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Professional Paper Topic Outline

EXPLORATORY

Title: Centralizing Customer Calls--the Development and Operation
       of a Healthcare Call Center

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Centralizing Customer Calls—the Development and Operation of a Healthcare Call Center

A call center is defined as: a coordinated system of people, processes, technologies and strategies that provides access to organizational resources through appropriate channels of communication to enable interactions that create value for the customer and the organization. The call center plays a strategic role in the healthcare environment, is a major driver of patient satisfaction and loyalty, and enables improved quality of care and efficient delivery of services.

The purpose of this paper is to identify the deliverables necessary to create an action plan for the development of a call center, determine the appropriate staff approach (hiring, training, and coaching) for success and evaluate and select the equipment necessary to provide exceptional outcomes. This paper will demonstrate how the implementation and adherence to key performance indicators support an organizational focus on the customer experience, while, additionally, delving into the tactics and strategies that allow managers to maintain and improve a successful/efficient/revenue enhancing operation.

Based on research and a literature review, this paper provides an overview of the essential components necessary for the successful development and operation of a call center, while improving both patient and provider satisfaction with special emphasis on the quality of care patients receive.
History

The earliest example of a call center can be found in the United Kingdom at The Birmingham Press and Mail in 1965. The invention of automatic call distributor (ACD) technology made the concept of a call center possible. Essentially it replaced the human operator with a far more flexible automated system capable of handling much greater numbers of calls. Throughout the late 1970s and 1980s technological advances consolidated the importance of call centers to business.

The term “call centre” was created and published as recently as 1983, in *Data Communications*, in this sentence:

*Each of these “call centers” is staffed with agents who work with Honeywell intelligent terminals, enabling them to quote rates and compute discounts given to large users.*

The call center industry continued to grow and thrive in the 1990’s with the rise of the Internet.

In early 2005 researchers determined that the implementation of centralized call centers for physician practices was relatively new and that very few health systems had developed centers that handled more than just referral requests. In the past few years, in order to facilitate coordination between patients and providers, larger health systems have developed centralized call centers that handle calls for physician practices. These centers go beyond the management of simple referrals and receive all calls that would go directly to the physician offices, such as calls regarding appointment scheduling, nurse advice, and physician messaging.

Establishing a call center that improves practice efficiency, increases appropriate access to physician appointments, and tightens the referral network is the true challenge. Centralized scheduling can create visibility into multiple practices at once, making it
possible to leverage system capacity. If a patient requests an appointment at a primary care or specialist office that has no availability within their time frame, the call center can redirect the patient to another site.

**The Action Plan**

Why change? Any change creates risk. When a health system is considering changing its frontline patient contact people and/or processes, the risk is particularly grave. As the sole point of contact for many patients, call centers often provide patients with their only impression of the company.

When setting up a call center, it is important that you involve the key stakeholders in the early stages. This will help to make your business plan as robust as possible and will also help the top management team take ownership of the plan. Determine who the stakeholders are. Include areas that will be impacted by centralizing calls namely administration, customer service, information technology, finance, human resources, system design, telecommunications, and any other relevant department. Assemble a taskforce of members from these areas. The taskforce must evaluate the effectiveness or ineffectiveness of the organization's current operations. The idea is to include a clear assessment of the effectiveness of your operational processes and infrastructure at all locations or potential locations in your evaluation process. Additionally, the team will need to address the future operational vision and desire to improve the patient's overall experience when calling the organization. Is the change to centralizing calls going to make the organization more efficient, more cost-effective and better able to respond to the market and customers? If your customer must call multiple locations for similar services centralizing calls may serve your customer more effectively. More and more health systems are using their call centers as a competitive advantage. Competition in the market place will increase and continue to put pressure on call centers to deliver excellent customer service.
Consider what needs improvement in the current state of the practice. Most commonly patients call and are put on hold; there are excessive hold times, and patients walk into the office because they cannot get through on the phones. Patients may not have access to their provider and be unable to get an appointment when they want one. The individual practice’s staff is inconsistent in the use protocols for scheduling, taking messages and triaging. Each practice demonstrates the telephone staff lacking the skill levels to answer questions and deliver a consistent exceptional patient experience. What is the vision for the future? Calls will be answered live with limited wait times, patients can complete transactions in one call and a consistent level of customer service will be delivered. Comparing the current state to the future state will assist in determining if centralizing calls is a sound investment/decision during the cost benefit analysis phase.

The last step in preparation is to develop an implementation plan that will enhance patient services based on current findings and recommendations for future strategy.

As wonderful as the organization’s leadership may be, it alone cannot implement facility-wide change. It needs the help of the medical staff. It is essential that every provider on the medical staff understands and cooperates with the transition. Providers may have various reasons to push back on the action plan: possible loss of control of their appointment schedules, personal treatment of their patients by the usual office staff (they know each patient), concern for the quality of call handling and no realization of the benefits and results. These are issues that must be addressed and resolved. The medical staff buy-in will ensure the successful implementation of centralizing patient calls. One suggested method for securing medical staff cooperation includes educating providers about the call center so that they understand exactly what administrators are trying to accomplish. Another method is to demonstrate the ROI that the call center can bring to each provider, in terms of
reduction in call abandonment and increase in patient appointments. Once the call center is centralized, the medical staff must continue to cooperate with the center and understand the center’s capabilities and limitations.

**Identifying the Customer**

Determine who the call center’s customers are. By definition, a customer is anyone who receives a product, either a good or service from an organization.

Internal customers are members of staff or outside departments who contribute to the services provided to external customers. They may include stakeholders, colleagues, physicians/other providers, managers/supervisors, and staff in other departments. Internal customers are directly connected to the organization. Good customer service to internal customers will help to establish good working relationships.

External customers are the people who use the organizations services. They are not directly connected to the organization. These include patients and their family members, friends, or representatives. Both internal and external customers demand excellent service and are more critical of their interactions with organizations today than ever before.

**Physical Design**

The best way to future proof a call center is to design a flexible environment. Change is constant in the workplace, new technologies, people, and patients may mean different demands on the call center in the future. Today’s call centers have evolved to become sophisticated, high-tech showcases of service support, and sales. Call centers are earning more respect as their image morphs from backroom to corporate centerpiece. Technology that promises to increase agent efficiency often gets first consideration. But the look and layout of the physical space occupied by the call center merits equal attention. No
department expected to serve as an organization’s front door can operate out of a back room. Agents are tied to a workstation for hours at a time, so workstation design has a direct impact on how well call centers work. Too much or too little space between agents could tip the scale between good and bad service. A crowded work area prevents an agent from concentrating on the caller because he’s disturbed by the other agent’s conversation.

Open, single-floor call centers work best because they provide installation economies of scale and simplify supervision. Designers typically allow about 90 to 140 square feet per agent seat. Actual workstation size only accounts for perhaps one-third of that figure, leaving plenty of room for hallways, training areas, break rooms, and administrative space.

Ergonomic furniture and training are indispensable weapons in the battle to reduce call center injuries, absenteeism, and turnover. Strict attention to design and furnishings can pay big dividends by giving call centers the infrastructure needed to meet the new demands being placed on them.

**Disaster Planning**

A disaster backup and recovery plan is a plan that enables managers to avoid or recover expediently from an interruption in the center’s operation. Comprisive plans should include an approved set of arrangements and procedures for facilities, networks, people and service levels. Every type of call center should make a disaster recovery planning an important part of the business. Some of the specifics associated with disaster recovery planning and call centers involve having a plan of action for everything affected. A fire suppression system and where to place it should be considered. Obviously a loss of power in the building itself is a consideration, but, more importantly, the computer system must have some type of redundancy in place so that if power is lost, there will be no downtime. Vital records, recorded phone conversations, and other documentation would need to be
stored securely and then retrieved quickly in case of disaster. A call center would also need physical and logical security measures in place for disaster recovery planning. Disaster recovery planning is serious business and administration should do due diligence so that nothing is missed and the call center is fully protected.

**Establishing Access to Care**

Open-access scheduling (also known as advanced access or same-day access) is a popular tool for improving patient access to primary care appointments. The concept of “doing today’s work today” has been in place in practice management circles for years, and most practices that have tried it can vouch that adopting this technique increases patient, staff, and physician satisfaction, and decreases no-shows and wasted work.

Despite the positive outcomes this practice is not wildly popular in practices. To providers, volume is money and any gaps in schedules cause panic. Yet traditional scheduling methods often leaves staff trying to squeeze in patients who need to be seen urgently, and everyday can be a challenge. When work-ins are not possible, patients go unseen and are left unsatisfied.

It is essential to obtain provider buy-in by educating them on the reasons for adopting open access scheduling. Be sure to communicate that they will not be giving up control of their schedule but that rather it will become more predictable and customizable.

In an open-access system, patients are simply offered appointments the same day they call regardless of the reason for the visit. This technique allows for a smooth transition to centralizing the phones of primary care practices, thus creating more efficient and effective operations. Open access is the key to first call resolution (FCR) for scheduling appointments. One of the most common challenges for call center agents is the need for first call resolution. In simple terms, this means that whatever the patient’s concern happened to be, it was solved the first time they called, without the need for anyone to call anyone else
back. It should be noted that this is more than just a challenge; it is also an ideal.

Open-access scheduling allows the call center to:

- Avoid messages to the practices because there are no “openings” in the providers schedule or the scheduling rules prevent an appointment from being scheduled
- Allows appointments to be made at the time of the call (FCR)
- Sets expectation that all patients will be seen
- Asks a patient what would meet their needs
- Makes same-day appointments for sick visits
- Utilizes open slots with no rules

Patients obviously love this because their needs are met quickly and efficiently. There are no hoops for them to jump through to get an appointment. Open-access systems eliminate this sense of scarcity, while at the same time making it easier to meet patient needs. (See Appendix A, Open Access/Redesign Initiative)

**Marketing the Center**

Marketing your healthcare call center begins from the inside out. Most organizations do not truly understand call centers or contact centers. What is the value of having an internal marketing plan for your call center?

1. Demonstrates the strategic value of the center to the company.
2. Showcases the direct contribution that CSRs make to the company's profitability, reinforcing the value of the call center.
3. Develops new customers for your call center. Departments considering new lines of business or providing additional service options may overlook the role the call centers play.
4. Reduce the “them and us” tensions that can occur between various customer –
operating areas.

5. Makes it easier to obtain project, technology or operational funding by building credibility with the decision makers.¹¹

Consider these methods to market internally: call center open house, presentation to providers/administration, attendance at staff meetings, newsletters, and emails. It is important to be transparent and keep all levels of the organization up to date. Internal marketing motivates staff and strengthens the internal department’s bonds. Motivated, engaged staff will work harder and give the external customers better service. This will help improve the organization’s reputation, revenues and market share over the long term.

**Operational Elements--Staffing**

Recruiting and hiring are key operational elements that give call centers the opportunity to favorably impact their operational performance based on the quality of the individuals they add to their workforce. Top call centers take the time to conduct a detailed job description analysis to help define the key responsibilities of the agent’s position and to identify the specific skills/personality traits candidates need to succeed in that position.¹² Before you can begin to interview and hire agents you have to know exactly what you’re looking for.

The best recruiting and hiring programs should include multi-phase selection processes including traditional methods, and also be comprised of technical and telephone abilities, typing skills, script reading, role playing and call centers scenarios, customer service skills, shadowing an agent, and an actual job preview. By providing candidates with a clear and balanced picture of the job they are applying for can reduce turnover. Many centers require Customer Service Representatives (agents) to work for a specific period of time in the call center before they can transfer to other departments within the organization. This ensures that agents do not transfer before the center receives the full
benefit of the extensive training investment. Multi-phase selection processes help to ensure that the chosen candidates are well suited for the job and possess the competencies and characteristics of the most successful agents in the center. Call centers that use these methods are more likely to see the benefits of decreased turnover, decreased continual training time and improved employee morale. Knowledgeable, long-standing agents create higher levels of customer satisfaction and loyalty.

**Performance and Quality Management**

A complete performance management program, more than just an annual review needs to be in place for agents who are recruited and selectively hired to perform and meet the organizations expectations. This program should include coaching, mentoring, agent scorecards, training, and career development. This is an area that can arguably have the greatest impact on agents’ future performance and future customers’ experience, and it is critical to use a fair and balanced process for scoring and coaching interactions. Begin with a clear concise job description. Relevant individual objectives that link to organizational strategic objectives are a priority. The agent needs an independent review of routine reports and analyses of performance, accountability, and continued career and skill development.

Supervisors or leads should meet with each agent monthly for a one-on-one coaching session. During this session the discussion should be based on patient feedback, call monitoring, message audits and other measured accountable metrics. Coaching is a critical component of effective quality assurance, performance management and the patient experience. Effective coaching optimizes quality and operational performance. Regularly tracking progress against performance goals and objectives also provides the opportunity to recognize and reward employees for performance and exceptional effort, contributing to job satisfaction and productivity.
The agents are the face of the organization and it is imperative that they are the best possible agents providing service to your patients. It is necessary to develop a robust quality program to monitor agents’ performance. The program should include call observations, message inspection and work queue audits, as well as the use of call recording and monitoring software (discussed later in this paper). A quality monitoring program provides feedback and performance development for the agents and identifies opportunities for process improvement through the monitoring of transactions and errors. It measures the quality of the patient and employee interaction and assures the accuracy of information provided. Quality monitoring helps to identify the patient’s needs and expectations. An effective monitoring and coaching program takes time to develop; however, the rewards in terms of an increase in interaction quality, patient satisfaction and employee satisfaction are significant. An important test that monitoring programs must pass in order to be effective is that the employees should embrace the program. Employees generally like and accept a monitoring program if it helps them identify areas that need improvement, while at the same time recognizing the things they are doing well. The better employees understand and accept quality criteria, the easier it will be for them to excel. (See Appendix B for examples of quality monitoring tools.)

**Training**

A formal training program should include practical experience using a hands-on approach with respect to the systems and technology that employees will use once out of training. Hands-on training will provide trainees with the skills needed to be more productive and confident once they are out on the floor. Understandably, call centers tend to focus their education efforts on new-hires. During the initial training phase, new-hires are introduced in company processes and procedures, performance expectations, and products and services. Methods used to train new-hires vary as do the people responsible to train.
Centers that employ a full-time trainer attain consistency with excellent quality outcomes. Trainers need to be monitored and evaluated to ensure their performance as well as the quality of the training itself—orientation, methodology, role playing, materials, and tools are appropriate. Trainers will use a good mix of training topics as well as classroom, e-learning, self-study, knowledge based software, and computer assessments with the agents. The trainer should intersperse soft skills training (patient service and phone) to include phone etiquette, senior sensitivity training, dealing with difficult patients, showing empathy when appropriate and listening skills. Equipping the agents with soft skills training helps to drive home how serious the organization is about quality, patient service and individual accountability. The use of call recording in a training environment enhances the practical experience combining workflows and system content with patient service and phone skill training. It will also ensure that new employees can “put it all together” in a safe learning environment so that they can handle actual contacts right the first time. This will improve the quality of the first contact for the organization.

A common method to train is the use of a peer mentoring program. Peer mentoring is a powerful new-hire training tool where each trainee (protégé) is paired up with a skilled and experienced agent (mentor) throughout the mid to later stages of initial training – and often beyond. Surrounding new-hires with seasoned top performers whom leadership supports and cares about creates a nurturing environment based on strength, loyalty and trust.

*Workforce Management*

“Forecasting, staffing, and scheduling at one time formed the nucleus of the call center manager’s job responsibilities. Not so today.” Workforce management tools/software abound and utilizing the center’s historical data can forecast its workload, staffing needs and scheduling to meet service levels. Workforce management tools embrace forecasting
methodologies—general methods used to predict future events, such as the amount of workload that will come into an incoming call center in future time periods. Forecasts are the foundation for all staffing decisions so they need to be as accurate as possible, down to the interval level, taking into account all activities that affect call volume, productivity, and anything that takes someone off the phone or away from their primary work function. Good forecasts lead to good schedules, and an accurate schedule is the backbone of a well-run call center.

Workforce management processes and procedures:

- Optimize staffing
- Improve hiring
- Increase productivity
- Increase agent satisfaction
- Reduce costs
- Aid in providing a more consistent patient experience

An additional beneficial function of workforce management software is to track how closely agents conform to their schedules. Adherence to schedule is within the control of the individual agents and is a key indicator tied to their performance. Adherence to schedule generally consists of all logged-on time, including time spent waiting for transactions to arrive. More specifically, adherence consists of time spent in talk time, after-call work, waiting for calls to arrive, and placing necessary outbound calls. The idea is to ensure that agents are logged on for the amount of time required, as well as when required. Schedule adherence has a direct correlation with service levels. The principle of service level, sometimes generally referred to as “accessibility,” is at the heart of effective call center management. Service level (discussed later in this paper) aligns the resources you need to the results you want.
Call Center Tools

What call center technology is essential to build an effective call center? That depends on many things, including the purpose of the center, its size, the supported channels (calls, emails, chats, faxes, etc.), and the location(s). The challenge is to select the right technology, implement it properly, and then optimize performance on a day-to-day basis.

There are many tools available, including:

*Automated Call Distribution (ACD)*—is a software application that is used in incoming call centers. ACDs handle large volumes of incoming calls from callers who have no need to talk to a specific person but who require assistance from any of multiple persons at the earliest opportunity. The routing strategy can be rule-based which in turn tells the ACD how to handle the calls, routing them to the best available agent.

ACD capabilities include:

- Call routing, which may be to the agent who has been available the longest or based on the agent’s skill level.
- Call sequencing, based on the first call in being answered first.
- Queue calling, collects calls as they come in when no agents are available and holds them in sequence until an agent becomes available.
- Distributing calls among agents; releasing call to the next available agent to balance the workload.
- Encouraging callers to wait, playing messages or music while callers are in queue, some may announce expected wait times until the call is handled.
- Most ACDs allow for reporting of real-time or historical data.¹⁸

*Interactive Voice Response (IVR)*—is a system that allows a computer to interact with humans through the use of voice prompts using speech recognition menus and input via keypad. It is a technology that automates interactions with telephone callers. IVR
solutions use pre-recorded voice prompts and menus to present information and options to callers, and touch-tone keypads to gather responses. The IVR routes calls to the correct contact center destination. IVR reports will provide volume statistics and insight into the intent of every call.

IVR advanced offerings:

- Fax on demand: no agent intervention necessary.
- Post-call surveys: callers notified upfront that a survey is available after the call.
- Text-to-speech capabilities: the IVR “reads and speaks” information contained in a data base back to the caller.
- Speech recognition: allows the caller to speak their request and then turns the spoken word into digital commands that the system can understand.¹⁹

**Computer Telephony Integration (CTI)**-Technology that allows interactions on a telephone and a computer to be integrated or coordinated. CTI integrates the functions of telephone networks, voice switching, data switching, computer applications, databases voice processing and alternative media.

Common desktop functions:

- Screen popping: displays callers information/demographics
- Automatic dialing
- Phone control, answer, hang-up, hold, feature control, call forwarding, do not disturb, etc.
- Transfers: allows call and data to be transferred between two parties
- Call routing: automatic routing of a call to a new destination

**Workforce Management (WFM)**-is a software system that, depending on available modules,
forecasts call load, calculates staff requirements, organizes schedules and tracks real time performance of individual and groups. WFM encompasses all of the activities needed to maintain a productive workforce. This includes forecasting, scheduling, and intra-day real-time management of the center to assign the right resources to the right job at the right time.

Specifically, WFM includes:

- Payroll and benefits
- HR administration
- Employee self-services
- Time and attendance
- Talent management
- Performance management
- Forecasting and scheduling
- Absence management

On a smaller scale, for those centers with fewer than 50 agents, this can be accomplished with spreadsheets and very stringent policies and procedures. Medium to large centers require a WFM tool, which can be either an onsite or a hosted solution.

Quality Management (QM) - Quality assurance monitoring includes recording audio/video (continuous, random, on-demand), monitoring, utilizing individual scorecards, evaluating transactions and analyzing agents/nurses performance.

Methods of monitoring for quality include:

- Listening to the agents calls in real-time from another location
- Call recording for training and coaching
- Sitting with the agents
- Peer monitoring
- Secret shoppers

QM measures the quality of the interaction and the accuracy of information provided. It also measures adherence to the call-handling processes, contributes to the consistency and effectiveness of call center processes and provides the organization with a basis for quality improvement initiatives. It allows the call center administration to make sure the center's performance meets the organization's standards. QM focuses not only on the service rendered, but also on the means to achieve it. Therefore quality assurance and control of the processes help to achieve more consistent quality. QM improves performance, productivity and patient service.

**Quality Indicators**

Key Performance Indicators (KPI) are a high-level measure of call centers performance. When determining KPIs, start by identifying the behavior you want to see. Then determine the way to measure that behavior. Call centers tend to use multiple KPIs, improvement in operational efficiencies, and also patient satisfaction as meeting the established KPIs. (See Appendix C for benchmarking of KPI measures)

Indicators/metrics used by call centers:

*Average Handle Time (AHT)*-is used to determine an agent's productivity and efficiency. It is the sum of average talk time plus average after-call work and it is available from the ACD and WFM reports. This indicator is also used to assist with forecasting, planning and process improvement activities.

*Average Wrap Time (AWT)*-or after-call-work is the time immediately following a call necessitated by the inbound call, when the agent is unavailable to take another call. This time made be used for paperwork, data input, outbound calls, anything that must occur to
complete the transaction. Listening and talking to patients while simultaneously inputting data using the keyboard is an essential skill of the best call center agents. This method almost completely eliminates the need for after-call work. Because the transaction is being created in real-time, the need for wrap time will be minimal, freeing the agent to take more calls. This indicator is used in forecasting and agent monitoring.

*Call Load Patterns*—is the volume of contacts plus how long they last. It is essentially volume times AHT plus AWT for a given time period. Most call centers work in 30-minute time intervals and will notice patterns in their call volumes. These may include month of the year or seasonality, a specific day of the week (usually Monday in healthcare), and/or half hours during the day (usually 9 AM – 12 PM in healthcare). An essential step in forecasting is looking at the patterns that exist. Call load can be forecasted using historical data and is used in staffing and scheduling.

*Service Level/Response Time*—measures accessibility. The formula is percent of contacts answered in $X$ seconds. These, again, are measured in 30-minute intervals and managers should be able to identify recurring problematic intervals. These measures are key planning elements used for base staff calculations. Developing concrete service level and response time numbers is essential to the solid planning necessary to ensure that the organization is accessible to patients. Real-time reports are necessary to make immediate corrections for patient access. When establishing service levels it is not how high you set the objectives, but how consistently they are met during the day.

Some examples of service levels:

- **High** 90% in 20 seconds, 85%/20 sec
- **Moderate** 80%/20 sec 90%/60 sec
- **Modest** 90%/120 sec 80%/300 sec
Abandonment is another term for lost call. The caller hangs up before reaching an agent. Abandoned calls are available directly from ACD reports. This is not a measure that should be a primary KPI because it is driven by caller behavior and cannot be directly controlled. There should be supporting information to the service levels. As service levels are met, abandonment rates should decrease. Yet patient tolerance will have a substantial effect on abandonment rate even when the center is meeting its service levels. Tolerance can be affected by the patient’s expectations, time they are available, cost of the call and whether there is another avenue available to meet their needs.

Patient Satisfaction with the Call Center Experience has a strategic impact on the organization. Studies have linked patient satisfaction to patient loyalty, repeat visits, and word-of-mouth advertising. Data can come from a variety of sources, through outbound calls to patients, mailed surveys, email surveys, agent-assisted surveys at the end of calls, and automated IVR surveys. Like customers in all facets of the market place, healthcare customers are increasingly sophisticated in their use of technology and have increasing expectations about the level of service they receive. It remains clear, however, that patient satisfaction and loyalty are connected more closely to the quality of personal service that is provided than to the technology that may expedite their request.22

Provider Satisfaction with the Call Center-as a direct impact on call center performance and validity. Initial buy-in and frequent assessment of satisfaction will develop the trust necessary for a cohesive relationship between providers and the call center. The call center must deliver a consistent level of patient service with higher levels of staff accountability. Calls should be answered "live" with minimal wait times. Providers expect this for their Patients, and inadequacies in either of these two areas cause the greatest discord with the call center. Open transparent communication with frequent updates on process changes enhance provider satisfaction with the call center.
Patient and provider satisfaction research included evaluating the results of established satisfaction surveys.

See the following Appendixes:

Appendix D, E and F
- Page 34, Call Center Questionnaires
- Page 35, Call Center Results 2012
- Page 36-37, Results from Anderson, Niebuhr & Associates, Inc. patient satisfaction surveys (graphs/comments)

Lessons Learned / Problems with Call Center Implementation and Operation
Administration inevitability faces resistance to change, and centralizing calls impacts an organization on many levels. Organizations are unsure whether centralizing calls is worth the upfront costs. The commitment must come from the top of the organization down and planning needs to address the completed vision.

Developing an effective healthcare call center is a 10–15 year journey with many potential obstacles along the way, such as a poor performance management program, not utilizing the appropriate WFM tools, and foregoing the implementation of all necessary telecommunication enhancements and call center tools. Failure to complete any step in the implementation process impedes the mission and results in poor patient satisfaction.

An organization looking to successfully implement a centralized call center must develop a clear project plan and bring all stakeholders to the table.
The Call Center/Contact Center of the Future

The future of the call center is both challenging and exciting as “call centers” become “contact centers.” Like many aspects of communications and technology, the call center is in the midst of continual changes. An increasing focus on mobility is affecting how the call center functions today and will continue to function in the future. The available technology and applications are undergoing fundamental changes with new innovative products and more companies turning to the cloud.

Other unexpected changes are being driven by the ever-younger consumer demanding that their needs be met in ways that just a few years ago were not even considered possibilities. This will lead to more multi-channel technology that will support patients to make other transaction choices—chat, text messaging and video. More call centers will be using smart desktop technology, deploying smarter web-based self-service systems. “In the Cloud” based solutions offer the answer to several challenges call centers encounter. It can reduce capital spending, meaning that there is no need to purchase servers, software licenses, no annual fees or need for tech support. Social media such as Facebook and Twitter and a host of yet-to-be-unveiled engagement tools will only become more important to the industry.

In the next five years’ time contact centers will pretty much be the same as they are now. But with the growing awareness of the importance of the patient and the emergence, and—it is hoped—adoption of these and other technologies, then at least customers will get a better experience and companies will achieve better business results.23

Healthcare call centers, in addition to the already-mentioned changes in communication methods will need to consider when and how the patient will request services, making the appropriate changes in technology, staffing, training, etc. As more organizations seek
to meet the standards required to become medical homes for their patients, call centers will
play an important role in patient access. Hours of operation will move from the traditional
8:00 A.M.-5 P.M., Monday through Friday, to 24 hours a day/seven days a week. This will
also include services such as getting a same-day or next-day appointment, obtaining
medical advice from a physician during normal office hours, getting medical care or advice
on nights, weekends and holidays.

Summary and Conclusion

Contact center, call center.......the names may vary. Every contact center is unique, but they
all have a common thread: The way the work is delivered. Calls emerge in a continual,
random pattern and must be answered within seconds of arrival. 24

It is important to understand that today’s online patient is impatient, has high
expectations and is willing to seek support across a variety of communication channels.
Healthcare organizations still making do with just a call center may soon find themselves
left behind. Contact centers take a hybrid approach, integrating phone, email, chat, fax and
text capabilities. A contact center is better equipped to handle patients with speed and
efficiency, and in a way that meets the patient’s needs.

Administrators of successful call centers note that centralization of call center functions for
health systems is a challenging task, especially when the health system is large and the call
center has many functions.

It is imperative to do proper due diligence for implementation:

- Identify what processes/issues need to be changed and focus on the most
  important issues
- Get provider buy-in
• Get administration's buy-in

• Choose and hire a qualified business partner who has worked to implement call center(s) to provide the strategic roadmap to complete your ideal vision

• Carefully review and select technology that will allow growth and is capable of providing the processes necessary; automate as much as possible.

• Select qualified staff and implement an aggressive training, coaching and development program

• Create a quality assurance program to be sure the center’s performance meets the patient’s need and upholds the organization’s standards

Vigilant and continual follow-up by the manager delivers the quality the organization expects. The call center is an important part of a much larger organization, and call center managers who consistently get the best results know that. They take the initiative in coordinating with other departments. They work hard to integrate call center activities with developments in other parts of the organization. In sum, they have an incessant focus on strengthening the call center’s support of the organization.25
END NOTES


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Brad Cleveland Company LLC, 112 Baldy View Lane, PO Box 1466, Sun Valley, ID 83353, Web: bradcleveland.com Email: brad (at) bradcleveland.com Twitter: @bradcleveland


<http://www.customermanagement.com>


Open Access Model (OAM) & Redesign

Open Access Scheduling

What is it?
• An advanced / open access system is one where capacity and demand are in equilibrium on a daily basis enabling patients to be seen when they want to be seen
• No queues. Few rules. No restrictions.
• Eliminate distinction between urgent and routine care
• Hidden capacity is discovered!
• Work is done by the end of the day
## Open Access & Redesign Program

<table>
<thead>
<tr>
<th>Vision</th>
<th>Deliverables</th>
<th>Critical Success Factors</th>
</tr>
</thead>
</table>
| - Improve Primary Care Access and Specialty Care Access while supporting sustainable financial performance  
- "Patient gets appointment for care with his/her provider when s/he wants it!" | - Reduce delay (s) in getting appointments  
- Reduce wait time at appointments  
- Increase efficiency and productivity  
- Utilize other providers in the practice to accommodate patient demand: how and how often we augment the physician resources due to temporary backlog  
- Conduct Gap Analysis | - Retrieval of necessary data to initiate efforts  
- Engaged participation of LPG Providers: Primary Care and Specialty Care  
- IS Support  
- Cultural Transformation through Training and Development efforts  
- Patient Education and Marketing Support |

### Objectives

- Appointment Access:
  - Primary Care Access 3rd next available (3NA) within 48 hours  
  - Specialty Care Access 3rd next available (3NA) within 5 days  
- Continuity: the consistency of matching patients with their PCP or specialists  
- Ability to optimize capacity (supply & demand)  
- Improved Patient, Staff and Physician Satisfaction  
- Reduction in cycle time, reduction in use of urgent care settings  
- Improved overall productivity

### Scope

- Lee Physician Group (LPG) & Lee Convenient Care (LCC): Primary Care and Specialty Care Physicians  
- All Providers: ARNP, PA, Mid-Wives, Managers, Front Office Staff  
- Call Center

### Potential Benefits

- Increased panel size(s) indirectly increases revenue  
- Transformation of office staff’s awareness of the patient predictable demand, and ability to meet the demand  
- Improved continuity of care,  
- Improved productivity,  
- Increased revenue and RVUs  
- Improved patient and employee satisfaction

### Communication

- Informal updates: Team(s)  
- Replicate discoveries along the way of significant importance  
- Quarterly presentations

### Project Timing

- Analysis Phase: October 2011 – Summer 2012 with Design Recommendations for 1/2012  
- Design Phase: Fall 2012  
- Implementation Phase: FY 2013

---

### Open Access Implementation Process

1. **Leadership Commitment**  
   - Leadership review of the concept  
   - Adopt OPEN ACCESS as Practice Goal  
   - Appoint Project Manager  
   - Review Concepts  
   - Review Processes  
   - Reiterate Practice Commitment

2. **Management Kick-Off**

3. **Training**

4. **Call Center / Open Access Implementation**  
   - Site Assessment  
   - Site Specific Action Plans  
   - Operational Change  
   - Site Meetings  
   - Backlog Reduction  
   - Reward Successes!

5. **Measure and Monitor**  
   - Management Meetings  
   - Identify performance measures  
   - Track and post results  
   - Share learning

---

### Project Resources

- LPG Administration  
- Call Center  
- Practice Managers  
- LPG Providers  
- Organizational Effectiveness  
- Operations Improvement  
- EPIC Cadence IS Support  
- Select Physicians: IM & FP, Ped’s Specialty, Women’s Health, OB/GYN, Cardiac, etc.
APPENDIX B
Quality Monitoring Tools

Example of the “WOW’ telephone experience audit tool

<table>
<thead>
<tr>
<th>Call # 1</th>
<th>Call # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use two part greeting</td>
<td></td>
</tr>
<tr>
<td>Use “please” when asking for info such as DOB</td>
<td></td>
</tr>
<tr>
<td>Ask caller if they are willing to hold and wait for their response</td>
<td></td>
</tr>
<tr>
<td>Thank the caller for their patience if they’ve been on hold</td>
<td></td>
</tr>
<tr>
<td>Use caller’s name in conversation</td>
<td></td>
</tr>
<tr>
<td>Be compassionate/kind/have empathy</td>
<td></td>
</tr>
<tr>
<td>Redirect callers who wander</td>
<td></td>
</tr>
<tr>
<td>State what we can do for the caller rather than what we cannot do</td>
<td></td>
</tr>
<tr>
<td>Listen to what the caller needs and do everything you can to meet their expectations</td>
<td></td>
</tr>
<tr>
<td>Keep caller informed of what they can expect from us (i.e. What’s the next step?)</td>
<td></td>
</tr>
<tr>
<td>Avoid silence</td>
<td></td>
</tr>
<tr>
<td>Repeat any numbers to confirm accuracy</td>
<td></td>
</tr>
<tr>
<td>Ask the caller if there is anything else you can do for them before the call ends</td>
<td></td>
</tr>
<tr>
<td>Leave a positive lasting impression</td>
<td></td>
</tr>
</tbody>
</table>

TOTALS:

Example of a documentation audit tool

<table>
<thead>
<tr>
<th>Call # 1</th>
<th>Call # 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for the call clearly understood</td>
<td></td>
</tr>
<tr>
<td>Documentation</td>
<td></td>
</tr>
<tr>
<td>Appropriate information documented</td>
<td></td>
</tr>
<tr>
<td>No opinions or judgmental comments</td>
<td></td>
</tr>
<tr>
<td>Correct spelling</td>
<td></td>
</tr>
<tr>
<td>Correct grammar</td>
<td></td>
</tr>
<tr>
<td>Correct Provider</td>
<td></td>
</tr>
<tr>
<td>Correct Office</td>
<td></td>
</tr>
<tr>
<td>Correct Pool</td>
<td></td>
</tr>
<tr>
<td>Urgency of message</td>
<td></td>
</tr>
<tr>
<td>Documentation of problem</td>
<td></td>
</tr>
<tr>
<td>Use of Smart text or TT’s</td>
<td></td>
</tr>
<tr>
<td>Call back number/not copied from chart</td>
<td></td>
</tr>
<tr>
<td>Approved abbreviations only</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Prepared by:
LPG Call Center
Leadership Staff 2012
## KPI Benchmarks

### Healthcare Benchmarks from 2011
*(received from Wendy Fowler)*

<table>
<thead>
<tr>
<th>Metric</th>
<th>Unit</th>
<th>Top Quintile of Healthcare Industry Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Speed of Answer</td>
<td>Sec.</td>
<td>20.9</td>
</tr>
<tr>
<td>Average Talk Time (inbound)</td>
<td>Min.</td>
<td>3.24</td>
</tr>
<tr>
<td>After Call Work</td>
<td>Min.</td>
<td>1.76</td>
</tr>
<tr>
<td>Abandon Rate</td>
<td>%</td>
<td>4.12</td>
</tr>
<tr>
<td>Average Time in Queue</td>
<td>Sec.</td>
<td>41.87</td>
</tr>
<tr>
<td>CSR Occupancy</td>
<td>%</td>
<td>75.1</td>
</tr>
<tr>
<td>Adherence to Schedule</td>
<td>%</td>
<td>89.78</td>
</tr>
<tr>
<td>Attendance</td>
<td>%</td>
<td>92.51</td>
</tr>
<tr>
<td>Average Calls per Hour</td>
<td>#</td>
<td>8.22</td>
</tr>
<tr>
<td>Transfer Rate</td>
<td>%</td>
<td>28.46</td>
</tr>
<tr>
<td>First Contact Resolution</td>
<td>%</td>
<td>80.97</td>
</tr>
<tr>
<td>Annual Attrition Rate (internal/external)</td>
<td>%</td>
<td>15.01/84.99</td>
</tr>
<tr>
<td>Post Contact Customer Satisfaction</td>
<td>%</td>
<td>68.86</td>
</tr>
<tr>
<td>Supervisor to CSR Ratio</td>
<td>#</td>
<td>12.375:1</td>
</tr>
<tr>
<td>Cost per Call</td>
<td>$</td>
<td>$4.17</td>
</tr>
<tr>
<td>Cost per New Hire</td>
<td>$</td>
<td>$5,915</td>
</tr>
<tr>
<td>New Hire Training</td>
<td>Hrs.</td>
<td>165.78</td>
</tr>
</tbody>
</table>

Prepared by:
Wendy Fowler
*Contact Center Consultant*
*Quality Service Solutions, LLC*
Appendix D
Patient Satisfaction Questionnaires
Early 2010 (cumbersome and ineffective)

Currently used version

<table>
<thead>
<tr>
<th>Office</th>
<th>Patient Name</th>
<th>DOB</th>
<th>Phone #</th>
<th>Circle Appropriate Rating</th>
<th>Circle Appropriate Rating</th>
<th>Circle Appropriate Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

1 = Very Dissatisfied 2 = Dissatisfied 3 = Neutral 4 = Satisfied 5 = Very Satisfied
Appendix E

LPG Call Center

Satisfaction Goal: Meets=75%-82%; Exceeds=83%-100%

n = 140

<table>
<thead>
<tr>
<th>Helpfulness of the representative</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>128</td>
<td>91%</td>
<td>11</td>
<td>8%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative's ability to make you feel cared about</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>125</td>
<td>89%</td>
<td>14</td>
<td>10%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Representative's ability to meet your needs by following customer service workflow</th>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>132</td>
<td>94%</td>
<td>7</td>
<td>5%</td>
<td>1</td>
<td>1%</td>
</tr>
</tbody>
</table>
Appendix F

Patient Satisfaction – FY 2012

Helpfullness of the Telephone Staff FY 2012

Satisfaction Goal: Meets=75%-82%; Exceeds 83%-100%

LPG Call Center
Loyalty Top-Box Scores

Prepared by:
Anderson, Niebuhr & Associates, Inc.
October 2011 – September 2012

36
3rd QTR FY 2012  Patient Verbatim Comments, from practices joining the call center within the last 9 months to 1 year. The processes show that room for improvement was necessary.

Q9. Please offer any suggestions that would have improved this visit.

- No problem with visits – just when I call I could speak to someone in the office that knows who I am and not to an answering group – no personal touch there.

- Amazing always. In addition my contact with Ms. Kelly Greenfield (call center agent) also in your system was above and beyond anything I imagined – awesome.

- The communication between the staff and doctor could improve. It took 4 calls to renew prescription. Attitude bad w/phone staff.

- Telephone staff seemed very rushed to get me off the phone before I could get all my requested information out. They never once asked me if anything else they could help with. Liked it much better when phones were still answered at office.

- Only making call to office. We have to go through a main office and then when we will get a call from doctor or practitioner. Not good. Need direct line to Dr. not answer service.

- The phone system is terrible. When I call the Dr’s office, I want to speak directly not an intermediation. I had to call 2 times to get through to the office (get a return call). Please return to the old system of going directly to the office.

- Would improve my time of contacted the office would be to eliminate the answering service. Too much time consumed trying to get to the doctor, would like to go directly to the office to get my needs met.

- You need to change the phone back like it was. When I call the doctor’s office, I need to talk to the doctor. Not someone else.

- Phone service trying to make an appointment or for any other reason – very, very bad. Once you get them on the phone they are polite & helpful.