Non-Traditional Care Programs

CASE STUDY · PROVIDERS · PATIENT ACCESS & ENGAGEMENT

LATEETUD

HEALTHCARE
MICROSOFT PARTNER · DYNAMICS 365 · POWER PLATFORM
CASE STUDY · AUGUST 2026

Cutting scheduling time 80% across five specialized care programs.

An academic medical system was running specialized care programs on separate tools and spreadsheets. We brought five programs onto one platform, cutting scheduling time 80% and doubling scheduler capacity without adding staff.

THE CUSTOMER

Academic medical system. Health systems whose specialty service lines are still being run on spreadsheets and point tools that connect to nothing else.

SCALE

11
hospitals

SCOPE

5
specialized programs

FOUNDATION

One shared patient record

The challenge

- **The same work was rebuilt each time.** Every program set up its own scheduling and intake from scratch.
- **Capacity was hard to see.** Separate tools made it hard to coordinate the capacity that already existed.
- **Patient information was split across programs.** No single view of the patient across the specialized lines.
- **Slow to launch the next line.** Standing up a new program meant another build, not a configuration.

The solution

The programs run on one configurable platform.

- New program
- Configured on one platform
- Shared patient record
- Schedulers see available capacity

We brought Executive Health, Concierge Medicine, Occupational Health, International Patients, and the Longevity Clinic onto one platform connected to the system's EHR. Each program can configure its own scheduling, intake, self-service, and coordination workflows while working from the same patient record.

OUTCOMES

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80%
less scheduling time across the programs.

2×
scheduler capacity, with the same team.

5
specialized programs live on one platform.

Verified
two-way integration with the system's EHR.

WHAT MADE IT WORK

Scheduling, intake, the patient record, and EHR integration are already in place. A new specialized program can reuse that foundation while configuring the workflows that are different.

That means the organization can add another program without rebuilding the same operational infrastructure again.

START A CONVERSATION

Tell us where specialized programs are being run on spreadsheets and point solutions. Show us how your specialized programs handle scheduling, intake, and patient coordination today. We will identify what is being rebuilt across programs and where a shared foundation could reduce the work.

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