

A US Home Care Provider Grew Clinician Visit Capacity 75% with Locus TMS



75%

increase in clinician visits per day

<10 sec

appointment sync, replacing manual triple entry

30%+

scheduling time freed for coordinating care

99%+

integration reliability across the CDSS, EHR, and Locus

Company Profile

A leading US home care provider runs a home-based medical visit program across multiple markets, sending clinicians into patients' homes for primary, supportive, and specialty care. Its legacy scheduling spanned three disconnected systems and manual coordination, capping clinician productivity at four visits a day and unable to scale with rising patient demand.



Industry:
Field services. In-home clinician visits



Geography:
United States



Scale:
100+ clinicians, scaling to 1,000+

THE CHALLENGE

Home-based visits ran on a manual, fragmented stack. Four problems capped capacity:

Triple data entry across three systems

A CDSS (Clinical Decision Support System), an EHR (Electronic Health Record), and a routing platform each ran alone. Schedulers keyed every appointment three times, and mismatched patient IDs produced duplicate and orphaned appointments.

No-shows the team couldn't get ahead of

Patient confirmations and reminders ran through fragmented manual channels, so preventable no-shows slipped through, each costing a clinician's travel and a visit slot.

Static routes couldn't absorb a changing day

Without validated addresses in planning, drive times and sequences ran off. Fixed routes couldn't re-sequence around acute visits, cancellations, or clinician call-outs as they surfaced.

A manual model that couldn't scale

Every increase in patient volume meant adding schedulers and clinicians, and each new market meant rebuilding the same fragile manual coordination from scratch.

THE SOLUTION

Locus deployed governed agents as the decisioning layer alongside the clinical systems. The CDSS and EHR stay systems of record; Locus runs as the system of execution. Four structural shifts:



One scheduling workflow, synced in real time.

The integration middleware unifies the CDSS, EHR, and Locus. An appointment booked clinically is validated, slotted, routed, and synced back to the EHR in under 10 seconds. Identity normalization ends duplicates; triple entry collapses to one.



Routes that re-optimize as the day changes.

The Dispatch agent builds each clinician's route against 250+ operational constraints, then re-optimizes in seconds, absorbing acute visits, cancellations, and same-day adds. The Capacity agent rebalances visits across the network on call-outs.



Proactive patient communication.

The Customer agent runs confirmation and reminder workflows through one coordinated channel, cutting the preventable no-shows that fragmented manual outreach let slip and protecting clinician travel and visit slots.



Built to scale, governed for healthcare.

New markets, business units, and data feeds onboard through the same normalization engine, no core rebuild. The platform runs on a HIPAA-compliant private stack (SOC 2 Type II, ISO 27701, AES-256), with every decision governed by six mechanisms, including human-in-the-loop override.

THE RESULTS

75%

increase in clinician visits per day

Clinician visit capacity rose from 4 visits a day to 7, a 75% gain achieved with no added headcount and no extended shifts.

30%+

scheduling time freed

Over 30% of scheduling time, once lost to redundant data entry, returned to coordinating care as schedulers moved to one synced workflow.

<10 sec

appointment sync across systems

Appointment changes propagate across the CDSS, EHR, and Locus in under 10 seconds, ending stale schedules and manual reconciliation.

99%+

integration reliability

Under 1% integration failure across the three systems, with dispatch seeing every clinician's location and visit status live from the field.