Improving Patient Experience by Modernizing the Healthcare Contact Center

New patients have flooded into the healthcare market in recent years, due in large part to the enactment of the Affordable Care Act. This increased access to insurance coverage has skyrocketed call volume to many hospitals, health systems and health plans. As systems struggle to handle increased patient volume, upgrading contact center services through automation remains one of the best options to improve patient satisfaction.

Healthcare systems are at widely different junctures on the journey toward modernizing their contact centers. This white paper explores both the challenges and opportunities for organizations at three crucial junctures. By accurately identifying where they are on the contact center maturity curve, asking the right questions about readiness to move forward and strategically deploying technology, healthcare organizations can modernize their contact centers to better serve patients, staff and improve their bottom line.

WHY TRANSFORM THE CONTACT CENTER?

The contact center serves as the healthcare organization's front door and voice to patients. It has the power to either elevate or tarnish an organization's brand, reputation, patient satisfaction scores and bottom line.

It's been known for decades that the contact center is vital to health system financial performance. Studies conducted as early as 1985 have found call centers to be essential drivers of hospital revenue, profitability and patient loyalty. Clearly, health systems that prioritize contact center improvement to better the patient experience can reap significant gains across their organizations.

In the age of social media, an unhappy patient can have a high cost for health systems. In spite of this, many still struggle to update their contact center to meet current and future patient needs. Obsolete technology, lack of leadership buy-in and data accessibility challenges are common barriers. However, the opportunity to capture additional revenue and improve patient satisfaction through contact center modernization is forcing many to find solutions to these challenges.
Research has shown that as many as 90 percent of dissatisfied customers will return to the business if their complaint is resolved satisfactorily and 95 percent will return if the problem is resolved quickly. In an era of increased competition, this has implications for healthcare organizations looking to decrease patient leakage rates.

The task of modernization doesn’t have to be overwhelming. The best strategy is one that takes into account a contact center’s current strengths and weaknesses and moves forward from there.

**ASSESSING CONTACT CENTER MATURITY**

There is wide disparity among healthcare organizations when it comes to contact centers. At one end of the spectrum an organization may have hundreds or thousands of phone numbers in use, causing patients to call more than one number to resolve their question or issue. At the other end, some organizations are operating multichannel contact centers that allow patients to schedule appointments without ever speaking to an agent and use clinical and non-clinical data for informed agent interactions that speed calls to resolution.

It is useful to place each organization along a contact center maturity curve to determine whether they are at a Crawl, Walk or Run stage of the contact center maturity model approach. Here are some key indicators to determine your organization’s stage:

**Crawl**
- Patients must call front desk staff at each individual department/practice to schedule appointments.
- Call routing throughout the organization is limited or unavailable.
- Patients are commonly confused on which number to call.
- Patients may have to dial multiple numbers, experience a long wait or go through multiple transfers to resolve their issue.
- Agents or front desk staff accepting incoming calls have no information about the caller’s identity, health status or reason for calling.
- Patients are limited on the channel options for support/assistance.

**Walk**
- Patients call the health system and reach a centralized scheduling solution.
- Once identity is verified, patients can self-serve to confirm or cancel appointments, pay their bills and receive certain types of information, such as the status of their prescription, using a conversational automated system.
- More complex calls are forwarded directly to front desk staff or a centralized scheduling agent, who are able to see data on the patient in real time and use it to better and more efficiently serve the patient while on the phone.

**Run**
- Patients call the health system and reach a centralized scheduling solution.
- Once authenticated, the patient is provided end-to-end appointment scheduling by a centralized, automated solution.
- The automated system can detect mobile phones and offer reminders, appointment details, and/or directions via text.
- Once communication preference is collected, the patient can be proactively contacted via their preferred channel.

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A customer with an unresolved complaint will tell on average 9 to 10 people.

For every complaint received there are on average 26x more unhappy customers.
WHAT’S NEXT?

At a minimum, every health system must create a single access point – or front door – for patients as the essential first step for modernizing the contact center. This will enable the organization to create a consistent patient experience, elevate organizational brand perception and provide customized interaction to better engage callers and leverage data intelligence. This investment is a commitment that ensures no matter what number patients call, their questions can be answered quickly and accurately with minimized transfer and hold times.

This single front door will greet every patient with a user experience that is:

• Proactive  • Consistent  • Branded  • Intelligent  • Personalized

FOUR KEY CONSIDERATIONS IN MODERNIZING THE CONTACT CENTER

Once an organization has identified where it is on the maturity continuum and has embraced the idea of a single patient front door, it’s time to embark on a deeper exploration of the barriers and opportunities to transforming the contact center.

1. Stakeholder Buy-In and Culture

Building a patient-centric contact center first requires significant buy-in from stakeholders throughout the organization. It may also demand a culture shift to recognize that an effective contact center is central to the success of the organization. Ample evidence shows that patient satisfaction scores and overall revenue depend on connecting meaningfully with patients in the way they prefer, whether that be email, phone, text message, or through web portals. Organizations should start by taking inventory of the current culture:

• Look inward to see what opportunities and gaps exist in both business culture and processes.
• Assess the readiness of the organization to accept change.
• Build upon culture strengths and address gaps to persuade internal stakeholders of the value of this transformation.
• Evaluate the competitive risk of doing nothing.

2. Data Availability and Consistency

A key component to modernizing a contact center is to begin leveraging clinical and non-clinical patient data to personalize communications and guide calls quickly to resolution. Applying analytics to this data will help the contact center adopt a continuous learning approach to identify key trends such as gaps in service and peak volume patterns.

The ultimate goal is to capture a 360-degree view of each patient across the care continuum integrating a variety of sources, including EMRs as well as behavioral, operational and billing data. Trustworthy data - like what can be provided from a single EMR combined with knowledge of call volume and common caller intent - will help drive analytics and provide actionable insights.

Here are some areas to explore:

• Assess how challenging data integration will be for the health system.
• Track patient communication preferences.
• Access business analytics and intelligence to provide actionable insights.
• Address any data fragmentation issues.
3. Centralized Scheduling Operations

Though it is possible to implement a single front door and route calls to different departments for scheduling, centralized scheduling is the best way to optimize efficiency. Healthcare organizations without centralized scheduling may be using multiple phone systems that are not compatible, resulting in long transfer times or dropped calls. These organizations may face disruptions during unexpected office closings or decreases in staff. Centralized systems help maintain business continuity if service is degraded or unavailable.

When creating centralized scheduling, organizations can choose to train agents to schedule multiple doctors within a specialty, across multiple departments in “pods” or use universal agents that are able to schedule across the whole organization.

Centralized scheduling can help the organization:

- Ensure calls are quickly routed to the best available agent.
- Gain visibility and solid metrics into all contact center activities to effectively manage staff and the business in real-time.
- Provide agents with the ability to schedule both hospital and ambulatory services and protect against unexpected changes to call volume or staffing levels.
- Provide business continuity for operations and flexibility for remote agents.

4. Scheduling Templates

If an organization is taking on consolidating scheduling operations, it might be a good time to consider offering scheduling templates to enable true end-to-end automated scheduling. Consumers are increasingly looking for self-service options and are comparing healthcare systems not only to one another, but to other businesses they regularly encounter.

Healthcare systems in the Crawl or Walk scenario may want to explore further phone automation to enable templates to run in conjunction with an IVR and reduce the need for a live agent. Organizations in the Run scenario may want to consider mobile applications that give patients three or four appointment time options, and allows them to choose.

- Determine where to start (i.e. begin with affiliated PCPs, a single clinic or specialty).
- Evaluate existing scheduling options and work to create an effortless patient experience.
- Consider offering a mobile application with self-service scheduling.

WHAT TRANSFORMATION LOOKS LIKE AT EVERY STAGE

What's next for any organization will depend on where it started on the contact center maturity curve. But these best practice examples of successful transformation at every stage should help organizations construct “to-do” lists for the next phase of contact center modernization, after establishing a single patient front door:

Crawl:

Focus on adding automation to simple calls, such as directions or appointment updates. Many organizations find this could help reduce nearly 50 percent of call volume, freeing up more time for agents to serve patients with more complex questions.
Add intelligence to calls, using the number dialed and the patient’s number to determine intent. For example: an appointment reminder was sent to the phone number calling in. The clinic’s system then searches reminder records and establishes the caller’s identity without having to ask for additional identification.

Switch to IVR (Interactive Voice Response Technology) to reduce menu options and lower call abandonment rates. Speech recognition features will give your patients the ability to ask for what they want and be quickly routed.

Walk:

Start creating a truly connected patient experience by seeing the patient across communication channels, and use that information to be more proactive in engaging the patient.

Offer self-service options on a larger variety of calls by tapping into backend systems, such as CRM, EMR and billing, and by asking for a few pieces of information, such as date of birth and social security number.

Proactively determine patients’ preferred channels. Add the ability to detect mobile phone calls and use that information to offer opt-in to patients for SMS reminders. Store that information in a preference management database.

Run:

Develop a 360-degree view of patients, including knowledge of why they are calling, clinical and non-clinical information to guide the call, and intelligence on channel preferences to personalize connections. For example, the system detects that a patient accessed the web portal to resolve an issue, then called the health system’s 1-800 number. The answering contact center agent should be able to see the patient’s portal activity and ask related questions to give the caller a truly customized experience and get them to the right department to fulfill their needs quickly.

Establishing advanced patient interaction gives organizations the power to drive value across the care continuum and improve overall outcomes in both transitional and chronic care scenarios. For example, if a newly-discharged patient calls to schedule their follow-up appointment with their physician but is also due for an appointment with a care coordinator, the agent can prompt the patient to set up that meeting to satisfy both post-discharge and chronic care management needs.

Henry Ford Health System

Henry Ford Health System marks the 100th anniversary of their first hospital with the success of its newly modernized contact center. After realizing its contact center structure would not be able to sustain increasing call volume or support a growing footprint beyond the Detroit area, Henry Ford decided to create a single patient front door and pod system centralized scheduling to create a standard greeting for all callers across the enterprise and speed call resolution for scheduling needs.

A smart IVR solution now automates simple calls such as directions and other appointment-related information with self-service functionality for an effortless patient experience and minimized call abandonment. Data intelligence quickly identifies patients and guides more callers toward their preferred communication channel.

Henry Ford Health System’s modernized contact center improvements include:

- 90% patient authentication of simple Tier 1 calls, without identity queries
- Only 13% of Tier 1 calls transferred due to inability to self-service
- 26 second reduction in call times
- 600% growth in text reminder volume
- 7% increase in text reminder response rate
- 4.8% increase in voice call response rate, due in part to the ability to collect patient channel preference and communicate accordingly
- 7.6% reduction in no-shows, resulting in $391,000 in additional retained revenue
SUMMARY

Whether an organization is still learning to crawl, walk or run, it can reap immediate benefits from a modernized contact center, including:

• Minimizing patient effort
• Improving patient satisfaction and loyalty
• Advancing operational efficiency
• Decreasing cost while adding scale and capacity
• Increasing and retaining revenue

Creating a single front door for patients and automating simple calls are the first steps to modernizing a contact center and keeping up with growing inbound call volume for healthcare organizations.

Healthcare systems will then need to determine their readiness for change and focus on enabling access to various data sources. Once implemented, centralized scheduling should boost contact center capabilities and provide a more customized caller experience.

Organizations already on their way toward an intelligent, personalized, patient-centric contact center approach will need to continually leverage data, analytics and multichannel communication tools to perfect the patient experience. These organizations should look for partners that will grow with the organization on its contact center maturity journey, adding robust capabilities to improve the contact center patient experience along the way.

References

1 http://www.hhs.gov/about/news/2016/03/03/20-million-people-have-gained-health-insurance-coverage-because-affordable-care-act-new-estimates
2 http://www.hmrpublicationsgroup.com/Healthcare_Call_Center_Times/conference/2015/KeynoteThursday_DanielFell_Results_Just_In_2015_Healthcare_Call_Center_Survey.pdf
3 Call Centers in Health Care: Effect on Patient Satisfaction; Judith B. Strother; Florida Institute of Technology https://www.ghdonline.org/uploads/41.pdf