, a failure to manage after-hours access hands market share to competitors while simultaneously driving up staff burnout rates.**



## Why Most Clinics Have Not Built After-Hours Programs

- **Underestimation of Demand:** Leaders often underestimate after-hours demand because they do not measure voicemail volume, abandoned calls, portal surges, or next-day escalations.
- **The Cost Misconception:** Leaders assume after hours care is costly because they imagine expensive nurse triage models. However, 60–80% of demand is administrative and does not require clinical licensure to resolve.
- **Unclear Ownership:** Ownership of after-hours care is often unclear falling somewhere between access, nursing, and operations.
- **Outdated Technology:** Outdated telephony lacking omnichannel routing and callback tools restricts coverage.
- **Strategic Blind Spot:** Most leaders see after-hours care as a cost center instead of a growth engine.

*"High-performing health systems treat access as a strategic capability rather than a back-office function."*

Omni White Paper Series

## Strategic Tactics

To reverse these trends, leaders must establish an enterprise governance model that defines ownership of KPIs.

- **Standardized Protocols:** Escalation, triage, and documentation rules reduce variation.
- **Callback Systems:** Implementing callback tools reduces abandonment and significantly improves the patient experience.
- **Full Integration:** Integration across voice, text, messaging, and scheduling ensures no demand is lost.

## Strategic Imperatives for Building a Modern After-Hours Program

Modern models build “always-available” access with real-time response, scheduling, coordination, and structured triage. Centralized operations improve consistency, efficiency, analytics, and quality. Crucially, administrative and clinical needs must be separated; as noted, most patient needs are administrative. By distinguishing between these flows, systems can align resources effectively without overspending on clinical staff for non-clinical tasks.

Modern models build “always-available” access with real-time response, scheduling, coordination, and structured triage. Centralized operations improve consistency, efficiency, analytics, and quality.

Administrative vs. clinical needs must be separated; most are administrative. Callback systems reduce abandonment and improve experience. Standardized protocols escalation, triage, documentation reduce variation. Integration across voice, text, messaging, and scheduling ensures no demand is lost.

## Scenario Model: The Setup

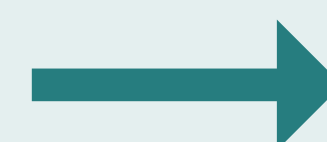
Example Scenario:

- **Organization:** 80-provider multispecialty clinic
- **Call Volume:** 15,000 after-hours calls/month
- **Current State:** 80–90% unanswered
- **Patient Intent:** 40% intend to schedule

Capturing even 20% of missed scheduling demand yields 1,200 visits/month, or \$2.16M/year excluding downstream revenue.



Wait Times



Revenue Impact

The ability to answer calls quickly is only half the battle; the other half is capturing the value. In our scenario model, capturing even 20% of missed scheduling demand yields 1,200 recovered visits per month. This proactive approach validates the investment in modern access infrastructure by turning operational gaps into measurable revenue.

## Scenario Model: Quantifying the Opportunity

**Quantifying the Opportunity** The financial impact of this recovery is immediate.

- **Recovered Volume: 1,200 visits/month.**
- **Revenue Impact: \$2.16 Million/year (excluding downstream revenue).**

**Additional Strategic Outcomes: Beyond direct revenue, the model delivers critical stability:**

- **Reduced ED Leakage: Patients receive guidance instead of defaulting to the ER.**
- **Fewer Escalations: Issues are resolved upstream.**
- **Improved Loyalty: Reliability builds trust.**
- **Reduced Burden: Provider inboxes are cleared of administrative clutter.**

## Building the Framework for Success

Leading systems build after-hours models that go beyond simple voicemail. They establish a comprehensive infrastructure that includes:

- **Centralized Support:** To handle volume at scale.
- **Real-Time Response:** Ensuring zero delay in care.
- **Structured Triage:** Balancing safety with efficiency.
- **Digital Coordination:** Seamlessly integrating documentation, analytics, and quality assurance.

**"Revenue leakage isn't always about insurance denials; often, it is simply about the call that was never answered."**

**Omni White Paper Series**

**"Every missed call is a missed clinical opportunity and a severed relationship."**

**Omni White Paper Series**

## The Value of Connectivity

- 30% of patient demand occurs after hours.
- 0% of revenue is captured by voicemail.
- 100% of patients expect availability.

## Metric Spotlight: Abandonment Rate

- **Industry Average: 10–45%** (High revenue leakage due to voicemail reliance)
- **With Omni Recovery: 0–8%** (Capturing demand through live recovery)



## Case Study: Real-World Impact

**Specialized Cancer Center Optimization**

By aligning technology with operational strategy, Omni helped a leading cancer center achieve rapid scale:

- **Weekly Call Volume:** Scaled from 800 to 1,800 calls.
- **Growth Rate:** 225% increase in patient access capacity.
- **Service Level:** Maintained high-quality support despite tripled volume.

Proof that operational alignment drives scalable growth.

## The Emerging Model of Excellence

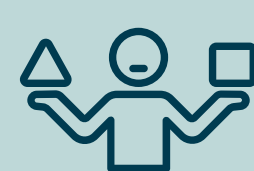
Leading systems build after-hours models including centralized support, real-time response, structured triage, digital coordination, documentation, analytics, and quality.

Omni by Kloud7 represents this modern architecture, offering scalable after-hours support and visibility. We provide the infrastructure that ensures clinical excellence is never compromised by operational inefficiency.

"The day doesn't end at 5 p.m.  
and neither does the patient relationship."

Omni White Paper Series

## It strengthens internal teams rather than replacing them."



Omni operates as an invisible extension of your practice. By absorbing the administrative burden of after-hours demand, we protect your providers from burnout and ensure your patients feel valued around the clock.

### Key Differentiators:

- Scalable Support: Adapts to your volume instantly.
- Total Visibility: Real-time analytics on every interaction.
- Operational Backbone: We handle the complexity; you handle the care.

## Conclusion

After-hours care is a strategic opportunity. Systems that build reliable after-hours models achieve higher loyalty, increased visit volume, reduced ED leakage, improved access metrics, and better operational stability.

A structured after-hours model transforms availability into trust, trust into loyalty, and loyalty into growth.