

Digestive Disease Contact Center

Sarah O'Neill, Sarah Montanari, and Chris Rodrigues

BIDMC: Care Connection, Division of Gastroenterology, & Office of Improvement & Innovation – i²

Introduction/Problem

A traditional health care **call center** triages a large number of patient requests seeking care via telephone, website, or by other electronic means. The GI call center has evolved from this conventional concept as it takes on more complex activities, serving as a contact center responsible for triaging care including patient appointment scheduling, canceling/rescheduling provider appointments, appointment (consult, procedure, test) tracking, insurance referrals & authorizations, and triaging messages via CCC, Patient Site, and Outlook.

In 2016, the average monthly call volume was over 10,000 per month. Calls abandoned > 20 seconds was well over the goal of 5% (avg. 12%) and was over 16,000 annually. Our task time analysis, revealed that approximately 28% of patient service representatives time was spent coordinating patient requests. Patient requests consisted of transferring calls to the appropriate department, outreaching patients, and triaging physician requests which created challenges for staff to focus on what's important – providing outstanding and timely customer service.

Aim/Goal

- Position the GI call center to serve as the model for a centralized contact center for the Digestive Disease Center
- Renovate space on Renaissance 8 to accommodate GI Call Center staff
- Right size the GI call center through the hiring of a GI Call Center Manager, 3 additional Patient Services Representative, and GI Call Center Registered Nurse (0.6 FTE)

The Team

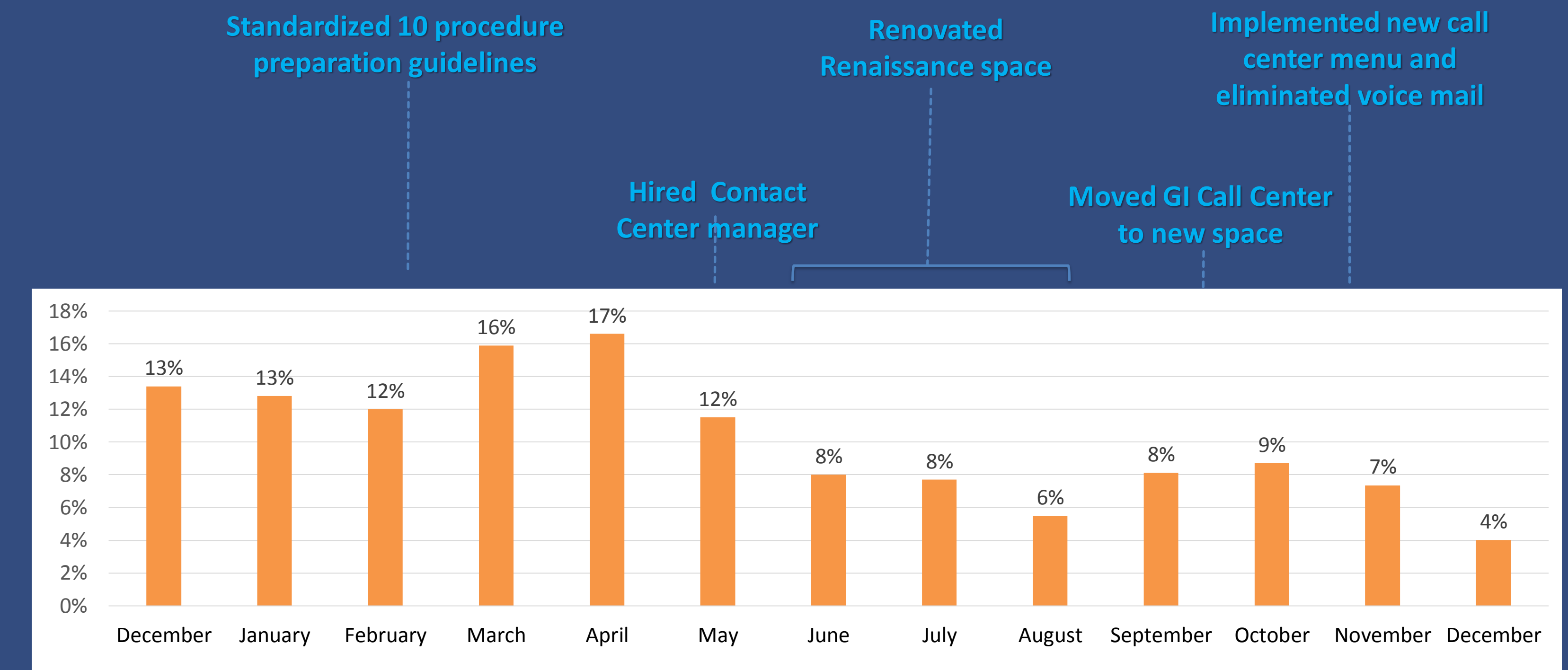
- Sarah O'Neill, Director, Care Connection
- Sara Montanari, Director of Ambulatory Operation, Gastroenterology
- Chris Rodrigues, Senior Project Manager, Office of Improvement and Innovation – i²
- Michelle Proulx, Call Center Manager, Gastroenterology
- Nilson Fernandes, Administrative Manager, Gastroenterology
- Siobhan Connolly, Administrative Supervisor, Gastroenterology
- Deb Crowley, Telecommunication Manager
- Jarod Dore, Facilitates Project Manager
- GI Patient Service Representatives and Administrative Assistants

The Interventions

- Completed current state analysis, including care coordination workflows, data analysis, and administrative staff task time analysis
- Streamlined GI call center onboarding and training processes
- Standardized 10 procedure preparation guidelines to streamline patient communication
- Hired GI Contact Center Manager
- Renovated space and increased the # of workstations from 18 to 33 using the same footprint
- Enhanced GI workstations by adding dual monitors, wireless headsets, and expanded work surfaces
- Developed a new call center menu to ensure patient calls are routed to representatives with the correct expertise

Results/Progress to Date

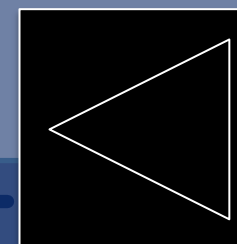
Comparison of service levels % Calls Abandoned >20Sec with the last 12 months of accomplishments



Over the past 12 months, % calls abandoned improved from 12% to 4% (8% improvement)

For more information, contact:

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More Results/Progress to Date

Developed a model to facilitate the transition of the Digestive Disease practices to a centralized contact center

Commitment

- Identify administrative and clinical leadership to provide support where needed
- Meeting forum to collaborate with clinical and administrative staff to validate & refine guidelines for the following areas:

Care Triage and Call Management	Schedule Management	Template Management	Capacity Management
<ul style="list-style-type: none">• Triage guidelines for nursing and administrative staff• Guidelines for urgent, non-urgent calls, & messages• Standardized clinical provider expectations	<ul style="list-style-type: none">• Scheduling guidelines to manage office visits and procedures• Process to manage new and existing patients	<ul style="list-style-type: none">• Process to ensure templates align with provider expectations• Process to manage template changes	<ul style="list-style-type: none">• Process to measure appointment supply with patient demand to ensure there is adequate availability

Lessons Learned

- Over the course of the last 12 months, the combination of hiring a call center manager, leveraging technology to manage call center skills, and streamlining operational processes resulted in a dramatic improvement in the patient experience without hiring additional contact center staff
- Hiring and retaining call center staff has been a challenge
- Contact center staff would benefit from a structured career ladder that would help retain high quality staff

Next Steps

- Install wall monitor for real time performance transparency
- Develop standard, automatic telecom metrics to monitor and trend individual and overall contact center performance
- Develop integrated standardized nursing model for RNs embedded in the remote contact center, in the practice, and mid-levels
- Redesign schedules for optimal use of mid-levels and MDs with the ability to proactively monitor provider capacity
- Starting with the Pancreas and Liver Institute, transition the remaining Digestive Disease practice into the centralized contact center

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