



Healthcare Call Center Services

Patient Communication Management [®]

- Centralized Scheduling
- Patient Pre-Registration
- Deductible/Copay Pre-Collection
- Patient Access Consulting
- State-Specific Insurance Experts
- Insurance Verification
- Physician Referral
- Complaint Resolution
- Discharge Follow-up
- Open 24/7 Every Day
- Multi-Lingual Live Agents
- 100% U.S.-based Workforce
- Web Portal Accessibility with Real-Time Reporting
- Voice, Text and Email Reminders to Patients and Physicians
- **Interpreter Scheduling Services**
- Live Online Chat
- “Call Me Back” Programming Feature
- Annual Check-Up Reminders
- Smartphone Applications
- Facebook & Website Integration
- Concierge Services



**AMERICAN
HEALTH
CONNECTION**

Patient Communication Management™ Services Cloud

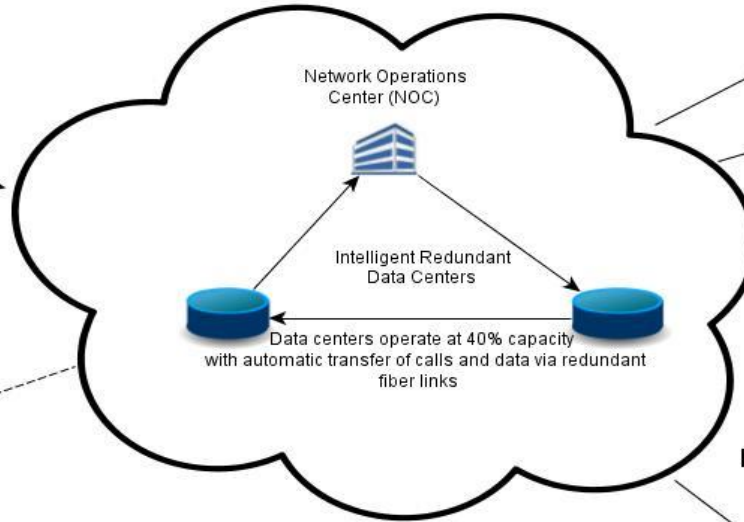
**Incoming Patient and
Physician Referral Calls**



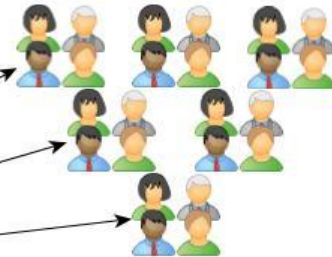
DID Forward to Cloud
Take responsibility for phone number
Custom IVR
Separate calls by caller Origin
Zero call abandonment



**Data Communications with
Customer EMR/HIS/Scheduling
system. HL7 interface,
Schedule Upload/Download
VPN or terminal services to
Client's systems
Client web portal and reporting**



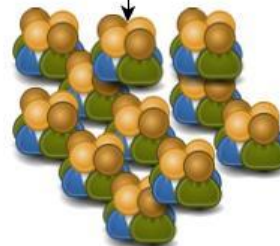
Patient Communication Specialists



Separate calls by caller origin
Per caller origin screen pop-ups
**Custom scripts covering every
call handling scenario**
**Calls handled in accordance with Client's
specific requirements**
Protocol based message dispatch and escalation

Outbound Patient Communications

Voice, Text, Email Appointment reminders
Reply via text, revert to live
Patient Communication Specialist
Post Discharge follow up
Scheduled checkups



**Physician paging and
notification of upcoming
procedures**



Case Study: The Voice Of The Patient

Creating Standards Of Excellence
Healthcare Call Center Operations

Mercy Hospital & Medical Center
and
American Health Connection

Agenda

- The Mercy Story, A Call For Change
- Implementing a centralized and remote central scheduling solution
- Striving For Excellence—Metrics & Quality
- Future Considerations

Mercy Hospital & Medical Center

Mercy Health System—

- Mercy Hospital & Medical Center
 - Mercy Medical Group
 - Mercy Works
 - Mercy Foundation Inc.
 - Mercy School Based Health Centers
 - Lakefront Bariatrics of Chicago
- A member of Trinity Health, Livonia Michigan
 - Chicago's First Teaching Hospital
 - \$250m Total Operating Revenue
 - Diverse patient population and payor mix
 - 189 Operating beds; Serve 106,000+ patients in over 500,000 inpatient & outpatient visits



A Call For Change

- The voice of the patient & Customer, the beginning of PE
- Growth, community need
- Gateway to the system, with many challenges—call management issues, lack of functional and systems integration, limited hours of operation, no apt reminders functionality, high no show rate, high error rate, low staff productivity
- Outdated ACD Management, critical need

Outsource vs. Insource

- **Why?**—Wide sweeping change required
- Decision Points & Considerations
 - One Call Center solution/enhanced patient experience
 - State Of The Art Technology with no upgrade commitments
 - Cost Benefit Analysis
 - Span Of Control & Engagement

IMPLEMENTATION & STANDARDIZATION

3 PHASES

Phase I – Implementation & Go-Live

About 6 weeks

- Administrative Details
Contracts; profile builds; security
- Observation & Skills Evaluation
- Expanded Hours of Operation
- Scope of Work—Testing & Physician Appts
- Live Service Observing (chat & whisper)
- Error portal & tracking process establishment

Phase II – Standardization & Enhancement

2 years

- Voice & Text Reminder implementation
- Pre-registration focus
- Workflow consistency/standardization/clean-up
- Resource Tool Development
- Performance Standards Established
- Fax Concierge with Appt Confirmation to Provider

Phase III – Final Enhancement

Entering now – project timeline 1 year

- Downstream integration of Fax Concierge (pre-cert; order retrieval)
- Reminders—Email & Bilingual
- Voice of Customer Integration (tracking etc)
- Aggressive Revenue Cycle Alignment
- LEAN Process Excellence Project implementation
- Patient Navigation

Challenges

- 5 Systems for scheduling
- Fragmented workflows & documentation
- No central source of truth
- Cultural resistance to outsourcing

Wins

- Mammography
- Significant base metric improvement within 30 days of Go-live

STRIVING FOR EXCELLENCE—METRICS & QUALITY

Striving For Excellence

Call Management Metrics

Metric

- SOA, speed of answer
(Others: deflection and call back rate)
- Longest in Queue
- Abandon Rate
- Average Talk Time
- Transfer Rate
- No Show Rate
- Reminder Reschedule
(Other detail- answer busy, etc., volumes, success rate, etc.)

2015 Outcome / Target

- .6m / 1m
70%-90% (Calls<30sec / Total Calls)
- 2.1m / 4m
- 2.0% / 3%
7% - 3% (Abandon Calls / Total Calls)
- 4m / 5m (Less than 7 minutes)
- 12% / 19%
- 10% / same
Less than 5% (No Shows / Sched Patients)
- 11%

Striving For Excellence, Quality Metrics

- Controllable Denials, IV and Secure Rate
- Pre-Registration Rate
 - Patients PR/Scheduled Patients (80%-95%) 92%
- Pre-Service Ins Quality
 - Accurate Insurance Patients/Total Patients (80%-90%) 80%
- Final Ins Quality
 - Accurate Insurance Patients/Total Patients (90%-98%) 94%

Striving For Excellence, Quality

- Real Time Quality Management
 - Leverage robust technology and reporting
 - Every agent monitors their own work
 - Thought process: “Opportunity to correct their errors before they become errors”
 - Encourages transformational change: accountability/responsibility back to the agent
 - Ops Manager and QA Team support
 - Good feedback loops

FUTURE CONSIDERATIONS

Future Considerations, ONECall

- Intersection of personal connection and technology
- Ensuring the right care, right place, right time
- Date of first contact approach (not DOS)
- The capacity and authorization conflict
- Compete well and reduce leakage and delays
- Standardize, reduce-re-work and handoffs

Future Considerations

- LEAN performance excellence approach
- Functional and systems integration & alignment
- Provider TO patient communication
- No Show Management & improvement
- Email & Bilingual Reminders
- Physician & Clinician collaboration

Future Considerations

- Measuring quality and patient experience
- Self-Service empowerment
- MyChart- Access, DI and RC
- Video, chat, mobile solutions
- Access, ACO, CM integration- new opportunities

“The biggest disability is thinking you can’t do something before you’ve even tried.”

Lori Griener

Questions?