

5 Technology Risks Affecting Oncology Practice Margins

This report outlines five performance areas that high-functioning oncology platforms actively manage to protect throughput, utilization, and scalability.

Potential risk	Things that are contributing to it	Steps you can take	Estimated Margin Exposure* (Per Provider / Annual)
<p>Lost referrals and delayed starts reduce volume and downstream revenue</p>	<ul style="list-style-type: none"> ✗ A lack of unified reporting from referral intake to first treatment ✗ Manual handoffs between scheduling, labs, imaging, and infusion ✗ Limited visibility into patient leakage to hospital-owned competitors. 	<ul style="list-style-type: none"> ✓ Map your referral process from intake to first treatment and track how long it actually takes. ✓ Have an external review of your referral workflow to pinpoint delays and leakage you may not see internally. 	<p>\$30,000 – \$100,000+ per provider per year</p>
<p>Limited patient access drives patients to hospitals instead of the practice.</p>	<ul style="list-style-type: none"> ✗ Hold times, voicemails, or EHR messages that aren't actively monitored or escalated ✗ Queues and patient messaging workflows lack reporting and visibility into response gaps. ✗ No real-time oversight of access bottlenecks during active treatment periods 	<ul style="list-style-type: none"> ✓ Review all patient access points (phones, portal, messages) and measure response times each week. ✓ Redesign intake and insurance-driven workflows using automation and AI-enabled querying to close response gaps without adding headcount. 	<p>\$9,000 – \$18,000 per provider per year</p>
<p>Avoidable downtime delays revenue-producing care</p>	<ul style="list-style-type: none"> ✗ Radiation planning systems and oncology EMRs with near-zero tolerance for downtime ✗ Local server dependencies and latency-sensitive treatment environments ✗ Lack of redundancy for infusion centers requiring 12+ hours of uninterrupted operations 	<ul style="list-style-type: none"> ✓ List every system that directly impacts radiation and infusion and define what happens if it goes down. ✓ Review whether radiation planning and treatment systems rely on local servers or infrastructure that may slow down under load. If so, evaluate options to strengthen the environment so workflows remain stable and responsive during peak clinical activity. 	<p>\$5,000 – \$20,000+ per provider per year <i>(Excludes downstream referral leakage, patient churn, or compliance exposure)</i></p>
<p>Fragmented systems create avoidable IT spend, compliance risk</p>	<ul style="list-style-type: none"> ✗ EHR, radiation, imaging, labs, infusion, billing, and research systems all touch one encounter ✗ Poorly aligned interfaces creating duplicate work and workflow friction ✗ No consolidated data warehouse to support reporting or AI-driven insight 	<ul style="list-style-type: none"> ✓ Identify where staff re-enter data or manually reconcile information between systems (for example between the EHR, radiation systems, infusion workflows, and billing platforms). These manual steps often signal interface gaps or workflow misalignment. ✓ Create a plan to consolidate and standardize oncology infrastructure over time, reducing duplicate systems and integrations while building an environment your organization owns, governs, and can reliably report on. 	<p>\$5,000 – 10,000 per provider</p>
<p>Revenue you've already earned isn't being collected</p>	<ul style="list-style-type: none"> ✗ Misconfigured oncology EMRs, incomplete MAR workflows, and chemotherapy documentation gaps ✗ Fragile EHR-billing interfaces causing missing or delayed charge capture ✗ Underreported quality measures and incomplete data capture tied to payer incentives 	<ul style="list-style-type: none"> ✓ Review recent denials and spot-check charge capture for high-cost drugs and protocols. ✓ Align clinical documentation, EHR-billing integrations, and payer-driven data workflows to reduce denials and accelerate AR without expanding billing staff. 	<p>\$25,000 – \$75,000+ per provider per year depending on drug mix and payer contracts</p>

Next Step: Oncology Operational Risk Review

For oncology leaders evaluating how well infrastructure supports profitability and exceptional care.

Book one, 30 minute call with an expert to receive:

- ✓ **The top three risks** your practice currently faces
- ✓ **A \$\$\$ estimate** of recoverable revenue
- ✓ **A prioritized summary** of what to fix first — and what can wait
- ✓ **An executive-ready report** you can use with IT, finance, or the board

Get started:

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You can't afford treatment downtime. **We make sure it doesn't happen.**

Radiation, infusion, tumor boards — none of it tolerates downtime. When systems fail, care stops. Not just revenue.

We design infrastructure so EMR, planning systems, and infusion operations remain consistently available during clinical use. The goal is not simply reacting quickly when an outage occurs, but designing an environment that makes disruptions virtually impossible.

Path Forward IT serves oncology practices like **yours.**

You're losing margin in places you can't see. We help you take it back.

Oncology reimbursement is complex and unforgiving. Small configuration gaps in MAR workflows, billing interfaces, or documentation quietly cost hundreds of thousands a year.

We fix the workflow and system alignment so you collect what you already earned — without hiring more billing staff.

You run oncology, not a generic clinic. Your IT should reflect that.

A single encounter touches EHR, imaging, labs, infusion, billing, research. That density creates failure points most MSPs don't understand.

We don't treat you like a general medical practice. We build infrastructure specifically around oncology workflows — radiation latency, infusion continuity, tumor boards, oncology EMRs.