

OPERATIONAL INSIGHTS REPORT · 2026

Reimagining Patient Flow in Veterans Healthcare

Operational insights for the next era of ambulatory care – exploring how leading healthcare organizations are moving from rigid scheduling to dynamic, queue-based flow management.

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PAGES

Whitepaper

SOURCES

McKinsey · HIMSS · Deloitte

AUDIENCE

VA & ambulatory care leaders

EXECUTIVE SUMMARY

A new operational era for veterans healthcare

Veterans healthcare is entering a new operational phase. Across the U.S. healthcare system, the Department of Veterans Affairs is undergoing one of the most significant transformations in its history. The modernization of electronic health records, expansion of community-based care, and increased reliance on digital infrastructure are reshaping how care is delivered.

At the center of this transformation lies a critical, often underestimated challenge: **patient flow**.

Drawing on industry research from **McKinsey & Company**, **HIMSS**, and **Deloitte**, public healthcare benchmarks, and proprietary observations from real-world implementations, we identify a clear shift: healthcare systems are moving from rigid scheduling toward **dynamic, queue-based flow management**. Organizations that adapt are seeing measurable improvements in:

- Access to care
- Staff productivity
- Patient satisfaction
- Operational resilience

01

A System Under Pressure

Veterans healthcare operates at a unique scale and complexity. As the largest integrated healthcare network in the United States, the VA must balance:

- High patient volumes
- Diverse care environments (VAMCs, CBOCs, clinics)
- Workforce constraints
- Increasing expectations for access and experience

According to research highlighted by **McKinsey**, healthcare systems globally are experiencing increasing variability in patient demand, particularly in ambulatory and outpatient services, driven by aging populations and expanded access models. In practical terms, this translates into unpredictable arrival patterns, peak-time congestion, increased reliance on walk-in visits, and growing coordination gaps between departments.

02

The Limits of Appointment-Based Systems

For decades, outpatient workflows have relied heavily on scheduled appointments. However, in high-volume environments such as laboratory services, this model is increasingly misaligned with reality. Research from **HIMSS** and **Deloitte** indicates that administrative complexity remains one of the largest inefficiencies in healthcare operations.

- A substantial share of outpatient interactions are not strictly appointment-driven
- Hybrid models (appointments + walk-ins) introduce operational friction
- Scheduling creates additional administrative workload
- Patients frequently arrive without synchronized or validated orders

03

The Rise of Walk-In Driven Care Models

A structural shift is underway. Healthcare providers are increasingly prioritizing accessibility over rigid scheduling, real-time flow management, and first-come, first-served logic for high-volume services — particularly in laboratory services, radiology, pharmacy, and primary care access points.

“When scheduling is reduced, operational control does not disappear — it shifts. Organizations must now manage demand dynamically rather than predict it in advance.”

04

Operational Reality: Fragmentation and Variability

Across ambulatory environments, workflows vary significantly between facilities. Common challenges include:

- Inconsistent processes between sites
- Lack of standardized patient intake models
- Manual queue handling
- Limited visibility into real-time demand
- Staff performing non-core administrative tasks

This aligns with broader findings from **Deloitte**, which highlight fragmentation and lack of interoperability as major barriers to efficient care delivery. The consequences are clear: delays in care delivery, inefficient resource utilization, increased staff fatigue, and lower patient satisfaction.

05

The Missing Layer: Flow Management Infrastructure

Healthcare systems are not lacking clinical capability. They are lacking **orchestration**. In a scheduling-driven model, coordination is embedded in the calendar. In a walk-in driven model, coordination must be managed in real time. This requires a dedicated operational layer.

A modern patient flow model includes:

- Digital check-in and arrival capture
- Queue-based patient management
- Real-time wait time visibility
- Dynamic routing based on priority and capacity
- Integration with EHR and clinical systems

According to **McKinsey**, organizations that invest in operational flow and capacity management can significantly improve throughput without increasing staffing levels.

06

From Static Scheduling to Dynamic Flow

This shift enables better staff utilization, reduced bottlenecks, improved patient experience, and greater resilience during demand surges.

TRADITIONAL MODEL	EMERGING MODEL
<ul style="list-style-type: none"> • Schedule defines capacity • Patients adapt to the system • Limited flexibility 	<ul style="list-style-type: none"> • Demand drives flow • System adapts in real time • Decisions are data-driven

07

What Leading Organizations Are Doing Differently

- Standardization of workflows across sites
- Reduced reliance on appointment-based models for high-volume services
- Implementation of queue-based flow management
- Investment in real-time operational visibility
- Measurement of patient experience as a core KPI

Proprietary implementation data shows that organizations adopting structured flow management approaches can reduce perceived wait times, improve staff utilization, and increase throughput without adding capacity. They treat patient flow as a **strategic capability**, not an operational afterthought.

08

The Strategic Opportunity in Veterans Healthcare

The VA is uniquely positioned to lead this transformation. With ongoing investments in digital health, EHR modernization, and patient experience initiatives, there is a clear opportunity to define a new standard for ambulatory care delivery. Events such as the **Veterans Affairs Healthcare Summit** reflect this shift, bringing together stakeholders across government, clinical, and technology domains.

09

Looking Ahead: The Role of AI in Patient Flow

As healthcare systems mature in their flow capabilities, AI is beginning to play a role in:

- Predicting patient demand patterns
- Optimizing staffing allocation
- Identifying bottlenecks in real time
- Personalizing patient journeys
- Supporting operational decision-making

According to **McKinsey**, AI has the potential to significantly improve productivity in healthcare operations. Combined with flow management infrastructure and real-time data, this enables a shift from reactive operations to **predictive care delivery systems**.

CONCLUSION

Patient flow is core infrastructure

Veterans healthcare is entering a new era. The shift away from traditional scheduling models is revealing a fundamental truth: **patient flow is no longer a supporting function. It is core infrastructure.**

Healthcare organizations that invest in standardization, real-time orchestration, and digital flow management will be better equipped to deliver faster access to care, higher quality outcomes, and improved patient experiences. The opportunity is not just to optimize operations — it is to redefine how care is delivered.

ABOUT QMATIC

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Qmatic is a global leader in queue management and customer journey management. Through Q-World, Qmatic connects people to services by orchestrating efficient in-person journeys across channels and locations. Qmatic operates in 120+ countries and supports 2+ billion customer journeys annually through a global partner network.

WEBSITE

www.qmatic.com

CONTACT

Brandon Davis

Business Development Manager

EMAIL

brandon.davis@qmatic.com

PHONE

+1 470-955-3647