

5 Technology Risks Affecting Primary Care Practice Margins

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

| Potential risk | What contributes to it | Steps you can take | Potential Dollar Risk* (Per Provider / Annual) |
|---|--|--|---|
| MIPS misalignment quietly reduces reimbursement | <ul style="list-style-type: none"> ✗ Portal adoption percentages not tracked weekly ✗ Payer-specific reporting rules that differ across Medicare and commercial plans ✗ Health informatics teams overwhelmed with configuration changes ✗ Documentation workflows not aligned to reporting logic | <ul style="list-style-type: none"> ✓ Audit your current MIPS scorecards and identify measures trending below target ✓ Review documentation templates to ensure required data fields are captured consistently ✓ Assign weekly oversight of key measures instead of quarterly review | 1–3% reimbursement swing across Medicare volume Per Provider: \$15,000–\$40,000 annually |
| Dormant patients shrink visit volume | <ul style="list-style-type: none"> ✗ No reporting on patients not seen in 18–24 months ✗ Manual outreach (letters, voicemails) with low response rates ✗ Call centers focused only on inbound scheduling | <ul style="list-style-type: none"> ✓ Run a report on established patients not seen in 24 months ✓ Test text-based outreach instead of letters ✓ Track reactivation rates monthly | 100 reactivated patients × ~\$150 per annual visit = ~\$15,000 immediate revenue With labs, follow-ups, and chronic care management, this can scale to \$20,000–\$30,000+ annually per 100 patients. |
| After-hours charting drives burnout and inaccuracy | <ul style="list-style-type: none"> ✗ MIPS-driven documentation requirements ✗ High visit volume with limited documentation support ✗ EHR templates requiring excessive clicking | <ul style="list-style-type: none"> ✓ Measure how much documentation time is happening outside clinic hours, and which providers are most affected. ✓ Pilot real-time AI documentation tools in a controlled group and evaluate whether notes are substantially complete before the patient leaves the room — without breaking downstream billing or reporting workflows. | Per Provider: \$25,000–\$50,000 annually in recruiting, ramp time, and lost productivity. |
| Prior authorizations are slowing care and tying up staff | <ul style="list-style-type: none"> ✗ Manual prior authorization workflows ✗ Appeals handled inconsistently across staff ✗ No tracking of authorization turnaround time ✗ No reporting on how many visits are delayed pending approval ✗ Staff time absorbed by payer follow-up | <ul style="list-style-type: none"> ✓ Track how long prior authorizations take from order to approval. ✓ Evaluate whether your EHR, payer portals, and billing systems are integrated and automated to reduce manual prior auth touchpoints — including real-time eligibility checks, workflow routing, and status tracking across systems. | Per Provider: \$10,000–\$40,000 annually |
| Timely Filing Risk From Front-Desk Failures | <ul style="list-style-type: none"> ✗ Insurance card capture errors ✗ Scanner downtime ✗ Eligibility not verified in real time ✗ Manual copying of coverage information ✗ No escalation protocol when intake systems fail | <ul style="list-style-type: none"> ✓ Review what happens operationally when insurance scanning or eligibility systems go down. | A 1–2% swing in denial rate on a \$5M primary care practice could equal \$50,000–\$100,000+ annually at risk, not including staff time spent reworking claims. \$10,000–\$20,000+ per provider annually |

Next Step: Primary Care Operational Risk Review

For primary care leaders evaluating how well their technology is impacting reimbursement, workflow efficiency, and physician time.

Book a 30-minute Primary Care Operational Risk Review

- ✓ **The top three technology risks** currently affecting your practice
- ✓ **A quantified estimate** of potential reimbursement exposure
- ✓ **Workflow recommendations** tied to MIPS, intake, and patient activation
- ✓ **A clear AI deployment strategy** to reduce documentation and administrative burdens through automation
- ✓ **An executive-ready summary** for leadership and finance

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

We help you:

- ✓ Support your health informatics team
- ✓ Align EHR workflows to payer rules
- ✓ Activate more patients
- ✓ Deploy AI as a force multiplier, not a disruption
- ✓ Protect clinical time so physicians spend more time with patients and less time on busy work

Reach Out

ashlee@pathforward-it.com