represented in functionality."

Location sync was another priority. For example, all the stakeholders wanted consistent location data to flow from credentialing through the website to the chatbot. This was something the team could do quickly and furthered the goal of self-service for patients.

But there was a snag.

"Credentialing has a different purpose for the data than we do for marketing," Kaplan says. "There might be a lot of addresses where a physician is credentialed to work, but they might only work at one location. We have a lot of OBGYNs, but not all of them deliver babies. We made a calculated risk—we put all the data up there and soon, patients and physicians realized that it wasn't 'clean.' Once our stakeholders saw how it looked and what problems it was causing, it got everyone excited to fix the issue." ■

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NYU Langone Health, Patience Access Center

Foundational Strategies for Patient Experience Optimization (Part 2)

By Kathleen Peterson, PowerHouse, Chief Vision Officer



This two-part article tells the story of NYU Langone Health and its formation of the multi-site Patient Access Center (PAC). PAC was designed to serve NYULH's current and future consumers and to align solidly with its brand and long-term growth strategy. Part 2 focuses on three critical elements of an excellence-focused operation: Analytics-based Workforce Management, Learner-focused Training Design and a Coaching-based Quality Model.

NYU Langone Health has a luxury brand mentality and sought to apply that brand from a strategic perspective to the Patient Access Experience. The decision was made to build its own multi-site, state-of-the-art Patient Access Center (PAC) to meet growth and experience objectives. Early on, the project team identified several foundational elements to set the operation apart by moving to a contemporary model found in today's complex and high-end Contact Center business operations. The PAC story continues…

Analytics-Based Workforce Management

Analytics-based Workforce Management (WFM) was implemented at the Patient Access Center and designed to focus more on "analysis" than on "metrics." Analytics-focused teams are obsessed with root cause, process

efficiency and data accuracy when it comes to resource planning and scheduling. Far too many Contact Centers today confuse a "metric" achievement with an "analytic" outcome. The fact that a call duration may be x minutes is meaningless, unless that duration has been proven to produce the best outcome. In the Patient Access Center, this boils down to satisfying the needs of the patient/provider on the first call/contact.

Workforce Management at the NYULH PAC is often the voice of reason when determining how metrics will be positioned. This analytics-based WFM program is more likely to study agent utilization (e.g., time spent in various states throughout the shift—aka "contribution to capacity") than to establish metric targets for talk, after call

"Workforce Management at the NYULH PAC is often the voice of reason when determining how metrics will be positioned."

work, or calls handled. What they look for in handle time metrics is an accurate representation of the time it takes to perform the tasks in order to properly staff and a data stream able to demonstrate process improvements. They understand that taking X seconds off ALL calls via process improvement will yield significantly better results *faster* than improving one person's call handling skills at a time.

Learner-Focused Training Design

The approach to onboarding and training Contact Center agents today is more demanding than simply teaching systems. The learning model used for the Patient Access Center is performance-based and predicated on the simple question: What specifically does the learner need to know, do and feel? It is less about the use of specific system features and behaviors.

The design for the new-hire learning program focused on teaching the most frequent and critical job tasks via realistic job task scenarios. It specified frequent learner interaction (e.g., ask and tell) and major systems were to be taught within the context of the job.

The delicate balance between the interaction (work you do) and the transaction (how you do it) are given equal diligence within "show-how to" instruction, hands-on activities and discussion. The approach aligns with NYULH organizational and individual performance needs; helps learners become independent, empowered and efficient; and is applicable across all presentation media (e.g., classroom, virtual, and eLearning.)



Coaching-Based Quality Model

The Coaching-based

Quality Model in the Patient Access Center creates many benefits for the operation. It establishes goals and objectives for frontline agents, provides consistency in performance management, and drives excellence in the Patient Experience. The goal is to reduce errors; improve employee confidence; identify best practices; and pinpoint gaps in process, policy and procedures. The model supports knowledge management and training, highlights coaching opportunities and provides valuable insights to NYULH business partners.

The Coaching-based Quality Model uses facilitation vs. "lecture" skills to lead highly engaging "coaching" conversations and build skills at the front line without agents feeling like they are visiting the principal's office. Coaches use an adult learning approach to coach, explore, and practice skills that guide conversations and draw out participant ideas and perspectives (i.e., self-awareness).

In tandem with training, coaching/facilitation skills focus on how people participate in the learning process and on the critical thinking skills agents will build during the process. Coaching sessions are conducted by creating an open dialogue via questions, sharing perspectives and insights, and agreeing on tasks and goals that measure and drive behavior/performance changes. Scoring is "behavioral" and stated in coaching language— Change, Improve, Keep—to assure that all aspects of the program reflect the coaching philosophy. Supervisors serve as coaches with the assistance of a team of Quality Analysts that scour the findings for trends (good and bad), identify process or learning obstacles and determine desired outcomes. The Quality team works closely with WFM to assure that coaching sessions are scheduled and not cancelled.

I would be remiss if I neglected to cite the significant role of the NYULH Patient Access Center in Boynton Beach in managing the disruption caused during the COVID-19 pandemic. The operation took on many new activities related to handling the demands caused by COVID. The Patient Access Center was only six months old at the onslaught of the pandemic, yet "rolled" with the disruption quite magnificently. This included the on-boarding of Las Vegas which went live in March 2021… on schedule! Strong operational foundations absorb disruption and support ongoing flexibility and growth. Future success within this growing operation requires scalability, standardization and sustainability based on solid foundational and strategic elements. This is what a strong Contact Center yields and NYULH is building one of the best! ■

"Excellence is to do a common thing in an uncommon way."

Booker T. Washington