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CASE STUDY · PROVIDERS · CAPACITY & SCHEDULING

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HEALTHCARE
MICROSOFT PARTNER · AZURE · FABRIC
CASE STUDY · AUGUST 2026

Raising exam-volume access 84% without adding radiologists.

A leading U.S. radiology organization was filling coverage gaps with premium pay while capacity sat unused across sites and shifts. We connected demand forecasting, capacity planning, and scheduling so the organization could see gaps earlier and make better use of the radiologists it already had.

THE CUSTOMER	SCALE	SCOPE	MODEL
Radiology organization. Radiology practices and hospital-based groups where premium pay is quietly compounding.	One of the largest in the U.S.	Forecast to schedule to pay	One connected loop

The challenge

- **Disconnected systems.** Forecasting, capacity, and scheduling were in separate tools that did not agree.
- **Gaps appeared too late.** Coverage shortfalls surfaced too late to fill at a reasonable cost.
- **Premium pay by default.** The last-minute fix was the most expensive one.
- **Access left on the table.** Exam capacity went unused because it wasn't visible across the network.

The solution

We connected forecasting, scheduling, and compensation.

- Demand forecast
- Capacity matched to demand
- Schedule built against demand and cost
- Gaps identified earlier

We connected demand forecasting, capacity planning, scheduling, and compensation. Forecasts showed expected exam volume by site and service line. That demand could then be compared with available radiologist capacity before schedules were finalized, making coverage gaps visible earlier.

OUTCOMES · MEASURED

Measured outcomes are the customer's own, from their deployment.

84%
increase in exam-volume access for radiologists.

66%
of sites with improved SLA performance.

1 quarter
for the platform to pay for itself.

WHAT MADE IT WORK

The organization increased exam-volume access by 84% without adding radiologists, and across the network 66% of sites improved SLA performance.

The change came from matching forecasted demand with available capacity earlier, before coverage gaps became last-minute scheduling problems. The platform paid for itself within one quarter.

START A CONVERSATION

Tell us how you forecast demand and schedule radiologist coverage today. We will show you where capacity is going unused, where coverage gaps are driving premium pay, and what could change.

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