

# Presenting Your Case: Why Your Call Center is **Essential** to the Organization



# Presenting Your Case: Why Your Call Center is **Essential** to the Organization



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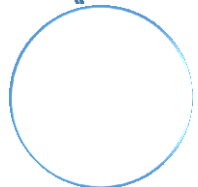
# Objectives

- Reveal your call center's fate with **three clarifying questions**
- Illustrate opportunities to **respond to pressing industry challenges**
  - **Strengthen preference** for your organization at the critical first point of contact
  - Contribute to **improved CAHPS scores**
  - Become a **central resource** for reducing avoidable readmissions
  - Provide a **stream of patients** to participating/employed physicians
  - **Contribute to an improved revenue cycle**
- **Confirm your role** as Chief First Experience Officer (CFXO)
- Identify steps to **make YOUR call center indispensable**

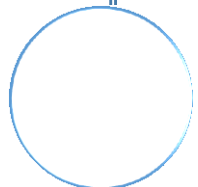
# Agenda



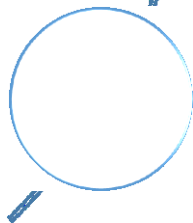
## When should healthcare call centers be CLOSED?



When and why are they essential?



Your role as Chief First Experience Officer (CFXO)



Your turn: next steps to make YOUR call center essential

# When Should Healthcare Call Centers Be CLOSED?

## Three clarifying questions

- 1) Is your call center aligned with C-suite strategic imperatives?
- 2) Is your contact center an investment or an expense?
- 3) Does your contact center intentionally strengthen your organization's patient experience advantage?

# When Should Healthcare Call Centers Be CLOSED?

## What if the answer is “close it”?

- Candid, strategic conversation with your executive champion and your CEO
- Realign your contact center as an INTENTIONAL tool to support vital current priorities, or phase it down

# Aligning with the Strategic Imperatives

## Industry Pressures:

- Preventable readmissions represent a substantial portion of unnecessary medical spending; the estimated cost of this problem for Medicare is \$26 billion annually — \$17 billion of which is considered avoidable

*Source: Center for Health Information and Analysis (CHIA)*

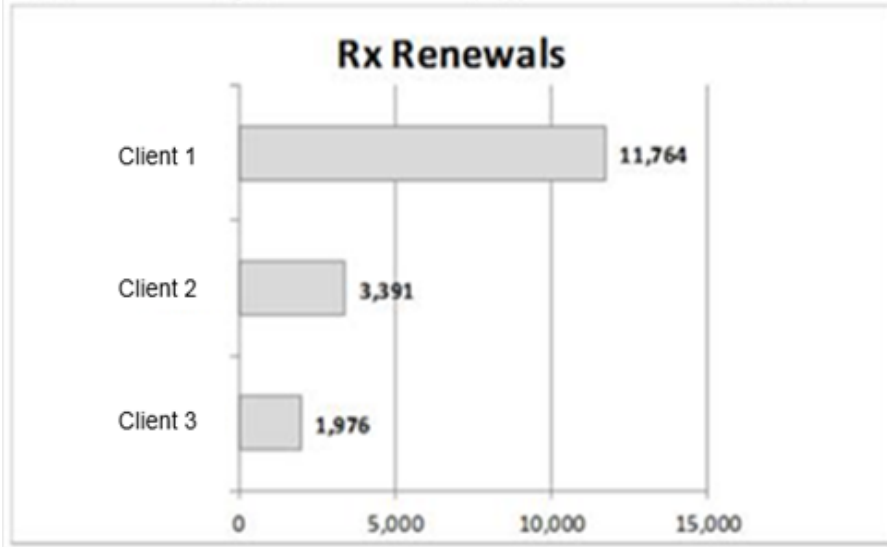
- In 2016, CMS expanded the targeted conditions to include *chronic obstructive pulmonary disease, total hip arthroplasty, total knee arthroplasty, coronary artery bypass graft and additional pneumonia diagnoses. In 2017, open heart surgery was also added to the list*
- Studies have shown a correlation between prescription renewal management and adherence and readmission rates

# Prescription Renewal Services

## Rx Renewal Services

Feb-17

Foundation	Rx Renewals	Average Turnaround Time (Hours)	% Completed in 24 Hours
Client 3	1,976	13.1	94.8%
Client 2	3,391	12.6	94.7%
Client 1	11,764	12.8	94.8%
<b>Total</b>	<b>17,131</b>	<b>12.8</b>	<b>94.8%</b>



## Purpose

- Reduce prescription turnaround times to 24-hours
- Decrease renewal requests to providers, increasing patient facetime
- Provide precise assistance to patients for renewals

## Scope

- Offline service by RNs to assist with medication refills. Strict protocols maintain 24-hour turnaround time

## Content

- Rx renewal services for three California Bay Area foundations. Average of 16,000 – 20,000 monthly Rx renewals





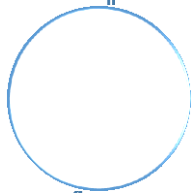
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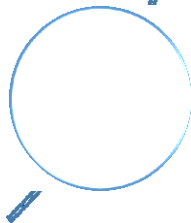
When should healthcare call centers be CLOSED?



**When and why are call centers essential?**



Your role as Chief First Experience Officer (CFXO)



Your turn: next steps to make YOUR call center essential

# When and Why are Call Centers Essential?

## Action Steps to **align with strategic imperatives**

- **Step 1:** Partner with your executive champion to identify the organization's current top three to five priorities
- **Step 2:** Select *one* of those priorities the call center will intentionally support
- **Step 3:** Network with industry leaders and colleagues who have already succeeded in that area
- **Step 4:** Build an action plan, refine it with your executive champion, request his/her advocacy

# When and Why are Call Centers Essential?

## When they... **elevate the patient experience**

Healthcare has a **29% patient experience failure rate**, according to research by Hospital Compare. Only 71% of inpatient receiving care report that they received the “Best Possible Care”.

*Source: HealthStream Engagement Institute at HealthStream SUMMIT 2016*

## **Include patient ratings and comments in online Provider Directory**

- Scores and comments from previous patients delivers vital information
- Increases the likelihood of a good match between patient and provider
- Improved alignment = higher satisfaction and captured revenue streams

# When and Why are Call Centers Essential?

## When they... **elevate the patient experience**

With the launch of the Consumer Assessment of Healthcare Providers and Systems (CAHPS) program by CMS in 2006, hospitals have dedicated significant time and resources to improving the results of CAHPS surveys

Shift from transaction-focused call center to experience-driven contact center is an investment to improve the experience of care beginning at the first touchpoint

# Evaluate the Patient Experience – Internally Facing Quality and Customer Satisfaction Focus

## Purpose

- Promote positive patient interaction at the PSC via campaigns, games, Q-tips
- Educate, coach, and support PSRs through audits and CSATs
- Motivate and inspire PSRs to excellence



## Scope

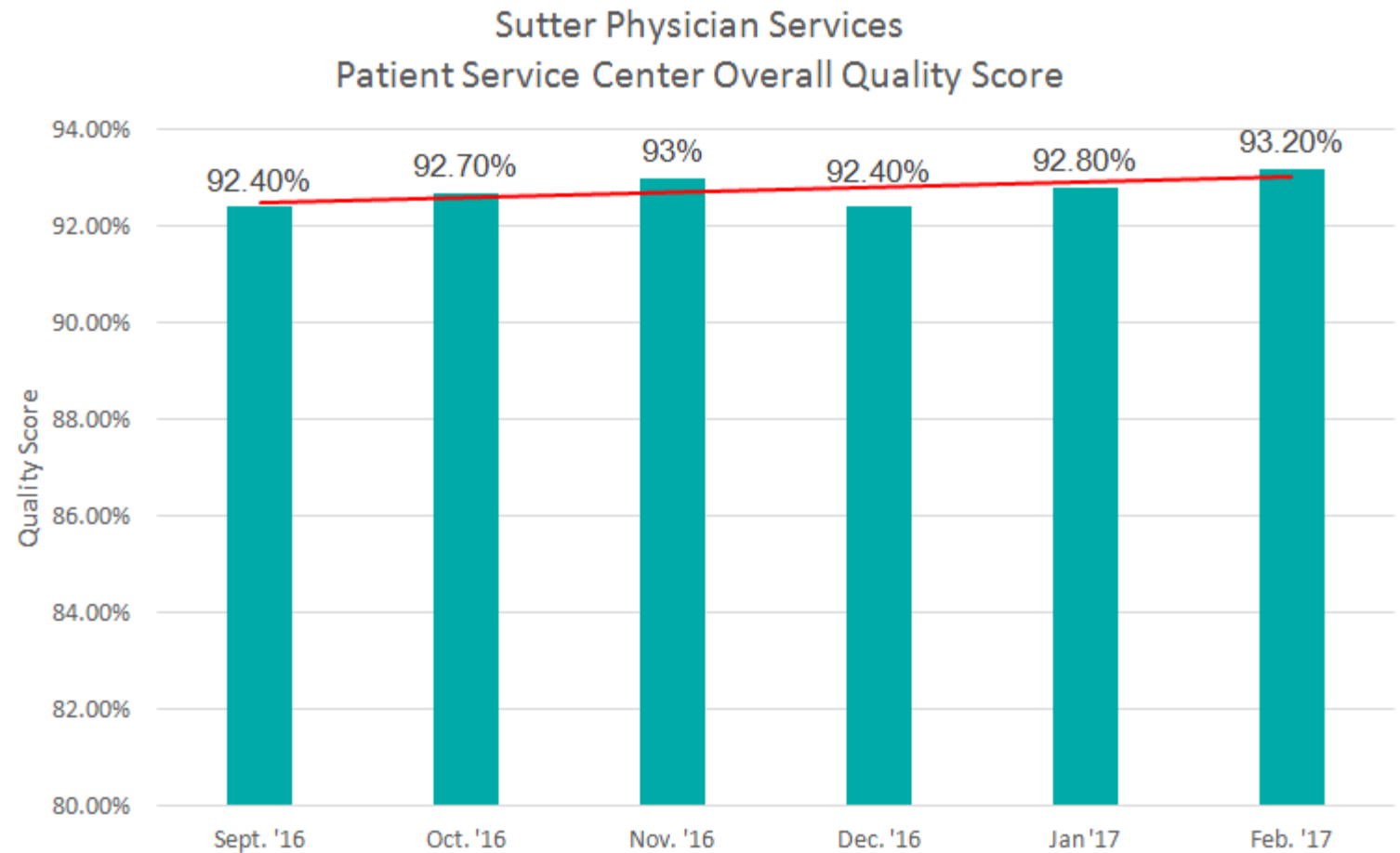
- Internal Quality Auditing and Patient/Customer Satisfaction Surveys (CSAT)

## Content

- Services 65 teams at the Sutter SLC Contact Center, the Patient Service Center (PSC)
- Completes approximately 4,500 call audits per month
- Assesses on average 15,600 CSAT surveys per month

# Overall Quality Score

- 2016 Quality Average – 92.6%
- 2016 Agent Customer Satisfaction Average – 92.7%



# Evaluate the Patient Experience – Externally Facing Patient Navigator Program



Member Support Services & Health System Navigation



Online Patient Services



Outreach and Engagement



Nurse Advice & Prescription Renewal Coordination



Care Transition & Wellness Coaching Coordination

## Scope

- Promotes utilization of services available to new Subscribers with Sutter Health Plus (SHP)

## Content

- 2,700 new subscribers in 2016
- Patient satisfaction: 94.3% positive
- Patient outreach program surrounding insurance benefits and self-help options

# When and Why are Call Centers Essential?

## Action Steps to **build patient experience advantage**

- **Step 1:** Ask two key questions about each contact center activity:
  - *“Does this activity intentionally contribute to an improved patient experience?”*
  - *“Does this activity intentionally support a CEO priority?”*
- **Step 2:** If the activity does not receive at least one “yes” answer, phase it out
- **Step 3:** Reprioritize all remaining initiatives based on their ability to support a patient experience *advantage* – parity is not good enough
- **Step 4:** Establish a baseline caller satisfaction score and set quarterly goals for improvement



# When and Why are Call Centers Essential?

## When they... **realign metrics and measure outcomes**

- Example: Contribute to an improved revenue cycle
  - **Affordable Care Act (ACA)** and Medicaid expansion has created an influx of previously uninsured patients
    - Higher demand
    - Lower margins
  - **Shift from wholesale to retail environment**
    - Consumers assuming greater financial responsibility and exercising choice
    - Direct interaction with consumers on pricing, billing, and payment
  - **Increased use of high deductibles = increased bad debt**

*Source: HealthCare Finance, 2016*

# When and Why are Call Centers Essential?

## Industry examples

- **Patient hotline** which strengthens patient trust while managing the organization's revenue cycle; contact center agents partner with patients to:
  - Remain in network
  - Secure financial clearance
  - Arrange for a deposit prior to the visit
- Contact center “**Ambassadors**” in ERs to capture patients without a PCP
- **Fuel referrals/appointments** for Network of Family Medicine Centers

# Patient Access – Enhanced Revenue

## Purpose

- Fill physician practices with incremental patients

## Scope

- Centralize inbound calls
- Develop standards and reduce preferences
- Resource to call patterns – lower abandonment

## Content

- Reduced abandonment rate
- Created consistent patient experience through reduced variation
- Improved revenue position (fill rates)

Baseline average appts.	10,298
Post-launch average appts.	11,876
Revenue per appointment	\$70.00
<b>Total increased revenue</b>	<b>\$110,442.50</b>

SPECIALTY & PHYSICIAN	PRODUCTIVITY RATIO				
	Baseline	Nov	Dec	Jan	Feb
<b>Breast Clinic or Center</b>	<b>85.2%</b>	<b>84.2%</b>	<b>83.5%</b>	<b>93.2%</b>	<b>92.6%</b>
Dr. [Name]	91.3%	86.9%	84.6%	93.6%	96.5%
Dr. [Name]	71.3%	76.7%	78.6%	89.6%	85.8%
Dr. [Name]	87.7%	83.6%	84.5%	95.1%	90.6%
<b>Diabetes</b>	<b>72.0%</b>	<b>97.4%</b>	<b>97.0%</b>	<b>91.6%</b>	<b>96.2%</b>
Dr. [Name]	78.3%	98.3%	97.4%	94.7%	96.6%
Dr. [Name]	64.3%	96.6%	96.6%	84.6%	96.0%
<b>Endocrinology</b>	<b>88.5%</b>	<b>97.1%</b>	<b>97.0%</b>	<b>98.0%</b>	<b>94.2%</b>
Dr. [Name]	97.5%	99.4%	99.0%	99.2%	99.3%
Dr. [Name]	84.2%	98.3%	97.4%	98.8%	86.6%
Dr. [Name]	97.5%	99.4%	96.6%	97.7%	96.2%
Dr. [Name]	91.4%	90.1%	91.7%	94.6%	91.0%
Dr. [Name]	98.3%	99.4%	99.4%	99.0%	94.4%
Dr. [Name]	97.3%	95.8%	95.0%	98.4%	97.7%
<b>Family Medicine</b>	<b>90.9%</b>	<b>96.5%</b>	<b>97.1%</b>	<b>89.9%</b>	<b>93.0%</b>
Dr. [Name]	n/a	n/a	77.2%	79.6%	84.8%
Dr. [Name]	86.7%	87.4%	86.0%	88.9%	94.5%
Dr. [Name]	95.1%	96.7%	96.3%	97.6%	97.5%
Dr. [Name]	92.3%	96.3%	97.8%	93.7%	91.9%
<b>Gastroenterology</b>	<b>94.2%</b>	<b>95.5%</b>	<b>95.8%</b>	<b>96.4%</b>	<b>96.4%</b>
Dr. [Name]	89.7%	93.6%	95.3%	95.8%	95.3%
Dr. [Name]	96.8%	98.0%	94.8%	97.2%	97.3%
Dr. [Name]	95.2%	96.7%	96.5%	97.3%	97.2%
Dr. [Name]	79.9%	83.5%	89.9%	85.0%	91.9%
Dr. [Name]	97.2%	97.5%	96.9%	98.3%	96.9%
Dr. [Name]	94.3%	94.0%	95.5%	94.6%	98.7%
Dr. [Name]	94.2%	93.9%	96.8%	96.5%	95.6%
<b>Internal Medicine</b>	<b>83.5%</b>	<b>85.0%</b>	<b>88.0%</b>	<b>88.5%</b>	<b>87.3%</b>
Dr. [Name]	82.8%	77.0%	90.8%	92.7%	88.8%
Dr. [Name]	81.8%	85.3%	79.5%	82.5%	82.8%
Dr. [Name]	81.7%	81.2%	82.2%	84.0%	80.6%
Dr. [Name]	84.3%	84.4%	87.7%	85.5%	87.0%
Dr. [Name]	89.9%	94.5%	95.8%	96.3%	91.7%
Dr. [Name]	88.2%	93.1%	98.2%	98.6%	96.4%
Dr. [Name]	86.4%	89.8%	92.0%	97.1%	95.4%
Dr. [Name]	96.0%	96.4%	96.4%	95.9%	94.5%
Dr. [Name]	50.4%	70.1%	81.8%	72.7%	65.9%
Dr. [Name]	91.4%	90.7%	91.6%	90.8%	93.5%
Dr. [Name]	90.2%	91.0%	94.7%	98.7%	95.9%
Dr. [Name]	70.1%	63.3%	60.6%	76.7%	82.6%
<b>Pediatrics</b>	<b>91.2%</b>	<b>86.7%</b>	<b>90.8%</b>	<b>93.6%</b>	<b>91.0%</b>
Dr. [Name]	92.7%	91.3%	88.5%	93.4%	93.1%
Dr. [Name]	90.6%	86.9%	92.1%	95.5%	89.3%
Dr. [Name]	91.3%	85.2%	95.6%	91.6%	91.8%
Dr. [Name]	88.5%	83.4%	86.9%	94.3%	87.7%
<b>Psychiatry/Psychology</b>	<b>95.8%</b>	<b>96.3%</b>	<b>n/a</b>	<b>92.7%</b>	<b>95.5%</b>
Dr. [Name]	95.8%	96.3%	n/a	92.7%	95.5%
Dr. [Name]	n/a	n/a	n/a	n/a	n/a
Schedule Openings	12,898	13,512	13,130	13,323	12,972
Scheduled Appointments	10,298	11,592	12,013	12,067	11,831
<b>Grand Total Fill Rate</b>	<b>79.8%</b>	<b>85.8%</b>	<b>91.5%</b>	<b>90.6%</b>	<b>91.2%</b>

# When and Why are Call Centers Essential?

## Action Steps to **realign metrics and multiply outcomes**

- **Step 1:** Pull together a team of all first touchpoint/access leaders
  - If you take action by yourself = addition
  - The advocacy of a team of access leaders = multiplication
- **Step 2:** Identify one shared metric that together you target for improvement
  - **Examples:** *Faster time to revenue, Decreased bad debt, Improved satisfaction scores for an aggregate of all represented services, Reduced out of network slippage, Reconciled net revenue from streamlined access*
- **Step 3:** Build an action plan for which the contact center is a major contributor
- **Step 4:** Document results quarterly
- **Step 5:** Celebrate results as an access team

# Patient Access – Enhanced Performance

## Profile

- 200+ provider, IDN-affiliated multispecialty group
- 30+ locations across major metropolitan area
- Epic practice management suite
- Mixture of centralized and distributed call centers, agents

## Partner Issues

- Poor patient experience
- Unable to keep up with call demand
- Lacked standard approach for appointments
- Service levels on daily and after-hours service declining
- Immediate call center transition needs

## Solution

- Implemented **adaptive call handling** to respond to and meet daily, hourly demands
- Provided high efficiency through **monitoring technology**
- **Established system standards for appointing**
- Implemented **value-added services** to physicians
- Extended hours of service

Performance Metrics	Baseline	Target	Result
Service Level / ASA	60%	80%	81.4%
Abandonment Rate	10.8%	5.0%	3.1%

# Agenda



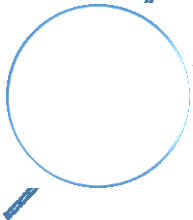
When should healthcare call centers be **CLOSED**?



When and why are call centers essential?



**Your role as Chief First Experience Officer (CFXO)**



Your turn: next steps to make **YOUR** call center essential

# Your Role as CFXO

## You are the **Chief First Experience Officer**

- As CFXO, you create and deliver differentiated first experiences
  - Michelangelo did not paint a ceiling, he created a timeless treasure
  - You do not manage transactions, you inspire transformative experiences



# Your Role as CFXO

## You are the **Chief First Experience Officer**

- Your role is to make the first experience with your organization a competitive advantage
  - Since caller experience during the first 3 seconds impacts both *selection* and *preference*, why not make that experience an intentional asset?
- Document a First Experience Satisfaction score
  - Connect with your Chief Experience Officer or executive champion to partner on influencing first experience satisfaction scores



# Your Role as CFXO

## You are the **Chief First Experience Officer**

- Multiply First Experience Satisfaction
  - Instead you + your CXO = 2; OR you + your executive champion = 2,
  - Multiply you x your teams = exponential impact
- Build a Transformative First Experience (TFX) team
  - *Contact center, ED ambassadors, switchboard, greeters/volunteers, concierge, transfer center, physician consult, clinical triage, virtual visits...*
  - Create a baseline TFX score, set goals for quarterly improvement

# Your Role as CFXO

## You are the **Chief First Experience Officer**

- Offload before you reload
  - Create a stop-doing list to phase down activities that do not support a patient experience advantage or a CEO priority
- Trade acceptable for excellent
  - You'll never achieve greatness on the wings of mediocrity
  - “Good enough” seldom is
- Trade success for significance
  - Choose to make an impact long after you're gone

# Your Role as CFXO

## You are the **Chief First Experience Officer**

- Align your call center with your organization's imperative priorities
- Document your call center as an investment — not an expense
- Leverage first patient experiences as a competitive advantage

# Agenda



When should healthcare call centers be **CLOSED**?



When and why are call centers essential?



Your role as Chief First Experience Officer (CFXO)



**Your turn: next steps to make YOUR call center essential**

# Your Turn: Next Steps to Make Your Call Center Essential

- As **Chief First Experience Officer**, what action will you take to make YOUR call center absolutely essential? When will you start?
- Please take 30 seconds to write down your answer
- Who wants to share?!



“The best way to predict the future is to create it.”  
- Abraham Lincoln



Congratulations on making your call center  
**essential** for your organization!

