

HEALTHCARE

Capacity lost between the referral and the appointment

Administrative flow can constrain access even when clinical capacity appears available.

THE EXECUTIVE FINDING

Treat referral completeness, scheduling readiness and patient communication as one operational system. Improving a single queue can simply move the delay.

THREE DECISIONS FOR LEADERSHIP

- 01 Observe one referral pathway with clinical and administrative owners together.
- 02 Separate missing information, resource constraints and patient coordination.
- 03 Evaluate privacy, accessibility and escalation alongside handling effort.

THE TRADE-OFF TO EXAMINE

Operational standardisation can reduce duplication but must accommodate clinical and accessibility differences. Avoid optimizing throughput by excluding complex patients or shifting preparation work to people least able to perform it.

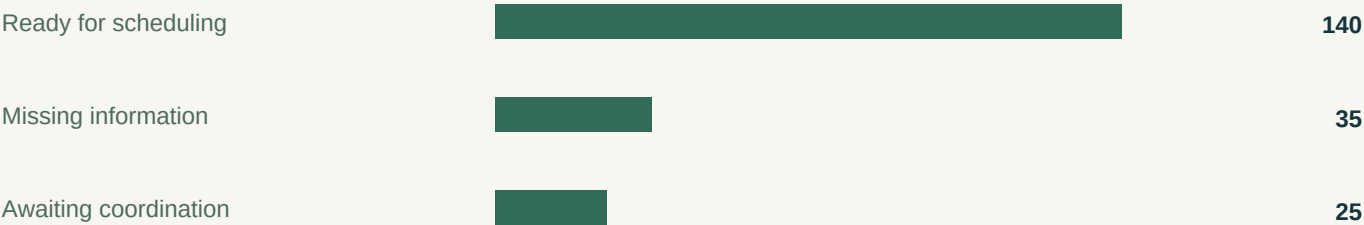
HOW GENELLIPSE CAN HELP

Genellipse can connect approved administrative records through GeneData, prepare source-linked intake information with Cortex AI and expose pathway constraints through GeneAnalytics. GeneSecure supports the agreed access design. A first scope would improve one administrative handoff while retaining clinical decision-making and existing health-system controls.

THE ANALYSIS IN ONE VIEW

Illustrative referral readiness

referrals in one cohort | Synthetic example



140 + 35 + 25 = 200 referrals; readiness is an administrative state, not a clinical priority.

Synthetic snapshot. Categories do not imply medical urgency, treatment need or expected patient outcomes.

INTERPRETATION

In a cohort of 200 referrals, 60 are not administratively ready. Resolving 20 of those cases increases the ready pool to 160, but does not create 20 appointments unless appropriate capacity and patient availability exist. The value case must trace both sides of the constraint and monitor whether another queue grows.

SOURCES AND METHOD

Original Genellipse analysis informed by the primary sources below. Examples are synthetic, not customer results, forecasts or industry benchmarks. Sources reviewed 14 October 2026.

WHO - Digital health

Read the complete report and its assumptions at genellipse.com/insights

Discuss your priorities: info@genellipse.com