OUTSOURCE CONSULTANTS

CASE STUDY

HEALTHCARE | NONPROFIT PEDIATRIC PROVIDER

Nonprofit pediatric scheduling: 97% accuracy, 22% cost reduction. $872K unlocked without sacrificing quality.

A nonprofit pediatric provider committed to accessible care needed scheduling support that would not force a choice between quality and cost. This engagement proves you don't have to trade one for the other. Scheduling accuracy held at 97%, wait times in both English and Spanish ran far under the provider's goals, and costs fell 22%, with the savings going where a nonprofit's savings should go: back to hitting its key objectives.

Outsource Consultants matched the provider to a nearshore, HIPAA-experienced, bilingual partner, stood up its Vendor Management Office (VMO) immediately (a dedicated client success team OC provides every client at no charge), which took over the vendor oversight that had been consuming 40% of leadership's bandwidth. Leadership had been spending nearly half its week with excessive oversight of a vendor it did not trust instead of focusing on the core goal. OC helped it drive huge cost and quality wins with a partner it no longer has to constantly monitor.

97%

Scheduling accuracy

Sustained across bilingual support

22%

Cost savings

Resulting in a windfall of $872K returned to the practice

−25 sec

AHT reduction

Achieved within 120 days

VERTICAL	SERVICES	FOOTPRINT	GOVERNANCE
Pediatrics, nonprofit	**Inbound bilingual appointment scheduling**	**Nearshore, English + Spanish**	**VMO: monthly KPI cadence**

THE STORY IN 20 SECONDS

THE DRAIN

A churning vendor consumed 40% of leadership's week in oversight, draining a small nonprofit's scarcest resource.

THE MATCH

An independent match to a nearshore, HIPAA-experienced, bilingual partner, with rigorous hiring and a monthly KPI cadence.

THE RETURN

97% scheduling accuracy, wait times far under goal in both languages, 22% savings, and leadership's time back on the mission.

THE CHALLENGE

The vendor was consuming the nonprofit's mission

At a small nonprofit, leadership hours are the scarcest resource in the building. This provider was spending roughly 40% of its leadership's weekly effort managing a call-center vendor: chasing attrition, re-explaining processes, auditing errors, and absorbing the fallout when families could not get scheduled. Every hour spent supervising the vendor was an hour not spent on care, funding, or growth.

The math of a small program made it worse. With a handful of scheduling seats, the pediatric program didn't need more agents, they needed a lean team of highly-skilled and specialized agents that showed up and performed. There was no room to hide a weak agent, and the provider had no vendor-management department to absorb the burden. Oversight on the under-performing vendor fell on the same small leadership team responsible for everything else.

The patient mix raised the stakes further. Families scheduling pediatric care in both English and Spanish need agents who can serve them in their language, accurately, the first time. A vendor that churns through agents never gets there.

Vendor oversight is a hidden payroll line. If leadership spends 40% of its week managing a vendor, the organization is paying for the service twice.

OC delivered vendor accountability. Results followed fast.

The pediatric provider engaged Outsource Consultants to run an independent search for a new BPO provider. OC screened its network of 300+ vetted BPO partners, each tracked on 100+ performance data points, against the criteria the situation demanded: documented healthcare scheduling experience, HIPAA readiness, English and Spanish fluency matched to the patient population, and the hiring rigor to hold a small team stable. OC narrowed the market to a shortlist. The provider made the final selection. OC does not choose the provider; the client picks their best option from a competitive list of candidates.

After selection, OC took over the part that had been consuming leadership: staying on top of the vendor performance. The VMO team benchmarked KPIs such as handle time, wait time, accuracy, and staffing every month from day one, in both languages. OC does not defend a vendor; it defends performance. When the numbers hold, leadership never has to look. That is the point.

Most outsourcing does not fail in the selection. It fails in the first 180 days after go-live. So OC's VMO stayed in: benchmarking accuracy, handle time, wait time, and staffing every month from day one, so leadership did not have to.

ABOUT THE ADVISOR

Experienced performance-based advisor

An independent CX advisory team with 150+ years of collective CX, BPO, and sourcing experience, and zero agenda: OC sells neither labor nor technology, so the advice is strictly about outcomes.

Insights and data you can't get elsewhere

300+ vetted BPO partners, 100+ performance data points each, 13 years of proprietary performance tracking. 100% financially agnostic, so the shortlist is only ever about the best fit.

We keep your vendor performance on track

OC's highly experienced Vendor Management Office (VMO) holds vendors to your goals, benchmarking KPI performance and optimizing quality, CSAT, and other key business outcomes. Leadership stops the excessive oversight, and OC expertly handles ongoing performance management.

INSIDE THE ENGAGEMENT

What a well-run pediatric program looks like

Years into the engagement, the numbers describe the opposite of the program the provider left behind: a small but mighty team that shows up, performs, and is coached and supervised expertly by OC's VMO — at no charge to the pediatric provider.

Stability a small program lives or dies on

The team has held steady, with attrition at zero in recent cycles and perfect, punctual attendance. For a program this size, that stability is the whole game: one churned agent on a seven-seat team is a 14% capacity hole and a retraining cycle a nonprofit cannot spare. This team does not churn.

A SEVEN-SEAT TEAM

One churned agent is a **14% capacity hole** and a retraining cycle a nonprofit cannot spare.

Key results in both languages

Every core metric is benchmarked against the five-minute ceilings the provider set, tracked separately for English and Spanish. Wait times run far under goal in both languages and have improved cycle over cycle, with recent reporting describing response times as significantly outperforming contract goals. Language-matched staffing means a family scheduling in Spanish gets the same speed and accuracy as a family scheduling in English. For a pediatric provider whose mission is accessible care, that parity is a non-negotiable requirement, operationalized.

Top-tier performance under real-world conditions

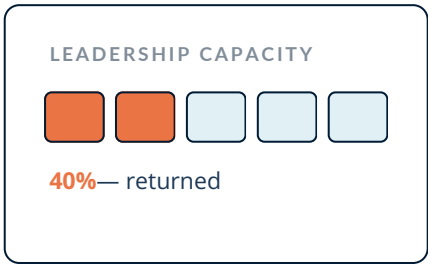
Any enterprise telephony environment carries some day-to-day variability: integrations, carriers, and platforms do not run perfectly forever, anywhere. What separates this partnership is that none of it ever reached families or the provider's metrics. Agents ran real-time troubleshooting workflows as a standard operating discipline, and response times stayed ahead of goal without interruption. That's the difference between a vendor and a partner: a vendor escalates operational noise to the client; a partner absorbs it so the client never feels it.

THE RESULTS

Quality held, costs fell, and the nonprofit got its leadership back

Read the results the way a nonprofit board would. Scheduling accuracy holds at 97%, so families get booked right the first time. Average handle time came down 25 seconds within the first 120 days, inside the sub-five-minute goal the provider set. Costs fell 22%, $291K in the first year and $872K across the engagement, and at a nonprofit that money has a destination: elevated care.

But the benefit leadership feels every week is the one that never shows up in a KPI deck. The 40% of leadership capacity that vendor oversight was consuming came back, because the oversight became OC's job.



The quietest win is the biggest one

The provider has run this program for years on a monthly cadence it does not have to manage. For a small nonprofit, an outsourced operation that runs without leadership attention is not a vendor relationship. It is capacity.

BY THE NUMBERS

97%

scheduling accuracy, sustained across bi-lingual support

Two languages

served under the same five-minute goals

Zero

agent attrition across recent cycles

$872K

returned to the mission

WHO SHOULD CARE

Four ways to read this outcome

Different leaders read this story against different numbers. All four readings are correct.

IF YOU OWN THE BUDGET

22% cost reduction that did not impact quality

The savings came from the right labor model, not from cutting corners: accuracy sits at 97% and wait times beat goals in both languages. $872K across the engagement is mission funding, and the hidden second budget line, leadership hours spent on oversight, came back with it.

IF YOU OWN OPERATIONS

Small programs need governance most

A seven-seat program cannot absorb churn, and a small organization cannot staff a vendor-management office. OC's VMO is that office, at zero cost. Stability followed: zero attrition, steady staffing, and a program that runs without leadership attention.

IF YOU OWN THE EXPERIENCE

Access in the family's own language

A parent scheduling pediatric care should not wait longer or get worse service because they called in Spanish. Language-matched agents, held to the same five-minute goals in both languages, turned that principle into a measured operational standard. That is what accessible care sounds like on the phone.

IF YOU OWN TECHNOLOGY + RISK

HIPAA-ready before the first call

Every healthcare BPO in OC's network is vetted for HIPAA readiness before it can be recommended, with the documentation your review starts with: BAA process, SOC 2 reporting, incident-response protocol. And when the technology stack misbehaves, a monitored partner works the problem instead of escalating it to you.

THE TAKEAWAY

Three things to take from this case study

01 **Vendor oversight is a hidden payroll line.** If leadership spends 40% of its week managing a vendor, you are paying for the service twice. The fix is not more oversight; it is a partner that does not need it.

02 **Bilingual access is an operations decision.** Staff to your patient mix and hold both languages to the same goals. Mission statements do not answer phones; language-matched agents do.

03 **The smaller the program, the more the monitoring matters.** A seven-agent team gets the same monthly cadence as a 700-seat one. That is why it holds.

Your BPO vendor is either giving leadership its time back or consuming it. There is no neutral.

A 30-minute conversation with our healthcare CX advisors will tell you which one you have, and what the oversight is costing you. No cost, no obligation, no pitch deck.

Let's Talk **outsource-consultants.com** **888.766.4482**

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