Conduit Health Partners®

BUSINESS CASE FRAMEWORK

Building the Business Case for Nurse-First Triage

How health systems and medical groups can measure utilization, workforce, quality, and operational value

Many health systems recognize the access and workforce value of nurse-first triage. The harder question is how to measure that value in a way finance, operations, quality, payer strategy, and physician leadership can use.

Nurse-first triage creates value across three areas:

Operational value

Reduces physician call burden, supports onsite clinical teams, creates standardized, reliable, efficient processes and gives leaders visibility into demand.

Utilization and quality value

Helps direct patients to the right level of care using evidence-based protocols, mitigates avoidable ED utilization, strengthens readmission risk reduction efforts and contributes to quality metrics tied to access and escalation.

Strategic value

Strengthens physician retention, patient access, payer conversations, and cross-practice performance benchmarking.

Four Areas to Measure

1. Avoidable ED Utilization

In Conduit-supported programs, approximately 70% of triage calls are resolved with guidance that does not include an ED recommendation. When paired with an organization's own utilization, claims, payer mix, and patient population data, this metric can help leaders evaluate the potential impact of nurse-first triage on avoidable ED use.

Track: Calls resolved without an ED recommendation, ED utilization trends, recommendations by practice and provider, non-emergent ED utilization, avoidable ED visits per 1,000 triage calls.

2. Physician Time Protected

In one Conduit-supported specialty group program, approximately **75% of after-hours calls were managed without reaching the on-call physician**, reducing unnecessary interruptions and preserving physician time for issues requiring direct provider input.

For employed medical and specialty groups, this is especially important when after-hours call burden contributes to provider frustration, post-call fatigue, and sustainability concerns.

Track: Calls reaching physicians, percentage managed without physician escalation, estimated physician time protected, engagement indicators, retention trends.

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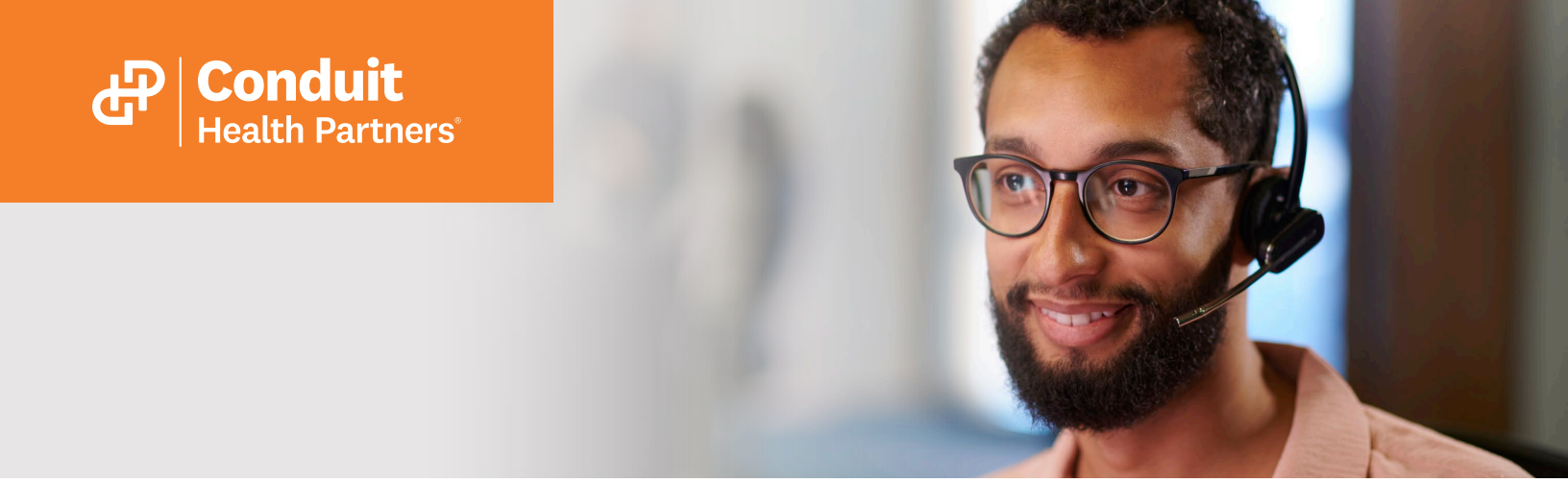

3. Readmission Risk and Care Continuity

The days following discharge are a high-risk window. Patients are managing medications, symptoms, follow-up instructions, and uncertainty about when to seek care.

Research published in the *Journal for Healthcare Quality* found that patients reached through a nurse-led discharge follow-up phone call program had lower 7-day and 30-day readmission rates than patients who were not reached. The study does not evaluate Conduit's triage model directly, but it supports the broader role of nurse-led post-discharge contact as part of a readmission reduction strategy.

Track: Post-discharge call volume, escalation patterns, 30-day readmission trends, 7-day readmission trends, care continuity touchpoints.

4. Operational Visibility and Payer Strategy

Fragmented after-hours coverage may answer calls, but it rarely gives leaders a consolidated view of after-hours demand. Centralized nurse-first triage creates visibility into call volume, reason for call, care recommendations, escalation patterns, and variation across practices or service lines.

That data can also support payer conversations by giving contracting and strategy teams documented evidence of utilization management, escalation patterns, and care continuity performance opportunities for service or program expansion.

Track: Call volume by practice, peak demand patterns, care recommendations by population, cross-practice variation, after-hours escalation trends.

Explore the Business Case for Your Organization

The value of nurse-first triage depends on each organization's call volume, payer mix, reimbursement model, staffing model, and current after-hours coverage. Conduit Health Partners can help health systems and medical groups evaluate where nurse-first triage may create the greatest impact — from reducing unnecessary ED escalation to protecting physician time and improving visibility into after-hours demand.

Connect with the Conduit team to take a deeper look at the opportunity for your organization. Visit conduithp.com/contact-us

Methodology Note

Data reflects operational triage activity from Conduit Health Partners' partner health system programs and selected Conduit-supported case studies. The 70% rate reflects triage calls resolved without an ED recommendation across Conduit-supported programs. Calls resolved without an ED recommendation should not be interpreted as guaranteed avoided ED utilization. Avoidable ED utilization should be modeled using each organization's own patient population, historical ED use, claims data, payer mix, and internal assumptions. The 75% physician escalation metric reflects one Conduit-supported specialty group program. Post-discharge research is cited as supporting evidence for nurse-led contact after discharge and does not evaluate Conduit's triage model directly.

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