

THE CHANGING LANDSCAPE OF HEALTHCARE: THE CONTACT CENTER AS STRATEGIC ASSET

Getting the contact center strategy “right” in healthcare is crucial. An approach for translating strategy to tactics.

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This is the premier article of a new series by Kathleen Peterson on the changing healthcare environment and the requirements that business leaders must address.

I am not the first nor will I be the last to suggest that healthcare as an industry is changing, dramatically and quickly. As consumers of healthcare we are surrounded by the evidence.

The Evolution

Today when we make an appointment with our “doctor,” we may actually see a PA (physician assistant) or a nurse practitioner rather than the actual MD. Or we may choose Urgent Care or a Minute Clinic; no appointment is required! In my town, there are Urgent Care billboards on the highway advertising the wait times at the provider’s multiple locations.

We are able to read reviews online for doctors, hospitals and clinics. Consumers are even marketed to directly. “Choose the X knee replacement... it works better, feels better, heals better.” Once upon a time, this decision was the domain of the physician, but now consumers may want a specific “knee” seen in a magazine or on TV. They



are offered services like knee replacements in “bundles,” with all pre- and post-surgery activities combined for one great price! *And with today’s high deductibles, insurance cost is a huge factor!* Research shows that 82% of today’s patients/customers choose healthcare options based on price (HRI Consumer Survey, PwC 2014). Healthcare now has

all the earmarks of a commodity!

Historically, the healthcare service delivery model has been decentralized. Private practices answered their own phones and had their own nurses and administrative staff. They set their own hours and schedules, made decisions for patients independently, referred to specialists of their choosing, bought their own supplies, set their own fees, and on and on. Many forces, from insurance to regulatory, have been at work to alter this model, but the physicians themselves also played a role. Many physicians began to grow their own practices by adding physicians and locations to broaden their market share, gain

operational efficiencies and increase revenue. These “mega-practices” became extremely attractive for acquisition.

Growth by Acquisition

While physicians were forming mega-practices, hospitals were growing by acquisition and creating mega-healthcare “systems.” These systems have continued to grow by acquiring those mega-practices and others to form an environment intended to treat the local population from cradle to grave in an integrated and effective manner to support health, wellness and care while remaining fiscally sound.

While these systems are cropping up all over the country, they are also attempting to manage all the new forces in the industry—Affordable Care Act, Population Health, Accountable Care Organizations, Patient Centered Medical Home, changing reimbursement schemes and readmission penalties. They grapple with these forces, while at the same time, strive to achieve a set of strategic growth and efficiency objectives. All this and more creates the genuine need for operational efficiency that includes smooth processes and efficient access to data, centralization of functions, optimization of technology, improved patient access and an optimized experience. Enter the healthcare contact center.

Contact Center as Pathway to Access

Today’s contact center must be scalable to support growth and savvy enough to deliver on efficiency. The requirement... a top-down approach where strategic objectives drive contact center development and the determination of tactical initiatives.

The healthcare contact center has emerged as one of the most sophisticated and demanding operations in the business. When properly deployed, the contact center has an extraordinarily positive impact on the systems they serve; when poorly deployed, chaos, confusion and crisis occur.

ACCESS is a top strategic word in healthcare today. At a high level, ACCESS is the ability for patients and customers to: (1) yield a response (human or other channel) quickly for scheduling and information purposes; and (2) be offered an appointment within

a maximum of three business days. Contact centers assist in both these areas via a properly managed and staffed operation where referrals across the system may be offered to meet patient needs and increase physician/medical staff utilization. The result is simultaneous improvement in revenue, efficiency and the experience.

The challenge is that contact centers in healthcare have emerged somewhat haphazardly. Think of it as evolution by default rather than by design. As an example, let's say the billing function becomes centralized to support the healthcare system's financial needs. Rather than anchored by strategic objectives, the effort is supported primarily from a facilities and technology perspective. *Put them all*

in the same room with an ACD (automatic call distribution) and POOF problem solved! Well, not quite. Far too often, many centralized operations end up being a "parking lot" for calls rather than an enhanced ACCESS environment. The "parking lot" approach may also be seen in marketing, transport, medical records, scheduling or other critical functions. The result is a disparate "constellation" of contact centers across the healthcare system with no alignment to strategic objectives, management practices, workflow processes, measurements, training and analytics.

A Stra-Tactical® Approach

When it comes to contact centers, healthcare senior leadership must translate strategy to tactics. We call this a STRA-TACTICAL® approach. At the strategic level, GOALS must be formulated and translated into five essential business areas: Vision, Financial (Growth and Efficiency), Experience, Process/Technology and Intangible Assets.

The driving force is **VISION**, for example, "To be the trusted leader in caring for people." The Vision forms the basis for the WHY... why things must change or why we ask staff members to behave in certain ways. WHY is the brand promise, the value proposition or whatever you choose to label it. The objective of the Vision must be a force for actions and

behaviors that propel the enterprise toward the future while assuring crossfunctional alignment among departments. Far too often, Vision is met with cynicism due to the impotence of the messaging. The Vision statement is only the beginning. Adoption occurs when Vision Clarity is present and effectively communicated. Vision Clarity morphs the vision into operational realities.

The Vision must be coupled with an identification and understanding of **FINANCIAL** goals. *WHAT is the organization trying to accomplish from a financial perspective?* **GROWTH** is key and represents the top line—increased numbers of customers and market share. **EFFICIENCY** goals represent the bottom line—reducing costs via consolidation, centralization, technology improvements, etc. Contact centers need to know the WHY as well as the WHAT to craft their alignment approach.

A critical factor in alignment is the identification of **EXPERIENCE** goals, expressed as "desired elements." These must be clearly established and documented. *What Experience elements support Vision and Financial goals?* Goals may vary, for example, a single number to call; easy ACCESS to services; convenient appointment scheduling; multimedia access; and skilled and knowledgeable staff. This exercise is best undertaken when senior executives are available to weigh in on these elements via a brainstorming session. However, there is nothing to stop a contact center leader from working this out with their own team and sending it along to the executive level for "approval." Trust me—it is extremely unlikely there is a competing document. This is a great step to being viewed as a strategic asset!

Once the Vision, Financial and Experience goals are established, the HOW factors come into play with **PROCESS/TECHNOLOGY** and **INTANGIBLE ASSETS**. Contact center leaders must be able to articulate and document how Technology will best support objectives and how to identify any gaps between the current infrastructure and emerging needs. The first gap identified may be the disconnect

between IT and contact center management. There's more on that subject, but I'll save it for a later time.) Contact center leadership must understand how processes, policies and procedures need to be changed or formulated, how crossfunctional departments must align, and how to report on performance.

The Intangible Assets are people, information and organization. *How will we get the right people; how will we train them; how will the contact center utilize information (i.e., the contact center currency); how will the operation be organized; what are the right staffing ratios?* All these factor into how the contact center is positioned and perceived in the enterprise. *Is the operation scalable and sustainable to meet future demands? Are there redundant resources or processes that might be ripe for consolidation?*

A Strategy and Scalability Assessment

Today's healthcare contact centers benefit from a strategy and scalability assessment to determine whether their emerging "constellation" of contact center environments is effective, efficient and aligned to the system's strategic goals. The number and structure of contact centers required to achieve business goals must be determined. Some healthcare organizations prefer to consolidate many functions into a single site while others choose virtual consolidation over physical. Still others leave the contact center "constellation" in place and initiate a stabilization mission as it is nearly impossible to efficiently centralize unstable operations.

Whatever the options, they must be carefully planned for and implemented to avoid disastrous outcomes such as lengthy delays, high abandonment rates, and unhappy patients who search for new providers. The first step in the right direction is the creation of strategic goals and top-down requirements to which all tactical initiatives must align. ●



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