The Virtual Front Office is Right in Front of You

A Tale of Two Contact Centers





Sharp Rees-Stealy Medical Group



595primary and specialty care doctors, PAs and NPs



2,800 employees



medical centers including 5 urgent care centers



60% capitated



300,000 patients



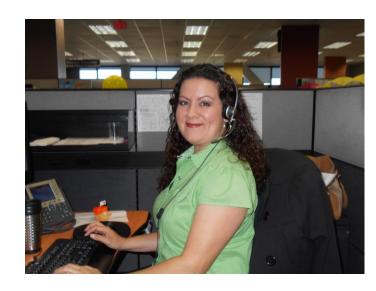
2 million phone calls





Sharp Rees-Stealy Patient Contact Center

- Operate 24/7
- One of 20+ contact centers at Sharp
- Primary care scheduling, appointing, 411, physician paging, automated reminders
- Piloting a clinic-based 2 person call cell
- 122 agent FTEs plus manager, 6 supervisors, 2 quality specialists, 1 trainer, 2 technical analysts, 1 workforce analyst, 1 project coordinator
- Connected to Care© immediate medical advice





Background – Sharp Rees-Stealy

- Patients drove to the clinic when they needed something
- Complaints were non-stop
- Leadership mandate: Fix the phones!
- In 1995, Call Center opens to support primary care
- Phone issues continued
- Engaged consultant, hired experts







University Health System - Overview

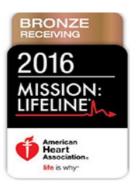
Providers - 800
Outpatient Clinics - 13
Hospital - 1,000,000 Sq Ft
Call Center Staff 24/7/365 / 120 agents

Employees - 7,000 Serving 4.1 M patients ExpressMed (Urgent Care) - 5 35 Surgical suites and 716 beds 2016 Call Volume 1.6M in and 1.4M out















University's Call Center Journey

1917: Bexar County Hospital began operations.

1997: Began operating 15 independent clinical calls centers.

2012: Constant phone challenges - Leadership visited Harris Health CC Ops (Houston).



Nov 2013: Hired experienced Fortune 20 call center leader – Non Clinical.

Jan 2014: Began restructuring, testing, mapping, and standardize processes.

Dec 2014: Awarded a \$6M grant. Board approved CC build out and tech upgrades.

May 2015: Facility leased, infrastructure upgraded, vendor software installs.

Oct 2015: Began centralizing all non-clinical phone ops into new facility.

Feb 2016: Fully operational virtual call center with a staff of 120 agents.





Background – UHS

- Patient and provider frustration at an all time high
- No consistency between reps 60-70% accuracy on transactions
- Multiple transfers and hold times (avg 10-30 mins on hold)
- Call center multitasked off the phones
- Routinely lost 30 40% of daily call volume
- Non standardized provider guidelines
- Easier to drive to the clinic to ask questions
- No senior leadership support or strategy
- All training was OJT at the clinic level







Selling the Benefits

- Increased efficiency
- Channel integration
- Standardization
- Improved patient satisfaction
- Improved physician satisfaction
- Improved employee satisfaction
- Improved quality







Overcoming Objections

- Loss of physician control
- Inability to customize schedules/practices
- Difficulty attracting and retaining staff
- Expensive technology
- Perception about call centers
- Lack of integration with the physician practice







Keys to Success

- People
- Processes
- Customer Experience
- Collaboration
- Technology





People

- Contact center expertise
- Recruit for service
- MD partner
- Training, mentoring
- Work from home





Processes

- Goals & objectives
- Appointment types
- Scheduling templates
- Standardization
- Rules
- Hand offs to the clinics
- Use metrics and data to support ideas







Customer Experience

- Voice of the customer
- Quality monitoring and patient sat scores
- Journey mapping
- · Best in class research
- First call resolution







Collaboration

- It takes a village
- Eliminate them vs us
- Educate team members on call center 101
- Gain agreement on decisions
- Leader mandate & support
- Frequent meetings, measurement





Technology

- Workforce management
- Patient portal
- Telephone technology
- Omni channel
- Self-service
- Reporting and analytics





Where are we now?

- 1.6M calls per year, SL 94%, AHT
 150 sec, ASA:59 sec, and Quality
 Audits of 99.2% error free
- Efficiency gains enabled the team to support 4 additional clinics with zero FTE's required
- Provider and customer satisfaction at an all time high with volumes increasing 28% / yr.





What's Next

- Predictive dialer campaigns
- Channel development for chat and web
- Phone number consolidation –
 "One Number"
- Task-based modeling





Where are we now?

- 80% TSF
- Patient satisfaction high
- Employee sat high
- 40% of staff working from home
- Ops center staff support other contact centers
- Piloting small call cell within a clinic
- Use of patient portal growing







What's Next/Wish List

- Migrating from UCCX to PCCE
- Adding smart agent desktop
- Adding email and chat
- Implementing post-call surveys
- Contact centers working collaboratively
- Improve knowledge base
- Add more self-service options



http://www.colourvibes.co.uk/unicorns





Building an Effective Model to Support Physician Practices

- People
- Processes
- CX
- Collaboration
- Technology







Thank You!



