# Centralized Call Center

Strategic Business Plan

Cole Niehus, MGA FACMPE

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**Project Summary**

The healthcare landscape is changing. Today's healthcare consumers are seeking out care that is convenient and easily accessible at a date and time they want to be seen. If today's patients (new or existing to the system) do not get the appointment date and time requested, they will continue to search for a provider that meets their expectations. It is imperative that healthcare systems look for ways to accommodate these patients access requests or face the fact these patients will leave the system and find their care elsewhere. According to the Advisory Board article Five Must-Have Characteristics of the Consumer-Focused Physician, access is a key factor in consumer loyalty. This is evident by the following statement "In a recent Advisory Board Survey, 7 of the top 10 reasons patients would switch primary care providers related to access" (Five Must-Have Characteristics of the Consumer-Focused Physician, 2017). By providing patients with the opportunity to schedule a same day appointment, this has a positive impact on the patient's experience with the healthcare care system and increases the chances the patient will continue to utilize this healthcare system for all their care. The result is a win for the patient, the provider, and the healthcare system overall.

This business plan addresses the patient access issues by developing a centralized call center for Midwest Healthcare system's multiple clinic locations. The current state of individual clinic appointment silos is unsustainable for the future of what healthcare consumers are asking for. The wide range of missed appointment opportunities is the primary reason for this process redesign. This plan proposes a model where the incoming phone calls to the clinic locations are directed to one centralized location or call center where calls are answered by "care liaisons".  The call center gives the care liaisons the ability to schedule patient appointments by viewing all provider schedules from the multiple clinic locations resulting in increased same day patient access and open provider schedules being filled. The call center is instrumental in meeting the patient's appointment expectations leading to an increase in patient satisfaction. The providers will see the

benefit from the call center as their schedules will be filled due to multiple staff having instant access to the providers schedule resulting in increased opportunities for patients to be placed on their schedule.

## Executive Summary

**The Company**

Midwest Healthcare is a clinically integrated healthcare system with 12 primary care clinic locations consisting of Internal Medicine and Family Practice providers. The system currently employs 120 primary care physicians and 50 Advanced Practice Providers (APP's) with plans to continue to recruit primary care providers and APP's in the future. The primary care providers consist of providers who continue to provide inpatient care at the hospital and outpatient care in the clinic. In addition, there are primary care providers who solely provide care to their patients on an outpatient basis only.

While Midwest Healthcare, a healthcare system with multiple clinic locations has continued to expand its clinic locations, the current organizational processes for scheduling patients has remained unchanged. The structure consists of each clinic location having its own receptionist staff whose job responsibilities include registering patients arriving for their scheduled appointments, collecting and entering patient's insurance information, scheduling patients who are exiting their appointments, in addition to answering calls from patients who are looking to schedule an appointment. This structure has worked in the past, but it cannot continue in its current state. Midwest Healthcare has seen a growth in the number of new patients coming into the system and this trend is forecast to continue. While this growth is a positive, Midwest Healthcare administration is aware the growth is not sustainable if they cannot accommodate the increased number of patient's appointment requests.

**Mission Statement**

Midwest Healthcare mission is to provide a high quality of care while demonstrating compassion and dignity to all patients and their families.

**Vision**

Midwest Healthcare can improve the patient experience by providing same day patient access to every patient who calls in looking for an appointment with a provider.

**Market Opportunity**

Midwest Healthcare has seen a 5% growth annually in their patient visits over the last 5 years and this trend is continuing with the current years' patient visits expected on pace to reach approximately 350,000 patient visits. The current metropolitan area population is 944,316 and the population increases to 1.3 million people within a 50-mile radius of the city. The population is expected to reach 1 million people in the metropolitan area in the next 5 years. Midwest Healthcare is continuing to recruit additional primary care providers to help accommodate the expected increase in patient volumes.

**Management**

Midwest Healthcare management structure is comprised of a physician led Executive Committee. The Executive Committee consists of a physician representative from each clinic location who is elected by their peers to be the spokesperson for that clinics primary care physicians. There are Directors located in each clinic who are responsible for the day to day operations of the clinic.

**Competitors**

In the city, there are 2 academic healthcare systems that have primary care providers with a good reputation for providing high quality care. These two healthcare systems are known for their

Centers of Excellence. Both healthcare systems have a strong public awareness with major donors across the country resulting in increased advantages to fund capital projects.

**Business Competitive Advantage**

Midwest Healthcare has the advantage of being a private health system. Being a private health system, decisions that impact Midwest Healthcare are made locally versus the competitors whose operational decisions are governed by administration in another city/state. Midwest Healthcare can focus on revamping system wide workflow processes in an efficient manner compared to an academic setting where these processes can be cumbersome and complex often resulting in timely delays that can be costly to a healthcare system.

**Financial Information-** see financial documents section page 26 to 29

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**The Organizational Plan**

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**Summary Description of Business**

**Current State**

Midwest Healthcare is having difficulty providing patients (new and established) with access to same day appointments resulting in these appointments being scheduled further out even though there are multiple providers with open appointments on their schedules daily. New patients are not provided an option to schedule an appointment at another clinic location within the system because the current scheduling system only allows receptionist staff the ability to schedule appointments for the location the patients call into. The 3<sup>rd</sup> next available new patient appointment on average for Midwest Healthcare primary care providers is 30 days. This has resulted in an overall patient no show rate of 15% of total appointments scheduled (compared to the MGMA 2018 Midwest report for Primary Care median at 6% no show rate) in part because the patient either sought out care elsewhere or has forgotten about their appointment (MGMA Data Dive). A call center addresses these patient access issues by providing care liaisons the

ability to view multiple provider schedules across the system and the authority to schedule appointments on these providers' schedules. This results in the ability to offer patients an increased opportunity to get an appointment that is convenient for them while the providers benefit from seeing their patient schedules filled daily.

**Workflows**

The current process to schedule a patient appointment, which varies amongst the clinics, is the responsibility of the receptionists located in each clinic. In addition to scheduling appointments, the receptionist is responsible for registering patients, checking patients in for scheduled appointments, collecting and entering insurance information, and answering incoming phone calls. The receptionist's multiple responsibilities negatively impact the overall clinic experience for the patient. The negative impact is a result of providers waiting on receptionists to check patients in for their appointment, patients calling in and being placed on hold for an extended time period and/or the patient abandoning the initial call.

| Total # of Calls annually | Total # of Abandoned Calls annually | Abandoned Rate |
|:---:|:---:|:---:|
| 600,000 | 54,000 | 9% |

The current scheduling workflow for a patient calling in to the clinic to schedule an appointment consists of the following. The patient calls a specific clinic, is greeted by the standardized phone tree message. The first option the patient hears is, press 1 to schedule an appointment. If the patient selects 1, the call is placed in the que until a receptionist is available to accept the call. When the receptionist is ready to accept the call, they introduce themselves and ask the patient how they can help them. The patient inquiries about seeing a provider in the clinic today. While the receptionist is on the phone with the patient, there is another patient who is standing impatiently in front of the receptionist desk waiting to check in for their appointment. The

receptionist checks the schedules of the 5-7 providers she has access to and finds there are no suitable appointment times that meet the patient's needs. With no ability to view providers schedules at other locations, the receptionist can only apologize to the patient for not getting them an appointment and end the call.  At this point, the receptionist is ready to address the patient who is waiting to check in for their appointment. This process continues throughout the day as patients continue to call looking for appointments. This outcome can be changed with the revamping of the receptionist role in the clinic and the utilization of a centralized call center.

The above workflow changes with the implementation of the centralized call center. The centralized call center will be staffed with care liaisons who are equipped with the ability to view multiple provider schedules at multiple locations for appointment openings. When a patient is calling a clinic location to schedule an appointment, the patient will be greeted by the clinics standardized phone tree message. The first option the patient will hear is, press 1 to schedule an appointment. At this point, the change from the current scheduling workflow to the call center workflow proceeds. If the patient selects 1, this call will be automatically routed to the centralized call center where the patient is greeted on the phone by a care liaison. The care liaison will inquire what the reasoning for the patient call is. If the call is to schedule an appointment with a specific provider and there is an appointment date and time that meets the patient request, the care liaison will schedule the patients' appointment. If the provider does not have an open appointment slot that meets the patient's request, the care liaison can view other provider schedules in the system and offer the patient an appointment that meets the needs of the patient. For the non-scheduling patient appointments that are routed to the call center, the care liaisons will transfer these calls to appropriate clinic/department the patient is requesting.

The implementation of a call center changes the role of the remaining receptionists in the clinics. The receptionists will no longer answer calls to schedule appointments. The clinic receptionist's primary responsibility will be registering and checking patients in as they arrive for their

scheduled appointments. By eliminating the constant interruptions to answer a phone call, the receptionists become more efficient during the check in process while improving the patient experience by being fully engaged with the patient as soon as they step into the clinic, to the time the patient is taken back for their appointment. In addition, the receptionists are concentrating on collecting and entering the correct payer information resulting in decreased initial claims denials.

The receptionists will continue to schedule patients that "walk in" to a specific clinic and do their part to ensure same day appointment access. If the receptionist cannot find an appointment at their clinic that meets the patient's needs, they will call the call center with the patient at the office and work with a care liaison to find an appointment that meets the patient's needs.

**Business Model**

Midwest Healthcare is a clinically integrated healthcare system with multiple clinic locations that is focused on improving patient and provider satisfaction. Midwest Healthcare performs surveys following patient's recent primary care office visits. The majority of patient comments Midwest Healthcare Administration receives from these surveys are specifically tied to access issues. A centralized call center addresses this feedback by providing staff the tools to find patient's an appointment -same day or different day-in an efficient manner that meets the patients request. Midwest Healthcare patient satisfaction scores will continue to improve as the access issues diminish while the providers benefit from seeing their schedules filled daily.

**SWOT Analysis**
**Strengths**

1. Midwest Healthcare's reputation is revered as the leading healthcare system in the city and surrounding communities.

2. There are multiple providers at each clinic location who are accepting new patients. This increases the appointment availability opportunities for patients to get their requests granted.

3. There has been an annual 5% increase in patient visits the previous 3 years.

4. Employee turnover is low.

**Weaknesses**

1. Receptionist staff have multiple responsibilities that keeps patient calls from being answered in an appropriate time or the call is abandoned. The current number of abandoned calls for Midwest Healthcare Clinics is approximately 54,000 annually or rate of 9% of the total incoming calls. The MGMA mean abandonment rate for incoming calls to primary care clinics is 7.2% (MGMA Data Dive).

2. Receptionist do not have the ability to meet patients schedule requests due to not having the capability to offer/schedule appointments at a different clinic location within the healthcare system.

3. Currently the receptionist job performance is not measured by key performance indicators or quality metrics related to patient calls.

4. Physician dissatisfaction of not having their own personal receptionists.

5. The added expense (software, hardware, programming costs) to create the centralized call center.

**Opportunities**

1. Increase new patient access by reducing the current 3$^{rd}$ next available appointment time.

2. No health system in the metropolitan area can guarantee same day appointments.

3. Develop/market a one call number (354-CARE) guaranteeing patients same day appointment access with a provider.

4. Decrease added staff costs by hiring the call center care liaison staff from the current clinical receptionist staff.

5. Reduce the number of calls to receptionist staff resulting in increased accuracy in the registration/check in process.

6. Enhance the patient experience.

7. Reduce patients' time in the hold que.

8. Reduce number of abandoned calls.

**Threats**

1. There are two competing healthcare systems that are vying for the same patient population.

2. Receptionist positions pay ranges are higher at the competing healthcare systems

3. Providers not wanting their existing patients scheduled with other providers in the healthcare system.

4. Providers' perceptions of a centralized call scheduling structure.

**Strategy**

The purpose for this centralized call center is to increase patient access for new and existing patients. By implementing the call center, it provides staff with the capabilities to meet the patient's appointment requests including scheduling same day appointments with a provider. The call center and staffing model is being designed to handle appointment requests (new appointments, rescheduling appointments, cancellations) and calling no show appointments the day following the patients missed appointment.

Prior to rolling out the call center, administration will meet with clinic providers at each location to communicate the benefits of a call center and ask for their feedback. In addition, administration will inquire if there are providers who are interested in having a centralized call center schedule their patient appointments. To ensure a successful implementation, providers are informed an ad

hoc committee has been formed consisting of Clinic administration, physicians, registration supervisor, IT Director, Director of Patient Experience and receptionist staff. This committee will lead the way in developing the call center and recommend strategic options for rolling out the centralized call center to the clinics. The following options were vetted in the committee meetings.

**Option 1**

Start with a limited number of practices who volunteer to pilot the call center. This will allow for proof of concept before a full roll out. The call center is staffed with care liaisons who are responsible for scheduling patient appointments. The difference between the current scheduling model is receptionist only schedule within their assigned clinic versus the care liaisons who schedule appointments for the multiple clinics and providers within the health system. Patients calling the practices participating in the call center pilot would be automatically routed to the call center for scheduling an appointment. Depending on the patients' schedule requests, the care liaisons will access the participating providers' schedules, find an appointment that meets the patient needs and schedule the patient.

Pros

1. Piloting the centralized call center with lower call volumes allows care liaisons to perfect the system prior to rolling out to additional clinics.
2. Decrease in implementation costs due to the limited number of licenses needed to maintain provider schedules in database.
3. Starting with small number of providers allows for easy exit plan if centralized call center ends up not being feasible.

Cons

1. Immediate patient access appointment options are limited due to small number of providers participating.

2. Patients confused because they called a specific clinic and call was routed without patient knowledge.

**Option 2**

The providers at all clinic sites can opt into utilizing the centralized call center. Patients will call the clinic site searching for an appointment. If the receptionist is unable to find an appointment that meets the patient's needs, the receptionist offers the patient the option to be seen at another clinic location that can meet the patient's appointment requests. If the patient chooses this option, the receptionist will route the call to the call center. The care liaison can look at the schedules of the providers opting into the call center and schedule an appointment on their schedule that meets the patients' needs.

Pros

1. Increased appointment choices that meet the patient requests.

2. Increased provider satisfaction due to their clinic schedules being filled.

3. Data base implementation costs are limited due to a smaller number of licenses needed to maintain provider schedules.

Cons

1. Creates confusion amongst staff if there is no consistency among the clinic providers who do and do not utilize the call center.

2. Increase in number of staff due to uncertainty in call volumes that will be transferred to call center.

**Option 3**

Administration mandates all providers move to the centralized scheduling platform by a specified date. Patients calling in for an appointment are automatically routed to the call center where the care liaisons have access to all the providers' schedules. The access capabilities allow the care liaison to provide the patient with multiple options that best meets the patient's needs.

Pros

1. Increased appointment choices that meet the patient requests.
2. System-wide consistency on new call center model.

Cons

1. Provider dissatisfaction due to perceived loss in control of their schedule.
2. Potential failure of the centralized call center by not given the opportunity to pilot the call center on a smaller scale prior to rolling the call center out to the system at one time.
3. The initial capital costs needed to implement and maintain a centralized call center without guarantee it is feasible long term.

**Other alternatives considered**

An additional alternative considered was providing the current clinical receptionist with the tools and training to schedule across the clinics. This was quickly dismissed as it adds additional responsibilities to the receptionists resulting in patients waiting to be checked in as they arrive for their clinic appointments. This alternative was not considered a viable option because these delays have a negative impact on the overall patient experience with the clinic.

Once the options are the discussed and a decision is made, the following objectives need to be met prior to implementation of the call center.

**Short term objectives**

**Year 0-1 year**

1.  Create an ad hoc committee with the purpose of developing the centralized call center.

2.  Determine the clinics and providers participating in the centralized call center pilot.

3.  Establish a location for the call center with enough space to accommodate increase in call center staff if/when needed.

4.  Hire a Director Patient Access for the call center.

5.  Evaluate the current scheduling system capabilities for integration with a scheduling data management system to determine what is needed for schedule system to function efficiently.

6.  Establish associated costs for the IT requirements needed for centralized scheduling (Provider Data management platform that integrates with current EMR scheduling system, hardware, software, user licensing costs, phones, headsets, dual monitors).

7.  Compile provider scheduling preferences and appointment types with intent to have consistency amongst the providers in scheduling appointments.

8.  Create job descriptions for the call center supervisor and care liaisons.

9.  Hire call center supervisor prior to staffing the call center with care liaisons.

10. Determine the number of care liaisons needed for the call center.

11. Hire care liaisons from the current clinic receptionist who have 1-3 years of experience and are proficient in the current scheduling system.

12. Develop an orientation/training program that focuses on proficiency and accuracy in scheduling appointments while providing a positive patient experience. Supervisor will have the ability to record calls and listen for quality training purposes.

13. Create phone scripting tools for the care liaisons to follow.

14. Develop key performance indicators (KPI's) that can be easily tracked with the current phone system capabilities. The KPI's include accuracy in scheduling correct appointment, average speed to answer, duration of call, hold times, abandoned calls, and patient satisfaction.

15. Create a one call number (354-CARE) for all patients to call for same day appointment that is operational in CY 2021.

16. Schedule appointments in a test environment prior to go "live" with call center.

17. Have a plan in place to address patient, provider, and staff issues/concerns when the call center is "live".

18. Start with routing four clinic locations scheduling calls to the call center.

19. Evaluate the care liaisons job performance continuously based off patient surveys and the established KPI's.

20. Continually evaluate and address concerns/issues that occur during the pilot.

21. During year 1, administration is preparing the remaining clinics to make the transition to the call center in year 2021.

**Long term objectives**

**Year 2-3**

1. Remaining clinic locations are onboarded to the call center.

2. Implement 354-CARE active after successful consolidation of all clinics onto the call center.

3. In addition to fieldling inbound calls, care liaisons will be tasked to make outbound calls to no shows the day following their missed appointment.

4. Improve the time it takes to check patients in for their appointments by having them complete the required registration paperwork prior to arriving for their appointments.

This is accomplished by having the call center set the patient up for the patient portal at the time their appointment is scheduled.

5. Support an APP/website that provides patients the same tools as the call center to find a provider and schedule their own appointments with ease.

**Key Stakeholders**

Input will be necessary from the key stakeholders that include the following.

1. Clinic Administration

2. Executive Committee

3. Providers

4. CFO

5. IT

6. Staff

7. Patients

**Decision making**

Clinic administration will ultimately make the decision to proceed to a centralized call center. This decision is made based on input from the stake holders especially the providers whose current clinic patient scheduling structure will change.

**Strategic Relationships**

Midwest Healthcare is aligned with a large private hospital system that routinely schedules patients being discharged from the hospital (without an assigned primary care physician) with the Midwest Healthcare systems primary care providers.

**Services**

Midwest Healthcare is offering patients a significantly improved experience when seeking care. This will resemble the experience consumers have come to expect in other service areas such as

banking, airline reservations, retail, etc. Same day appointment access via a single call number (354-CARE) for patients that guarantees they will be seen by a provider the same day or on the day/time requested, will be a much-improved experience than the friction filled norm of healthcare today.

**Administrative Plan**

**Organizational Chart**
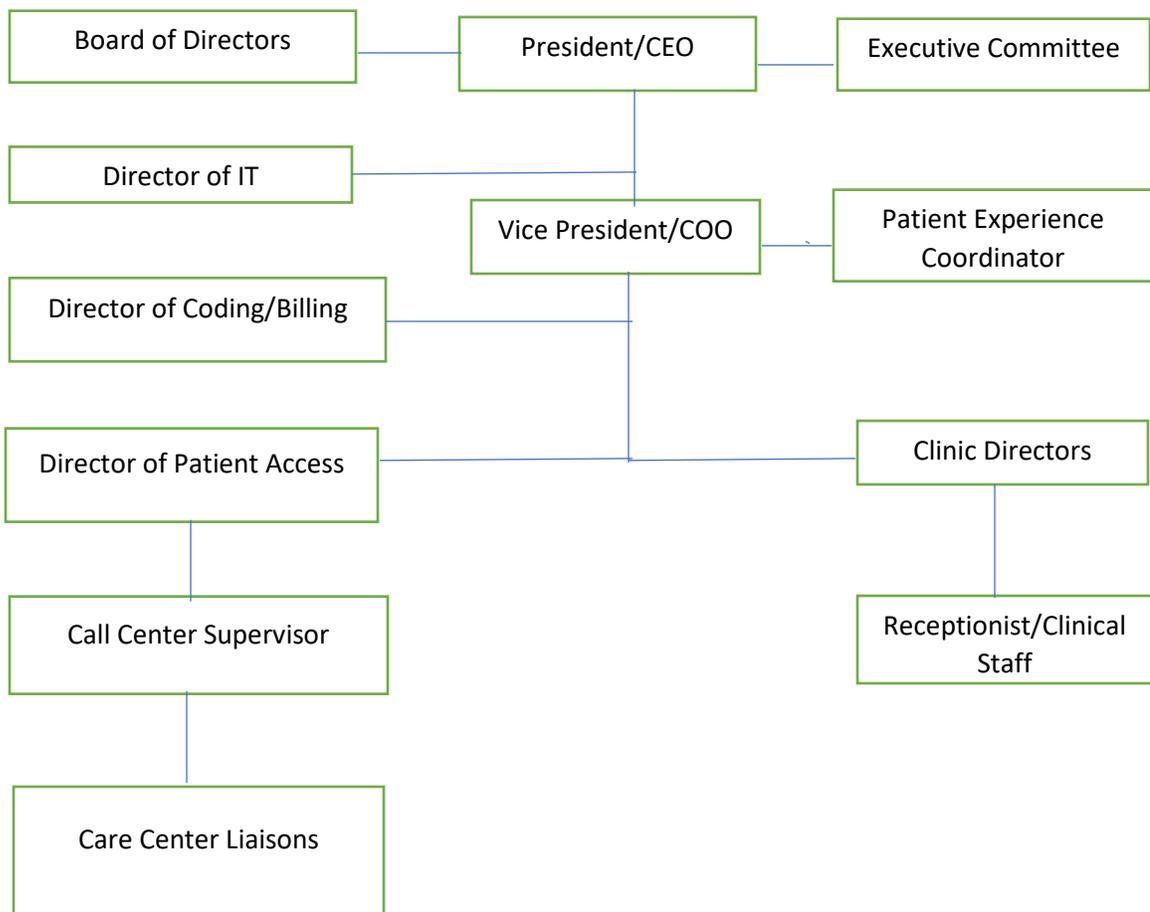


**Approval plan**

The decision to proceed with the call center will come from the President/CEO and VP/COO. Their decision is based off input from the Physician Executive Committee, IT, and the Directors.

**Responsibilities**

The IT department is responsible for completing a technology assessment based on the following criteria.

1.  A provider scheduling database that integrates with the current scheduling software.
2.  The vendor needs to be Service Organizational Control 2 (SOC2) compliant showing that they have a system set up to assure control effectiveness and demonstrating the proper procedures are in place to mitigate risks to security, availability, processing integrity confidentiality, and privacy.
3.  The call center staff needs the ability to view multiple providers schedules at multiple locations quickly.
4.  A database that contains all the providers' profiles with their clinic locations, scheduling preferences, accepting new patients, insurance plans, and special interests in diagnosis, i.e. diabetes. The call center needs the ability to run filters to quickly match, identify and book appointments with providers based on patient preferences and reason for the call.
5.  The clinics will continue to utilize their current scheduling books to view and schedule appointments. Due to this, the call center scheduling database and the clinic scheduling books will need to integrate with each other. The integration needs to have the capability that once an appointment time is selected by the call center staff or receptionist, this slot is placed on hold in both platforms while the appointment is being booked. Once the appointment is booked, this patient will show up on both schedules.
6.  IT with support from the database vendor will address any issues that arise with the functioning of the call center scheduling database.

The Marketing department is responsible for uploading the current physician profiles including provider photo, clinic location, and interests in specific diagnosis into the scheduling database. They will also be responsible for updating this database as providers are hired or resign their employment.

The Director of Patient Access oversees the call center and works in collaboration with directors to oversee all registration staff in the clinic locations and will be responsible for creating standard processes for scheduling and registering patients. In addition, this Director will be monitoring the

established KPI's for the call center staff. There will be a monthly report shared with administration informing them how the call center staff are performing against the KPI's.

The Call Center Supervisor is responsible for the day to day operations of the call center including direct supervision of the call center staff, ensure the call center is staffed appropriately according to the call volumes, adherence to the established provider schedule preferences, and monitoring established KPI's.

The Directors for each clinic site will communicate to the Director of Patient Access concerns regarding physician schedules or negative/positive interactions patient had with the call center as soon the concerns are apparent. The remaining receptionists in the clinics will continue to report to the Directors for each clinic site.

The patient experience coordinator monitors patient surveys to see if the call center is having a positive or negative impact on the overall patient experience. Feedback from the surveys regarding the call center is shared with the providers and the call center staff.

**Operational Plan**

The call center will be in the new administration building that opened in the last year. There is space available to accommodate the call center staffed due to the planned relocation of the IT clinic support department.

The call center will operate from 7:00 am to 5:30 pm Monday to Friday. Afterhours calls will be routed to the existing answering service. The answering service will follow the same protocols (send the call center a message to be answered the next day, notify the on-call provider for that clinic or offer the Urgent Care location/hours) as it currently does during when the clinics are closed.

A potential roadblock is the providers not supporting the call center. This is alleviated with open communication and showing successes of the call center that resulted in a decrease in the number of open appointment slots on the physicians' schedules.

**Key Milestones/Timeline**

1. Call Center Approval

2. Call Center Location determined- 1 month

3. Scheduling Data management system determined, and contract signed 2-3 months

4. Director of Patient Access hired 3 months.

5. Call Center supervisor and staff hired 3-4 months

6. Call Center pilot live January 2, 2020

7. Compare the current 3$^{rd}$ next available appointments for new patients, abandoned all rates, and no-show rates compared to baseline prior to call center for improvements on monthly basis-April 1, 2020

8. Remaining clinic sites/providers move to the centralized call center January 2, 2021

9. APP/Website for patients to self-schedule January 2, 2022

**Staffing Model**

Midwest Healthcare currently employs 62 receptionists in the primary care clinics. Staffing for the call center care liaisons will come from the current clinical receptionist who have excellent customer service skills, proficient in scheduling patients and were given a role model status on their most recent annual employee evaluation. The call center will start with 8 care liaisons during the initial piloting of the call center. As the call center progresses, the number of call center staff needed is determined by the number of calls received hourly, number of calls received daily, and the number of abandoned calls daily. Reassessing the staff needed to operate the call center will be ongoing as the calls increase and additional clinics start to utilize the call center. The increases

in the call center staff will be offset by the reduction in the number of clinic receptionist needed. This is possible due to a reduction in the number of incoming patient calls that are being routed to the call center.

The clinic receptionists' current responsibilities include registering patients arriving for their scheduled appointments, collecting and entering patient's insurance information, scheduling patients who are exiting their appointments, in addition to answering calls from patients who are looking to schedule an appointment. As receptionists are transferred to the call center, there will be a reduction in clinic receptionists due to reduction in the number of incoming calls as additional clinics start utilizing the call center. By reducing the number of incoming calls to the remaining clinic receptionists, it allows the receptionist time to register/check in patients arriving for their appointments without being interrupted to answer phone calls resulting in an improved patient experience.

**Incorporation strategy**

The call center will work in conjunction with the clinic locations to ensure the patient and provider needs are being met. The call center has the responsibility to schedule patients that are calling in looking to schedule an appointment with a provider. The clinic receptionist will continue to schedule patients that are physically in the clinic looking to make a follow-up visit prior to departing the clinic location. The software is designed that when a staff member starts to schedule on an open appointment slot, this slot is unavailable for anyone else to schedule. This feature helps to avoid double booking a provider due to multiple staff having access to schedule in the appointment slot at the same time. In order to meet the patient and providers expectations, the clinic receptionists and the call center staff need to maintain an open line of communication ensuring all scheduling concerns/issues are addressed as they surface.

**Exit Strategy**

Midwest Healthcare is starting the call center on a small scale by piloting the call center with 4 clinic sites. The remaining clinic receptionist at these 4 sites continue to schedule future follow-up appointments for the patients as they exit from their appointment. If it is determined the call center is not working or needs restructuring, incoming scheduling calls can be rerouted directly to the clinic sites. This impacts the call center care liaisons who will be reassigned to these clinic locations to assist with the sudden increase in calls from patients calling to schedule appointments. By continuing to have the receptionists at each clinic location maintain their scheduling abilities and the ability to reassign the care liaisons to the clinic locations to assist with scheduling, it provides an exit plan if necessary.

## The Marketing Plan

Midwest Healthcare's brand is well known throughout the community and has remained consistent over the last 30 years. Midwest Healthcare continues to have a consistent presence in the community through their annual marketing campaigns, building on public relations, and sponsorships. The sponsorships are adding value to the system through networking and engaging other organizations thus continually influencing the perception of Midwest Healthcare. The focus is on ensuring every patient, new and existing, who contacts the call center receives excellent customer service thus contributing to a positive patient experience with the brand.

**Market Analysis**

The target market for the call center is primary care patients. As the populations expand, there is an increased number of new families seeking out healthcare that is convenient and easily accessible when they need it. Midwest Healthcare strategically located its 3 newest clinics in these areas to ensure they would have a strong primary care presence now and the future as the populations continue to expand.

**Competition**

There are 2 academic healthcare organizations in the metropolitan area. The first organization is aligned with a national healthcare system that is well known across the country. This alignment created a strong academic training program from which they have built a network for recruiting and hiring providers with relative ease. This provides them with the opportunity to expand its access when this system deems necessary. Their weakness is they have changed their brand several times in the last 10 years through different mergers and alignments creating some confusion amongst the public on who this health system is.

The second healthcare organization is an academic center that has a strong reputation for its research and innovation regionally and across the country. It also has a strong academic program which creates a strong network for recruiting providers. Their weakness is the multiple channels this system goes through for approval to implement process changes resulting in frustration from what seems like a simple change.

**Market Trends**

The metropolitan area's population has increased at an average rate of 1% over the last decade. The current metropolitan area population is 944,316 and the population increases to 1.3 million people within a 50-mile radius of the city.  Midwest Healthcare continues to monitor population growth to help determine when and where the next primary care clinic.

**Market Research**

Midwest Healthcare completes a survey every two years to get the pulse of the community. The survey is a conducted as a blind phone survey with no references to Midwest Healthcare. To ensure the survey is an apple to apples comparison, the primary service area is defined consistently year to year. The survey data showing a large percentage of a patient's reason to

choose a primary care provider is convenience (Midwest Healthcare Survey 2018). This factors in decisions on what marketing is focusing its efforts towards.

**Marketing Strategy**

Midwest Healthcare approach to marketing and subsequent budget is relevant to what is considered a priority for the health system. Prior to marketing the call center and particularly the 354-CARE one call number, Midwest Healthcare needs to make sure everything works internally prior to rolling out to existing patients and eventually to new patients. Once the call center is operating effectively, Marketing will focus on communicating the benefits and purpose of the call center to the public. The first-year marketing budget for the call center is $25,000. The marketing funding for the call center is reevaluated on a yearly basis.

**Implementation of the Marketing strategy**

The methods for marketing the call center will be digitally. Research data collection shows consumers are utilizing portable electronic devices-cell phones and tablets- to search social media and the internet for healthcare providers. The physician profiles will be set up on websites to where the consumer can contact the provider by conveniently clicking on the number next to the providers name versus having to enter the number manually.

<div align="center"><b>Financial Documents</b></div>

**Summary of Financial Needs**

This call center implementation will not require financing. The costs associated with the implementation of the call center will come from Midwest Healthcare general operational budget. The initial IT capital costs below will be for the data base platform for a 3-year commitment. If Midwest Healthcare elects a 1- or 2-year commitment, the pricing for this platform increases 20% for a 1-year contract and 15% for a 2-year contract.

|                       | Year 1     | Year 2     | Year 3     |
|-----------------------|------------|------------|------------|
| Database              | $86,250    | $257,750   | $257,750   |
| EMR Integration Fees  | $25,000    | $25,000    | $25,000    |
| Total Recurring Fees  | $111,250   | $282,750   | $282,750   |
| Implementation Fees   | $83,670    | N/A        | N/A        |
| EMR Integration Fees  | $10,000    | N/A        | N/A        |

The call center creates an increase in Midwest Healthcare's total wages and benefits due to the care liaisons being on a higher pay scale than the clinic receptionists. The overall wage increase is partially offset by the decreased wages in the clinics due to the reduction in clinic receptionist across the board as additional clinics start utilizing the call center.

The return on investment for the call center will be measured indirectly by the increase in number of new patients scheduled with the clinic in addition to the total patient visits for the system. Prior to implementing a call center, Midwest Healthcare experienced a 5% increase annually in office visits over the last 5 years and this trend is projected to continue. The 4 clinics piloting the call center in CY 2020 are projected to have 115,500 visits in 2019. With the implementation of a call center, these clinics are expected to increase their office visits by 9% in 2020. Any increase in office visits above the projected 5% annual growth will be directly attributed to the call center implementation. The 2021 visits reflect the increased growth from the remaining clinics transitioning their scheduling to the call center.

**Pro Forma Cash Flow Statement**

| Pro Forma Cash Flow statement | | | |
|---|---|---|---|
| **BENEFIT DRIVERS** | **2020** | **2021** | **2022** |
| Call Center revenue | $ 956,800 | $ 3,822,000 | $ 4,815,616 |
| Total annual benefits | $ 956,800 | $ 3,822,000 | $ 4,815,616 |
| | | | |
| **Costs** | **2020** | **2021** | **2022** |
| Total | $ 773,070 | $ 1,711,200 | $ 1,755,828 |
| | | | |
| **Benefits / (Net Costs)** | **2020** | **2021** | **2022** |
| Annual benefit flow | $ 183,730 | $ 2,110,800 | $ 3,059,788 |
| Cumulative benefit flow | $ 183,730 | $ 2,294,530 | $ 5,354,318 |
| | | | |
| **Section 1 Total Project Costs** | **2020** | **2021** | **2022** |
| Salaries | $ 417,800 | $ 1,083,400 | $ 1,115,902 |
| Benefits | $ 104,450 | $ 270,850 | $ 278,976 |
| Database software | $ 204,920 | $ 282,750 | $ 282,750 |
| Telephone, TV, Internet | $ 2,400 | $ 7,200 | $ 7,200 |
| Supplies | $ 4,500 | $ 14,000 | $ 18,000 |
| Advertising & Promotions | $ 25,000 | $ 25,000 | $ 25,000 |
| Other Expenses | $ 14,000 | $ 28,000 | $ 28,000 |
| Total costs | $ 773,070 | $ 1,711,200 | $ 1,755,828 |

**Three-Year Income projection**

| | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|
| **Current Growth Rate Projected Office Visits 5%** | 350,000 | 367,500 | 385,875 | 405,170 |
| **Additional Call Center Growth Rate Attribution** | 0% | 4% | 5% | 6% |
| **Call Center Appts access increase** | 0 | 4,600 | 18,375 | 23,152 |
| **Total Projected Visits (Current Growth Rate + Call Center Growth Rate)** | 350,000 | 372,100 | 404,250 | 428,320 |
| **Avg. Gross Revenue/Visit** | $400 | $400 | $400 | $400 |
| **Total Gross Revenue Call Center Attribution** | $0 | $1,840,000 | $7,350,000 | $9,260,800 |
| **Total Net Revenue Call Center Attribution** | | $956,800 | $3,822,000 | $4,815,616 |
| | | | | |
| **Assumptions** | | | | |
| Avg. Gross Revenue per Office visit = $400 | | | | |
| Net Revenue per office visit = 52% of gross revenue per office visit | | | | |

**Break-even Analysis**

|  | 2020 | 2021 | 2022 |
|---|---|---|---|
| **Net Revenue/Visit** | $208 | $208 | $208 |
| **Total Visits** | 3,717 | 8,227 | 8,441 |
| **Projected Net Revenue** | $773,070 | $1,711,200 | $1,755,828 |
|  |  |  |  |
| **Operating Costs** |  |  |  |
| **Salaries** | $417,800 | $1,083,400 | $1,115,902 |
| **Benefits** | $104,450 | $270,850 | $278,976 |
| **Database software** | $204,920 | $282,750 | $282,750 |
| **Telephone, TV, Internet** | $2,400 | $7,200 | $7,200 |
| **Supplies** | $4,500 | $14,000 | $18,000 |
| **Advertising & Promotions** | $25,000 | $25,000 | $25,000 |
| **Other Expenses** | $14,000 | $28,000 | $28,000 |
| **Total Operating Costs** | $773,070 | $1,711,200 | $1,755,828 |
| **Break Even Visits** | 3,717 | 8,227 | 8,441 |

**Profit and Loss Statement- Projected 3-year profit and loss statement**

|  | 2020 | 2021 | 2022 |
|---|---|---|---|
| **Gross Patient Revenue:** | $ 1,840,000 | $7,350,000 | $9,260,800 |
| Allowances | (883,200) | (3,528,000) | (4,445,184) |
|  |  |  |  |
| **Net Revenue** | $ 956,800 | $ 3,822,000 | $ 4,815,616 |
|  |  |  |  |
| **Operating Costs:** |  |  |  |
| Salaries | $ 417,800 | $ 1,083,400 | 1,115,902 |
| Benefits | 104,450 | 270,850 | 278,976 |
| Database software | 204,920 | 282,750 | 282,750 |
| Telephone, TV, Internet | 2,400 | 7,200 | 7,200 |
| Supplies | 4,500 | 14,000 | 18,000 |
| Advertising & Promotions | 25,000 | 25,000 | 25,000 |
| Other Expenses | 14,000 | 28,000 | 28,000 |
| **Total Operating Costs** | $ 773,070 | $ 1,711,200 | $1,755,828 |
|  |  |  |  |
| **Net Return** | $ 183,730 | $ 2,110,800 | $3,059,789 |
|  |  |  |  |
|  |  |  |  |
| _Assumptions:_ |  |  |  |
| - Allowance rate 48% represents a reasonable estimate based on Primary Care Model. |  |  |  |
| - Benefit factor for staff represents 25% of gross payroll. |  |  |  |

**Balance sheet**- This is not completed as this is not part of the financials for the individual departments at Midwest Healthcare.

**Innovative elements and expected business outcomes**

Midwest Healthcare's implementation of a call center has a direct impact on the health of the patient population. By providing patients same day access to care, it can avoid delays in the necessary care they need to keep them from a costly Emergency Department visit or hospital admission. In addition, the increase in scheduled appointments has a positive impact on the overall financial success of the health system.

**What challenges did you encounter and what have you learned?**

The challenge I had with this business plan was knowing what the end-product was but how could I communicate this in a way that could be articulated to the reader. Writing that first page has always been a struggle for me and this business plan was no different. Frustration would set in but having someone continually encouraging me throughout this process proved invaluable.

The lesson I learned that I often overlook is understanding the importance each department plays in any change or implementation process.

**Next Steps to put project in action**

The next steps in implementing this centralized call center is getting approval from the Executive Committee. Once this happens, identifying the physician/locations that will be a part of the initial pilot project and who will become the champion spokesperson that will communicate how the call center has had a positive impact on their overall practice.

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