

CASE STUDY

How Boulder Community Health transformed its primary care service line

Despite high demand at its primary care clinics, Boulder Community Health (BCH) struggled with long appointment wait times. A lack of standardization, and growing physician burnout further challenged the system. BCH leaders evaluated the primary care service line and implemented process improvements such as scheduling templates and a new administrative medical assistant role to streamline clinical and operational efficiencies. Leaders also conducted ongoing trainings to boost staff competency and ensure long-term success. These strategies increased patient volume, enhanced the patient experience, and drove revenue growth while reducing expenses.

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Read time – 15 min.

Audience

- Hospitals and health systems
- Physicians and medical groups

Overview

The challenge

Healthcare organizations face mounting pressures from market consolidation, declining patient volumes, and reimbursement cuts. To remain competitive, they should differentiate themselves and achieve sustainable growth.

Boulder Community Health (BCH) partnered with [Optum Advisory](#) to assess its primary care service line and understand its current performance and identify potential opportunities for growth. Despite a high demand for primary care, access was impacted by long appointment wait times and a lack of standardization, which reduced provider efficiency and contributed to growing physician burnout. Many of BCH's primary care clinics also operated within individual silos, impacting communication and decision-making for the overall service line.

To address these challenges, BCH leaders streamlined clinical and operational efficiencies, improved support for both patients and providers, and embedded continuous improvement across the service line.

The organization

Boulder Community Health is a community-owned and operated, nonprofit health system located in Boulder, Colorado. The system includes one main hospital and eight primary care clinics.

BCH's primary care clinics follow a team-based model recognized by the National Committee for Quality Assurance as certified patient-centered medical homes.

The approach

BCH partnered with Optum Advisory to identify key areas for growth in the primary care service line. Together, the partners:

- Evaluated access in the primary care service line, including schedule utilization, no-shows, wait times, and more
- Streamlined operational and clinical best practices with a new team-based care model and scheduling templates to improve both the patient and provider experience
- Bolstered leadership and clinician competencies through a new governance structure, reporting dashboard, and manager training to ensure continuous performance and long-term success

The result

Through this work, BCH improved patients' access to care and overall satisfaction. Some examples of growth in the primary care service line include:

- New patient volume grew by 8%
- Annual wellness visits rose 62%, driving stronger outcomes and revenue
- Patient experience scores climbed to 89%, reflecting higher care quality and engagement

In addition to boosting growth, BCH improved efficiency, increasing revenue while cutting direct expenses.

Approach

How Boulder Community Health transformed its primary care service line

Using a collaborative, strategic approach, BCH was able to transform its primary care service line, which led to improved patient access, better quality of care, more unified leadership, and financial growth.

The 3 steps

01 Evaluate clinical performance and operational efficiency

02 Standardize processes to streamline care

03 Build leadership capacity to ensure long-term success

01 Evaluate clinical performance and operational efficiency

BCH and Optum Advisory assessed system-wide performance to identify opportunities for growth. Reviews included access metrics, external market supply, and patient experience data.

Leaders also conducted an external market assessment of BCH's primary service area (PSA) and secondary service area (SSA) to determine the supply of primary care physicians and how it would impact referrals and growth. Other analyses pinpointed ways to increase systemwide access and improve the patient journey.

Prioritizing differentiation to drive patient growth

Data revealed opportunities to expand same-day access, add new patient slots, and improve scheduling timeliness. Access and satisfaction emerged as key drivers of patient choice.

To grow in the market, Optum Advisory recommended BCH's primary care service line focus on improving timeliness of access, communication across its different practices, and differentiating its services to better serve both new and established patients.

Recommendations focused on the following primary drivers:

- **Governance and infrastructure:** Enable discipline and rigor to optimize operations
- **Care delivery optimization:** Reduce unnecessary care variation and streamline operations across the service line
- **Access:** Build a patient-centric culture with convenient, timely care
- **Value-based care optimization:** Provide efficient, high-quality, low-cost care

Together, these opportunities represented more than \$10 million in potential impact.

02 Standardize processes to streamline care

According to BCH leaders, some of the key challenges affecting the primary care service line were increasing physician burnout, lack of standardization, and long appointment wait times.

Standardizing scheduling templates to increase access to care

To expand access and reduce variation, BCH standardized scheduling templates across its clinics. This change also helped to promote consistency across BCH's different primary care clinics.

Leaders first analyzed scheduling data to identify the most common types of visits and align them to a new list of standardized visits. Each visit type had a standardized duration, which helped drive schedule utilization.

Session limits were used to set the maximum number of visit types or group of visit types that could be scheduled during a given time period to maximize schedules and enable auto-scheduling functionality. Clinicians' schedules also included "balance time," a defined, unavailable timeslot that helps accommodate visits running over time and allows clinicians to fulfill other responsibilities, such as charting, documentation, and patient messages.

Leaders used an access dashboard to monitor adherence to scheduling standards and met with clinicians regularly to determine if any adjustments to the templates were needed.

Adding an administrative medical assistant to optimize clinical workflows

Leaders created a new, centralized administrative medical assistant (MA) position to help streamline MA roles and responsibilities. This position worked with all primary care providers to reduce their administrative burden by handling tasks related to pre-visit prep and prior authorization. The administrative MA also helped optimize in-clinic workflows by resolving as many patient care gaps as possible prior to a visit, which allowed providers to spend more time with patients.

The new role had a swift impact on providers working at the clinics, with one saying that they had already noticed the volume of messages decreasing due to the administrative MA handling pre-visit prep work.

"This is the first time in 20 years I have seen one of our physicians leave on time with minimal messages remaining in her inbox," an office manager said following the addition of the administrative MA.

02 Standardize processes to streamline care

Adopting a team-based care model reduced burnout, increased efficiency

Leaders implemented a team-based care model to help streamline workflows and promote top-of-scope responsibilities. The clinics paired providers and MAs in a 1:1 ratio, with additional support provided by a team of administrative MAs.

Taking a team-based approach helped to ensure continuity of care for patients across BCH's primary care practices, which in turn improved their experience. This model also helped distribute the workload more appropriately across the care team, leading to reduced burnout even as visit volumes increased.

03 Build leadership capacity to ensure long-term success

Increasing accountability across the organization

BCH's primary care leadership was empowered to be accountable for department performance. Leaders also worked to ensure staff had administrative support to increase adherence to new workflows and schedules.

These changes helped strengthen the organization's dyad leadership model and set up the foundation for a formalized leadership structure to be implemented within BCH's existing governance model. They are in the progress of launching this leadership structure, the Primary Care Advisory Committee, which will enable more effective decision-making and allow more centralized services to be implemented.

Instilling a culture of continuous improvement

Implementing a reporting dashboard helped hold operational and clinical leaders accountable to both individual clinic and group performance. This comprehensive dashboard validated data from several different sources and included focused metrics with specific baselines and targets to meet, which helped leaders evaluate performance over time. Using the dashboard, managers can quickly and easily access performance data for their clinics and individual providers.

An ambulatory leader at BCH emphasized the value of the dashboard, saying that it let them assess the performance of the primary care service line across multiple dimensions in a single location.

BCH also conducted a series of manager competency trainings aimed at promoting standard work, ensuring continuous improvement, and supporting data-driven decision-making. These trainings focused on financial management, operations, communications, and strategic plan alignment, particularly for value-based care and network integrity.

The trainings helped promote cross collaboration across the different clinics and pushed managers to work as a broader team instead of focusing solely on their own clinics. These changes helped leaders be more proactive instead of reactive about addressing problems throughout the service line.

Results

Because of the health system review, BCH was able to significantly increase access to care and patient satisfaction. In Q1 2025, there was a 10% year-over-year (YOY) increase in visit volumes, as well as an 8% increase in new patient volume, and a 62% increase in the number of annual wellness visits. The average number of visits completed each day also grew, suggesting enhanced productivity and throughput. Finally, patient experience scores improved, reflecting improved care quality and patient engagement.

Other key successes include:

24% YOY increase in gross revenue in Q1 2025

3% YOY reduction in direct expenses in Q1 2025

\$6.6M Projected annual revenue increase

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Optum Advisory works with health systems to develop, differentiate, and grow their service lines to improve patient access and achieve systemness without compromising the patient experience.

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Endnotes

1. Note: All information in this case study came from Advisory Board interviews with leaders from Optum Advisory.

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