CLEAR PATH TO HEALTHCARE ACCESS... FOUR PILLARS OF READINESS

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Contact Center Pipeline

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How to assess your people, process, technology and call center management readiness for optimum success.

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Access initiatives are taking place in a very high percentage of emerging healthcare "systems." I don't know about your neighborhood but where I roam there is rarely an independent hospital or practice to be seen. Most, if not all, have been bought up by a larger entity in efforts to provide an enhanced experience for current and future patients. Systems are buying up hospitals and practices around the country to gain "Economies of Scale," but with a great risk of neglecting "Economies of Value." The pace around access initiatives has picked up considerably in the past year; for some it appears more of a race than a meaningful pace. Speeding to an objective reminds me of the Wyatt Earp quote, "Fast is fine but accuracy is everything." In the case of some organizations, "fast and speedy" has overtaken accuracy and readiness.

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Challenges

One of the many challenges (and forgive me if this sounds slightly arrogant) is that far too many systems lack the talent and experience to launch the kind of initiative that takes them to a successful outcome. Many take a senior executive with little or no expertise to oversee these efforts. Some of these leaders bark orders to come up with a plan to consolidate or centralize operations around incoming demand. These orders are often issued without regard for the level of readiness requisite for optimum success.

That is part of the problem; outcomes are often unclear from an operational perspective. The uninitiated are left to craft agreements crossfunctionally without the ability to anticipate the "unintended consequences."

Take the case of many centralized practice management and appointment scheduling operations that lack a clear "charter" defining services offered, hours of operation, systems and tools utilized, target candidates, performance expectations, reports provided, service level agreements, etc. Without this charter, practices are left to dictate what THEY want and the variations may kill efficiencies. Possibly the biggest mistake made is when the contact center allows the practice to design its own services. Some may want full coverage—front-end all calls, book appointments, provide medical records, handle prescription refills, answer medical questions, provide general information, etc. Others may want coverage like they would get from an answering service—coverage during lunch, meetings or any time the practice doesn't want to handle its calls. Still others have the contact center handling only appointment scheduling. These variations create obstacles to efficiencies and represent only a *geographical* change and not a fundamental one.

Another major mistake is allowing the practice to control the number of resources allocated or even worse, take the resources from the practice. Worse yet is to let the contact center agent work in the practice. This model leaves the center impotent in terms of managing its people—never mind powerless to manage demand and capacity. Crosstraining opportunities become impossible because the contact center does not "own" the resources. Agents align more to the practice than to the center; more often than not, resources are idle in one pod (queue) while callers are "backed up" in other queues. This is an unsustainable model. It is typically adopted as what seemed like a good idea at the time, didn't take any senior executive political clout, and appeared to be "easy." Unfortunately, this is the manifestation of inexperience. Once this model becomes clearly unwieldy, changing it becomes a major challenge.

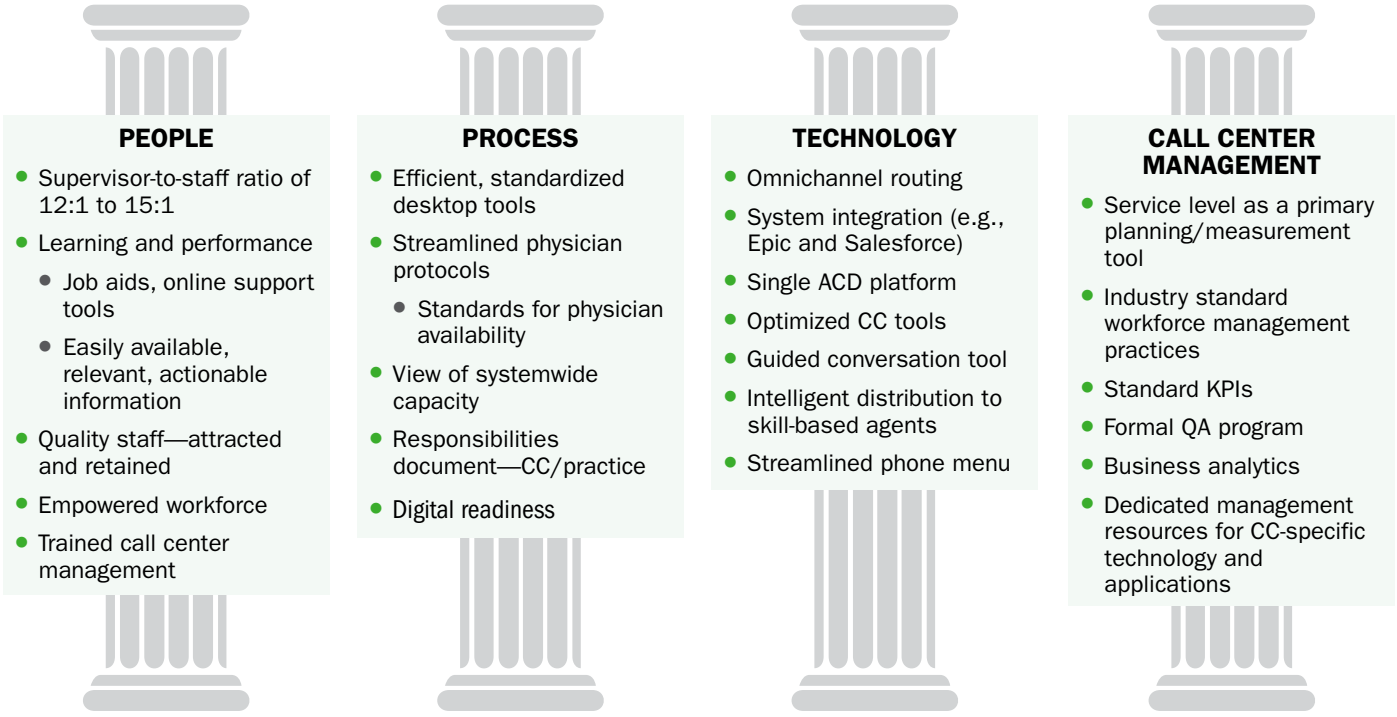
Are You Ready?

I would like to present the four pillars of readiness that organizations must have in place prior to moving forward in this race... people, process, technology and call center management. If the center is already up and running, these become the required readiness guidelines for handling anticipated change within the operation. (SEE THE ILLUSTRATION.)

Economies of Value

When readiness is assessed and charters are written to enjoy "economies of scale" it is also essential to introduce the concept of what I call "economies of value." Simply using the words "gaining economies" conjures up thoughts of cost reduction, potential layoffs, and feelings of fear and discomfort. "Economies of value" is the ability to carefully allocate and manage specific skilled resources to tend to matters of worth, usefulness or importance. When it comes to healthcare, I put the NEW PATIENT squarely in the hands of "economies of value." Unfortunately, new patients are often bundled up with all the others and the risk of "lost opportunity" grows.

Four Pillars of Readiness: Foundations for Growth



First-Contact Completion Team

When isolating the new patient, we come face to face with yet another emerging challenge and this is where marketing fits in. Marketing is a driving force for pushing new patients into the healthcare system. Whether it be via website, community action, events or advertising, marketing crafts the branded experience and is often the best place to handle new patients.

New patients can be the most complex contacts that healthcare systems encounter. Yet they are frequently given a "heave ho" into the scheduling center once the referral has been made. In some cases there is no way of actually knowing whether that referral actually turned into an appointment. In others, center staff navigate a maze of disparate systems to determine conversion rates. When the electronic medical record (EMR) is not integrated with the customer relationship management (CRM) system (don't forget integration to the phone system ACD) the tracking of outcomes is a major point of failure.

We recommend creating what we call a "first-contact completion" team to schedule new patients (i.e., new to the system or even new to the practice). This fits "first-contact resolution" even if it isn't "first-person resolution." The approach isolates the longest and most complex calls.

> "Identify your problems but give your power and energy to solutions."
>
> —TONY ROBBINS

The team must be staffed with highly skilled scheduling experts to facilitate first-contact completion (adding another rung in the career ladder). The envisioned environment is equipped with all necessary and preferably *integrated* desktop tools and systems. The result is a closed loop for marketing (and the enterprise as a whole) to enjoy proper analytics to occur in a timely fashion. Access is also improved for existing patients by removing the longest, most complex contacts from the general schedulers on the access team. This model creates actual "economies of value."

Assess Your Readiness Against the Four Pillars

As healthcare systems continue their journey to centralization and consolidation, we must engage senior leadership in understanding the operational realities required to have a successful access program. Do not get caught up in the thought that one contact center must do it all. Instead, examine closely the mission/charter of each business unit and align the operational requisites to deliver on the patient/customer experience. First and foremost, conduct a genuine readiness assessment with emphasis on the four foundational pillars and measure your existing plans against them!

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