



CASE STUDY

A Leading Mid-Atlantic GI Practice

Accelerating Time to Procedure With Fast Track Colonoscopy

How a unified digital intake and access model improved screening access, reduced staff burden, and created a scalable pathway deployed across multiple practice locations.

Colorectal cancer remains one of the most preventable but deadly cancers in the United States, and demand for screening continues to rise. Incidence is increasing among younger adults, and updated guidelines now recommend routine colonoscopy beginning at age 45. For large gastroenterology groups, meeting this demand safely and efficiently depends on having a consistent, high-quality pathway that moves patients to procedure without unnecessary delays.

A leading mid-Atlantic gastroenterology practice experienced this challenge firsthand. Operating across multiple locations, each site had developed its own version of open access screening, with different intake processes and eligibility criteria. Staff spent significant time on phone-based intake, completing screening questions live and often relying on higher-cost clinical resources to support medical decision-making. Patients encountered different workflows depending on where they entered the system, and leadership lacked a single, auditable view of performance across sites. As screening demand grew, these inconsistencies created friction at the top of the funnel and slowed time to procedure.

To address this, the practice partnered with WovenX to implement a standardized, digital-first Fast Track colonoscopy model. Patients can initiate screening on their own time, with more than a third completing intake after normal business hours. The AI-enabled workflow evaluates each patient against ASC- and practice-specific criteria, identifies those who can safely proceed, and routes eligible patients directly to scheduling without requiring nurse involvement for every case.



About the Practice

- > A leading mid-Atlantic gastroenterology practice operating across multiple locations
- > Serving thousands of patients annually across a mix of urban and suburban markets
- > Experienced challenges with inconsistent intake workflows, staffing inefficiencies, and missed procedural opportunities as the organization scaled

In GI care, long wait times are more than an inconvenience. They drive leakage — patients who delay care, seek alternatives elsewhere, or never complete screening at all. The practice needed a unified, reliable approach to protect access, maintain patient trust, and stabilize procedural throughput across locations.

The Challenge

As the organization expanded, structural variation across practices made consistency difficult to achieve.

Fragmented open access processes

Each practice used its own intake questions, forms, and criteria. Some relied on only a small number of screening questions, which led to uneven workflows and, more importantly, failed to consistently identify patients with medical or surgical risk factors. These gaps often surfaced late in the process and resulted in avoidable day-of-procedure cancellations and lost endoscopy time.

No unified audit trail

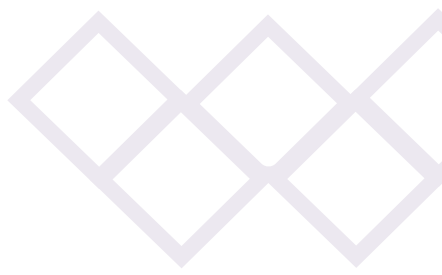
Leaders had no single, reliable view of how screening decisions were made or whether criteria were applied consistently, limiting quality oversight and standardization.

Staff burden and inefficiency

Nurses and coordinators spent significant time calling patients, leaving messages, and completing screenings live. Even straightforward cases required higher-cost clinical resources because the workflow was entirely manual.

Limited ability to compare performance

Without standardized data or processes, leaders lacked visibility into which practices moved patients through efficiently and where bottlenecks slowed access.



The practice needed one consistent model that could operate across all practices while still supporting ASC- or practice-specific criteria.

A Unified Model Across Multiple Practices

To replace variable and labor-intensive screening workflows, the organization adopted a **unified Fast Track model supported by WovenX**.

Patients begin the process on their own time through a text link, QR code, postcard, website, or PCP referral.

Patients then complete a structured online assessment that captures medical history, medications, symptoms, and identifies any preparation adjustments or barriers that could affect completion of the procedure. The workflow evaluates each patient using established criteria and directs them to the appropriate next step.

Guideline-based routing

The intake reviews each patient against evidence-based criteria to determine whether they can proceed directly to colonoscopy or need a provider visit. Risk factors such as comorbidities, medications, prior surgery, and prep needs are flagged automatically.

Configurable for each practice's protocols

The unified workflow supports practice and ASC-specific criteria so each site can apply its own clinical preferences within a consistent overall model.

Centralized dashboard

A single dashboard shows activity across multiple practices. Leaders can compare intake patterns, monitor completion rates, and identify bottlenecks or improvement opportunities.

Workforce flexibility

With structured intake and embedded decision support, screenings can be completed by MAs or trained coordinators rather than nurses. This reduces labor costs and frees clinical staff for higher-acuity tasks.

THE RESULTS

Safer, faster, more consistent screening access across the enterprise.

High patient engagement with rapid completion

Patients adopted the digital intake process quickly and completed it on their own time, including outside of staffed hours when phone-based screening would not have been possible.

- + Over **50,000** patient intakes completed in 2025
- + Median completion time under **10 minutes**
- + About **35%** were completed after hours or on weekends

A streamlined path to colonoscopy

The standardized intake reliably identified who could proceed directly to the procedure.

- + **78%** of patients were cleared to move forward without a visit
- + **Automatic routing** for those who required pre-procedure evaluation before scheduling
- + **Fewer unnecessary visits**, reduced delays, and clearer next steps for patients



Without WovenX, patients would miss out on faster access to care

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Operational efficiency at scale

Standardized intake shifted work from nurses to MA-level staff, **reducing cost and freeing clinical time**. With one workflow across multiple practices, teams followed the same process and leaders could finally **compare performance using consistent data**.

Higher quality and fewer errors

The digital intake captured risks that were previously missed, which meant patients arrived better prepared and at the correct location. Clear documentation improved auditability and alignment with practice standards.

A platform-wide model for growth

With one consistent process, the practice could see how each practice performed, identify outliers, and replicate the workflows of high-performing sites.

HOW FAST TRACK WORKS:



Patients receive a link by text, QR code, website banner, or PCP referral



Patients complete a secure Smart Intake in minutes



Eligible patients get clearance to schedule their colonoscopy



Patients with red flags are routed to a visit for safe evaluation



Practices schedule with visibility into patient readiness



Dashboards track progress, volume, and outcomes

“This structure meets patients where they are and removes friction from getting screened.”

Voices from the GI practice:

On the need for consistency:

“Every practice used open access differently. WovenX finally gave us one approach that everyone could rely on.”

On the impact of data visibility:

“The dashboard lets us compare practices and understand what’s actually working. We didn’t have that capability before.”

On workforce transformation:

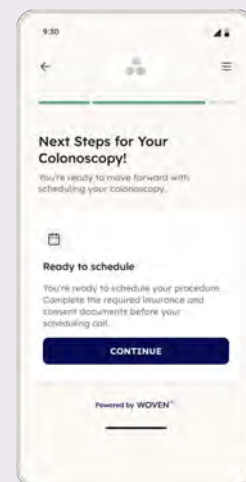
“The form is so clear that our MAs complete most of the screening now. It saves nursing time.”

WHY THIS MATTERS

This practice’s partnership with WovenX shows what a modern, evidence-guided Fast Track model can deliver: faster pathways, reduced workload, clearer visibility, higher completion rates, and consistent workflows across a dispersed practice network.

By replacing fragmented, inherited processes with a single digital-first Fast Track program, this practice created a safer, more predictable, and more efficient way for patients to get screened.

The organization is now better equipped to meet rising demand and support timely access to high-quality colonoscopy.



Ready to grow your specialty practice?

Visit wovenxhealth.com or email hello@wovenxhealth.com to learn how leading groups are using WovenX to deliver GI care at the speed of need.