

Access Begins With a Connection

How Simple Innovations Transform Care and Reach the Vulnerable

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Across the country, the people who need care most are often the ones who struggle to access it. For Ascension, expanding access is both a health care imperative and an expression of our Catholic mission to honor human dignity and serve all, especially those who are poor and vulnerable. Primary care should be the foundation of good health, yet for many patients it becomes the first obstacle, creating barriers that prevent timely, compassionate care where it is needed most.

Transportation barriers, mobility limitations and unpredictable work schedules only add to the challenge. Health systems have a unique opportunity to change that dynamic.

EMBEDDED VIRTUAL CARE

Launched in February 2025 in Indiana, Ascension's Connected Primary Care Model is an approach that embeds a dedicated virtual advanced practice provider within existing primary care practices. This virtual team member works within the same clinical workflows, electronic health record and care protocols as in-person providers. These advanced practice registered nurses help patients manage their chronic diseases and meet their acute needs from wherever the patient may be located.

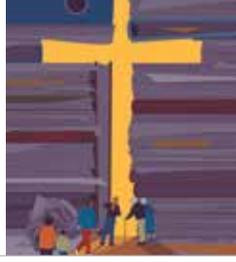
This model is designed to reduce access barriers without disrupting the trusted relationship between patients and their existing care teams. By embedding a virtual clinician within the same practice, patients benefit from continuity, coor-

ordinated care and faster appointment availability. Ascension plans to scale the program beyond Indiana into additional markets as demand grows and access needs persist.

The Connected Primary Care Model also makes the process easier for patients to access same-day appointments for acute care, chronic condition check-ins and mental health visits. For clinicians, it means more efficient scheduling tools and electronic health record integration to enable smoother and more sustainable delivery of virtual care.

This approach differs from the traditional telehealth visits many patients are familiar with, which often function as stand-alone appointments disconnected from a patient's primary care team. In the Connected Primary Care Model, virtual visits are scheduled, documented and followed up just like in-person visits, allowing clinicians to see a complete picture of the patient's health and reducing fragmentation.

The model launched with one advanced prac-



tice registered nurse supporting two primary care clinics through virtual care three days a week. In the first six months, the nurse completed approximately 900 virtual visits, averaging about 35 visits per week. Many of these visits replaced in-person appointments, easing scheduling bottlenecks for clinics and reducing travel burdens for patients. By decoupling care delivery from fixed clinic space, the program was able to expand rapidly

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to additional sites once initial volume goals were met, nearly doubling the number of virtual visits per month across participating practices.

INTEGRATED TELENEUROLOGY

In many rural parts of America, specialty care can be hours away. This can be a dangerous reality during neurological emergencies like stroke or seizure. These access issues disproportionately impact people living in medically underserved regions who cannot simply “go elsewhere” for care.

Teleneurology programs provide 24/7 rapid access to neurologists through a unified system-wide platform, replacing reactively sourced, part-time coverage and fragmented vendor arrangements. For rural hospitals, the ability to connect instantly with a neurologist reassures rapid decision-making for their patients. For patients, it can help improve their chances for full recovery.

In 2023, Ascension’s clinical and technology teams joined forces to reimagine how virtual stroke care is delivered. Together, they built a streamlined system that unites video consults and patient health records in one secure platform for rapid evaluation and earlier intervention.

Ascension’s teleneurology program differentiates itself by replacing fragmented, high-cost vendor coverage with a standardized, internally led model staffed by board-certified neurologists from the Ascension Employed Clinician Network. The program provides rapid consult access for acute stroke, seizure and hemorrhage cases across

Ascension’s rural and critical-access hospitals. By standardizing protocols, quality metrics and response workflows across multiple states, the model ensures consistent, high-quality neurological care regardless of geography.

On average, virtual stroke consults can begin within minutes of activation, supporting faster clinical decision-making and improved door-to-needle times (to shorten the time from diagnosis to beginning treatment).

The program is actively scaling across Ascension markets, strengthening specialty access in regions where in-person neurology coverage is limited or unavailable. This model also creates a foundation for future expansion into ambulatory neurology

follow-up for patients in communities without local specialists.

OUTREACH TO REDUCE DIGITAL HESITANCY

To ensure these services reach vulnerable populations, Ascension pairs technology expansion with targeted education and outreach efforts. Community partners, front-line care teams and local hospitals play a role in helping patients understand how to access virtual services and what to expect from them. These efforts aim to reduce digital hesitancy, increase awareness and ensure new care models are inclusive.

A health care system’s impact on communities is defined by its ability to engage patients in preventive care, including mammograms, colonoscopies, vaccinations and annual wellness visits. Many patients — especially those who are low-income, rural or otherwise underserved — prioritize immediate concerns, such as emergent medical needs, work and family obligations, over preventive care, which is further hindered by health care systems that can be complex, fragmented and difficult to navigate.

A DIGITAL NUDGE

One of the simplest and most effective innovations health systems can use is a digital nudge — a text message reminding patients of overdue preventive screenings or vaccinations before their primary care visits. Ascension uses these nudges to help patients engage more fully in their care and improve conversations with care providers.

Clinicians and care teams at Ascension craft the message content.

Patients are invited to opt in to receive the digital nudges through existing scheduling and clinical touch points, including appointment reminders, registration workflows and electronic medical record communications. They can opt out at any time.

Enrollment is tied to the patient's medical record, allowing messages to be personalized based on overdue screenings, vaccinations or recommended follow-up visits. Messages are scheduled to arrive before appointments so patients can plan ahead and make informed decisions. Patients in these nudge programs do not need to download a new app, remember passwords or learn a new platform.

The engagement program was evaluated through a randomized clinical trial across 76 primary care sites, encompassing more than 29,000 patient encounters, with results published in *NEJM Evidence*.¹

The digital nudge helped patients close more care gaps during their visit: 23.5% of open tasks were addressed the day of the visit, versus 20.3% among those who did not receive the texts. Results suggest receiving the nudge may have resulted in greater patient follow-through after the primary care visits, improving 90-day closure of preventive care gaps. There were also fewer appointment "no shows" in the group of patients who received digital nudges.

Ascension sees a benefit to preparing patients for their visits with these notices and reminders, to get them thinking about health screenings or vaccinations in advance of their appointments so that patients may engage more fully in their care.

Since these early results, Ascension has expanded digital nudge campaigns to additional care areas and geographies. More than 1,300 clinicians now participate in the program, supporting

tens of thousands of wellness visits annually.

This work aligns with Ascension's broader strategy to improve access, strengthen preventive care and use behavioral science to close care gaps across populations. Future campaigns may extend nudges into maternal health, chronic disease management and post-discharge follow-up.

INNOVATION GUIDED BY MISSION

The choice of "what innovations and for whom" is a challenge facing even the most forward-thinking health systems. If the aim is to improve the health of our communities and the people who are poor and vulnerable, we must commit to our mission to ensure no one is left behind. We must innovate for every person to access timely, trusted care, then we must continue designing solutions that remove barriers, simplify the care journey, and make support available when it's needed.

Our mission was built on courage, compassion and faith, forged by those who went where care was needed most. That same spirit guides us today as we honor our roots while adapting to meet the needs of the future. Compassion remains at the heart of what we do, and innovation allows us to deliver it at greater scale and impact.

DR. MITESH PATEL is vice president and chief clinical transformation officer at Ascension. Patel was previously the founding director of the Penn Medicine Nudge Unit, a behavioral design team embedded within a health system. He led more than 25 clinical trials testing the design of nudges, gamification and wearables to change clinician decisions and patient behaviors.

NOTE

1. Dr. Mitesh S. Patel et al., "A Digital Care Plan Nudge to Improve Primary Care Outcomes," *NEJM Evidence* 4, no. 6 (2025): <https://doi.org/10.1056/EVIDoa2400419> (login required to access).

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