

The Virtual Front Office is Right in Front of You

A Tale of Two Contact Centers

Sharp Rees-Stealy Medical Group



595

primary and specialty care
doctors, PAs and NPs



2,800
employees



22

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!