Parlance®

CUSTOMER CASE STUDY

MULTI-SITE AMBULATORY CARE

Beyond the Pilot: How a $30M Virginia Clinic Group Automated 85% of Routine Calls

A multi-site Virginia ambulatory care group serving 87,886 patients eliminated long phone hold times — its most common patient complaint — by deploying Parlance voice AI across its digital front door.

Collaborative Health Partners

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Collaborative Health Partners · in partnership with · Parlance voice AI

EXECUTIVE SUMMARY

From one proof-of-concept to 15 locations — patient access, transformed

Collaborative Health Partners (CHP), a multi-site Virginia ambulatory care organization, partnered with Parlance to scale conversational voice AI from a single proof-of-concept site to **15 locations** spanning primary care, specialty care, and diagnostic imaging. Facing more than 400,000 calls annually, long hold times, voicemail challenges, and phone access as its most frequent patient complaint, CHP set out to transform how patients connect with care.

The impact was felt first by patients. Satisfaction with phone access improved **65%**, and phone wait times — once CHP's top complaint — fell out of the top five entirely. Today, **75.3%** of year-to-date calls engage the IVA, allowing patients to self-serve or be routed appropriately instead of waiting in a queue.

The benefits extended beyond the patient experience. As automation absorbed routine call volume, peak queue pressure eased and phone-answering staff decreased from **30 to 21** through natural attrition. Team members shifted their focus from repetitive call handling to higher-value patient support and access activities.

CHP's experience shows that the pilot was never the hard part. The real challenge was building a repeatable model that could scale across locations, adapt to different workflows, and keep improving over time. By combining disciplined implementation, operational readiness, and a true partnership approach, CHP turned patient access from a persistent pain point into a scalable advantage.

85%
routine calls automated

+65%
phone-access satisfaction

75.3%
of YTD calls engage the IVA

1 → 15
locations live on Parlance

CLIENT SUCCESS STORY

How CHP eliminated its #1 patient complaint

For many patients, the first step toward care starts with a phone call. At CHP, more than **400,000 calls a year** flowed through 15 locations, making the phone a critical part of the patient experience. However, growing call volumes and existing call-handling processes made it more challenging for patients to get the help they needed. As frustration mounted, phone access became the organization's most persistent patient complaint.

> **We've actually had people drive to an office while on hold on their cell phone and say — 'I'm still on hold, and I just drove 15 minutes.'**
>
> **Valerie Daugherty**
> Director of Patient Access, Collaborative Health Partners

OVERVIEW

A multi-site organization with one busy front door

Collaborative Health Partners is a Virginia-based, multi-site ambulatory care organization operating specialty, primary care, laboratory, and diagnostic imaging locations across the region. Its team spans physicians, advanced practice providers, clinical staff, and a front office managing high call volume at every site. CHP runs **athenahealth** for EMR scheduling and **Privia Health** for practice management.

AT A GLANCE

383
employees

112
physicians & APPs

87,886
unique patients seen

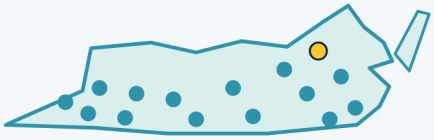
300K
annual patient visits

400,000+
annual call volume across all sites

15
active locations on Parlance

30 → 21
phone staff (−11 FTE, via attrition)

REGIONAL FOOTPRINT



15 clinic locations across Virginia

● pilot site

THE CHALLENGE

Phone access was the #1 patient complaint — every survey, every quarter

Before Parlance scaled across the enterprise, CHP's voice channel created three compounding failures.

Patients waited up to 30 minutes

Like many busy healthcare organizations, the team experienced periods of high call volume that occasionally resulted in longer hold times and voicemail routing when staff were unavailable.

Uncertain about the next steps

As call demand increased, timely voicemail follow-up became more difficult to maintain, leaving some patients waiting for additional guidance.

Patients took matters into their own hands

Some grew so frustrated by long hold times that they drove to the clinic while still on hold — hoping an in-person visit would be faster than reaching someone by phone.

THE APPROACH

Start small. Learn fast. Scale with confidence.

Rather than a large, speedy rollout, CHP and Parlance scaled deliberately — treating the first site as a template with workflows representative of most sites, led by people willing to embrace new technology. It became the blueprint for everything that followed.

- **Group similar practices together.** CHP rolled out by practice type — primary care first, then specialty care and diagnostic imaging — reducing complexity and letting lessons from one location benefit the next.
- **Document every lesson along the way.** With deployments spaced months apart, both teams captured workbooks, processes, and best practices after each go-live — a repeatable playbook that eliminated solving the same problem twice.
- **Scale with confidence.** CHP began with a single site that took 40–60 hours to implement. By the final phase, three locations launched on the same day — with integration time per site down to just 2–4 hours.

THE SCALING JOURNEY: 1 PILOT SITE → 15 LOCATIONS

READINESS

Success started before go-live

CHP's success wasn't just about technology. Before each go-live, five critical pieces were put in place to ensure Parlance voice AI could scale successfully across the organization.

THE FIVE ELEMENTS THAT MADE SCALING SUCCESSFUL

- **Telephony Infrastructure**
- **Scheduling Data Integrity**
- **Cross-Functional Team**
- **Leadership Buy-In**
- **Patient Communication**

Telephony infrastructure. CHP's telephony provider stayed engaged throughout the rollout, addressing carrier and routing issues before they could reach patients.

Scheduling data integrity. Appointment types, provider schedules, and availability rules were standardized so the Parlance IVA could accurately schedule appointments.

Cross-functional collaboration. Leadership, IT, patient access, population health, and billing each played a role, ensuring every part of the patient journey was accounted for.

Leadership buy-in. Strong leadership support drove adoption and built confidence among staff at each location.

Patient communication. CHP prepared patients for a new experience through proactive outreach, helping them transition from traditional phone menus to natural voice conversations.

LESSONS LEARNED

What every organization should plan for

Moving from a successful pilot to an enterprise-wide deployment introduced new challenges. Here's what CHP learned.

Accent & dialect recognition

Early testing revealed unexpected recognition gaps across accents and speech patterns. Diverse testing groups helped improve accuracy before broader deployment.

> **I'm from Kentucky, and I really tone down my speech. Having people from across all our offices do the testing made a difference — the system had to recognize the same word no matter how someone said it.**
>
> Valerie Daugherty · Director of Patient Access, CHP

Scheduling availability

Appointment scheduling depends on available slots. Testing required close coordination with operational teams to ensure realistic scheduling scenarios.

Clinical message routing

When a patient calls with a clinical concern — "I've had a fever for three days" — they describe it in their own words. What changed is what happens next. Parlance's IVA captures the spoken message, matches it to the patient's record in athenahealth, and automatically generates a structured clinical case — instead of leaving it in a voicemail box no one is monitoring. That case routes to CHP's front office first for triage, then on to the right provider.

> **I did a 'Valerie test call' where I left a message that I'd been vomiting for three days, and I quickly got a call back from a clinical team member who was genuinely concerned — 'Valerie, is that you?' That turnaround has been huge!**
>
> Valerie Daugherty · Director of Patient Access, CHP

After-hours & weather events

Special routing rules for snow days, office closures, and after-hours coverage required additional planning beyond the initial deployment.

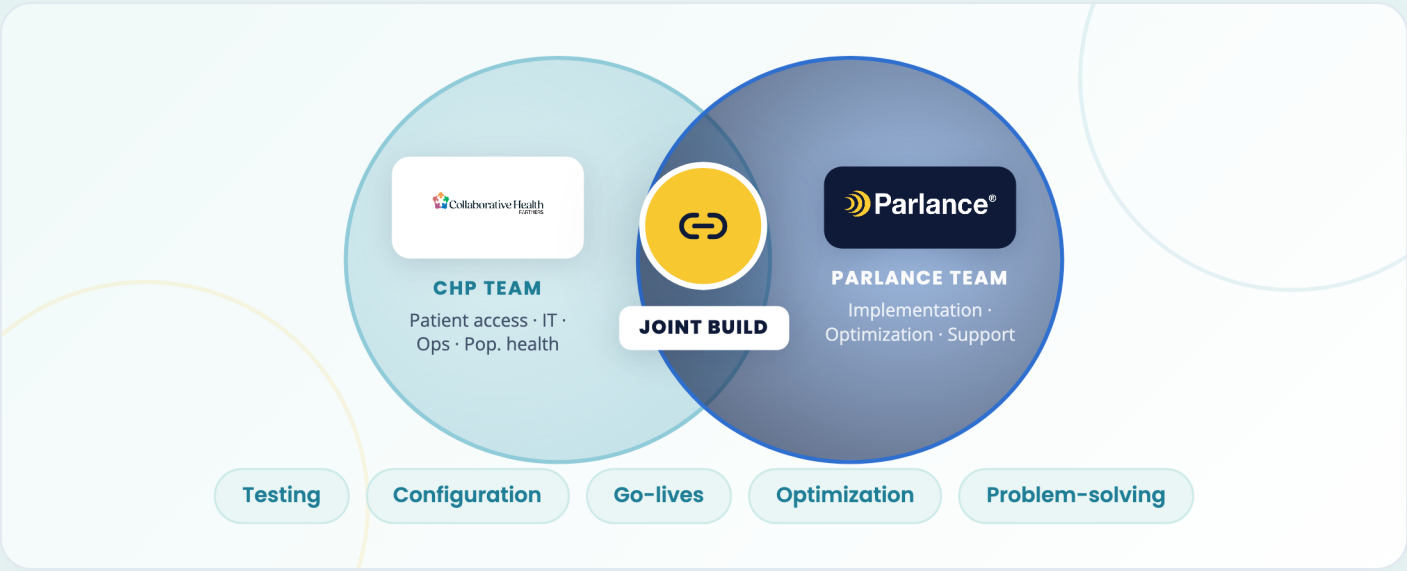
Preserving institutional knowledge

Because deployments occurred months apart, CHP documented lessons, workflows, and best practices after every go-live to accelerate future rollouts.

THE PARTNERSHIP

More than a vendor relationship

Successful scaling required more than technology — it required a true partnership. From testing and configuration to go-lives and post-launch optimization, CHP and Parlance worked side by side, applying lessons from one site to the next.



> **This is the first partnership we've had that's been smooth. It's been collaborative, and we've worked side by side. That's almost unheard of in this industry.**
>
> Valerie Daugherty · Director of Patient Access, Collaborative Health Partners

THE PARTNERSHIP

Four ways the partnership showed up

Shared ownership

Parlance participated in every stage of the rollout — from testing and go-live planning to post-launch optimization — treating CHP's success as its own.

Built together

Workbooks, configuration guides, and deployment playbooks were developed collaboratively and refined with every new site.

Rapid problem solving

Whether scheduling templates, accent recognition, or after-hours workflows, both teams identified issues and implemented solutions quickly.

Continuous improvement

After every deployment, both teams reviewed lessons learned, refined the process, and prepared for the next rollout — a repeatable framework for scale.

> **A lot of times you sign a contract and it's crickets — you don't hear from anyone again, and you're left to figure out your own way. With Parlance, they were always there. They offered solutions and told us what they thought was best, but they let us pick and choose our path. Even after the integrations, when we wanted to change something, that communication was still open.**
>
> Valerie Daugherty · Director of Patient Access, Collaborative Health Partners

THE ACCESS EQUATION

Technology alone can't manufacture appointment supply

The most sophisticated IVA can only optimize the access that already exists. CHP's formula was simple:

IVA technology + appointment availability = patient access

Making it work meant calibrating the look-ahead window (too short means no slots; too far slows response), customizing it for high-demand providers independently, and watching EMR templates — because changes to appointment types in athenahealth aren't visible to the IVA until the right scheduling template is applied.

CONFIGURATION

Successful scaling starts with the right configuration

Enterprise deployment isn't one switch. Parlance is configured per department and location type.

Primary care

Full IVA suite — FAQs, scheduling, and after-hours handling.

Specialty

FAQs and routing only, with deferred scheduling.

Diagnostic imaging

Information and routing, governed by specialty rules.

> **We've been able to customize what we use in each location. For primary care, we want the whole nine yards. For our specialty offices there's a lot more that goes into it, so for now we're doing FAQs and routing and phasing the rest in.**
>
> Valerie Daugherty · Director of Patient Access, CHP

ADOPTION

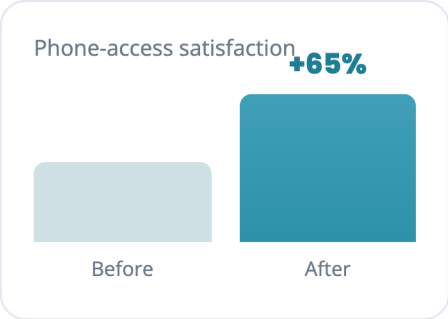
Preparing patients and staff for success

CHP prepared patients ahead of each go-live through proactive outreach — framing the IVA as a benefit rather than a disruption, and highlighting shorter hold times, after-hours access, and self-service. AI disclosure was built into patient intake forms to keep the experience transparent. Internally, staff were trained to treat the IVA as a tool that supports their work, reviewing and routing messages before they reach clinical teams.

> **You would not have known it was an IVA. It sounds like a person.**
>
> Valerie Daugherty · Director of Patient Access, CHP

RESULTS · PATIENT EXPERIENCE

A complaint that no longer cracks the top five



8.7%

hang up within 15 seconds — patients stay engaged rather than dropping the call

- Patient satisfaction with phone access improved **65%**; phone hold times, once the #1 complaint, are no longer a factor.
- Patients now self-serve after hours — schedule, get information, and request callbacks at their convenience.

> **Patient satisfaction was our number-one issue on every survey. Now it doesn't even get an honorable mention — and that's just unheard of.**
>
> Valerie Daugherty · Director of Patient Access, CHP

RESULTS · OPERATIONAL EFFICIENCY

Automation absorbed the routine — staff focused on patients

Integration time per site

First go-live **40–60 hrs**

Subsequent sites **2–4 hrs**

By the final phase, three locations launched on the same day.

30 → 21

phone-answering staff — an **11-FTE reduction** through natural attrition, with no replacements needed.

2,903
patient messages routed without manual clinical review

2,089
patients self-served in year one with no staff involvement

11
FTEs reduced through attrition, not layoffs

> **We reduced our FTEs by 11 through attrition. We no longer needed a dedicated team focused on phone calls, so those team members could focus on patients or move to other departments. Parlance had a big financial impact — and was so good for our organization.**
>
> Valerie Daugherty · Director of Patient Access, CHP

Staff experience. Team members now operate "at the top of their skill sets," on meaningful interactions instead of routine volume. Peak call-volume pressure dropped significantly, improving day-to-day morale.

KEY TAKEAWAYS

What every IVA deployment team should know

1. **Partnership matters.** Successful scaling requires active co-implementation. The technology partner and health system need to show up together during testing, go-live, optimization, and problem-solving. It is a joint build, not a handoff.
2. **Pilot-site selection sets the tone.** The first site should reflect real workflows, real complexity, and leadership ready to change. That pilot becomes the template for future deployments.
3. **Access depends on availability.** An IVA can only schedule into the access your organization has created. Appointment types, templates, provider availability, and scheduling rules need to be aligned before go-live.
4. **Documentation becomes the playbook.** When deployments happen months apart, every lesson matters. Capturing decisions, workflows, fixes, and best practices immediately helps each future site launch faster.
5. **Cross-functional alignment should start early.** IT, patient access, population health, billing, and operations all own part of the experience. Bringing them in during the pilot prevents critical dependencies from surfacing too late.

> **Have you ever worked retail, as a grocery store cashier? You know the angst — it's snowing, the line is clear down the aisle. That's the same angst your team feels with 20 calls in queue. Not having that has been huge.**
>
> Valerie Daugherty · Director of Patient Access, Collaborative Health Partners

CONCLUSION

The pilot is just the beginning

CHP's success wasn't defined by a single pilot site — it was defined by the ability to repeat that success across 15 locations. By selecting the right pilot, standardizing processes, documenting lessons learned, and building a true partnership with Parlance, CHP created a scalable framework for patient access improvement.

The result was more than a successful deployment. Patient satisfaction improved, phone wait times dropped, staff were freed to focus on higher-value work, and voice AI became a sustainable part of the organization's patient access strategy.

PROVEN ACROSS HEALTHCARE

CHP's results are part of a broader track record

80%+	of callers engaged effectively by Parlance across deployments.
749,700	**UW Medicine** — calls handled in a year, averaging 87.2% self-serve and 91.1% offload.
$995K	A $3B New Jersey health system's annual savings — self-service up from 51.5% to 68.2%, NPS from 20 to 55.
$1.46M	An 11-hospital system with 1.5M annual calls — annual cost reduction plus 6,070 monthly agent hours saved in month one.

TRUSTED BY HEALTH SYSTEMS OF EVERY SIZE

UW Medicine UNIVERSITY of WASHINGTON · Virtua Health · HCA Healthcare · UCLA Health · Luminis Health

HIPAA-compliant by design · 30+ years in healthcare voice

Parlance®

READY WHEN YOU ARE

Turn patient access from a pain point into an advantage

See how Parlance voice AI can scale across your locations — answering routine calls, routing patients correctly, and freeing your team for the work that matters.

Book a Demo with Parlance

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Collaborative Health Partners

About Collaborative Health Partners

A Virginia-based, multi-site ambulatory care organization delivering specialty, primary care, laboratory, and diagnostic imaging services across the region — guided by its mission to help people attain better health for a better life.

Parlance®

About Parlance

Parlance provides HIPAA-compliant conversational voice AI for healthcare, modernizing the phone channel so patients reach the right place and book the visit without navigating menus or waiting on hold.