

# Dialogue

MAY / JUNE 2009

## Focus

# Scheduling and Access Management

**T**his issue is Part II of *Surviving and Thriving in a Recession*. The case has been made for taking stock of your call center's value to your organization - then evaluating, and also acting on, ways to become more integral to core operations. This issue's Question of the Month describes where our industry is today. Many call centers are still providing only referrals to physicians, not taking the caller's interest through to fruition. In a sense, these actions tell callers, "We'll help you get started, but the rest will be on your shoulders." There are many reasons offered as to why call centers stop short, from it takes too long (not enough staff) to we don't have access to scheduling systems and the physicians want total control. While each of these barriers may have merit, there are powerful rebuttals and accommodations to overcome them. The bottom line is, taking a referral through to the appointment is the only direct line from patient need and interest to generating organizational revenue.

## Why 'referral-only' puts us at risk.

The simplest answer is, "If you don't do it, someone else will." This mantra is not limited to concerns about regional competitors. It may be just as true of your call center's position within your own organization. A centralized scheduling center which facilitates appointments for your clinics or physician-hospital organization (PHO) knows which physicians are accepting new patients. The staff has keen knowledge of wait times and first-available appointment options. They could easily pick up the physician referral requests handled by the stand-alone marketing-referral call center. And they could facilitate an appointment with ease.

There is also a new 'threat' in the market: for-profit call centers who handle referrals, appointment setting, eligibility/insurance verification and accurate patient registration. For many healthcare organizations, this service would replace three or four internal departments. Outsourcing is attractive to senior leadership because it offers **1)** a one-stop package with accuracy and service level guarantees and **2)** an interim business solution for health systems who need to restructure fragmented services (but cannot afford any disruption to patient access).



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## Comments?

If you have questions, suggestions or comments for Dialogue, please send them to [news@lvmsystems.com](mailto:news@lvmsystems.com). Dialogue is funded by LVM Systems for the purpose of promoting the well-being of healthcare call centers.



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# Scheduling and Access Management

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## The Driving Forces

**Customer Service.** For several years, there has been a growing trend in healthcare to centralize communications and scheduling functions. Some of this has been driven by "ideal patient experience" initiatives. When evaluating service levels of the mini-call centers (scheduling units) across an organization, it is common to find that phones are not answered as well in point-of-service locations. These settings put staff in a situation of having to choose: do I answer the phone? Or, do I take care of the person in front of me? The presenting patient wins out...and the phone waits.

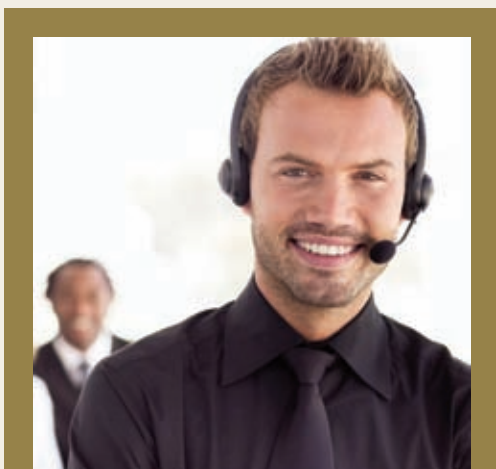
By routing these calls to a centralized center, the point-of-service benefits from a quieter environment, allowing better service and greater attention paid to each patient. The benefits derived from dedicated staff, measurable quality metrics, and customer service training have also been described in studies of best practices.

**Efficiency.** Recently, the recession has escalated projects which deliver greater economies of scale and operational efficiency. Operating fewer, but larger, contact centers makes good economic sense and warrants enough staff to achieve better service levels.

**Enterprise Systems.** Every healthcare I.T. article these days expounds the virtues of electronic medical records (EMRs) and enterprise solutions. The leading systems include a variety of functions, including fully-integrated scheduling. What this means is that eventually, many of our current barriers to scheduling will be resolved, or at least minimized. Schedules of employed physicians will be accessible on the primary system. Affiliated physicians will

also be moving to electronic schedules, thus consolidating the number of software systems schedulers would need to access.

But the most powerful drivers which have given appointment and scheduling centers more importance is their strategic role in access management and the organization's revenue cycle. These two functions are the core of every healthcare organization's financial survival.



*"By routing these calls to a centralized center, the point-of-service benefits from a quieter environment, allowing better service and greater attention paid to each patient."*

**Access Management.** Access management deals with a host of strategies to enable attracting, scheduling, managing and retaining patients. It has become much more complex than back in the 1980s and 1990s, when marketing and referral call centers were first established. Back then, our industry's focus was to attract patients, ideally those with commercial insurance, and connect them with our affiliated physicians and organization's services.

In a recession, Medicare and Medicaid may now be viewed as relatively decent-paying programs. Today's health systems are challenged to develop

multi-tiered strategies for managing commercially insured, government funded, under-insured and unfunded patients. The first point of contact - often a referral or scheduling center - needs to understand more than the insurance match process. Staff need to understand and be able to navigate the ins and outs of eligibility, enrollment, and authorization requirements.

**Revenue Cycle.** The term Revenue Cycle encompasses a broad set of administrative services, including the process of registering, benefit counseling, creating, submitting, analyzing, and ultimately collecting payment for patient medical bills. For our purposes, much of this activity is carried out in the business office and automated by robust analytical software. But revenue cycle improvement gurus are recognizing that one of the most important steps is gathering correct demographic and insurance data on the front end, thus avoiding rework later. Stepping up your call center's role in gathering the data required for registration, completely and accurately, raises your call center's value and connects you to an integral part of your organization's survival.

To summarize, there are ample reasons to move toward scheduling services. The following answers to "Why?" should provide motivation:

1. Improve patient access and be part of this solution.
2. Tie your center into mainstream revenue flow, thus raising its position within the organization.
3. Establish experience and expertise proactively, in preparation for future consolidation.
4. Leverage the customer service skills your staff already has.
5. Growth, through co-location or expansion, brings small centers to an FTE count that can better handle fluctuations in call volume.
6. Similarly, larger FTE budgets better justify the expense of improved infrastructure, such as feature-rich telecom and call management systems.

And in keeping with the Surviving and Thriving in a Recession, we've provided answers to the question, "Why now?"

7. Consolidation and process standardization projects are already in high gear.
8. The "barriers" to scheduling are being removed. Healthcare organizations are on the verge of, or have implemented, enterprise master patient indices (EMPIs), EMRs and enterprise scheduling systems.
9. The recession has brought extreme attention to revenue cycle management. If you understand it and your center's potential contribution, this is a prime opportunity to get involved.
10. All of the above rank high in the priority of funded initiatives.

## The World of Scheduling

Now that the business case is made, your call center needs to determine the best entry point. We're covering the three most common scenarios:

- From physician referrals to new patient appointments
- From physician appointments to outpatient services
- Merging the referral center with central scheduling or patient access.

## From Referrals to Scheduling New Patient Appointments

From the survey results, the most common starting point would be organic growth, that is, growth from existing business versus through a merger with another call center or business unit. You may have considered converting referrals to appointments in the past, and for a variety of reasons, encountered barriers. Luckily, there are methods for accomplishing this: from a three-way call with the practice, facilitating online appointment requests, or gaining direct access to the practice schedules. You may need to accommodate several different scheduling processes at first. But over time, your outcomes data can be leveraged to establish best practices and drive convergence.

1. Is there a group of physicians on a single scheduling system? This is often the case with employed physicians or large group practices.
2. Physicians who are eager to grow their practices may be open to offering standing appointments for your call center to fill. It's low tech, but very efficient. Any unused appointments can be returned to the practice by 10AM each day.
3. Three-way calling is still a common practice. Establishing a back-line into the physician office for use by the call center may help shorten wait times.

Restructuring staff roles may be necessary, and even preferred, over time. Currently call center employees are expected to know how to process 8-9 services and functions. You may consider designating certain staff to focus only on scheduling physician appointments, but to understand the intricacies in greater depth.

## From Triage to Appointments

Telephone triage results in a disposition of "See Your Doctor" approximately 40% of the time. This presents an opportunity for call centers to make appointments while the caller is still on the line.

During regular office hours, this scenario has the same options as mentioned above: direct access to schedules, use of standing appointments or a three-way call. After hours (weekday evenings and weekends), the three-way call drops out, but the other two methods remain. This is a great customer service to the caller, who would otherwise have to wait to call their physician's office until 8AM or 9AM the next morning. It can also be a benefit for the practice. They are bombarded with start-of-the-day calls. Each pre-scheduled appointment takes one more call from their frantic morning queue.

Dialogue interviewed Rita Svatos, RN, MSN, PN, Director of NurseDirect for Affinity Health System. During daytime hours, her staff facilitates appointments through a warm transfer process, connecting callers to the office or clinic.

But if an after-hours triage call results in a disposition of "See Your Doctor" they can now arrange the appointment while the patient or caller is still on the phone. Once the triage process is complete, the call is transferred to a referral associate who accesses the appropriate physician's schedule in Meditech and finds an open appointment.

Their venture into this service built upon their previous success in managing appointment cancellations. The referral associates had already proven their ability to navigate the Meditech scheduling system. The idea that they could also locate available appointments and schedule triage callers was a logical next step. Plus, it enhanced customer service and removed some burden from the practice or clinic's call load the following morning. Other initiatives have helped make this transition easier. The number of different appointment types within Meditech has been consolidated and the post-triage appointments have their own code, AH (After Hours), to identify which were made as a result of the NurseDirect service.

## A Single Scheduling Center for Appointments and Outpatient Services

Kay Vogel, Director of Telecommunications, described her service at St. Alexius Medical Center as a central scheduling center which started when the Physician Hospital Organization (PHO) pursued a strategy of improving access. Prior to the formation of her centralized center, it was not uncommon for patients to try for 20 minutes or more to reach a receptionist at their physicians' offices. At that time, there were multiple switchboards and scheduling desks; all were, in effect, small call centers. The prospect of centralizing resulted in more collective resources. And more staff meant better flexibility and call coverage potential.

The St. Alexius Call Center manages calls for the Medical Center and four primary care and specialty clinics. The staff now schedules for more than 100 providers,

# Drive the Bus (don't just come along for the ride)



In keeping with our access management theme, we thought it would be helpful to discuss how to manage the various clients that rely on your call center as their scheduling hub, or for that matter, any service. Do you sometimes feel like simply an order taker? Is there one client who is always difficult to work with? Do you sometimes feel pressured to take on projects that aren't a good fit? Read on for some ideas to help.

## You're the expert in your field. Act like it.

Stay current on trends in your industry and make sure you are continuously learning new things. Be open to considering new business opportunities, new technologies and new business practices. Have the mindset that you can continuously improve. Don't get cocooned in your own world and think that things will always be the same. If that's your approach, then being in an order-taker role is inevitable. You're the only one who can control this.

Make yourself visible to other departments by participating on committees and projects that may take you out of your comfort zone. This will help you gain experience and credibility, and it positions you as a leader. Plus, you'll have the opportunity to develop good relationships throughout the organization.

## Read the road ahead.

Be clear from the start when discussing how the call center will handle a project. Honest communication is vital. By evaluating a potential new source of business objectively, you'll make a good decision as to whether or not a project is a good fit for the call center. Here are some things to consider when assessing a new project:

- Does it align with the organization's plans? With the call center's?
- Do you have the staff to absorb new call volume, or is there approval to add dollars and FTEs?
- Does the required work fit into the call center model and align with your culture and processes?
- Does the project have executive and managerial buy-in?
- Are the client's expectations reasonable?
- Can the call center's infrastructure support the new business (space, hardware, software, etc.)?
- Does your staff have the skills needed for the new business? Will existing staff from another area move to your center as part of this opportunity?
- Do you believe you can be successful with this project?

Be clear about roles from the beginning. What will the client's responsibilities be? What will be that of the call center? We advise you to put these things in writing, even if only in an informal letter of agreement. Suggest alternatives to timing and scope if you can't take the project now, but may be able to handle it in the future.

## Deal head-on with challenging clients.

Do you have one (or more) very demanding client who never seems satisfied? Or, perhaps you've got a client who is over-involved and tells you how you should run your call center. When this happens, you must be firm and address the situation head-on.

Set up a face-to-face meeting and state your concerns clearly. Then listen to your client. Perhaps there are some easy solutions to ease their concerns upon which you can both agree. Maybe you weren't aware of something that is bothering them that can be easily addressed.

Are some of their expectations unreasonable? Help the client understand that you appreciate their input, but some of their views don't fit the business model and processes that you've established in the call center. Be careful not to close your mind to new ideas, but you must also reinforce to them that you're the expert in your business.

# Scheduling and Access Management

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which equates to 340,000 appointments per year and encompasses scheduling for more than 1300 different procedures. Did patients benefit? Absolutely! The gain in coverage from centralizing staff has meant greatly improved service levels. Plus, patients can schedule multiple appointments and/or procedures at the same time. For instance, a woman can schedule her check-up, lab work and mammography by placing just one call.

The call center still works very closely with the clinics. If a specific request falls outside of their guidelines, the call is transferred back to the practice. Similarly, if an urgent appointment is needed, but none appear available for that particular specialty, the call is transferred to the practice, who has the final decision whether or not to “work a patient in.” The collaboration is very patient-focused.

## Enterprise Growth, an Evolving Process

In our previous issue, we touched on the evolution of central scheduling at Detroit Medical Center (DMC). Kathy Ingalls Hefni, RN, BA, had managed DMC's triage, marketing and referral center for several years. Detroit Medical Center had been growing rapidly through acquisition, and in 2004, the new System C.O.O. had a vision to enable scheduling across the multi-hospital enterprise. This project started with the combining of one hospital's scheduling center to the triage and referral call center location. Five years later, the Health Access Center and Central Region Operator Services schedules for six of the seven DMC hospitals.

The growth has occurred in phases; each with adjustments in staffing and process, coupled with service analysis. Ingalls Hefni has gone nearly full circle in her thoughts regarding the optimal staffing model. When the first scheduling group was brought over, it was combined with her referral center and all staff was cross trained. This functioned well to a point, but eventually the generalist role impacted service efficiency.

Now she has created specialty pods, each with expertise in either referrals and appointments or scheduling and pre-registration. Still, to maximize flexibility, all staff is knowledgeable on both processes. For example, if a patient appointment is made (by referral and appointment staff) less than 24 hours in advance, the same staff will verify insurance and pre-register the patient at the time of the call.

Ingalls Hefni believes staffing adjustments will be ongoing with continued growth and evolving technologies. At the time of our interview, she and her team were studying what to do about the growing number electronic requests. Does ‘online’ become its own pod? Or, does it become a mini-specialty within each pod? They are currently completing due diligence on the electronic fulfillment process to develop a best practice.

## Call Center Manager as Internal Consultant

Kathy Ingalls Hefni shared that with each consolidation they gain new expertise in what to do and how to do it. Her team is often tapped to help other scheduling

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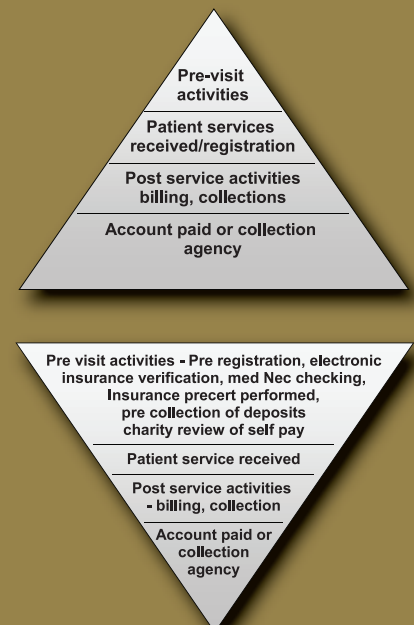
## Revenue Cycle

When it comes to revenue cycle, most health systems have followed a similar course. Traditionally, there has been an appointment and scheduling function on the front end and then a business office responsible for coding, claims processing and collections on the back end. In a recent presentation, Linda Sheaffer, Corporate Director of Patient Administrative Services for WellSpan Health System, illustrated this data model. The tip being the minimal information gathered for pre-registration (front end) and the wide base representing all the tasks to produce an accurate bill and collect reimbursement (back end).

But many organizations are now recognizing the benefits of turning this model upside-down. A more thorough job with registration, including accurate data gathering, eligibility and authorization, greatly reduces the error-chasing, ejudification, analysis and rebilling later.

For Wellspan, the benefits to this approach have proven to be:

- a reduction in managed care denials and write-offs
- reduction in revenue cycle time (AR days)
- an increase in point-of-service collection
- overall decrease in cost of collections



From HIMSS 2009 presentation by Linda Sheaffer, Wellspan Health System, "Refining Your Revenue Cycle to Achieve Superior Results."

# Wait Time Studies

The call center has a unique view of what’s going on with physician offices and services for which they schedule, because of their daily interaction. Call center staff knows who has the fastest appointment availability, who closes during lunch and who answers their phones promptly. They know which offices will work urgent patients in or save you an appointment slot or two each day. In other words, the call center knows who has the best access. Do others in your organization realize how much “insider information” you have?

This issue’s “Tool of the Month” explores a few methods of tracking and reporting access through wait time studies.

## Anecdotal Information

At its most basic, important access information may lie in the anecdotal data your staff gathers – both good and bad. For example,

- A large, primary care practice is getting a new physician who will have same day appointments as she builds her practice.
- Your key cardiology group may be facing short term access problems due to a physician who will be out on medical leave.
- The OB/Gyn who accepts Medicaid is leaving the market.

Sometimes the call center is the first to know these potential market-changing issues. At the very least, you should have a mechanism in place to report this data to your physician relations staff, service line managers, planning staff, and other ‘need to know’ supporters.

### 2008 Family Practice Wait Time Tracking

Name	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Marcus Welby, MD	12 days	18 days	9 days	5 days
Doug Ross, MD	1 day	2 days	1 day	1 day
B.J. Honeycutt, MD	3 days	7 days	5 days	10 days
Henry Blake, MD	4 days	5 days	2 days	4 days
John Carter, MD	5 days	4 days	9 days	8 days

Wait times are listed in business days. Calls are made in the 2nd month of the quarter, between the 15th - 20th of the month.

- Key:
- Target: appointment available in 5 days or less for routine care.
  - Watch list: 6-10 day wait
  - Maximum: 11+ days (requires explanation/intervention)

## Wait Time Studies

More formal access studies are helpful in obtaining trends on provider wait times in the market. Other purposes are to measure provider need in an area, gather competitor intelligence and understand how well your physicians and their staff treat callers. Let’s explore wait time studies in more detail.

### Set the framework

Before beginning the study, get an understanding of the scope. Does management want the access details for a particular practice or a broad sampling of all practices within a specialty? Is there a geographic area that is of particular interest? Is the concern for the availability of each physician or the practice as a whole? Should your calls be blinded and your staff call in as patients (mystery

shopping) or will you represent yourself as the call center? Are you only to study affiliated physicians, or is there a need to know the comparison to your competitors?

Next, determine the purpose of the study. Is it appointment availability only? First available appointment or third? Asking for the second or third available time removes the possibility that you’re getting an artificially early date because of a cancellation. Does ease of getting through to the office matter? What about the courtesy and helpfulness of the staff? By establishing the parameters of the study early you’ll deliver a better product and avoid rework.

Now that you know the scope and purpose of the project, how do you get started?

### Select the right staff

Obviously some people will be better at this work than others, especially if they are expected to pose as a patient. Providing scripting and clear scenarios for them is essential. It’s best to have a few staff that can become the experts at mystery shopping and then give them these assignments all the time. Simply spreading the assignment among all of your staff to do “between calls” can create issues with reliability and consistency.

### Provide clear instructions and a template for documentation

Having specific questions and prompts in front of the staff will help ensure a quality call the first time. It will also help your staff stay focused and on script. Develop scenarios they will use with each call. These scenarios should be pertinent to the specialty and get at the result your client wants. For example, provide non-urgent scenarios if the request

is to learn availability for routine appointments; potentially serious scenarios are used if you want to know whether physicians will work in urgent patients.

If part of the study includes measuring items such as number of rings to answer and time on hold, provide a documentation tool for your staff. To measure subjective data like courtesy, develop a rating scale, clearly defining the ratings, and coach your staff to be sure they use it appropriately. Your call center software's survey module may be a great tool for tracking results consistently and tabulating them quickly at the end of the study.

#### Set a short timeline for data collection

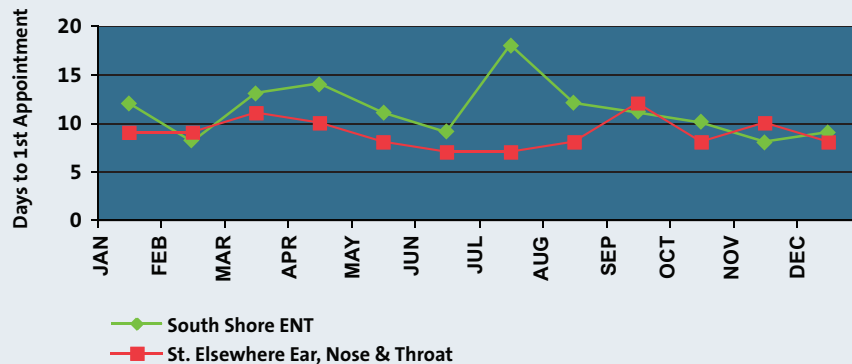
For best results, calls should be made within a few days in order to provide a fair comparison with other offices. Staff assigned to do wait time calls should be given a clear deadline.

#### Report the data objectively

Prepare succinct reports to convey the data and illustrate the trends using graphs. Note the timeframe for the data collection and any other pertinent information.

Your report is likely to get a variety of reactions. If the data is shared with the practices you studied, physicians may be surprised and skeptical of what you report. Often, what the scheduling software gives as the first available appointment is not what the schedulers end up offering for a variety of reasons. Although some may challenge your results, it's hard to argue with hard data that has been collected and reported in an objective manner.

Owned vs. Competitor ENT Wait Times



## Case Study

Barbara Krah at Rush University Medical Center in Chicago described how her call center staff utilizes a Time Ticket to track one access issue: hold times when calling a physician office. Krah theorized that because of frequent long waits on hold, her staff was losing calls and appointment opportunities. Therefore, Rush was losing potential patients. However, she didn't have the data to prove it until she began using the Time Ticket feature in E-Centaurus (LVM System's software; see this month's Training Tip). Here's how it works: when staff begin the process of a 3-way conference call to make an appointment for a caller, the clock starts. At the completion of the transaction, staff stops the clock, recording the actual time spent on hold during the appointment transaction.

This isn't the only thing that Krah's staff captures. During the appointment transaction, call center staff document the 1st, 2nd and 3rd available appointments and the actual appointment date. This data was eye opening to Rush administration. "They found problems that could be immediately addressed, such as practices closing at lunch or not accepting new patients," noted Ms. Krah.

Through an analysis of the data collected, Krah calculated that 988 appointment opportunities had been missed during the measurement period because of lost calls, delays in getting through to an office and long waits for an available appointment. She used the data collected to make the case for adding call center staff so they could capture these lost appointments. She succeeded in doubling the size of her staff and the call center is now an integral part of a bigger access initiative at Rush. Her success factors were:

- developing a strong, data driven business case
- hospital leadership who understand that consumers will go elsewhere if the hospital and physicians are not easy to access
- positioning the call center as a key component of the hospital's growth strategy

If you believe wait studies could be helpful to your organization, take on a small project and share the data with your key stakeholders. After seeing what you can provide, you'll likely become the premier source for physician access information – and in turn, make your call center even more valuable. 🗨️

## Training Tip

# Time Ticket – Accounting for Additional Time Spent on a Transaction

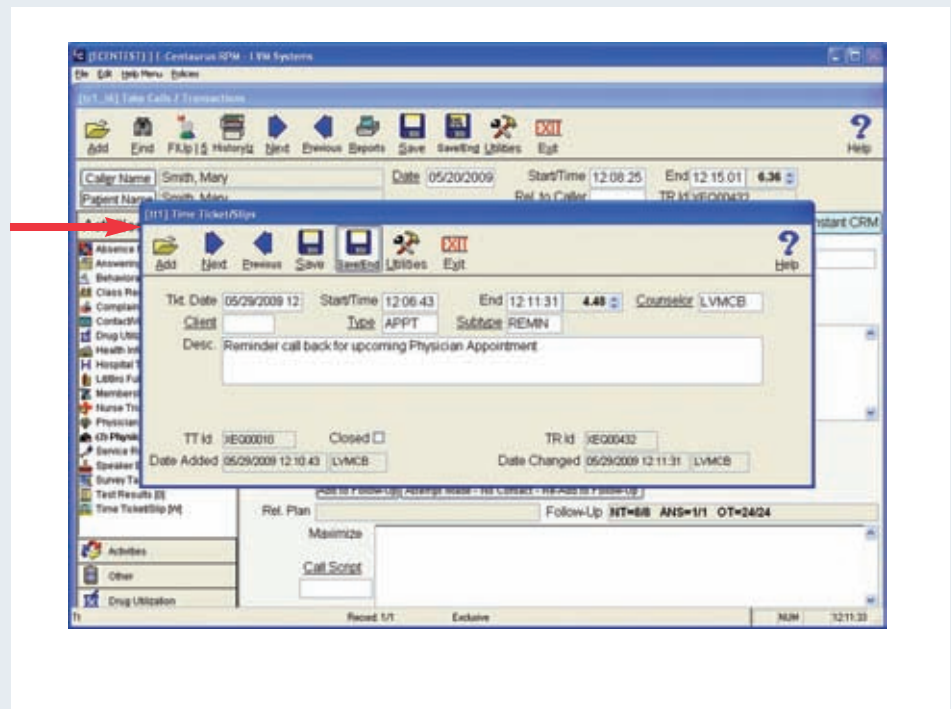
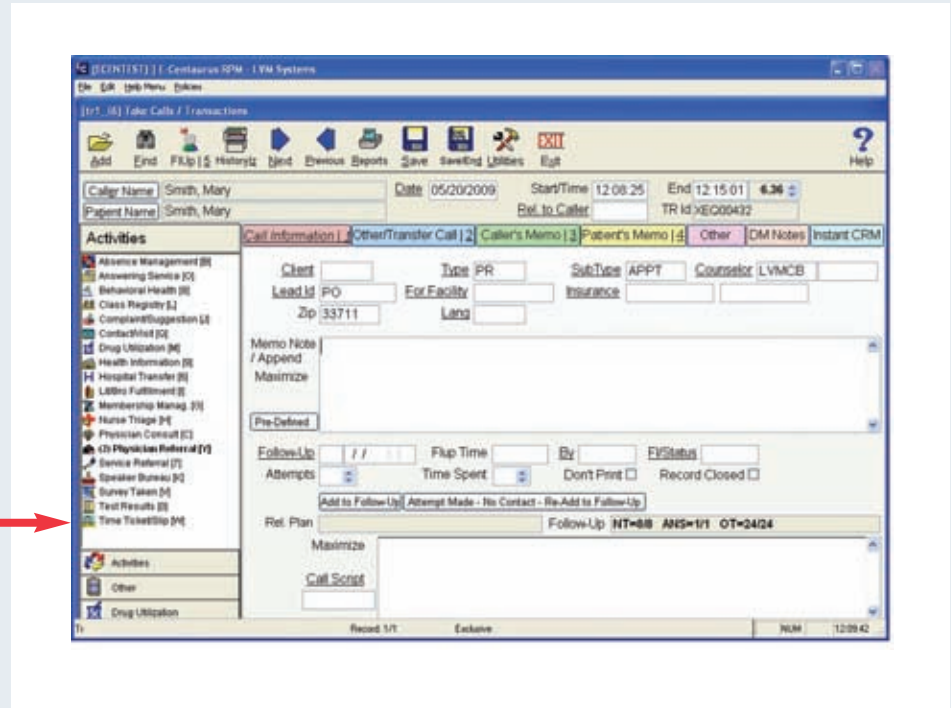
The Time Ticket module in E-Centaurus can be used to track additional time spent on various tasks within a transaction. Some LVM clients use time ticket to track blocks of time spent following up with consumers, i.e., reminder calls for class registrations and physician appointments, triage call backs, etc. Others use the tool to track time spent on specific tasks during the call, e.g. time spent on hold with a physician's office, time spent gathering information on multiple surveys, etc.

Time Ticket is accessible from the Take Calls/Transactions screen, but can be added to other modules with a custom request.

To track additional time spent on a transaction record, simply click on Time Ticket from your Activities list.

E-Centaurus tracks the time spent on the task and allows the user to identify specific information related to the task. Anything documented in the record is reportable.

Keep in mind that multiple time tickets can be added to a transaction, so the possibilities for using this module are endless. Reports can also be generated to provide crucial information about the call.



# Drive the Bus

*Continued from page 4*

After hearing out your client, make it clear that you want to provide them with an excellent service and you can only do so if they let you do what you do best. It can be uncomfortable to have this kind of discussion, but it can result in newfound respect from your client – and a better relationship going forward.

## Breaking up is hard to do, but sometimes it's the right thing.

So, you've done all of the things we've outlined and you still feel like a certain client is unmanageable? Don't be afraid to "fire" a customer if it becomes necessary.

For example, let's say you are handling the scheduling for one of your organization's ancillary departments. They are constantly changing the schedule and expecting you to rearrange patients; they make last minute changes without consulting you and blatantly ignore your attempts to communicate with them. If, after trying to work with them you find you are getting nowhere, you should tell them that they will need to find a different resource to handle their calls.

This is not a decision to be made lightly; only after you have tried several interventions. Of course, you must have the backing of your senior leadership before taking this step. It will also help if you have a spotless reputation established in the organization. To mitigate any customer impact, offer a realistic time frame for the client to find a different source of help and offer to assist in the transition.

## Be a generous colleague.

You may have to say 'no' to a potential project because of timing, staffing or scope. That's acceptable. However, you have something else to offer – your knowledge and experience. You can become an internal consultant in your organization. There may be other departments who have a call center environment. Perhaps departments or physician practices simply need help with basic phone skills, routing, understanding staffing needs or managing call volume. By offering your time and expertise – within a realistic scope of work – you can be a champion in the eyes of your colleagues and you'll gain even more respect for your call center.

Of course, you want to be driving the bus – you wouldn't be in management if you didn't. However, sometimes we all face roadblocks. By keeping some of these ideas in mind, you can be true to your staff, manage your customers' expectations and make sure projects that you take on will be successful. ☛

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## Question of the Month

# Access Management Services

### How it Works:

Questions are sent to our database of call center managers, with the hope of receiving one response per call center. 3CN collects and aggregates the answers, keeping the individual responses anonymous, and then publishes the results. The "N" value associated with each question identifies the number of responses that were received.

This Question of the Month is a gage of where our industry stands in the spectrum of services which support Access Management.

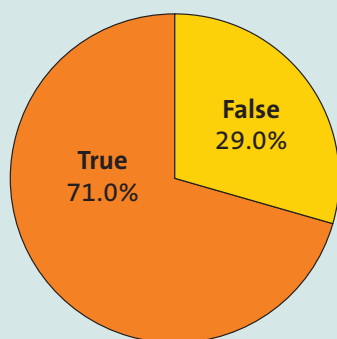
N = 45	Our call center does this currently	We plan to do in next 6 months	Another call center in our org. does this	We outsource this service
Physician referral: names given to caller with no attempt to schedule	48.9%	0%	11.1%	0%
Physician referral & appointments: our policy is to convert referrals to appts. via 3-way conference call	28.9%	2.2%	13.3%	0%
Physician referral & appointments: our policy is to convert referrals to appts. We have some access to the scheduling system(s) for our physicians	20.0%	2.2%	8.9%	0%
Open appointment scheduling online (consumers can book their own appts.)	2.2%	2.2%	4.4%	0%
Telephone triage results in physician appt. being scheduled at end of call	26.7%	4.4%	4.4%	0%
Physician to specialist appointments: referred by primary care	22.2%	4.4%	8.9%	0%
Consumer to specialist appointments	28.9%	4.4%	6.7%	0%
Insurance verification and approval for appointments and/or procedures	13.3%	2.2%	17.8%	0%
ED discharge follow-up: we schedule follow-up appts. for patients upon their discharge from the ED	20.0%	2.2%	11.1%	0%
Scheduling of outpatient services: radiological procedures, lab work, etc.	15.5%	4.4%	28.9%	0%
Disease management: we schedule patients for these programs	8.9%	0%	15.5%	0%
Central scheduling is part of our call center (same governance)	11.1%	0%	20.0%	0%
Central scheduling is co-located with our service (but is a different unit)	4.4%	0%	15.5%	0%
Centralized scheduling collaborates with our center (separate unit, not co-located)	4.4%	0%	4.4%	0%

For employed or affiliated physicians	Our call center does this currently	We plan to do in next 6 months	Another call center in our org. does this	We outsource this service
We schedule routine office visits via outbound call for patients to support medical standards of care	2.2%	0%	2.2%	0%
We schedule routine office visits via outbound call for patients with chronic disease to support medical standards of care	4.4%	0%	2.2%	0%
We schedule well-baby visits and screenings via outbound call to support medical standards of care	0%	0%	2.2%	0%
We provide reminder calls to patients who have an appointment scheduled with employed/affiliated physicians	2.2%	0%	4.4%	0%

Access Support Services	Our call center does this currently	We plan to do in next 6 months	Another call center in our org. does this	We outsource this service
Wait-time studies: such as measuring first available appointment	20.0%	0%	4.4%	0%
Customer service surveys	40.0%	0%	6.7%	0%
Call handling consulting for other departments and practices	24.4%	0%	8.9%	0%
Data mining & sharing information regarding callers, demographics, etc.	48.9%	0%	2.2%	0%

**We know how we fit in the revenue cycle for our organization (N = 31)**

- 71.0% True
- 29.0% False



**Finance views the call center as a key partner in the revenue cycle (N = 32)**

- 40.6% True
- 59.4% False

**If you schedule appointments for physicians or specialists, what ONE statement best describes your software access: (N = 22)**

- 50.0% We have no access to physician schedules
- 31.8% We have access to some physician schedules (<30% of the phys. for whom we schedule)
- 0% We have access to some physician schedules (<50% of the phys. for whom we schedule)
- 13.6% We have access to most physician schedules (50%+ of the phys. for whom we schedule)
- 4.5% We have access to all the physician schedules

**If you have access to physician scheduling systems, in how many scheduling software packages does your staff have to be proficient? (N = 12)**

- 66.7% 1 scheduling system
- 33.3% 2-3 systems
- 0% 4-5 systems
- 0% 6+ systems

# Scheduling and Access Management

*Continued from page 5*

services improve their operations. Acting as consultants, they evaluate service levels, wait times, and abandonment rates. They also look for symptoms, such as multi-step manual processes and instances of duplicate data entry, as indicators of areas for improvement in efficiency.

Like any project, the movement to scheduling is a sequence of steps: analyze, design, implement, analyze, fine-tune and demonstrate value; then repeat these all again for the next phase. To be a successful change-agent, be prepared to use process improvement methods and gather adequate pre- and post-data to show the benefits to all stakeholders: **1)** patients, **2)** clinics, practices, and departments and **3)** the sponsoring organization.

Both Vogel and Ingalls Hefni described how data collection and analysis have been at the core of their growth strategies and successes. Improvements continue to be process focused and data driven, which means analysis is a key component of

their roles as managers. At Primecare, Ms. Vogel is often asked by leadership, “How can we manage access better?” Administrative reports become critical in demonstrating the facts of access management and reducing misinterpretation and incidental hearsay.

Beyond experience and analysis, all three managers touted the benefits of a good telecom system; one that provides data on how calls arrive, how they're distributed to staff and where calls are transferred. Call recordings and post-call data have been invaluable in resolving problems and supporting their actions, if and when quality issues have been raised.

The three also strongly recommend managing variation. Rita Svatos mentioned that at one time, there were nearly 6,000 appointment types to choose from within Meditech. Navigating through that many options would have greatly increased the risk of error for her staff. Since that time, Affinity has worked as a system to consolidate appointment types and make scheduling more manageable, in preparation for open access scheduling. They now have the total down to approximately 100 visit types.

Similarly, Kay Vogel lists her biggest challenge as managing changes to their

“protocols,” that is, the various rules and processes which must be followed for scheduling patient visits and procedures. The practices have been allowed to designate individual preferences on visit types, how they are scheduled and when the practice takes time off for meetings or closures. Her software manages 75-90% of these, but staff still have to be on their toes when it comes to knowing the specifics of the protocols. “Moving forward, new physicians will be given a template to use for setting up schedules and optimizing patient access.”

## It's All Good.

All three leaders agree that scheduling has raised the profile of their call centers and put them in a stronger, more stable position within their organizations. They serve as key components of access management and, therefore, impact their organizations' revenue cycles. Through their growth, their centers have realized benefits from increased budgets and staff, as well as upgraded infrastructure. Their organizations have gained from enhanced and standardized customer service, which has contributed to a service brand that is a competitive advantage in the marketplace. ☛

## Industry Resources

### **3CN - Call Center Consulting Network**

[www.3cn.org](http://www.3cn.org)—Experienced consultants focused exclusively on healthcare call centers

### **American Academy of Ambulatory Care Nursing (AAACN)**

[www.aaacn.org](http://www.aaacn.org)—Also ViewPoint bi-monthly newsletter and e-mail

### **American Telemedicine Association (ATA) Telenursing**

[www.atmeda.org](http://www.atmeda.org)—Members receive a Telemedicine Journal

### **AnswerStat (bi-monthly publication)**

[www.answerstat.com](http://www.answerstat.com)

### **CPM Marketing Group**

Expertise in Customer Relationship Management (CRM)  
[www.cpm.com](http://www.cpm.com)  
608-831-7880

### **Greystone Group**

[www.greystone.net](http://www.greystone.net)—providing Internet strategies and solutions for healthcare organizations

### **LVM Systems, Inc.**

LVM User's Conference  
October 21-22, 2009, Scottsdale, AZ  
[www.lvmsystems.com](http://www.lvmsystems.com)

### **Physician Referral and Telephone Triage Times (monthly publication)**

Phone: 770-457-6106 Fax: 770-457-4606

### **Telemedicine Information Exchange (TIE)**

Information on telemedicine and telehealth  
<http://tie.telemed.org> produced by the Telemedicine Research Center

### **Reach for the Stars Conference Children's Physicians Network**

September 24-27, 2009  
Minneapolis, MN.  
[www.cponline.org](http://www.cponline.org)