

AMGA 2013 Annual Conference

Implementing an Integrated Contact Center

March 16, 2013



Introductions



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- Formerly: Chief, Patient and Client Services, Sutter Physician Services (SPS)



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FAAP, FACPE**

Medical Director, Primary
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(SMG)



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- Principal, ECG Management Consultants, Inc.
- Interim VP, Business Process Transformation, SPS

Agenda

- I. Who We Are
- II. Contact Center Vision and History
- III. SMG Experience
- IV. SMG Planning and Implementation
- V. Year 1 Results and Future Planning

I. Who We Are

I. Who We Are

Sutter Health – Overview of Entities

Sutter Health

- Northern California health system.
- 26 hospitals.
- Approximately 2,000 employed physicians (foundation model).
- Organized into five geographic regions.

Sutter Medical Group

- Sacramento-based multispecialty group.
- Formed by the 2011 merger of four previously separate Sutter-affiliated groups.
- 600 physicians, 100 midlevel providers.
- Foundation model associated with SMF.

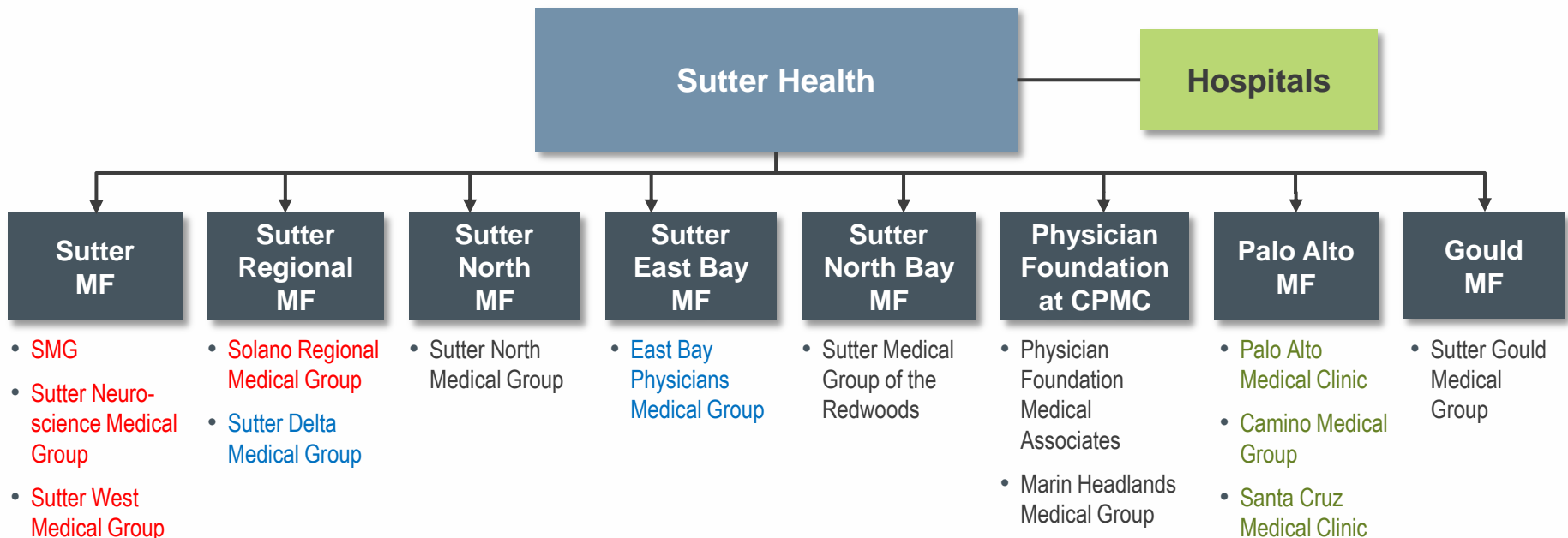
Sutter Physician Services

- Created in 1999 as a Sutter Health affiliate.
- Original focus: back-end physician billing services and managed care administration.
- Expanded services: Epic practice management system deployment, patient portal, contact centers, front-office services (registration and scheduling), nurse triage, and physician on-call answering service.

I. Who We Are

Recent History

Approximately 5 years ago, Sutter Health included eight medical foundations (MFs) associated with 14 distinct medical groups.



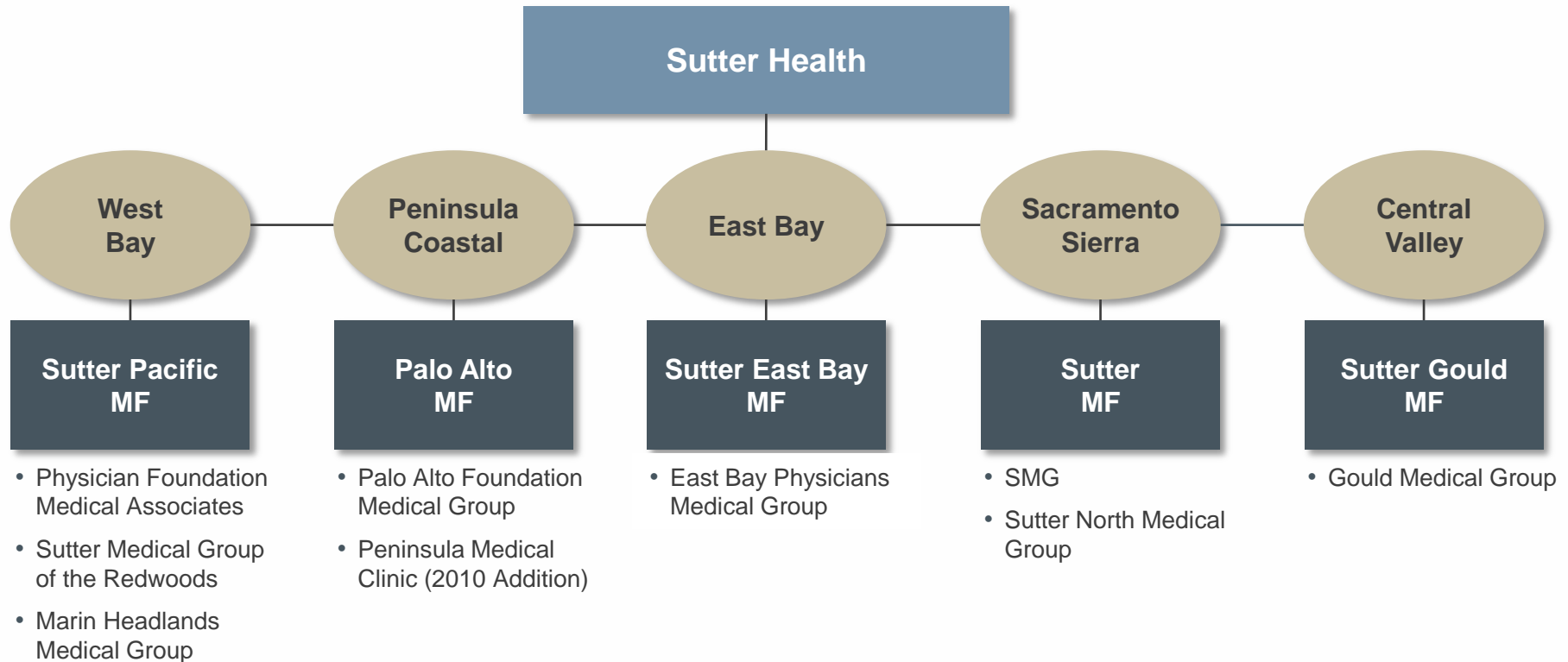
Key

- **Red** = Combined to form SMG in 2011.
- **Green** = Combined to form Palo Alto Foundation Medical Group in 2009.
- **Blue** = Combined to form East Bay Physicians Medical Group (with other additions from group splits).

I. Who We Are

The Present

Today, Sutter Health includes five regional MFs, and the medical groups have been consolidated from 14 to 8.

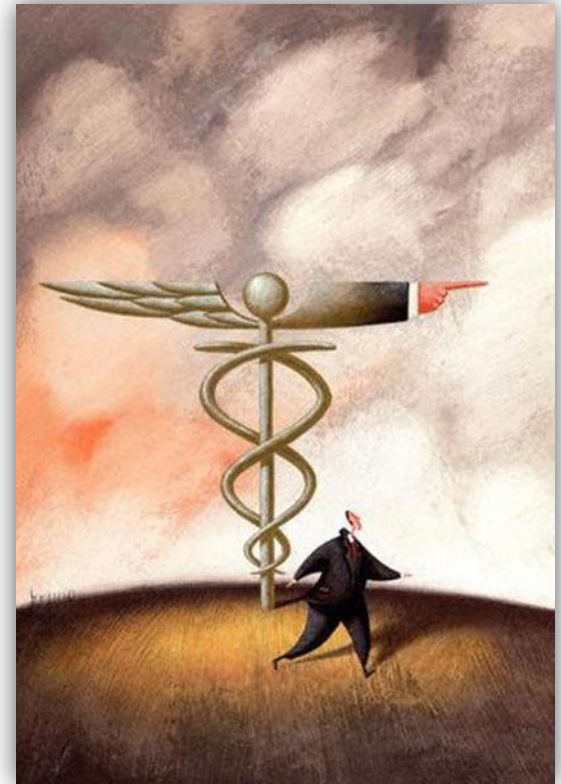


I. Who We Are

Burning Platform

A practice management system conversion and the need for more efficient work flows and standardized processes initially fueled the contact center concept.

- Medical group acquisitions and mergers.
 - Disparate operational practices.
 - Best practices not disseminated.
- Conversion from IDX to Epic for practice management between 2010 and 2012.
 - Work flows streamlined for conversion.
 - Standardization required for success.
- Preparation for population health management.
 - Increase role of nursing in the care team.
 - Decrease emergency department (ED) costs.
 - Improve brand and patient “stickiness.”



II. Contact Center Vision and History

II. Contact Center Vision and History

Transforming the Patient Experience and Reducing Costs

Self Service
IVR and
Online



Level I Support: Contact
Center; Non Medical;
Live and Chat



Level II: MA/ Pharm
Tech Support



Level III
Support: RN



Level IV Support:
Physician



Drive work to the left appropriately with an immediate connection to a higher level of support that is consistently available



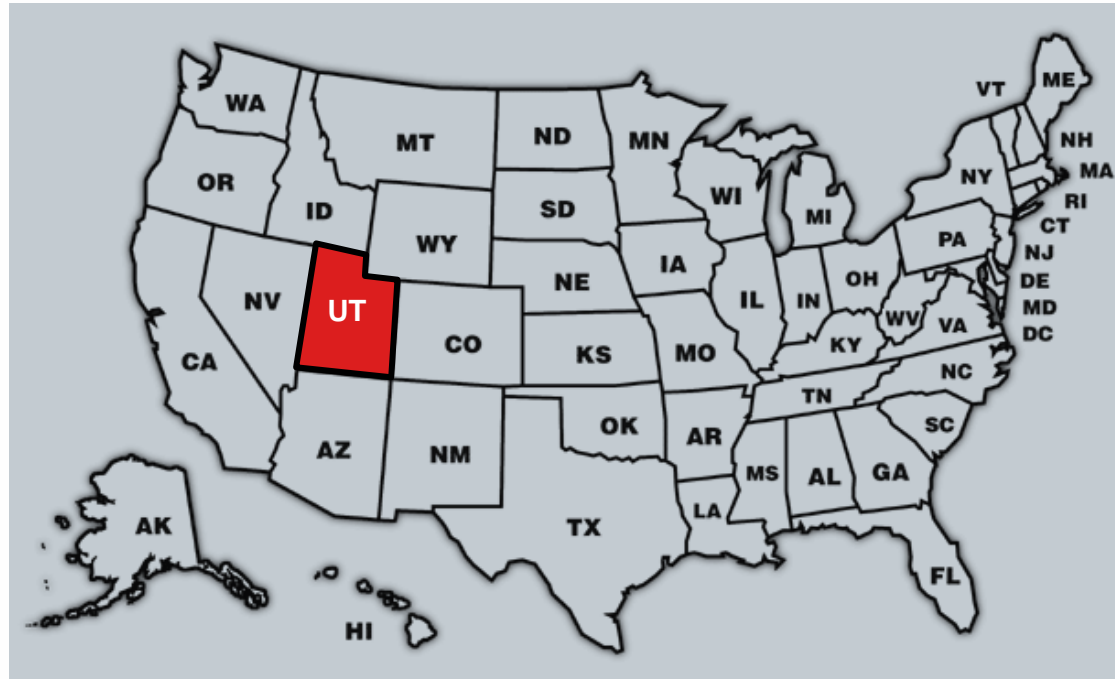
***Provide Consistent, Reliable Integrated
Patient Support any time any where.***



II. Contact Center Vision and History

Utah Exploration

- 2008: Exploration of business process outsourcing opportunities:
 - Western U.S. locations.
 - Salt Lake City business climate.
- 2010: Teleperformance (TP-USA) business partnership.
 - Moved existing billing customer service to Utah in an outsourced fashion.
- 2010 to 2012: “Project Transform” (Epic conversion).
 - Initiation of requests for centralized front-office services.
- Early 2011: Established first contact center focusing on patient registration and scheduling services (in Sacramento, California).



II. Contact Center Vision and History

Why Is Utah Hot?

HEADLINE NEWS

Utah Ranked #1 Best State for Business

– *Forbes.com, 2011, The Best States for Business*

HEADLINE NEWS

1# Best-Managed State Government

– *The Pew Charitable Trusts, 2008, Grading the States*

HEADLINE NEWS

#1 Best Business Climate

– *Business Facilities Magazine, 2011*

HEADLINE NEWS

**Salt Lake City 4th Best City
for Young Professionals**

– *Forbes.com, 2011*

HEADLINE NEWS

Utah #2 Pro-Business State

– *Pollina Corporate, 1999*

HEADLINE NEWS

1# Expected Economic Recovery

– *American Legislative Exchange Council, June 2011*

II. Contact Center Vision and History

Utah Workforce

Youngest State in the Nation

- Over 20% of Utah's population is enrolled in grades K-12.
- The median age is 29.

Highly Educated

- 39% have a college degree.
- 90.8% have a high school diploma.
- 33% of all working adults speak more than one language in the state of Utah.

Strong Work Ethic

- Average turnover rate: 1.6%.
- Fewer sick days: seventh healthiest state.
- Fewer work breaks: lowest percentage of smokers in the U.S.

Competitive Market and Competitive Business Costs

- Utah's wages are 90.3% of the national average.



Source: The Gateway.

Per capita, Utah is the most linguistically diverse region of the U.S.

– Time Magazine

Sources: Decision Data Resources, The Employers Council, United Health Foundation, and the U.S. Bureau of Labor Statistics (May 2009 wage data).

II. Contact Center Vision and History

University of Utah Partnership

Partnership History

- Sutter Health desired to create a contact center with skilled and professional nurses.
 - Theory that advice nurse service in isolation may negatively impact the ability of the RN to demonstrate hands-on clinical skills.
 - University of Utah's core competency in providing health services.
- Over 6 months, Sutter Health developed a partnership with the University of Utah College of Nursing:
 - Five doctorate of NP programs, admitting over 100 RNs each year.
 - Women's Health, Geriatric, Pediatric, Family, and Acute Care tracks.
- A contract with the University of Utah was signed in August 2011.
- The first services went live in October 2011.

Program Design at College of Nursing

- Full-time program:
 - 300 hours per semester (16 to 20 hours per week).
 - Full tuition reimbursement per semester (not including nursing tuition differential).
- Part-time program:
 - 150 hours per semester (8 to 10 hours per week).
 - Half tuition reimbursement per semester (not including nursing tuition differential).
- Additional earning potential of approximately \$20 per hour.

II. Contact Center Vision and History

Lines of Business

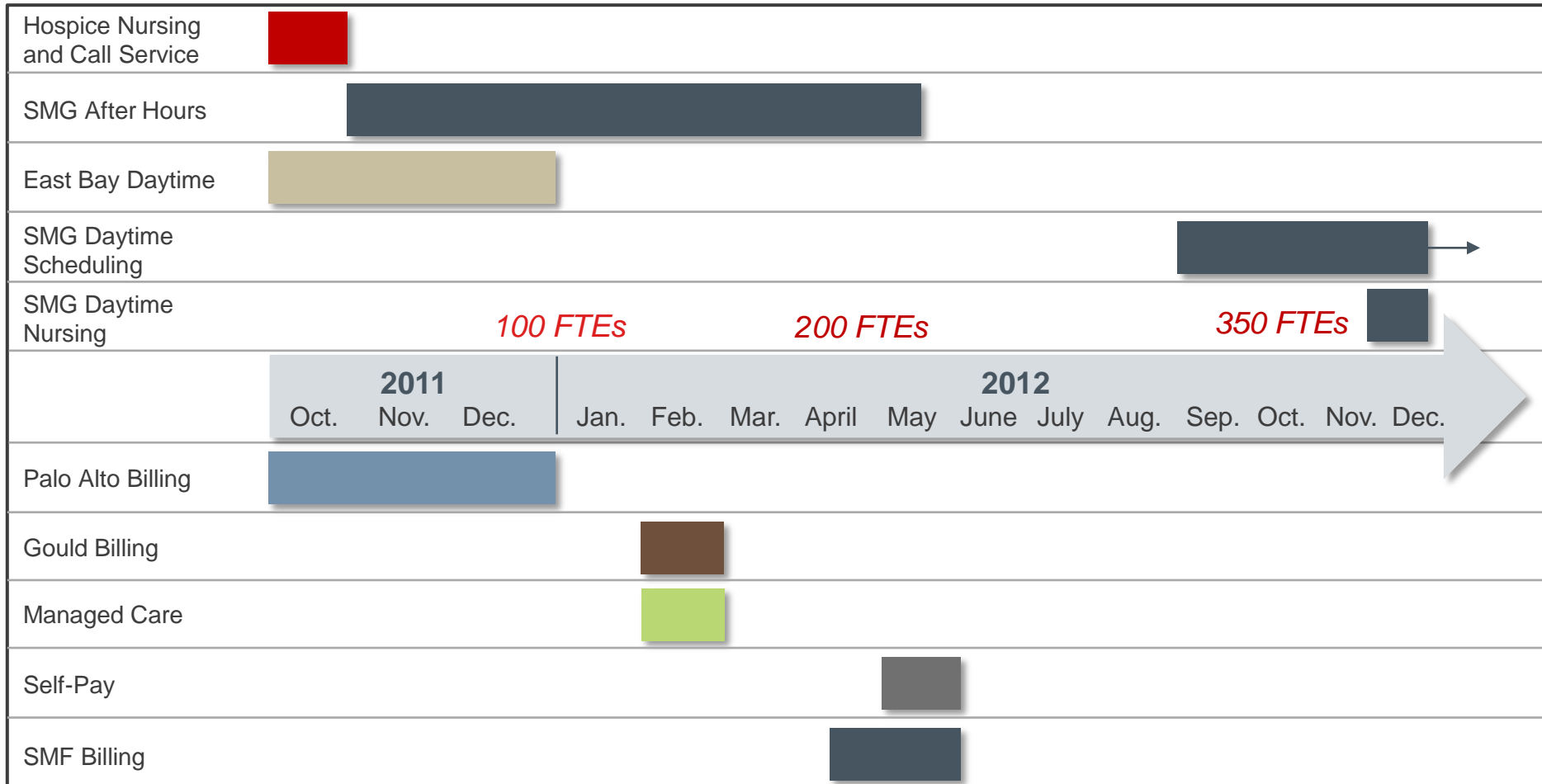
Expansion on the nursing concept occurred rapidly to integrate other key ambulatory-focused services.

Business Line	Rationale
Nurse advice: <ul style="list-style-type: none"> • Evenings/weekends. • Daytime. • Primary care focus. • Hospice focus. • Expansion to OB/GYN and other specialties. 	<ul style="list-style-type: none"> • Extending ambulatory coverage to non-core hours. • Supporting ongoing operations.
Physician on-call answering service.	<ul style="list-style-type: none"> • Integrate with nurse advice. • Lessen physician burden during non-core hours. • Avoid sending the patient to multiple vendors.
Registration and scheduling.	Standardize approach and decrease burden at clinic site.
Hospital discharge follow-up and readmission management.	Population management for key populations (Medicare, HMO) where financial incentives are aligned.
Billing customer service.	Existing service that was insourced.
Managed care support.	Existing service that was integrated.

II. Contact Center Vision and History

Overall Implementation – Lines of Business

Implementation of multiple lines of business served to take advantage of economies of scale in technology and infrastructure that may not be possible for individual medical groups or single services.



II. Contact Center Vision and History

Technology Solutions

There are four major technologies used to operate the contact center and link it with the physician practices and hospitals.

Function

- Clinical Record
- Registration and Appointing

Hospice Clinical Record

On-Call Schedule Management and
Physician Contact Protocols

Telephony and Workforce Management

Technology



II. Contact Center Vision and History

Telephony Infrastructure

Interactive Intelligence, Inc. (I3) – Single integrated contact center application that coordinates:

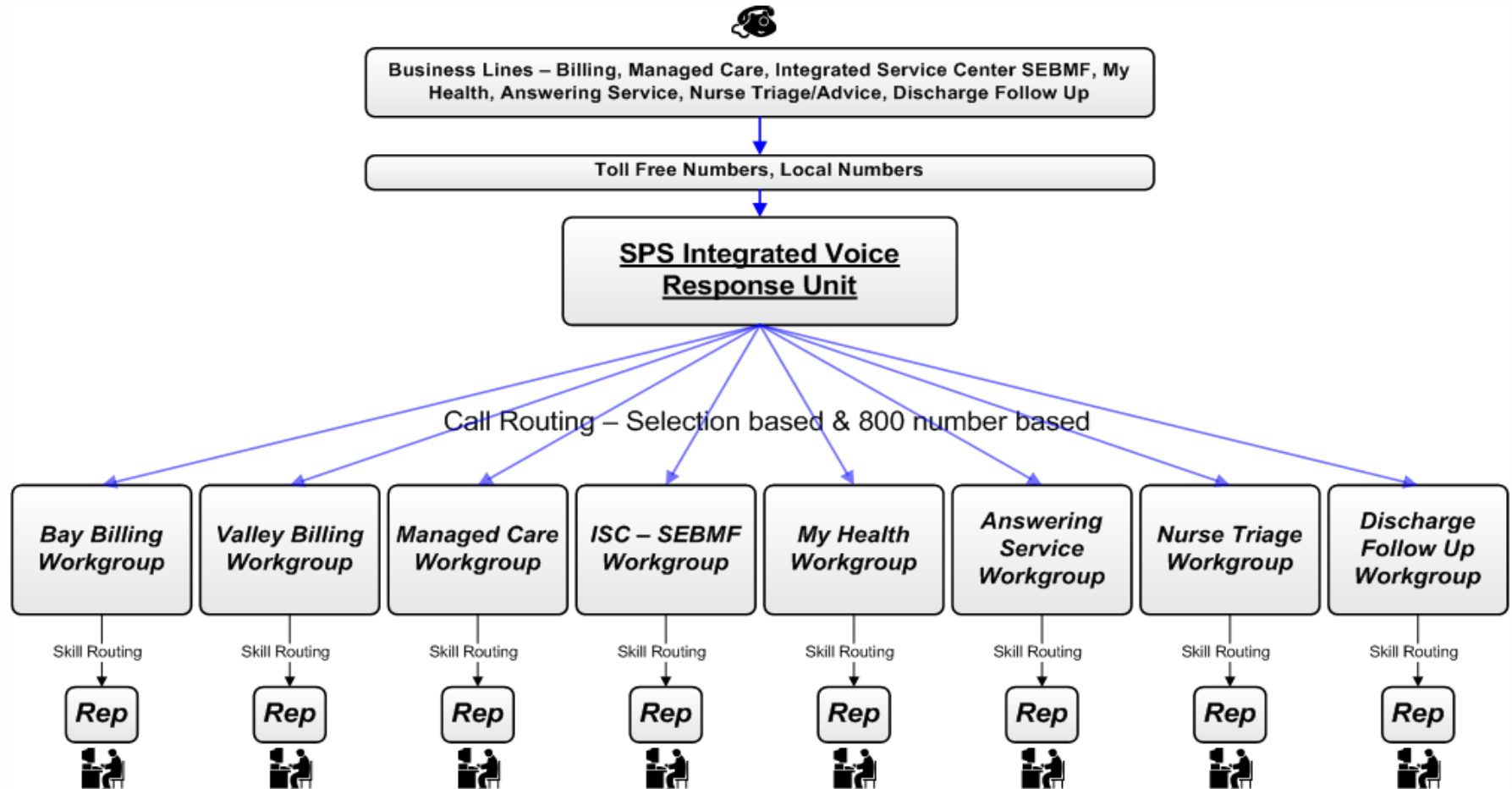
- Workforce management – call forecasting and scheduling.
- Interactive Voice Response (IVR).
 - » Controls call flow.
 - » Has Smart Action functionality.
- Automatic Call Distribution (ACD).
 - » Skill-based routing.
 - » Specialty-based routing, as needed.
- Quality monitoring.
 - » Interactive recorder.
 - » Quality scorecard.
- Reporting.



II. Contact Center Vision and History

Call Routing

Each line of business rings into the central IVR unit. Calls are then routed to the appropriate work group and representative based on selection and phone line.



III. SMG Experience

III. SMG Experience

Interest in a Contact Center

Driving Forces – Tactical

- After-hours nurse advice service for primary care provided by a competitor.
- Quality of advice perceived as poor.
- High cost per call given low call volume.
- Physician/patient interactions not captured in Epic.
- Separate vendors for nurse advice and answering service – patients transferred between them.
 - Physicians were ambivalent about answering service quality, but believed that the two services would function best as an integrated offering.

Driving Forces – Strategic

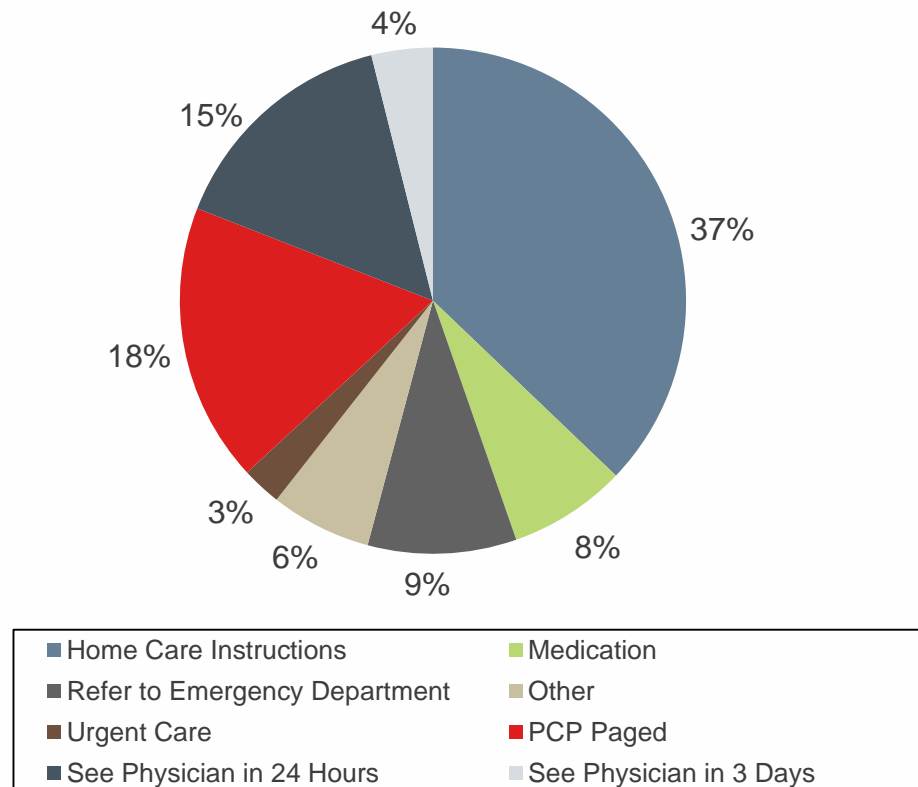
- Preparation for future changes in reimbursement and managing total cost of care.
- Ability to maintain patient care operations 24x7 fashion.
- Improvement in patient adherence and brand awareness.

III. SMG Experience

Historical Nurse Advice Service

A significant portion of the calls resulted in additional handoffs or escalation to higher levels of care (e.g., physician, ED). Call transfers between the answering service vendor and the nursing vendor were common and costly.

2010 Nurse Advice Call Disposition



III. SMG Experience

Building the Model

- SMG/SMF and SPS began a joint effort of building an operational model.
- The decision was made to start up in Salt Lake City for after-hours services:
 - From 5 p.m. to 8 a.m., Monday through Thursday.
 - From 5 p.m. Friday to 8 a.m. Monday.
- Services included:
 - Nurse advice – primary care.
 - Physician on-call answering service administration – all specialties.
 - Urgent scheduling for primary care (i.e., for next-day appointments).
 - Expansion to other asynchronous forms of care (e.g., Rx refills, urgent labs).
- Future expansion of nurse advice to specialty care.

III. SMG Experience

Physician Perspective

Nurse Advice

- The majority of physicians were excited about the prospect of an enhanced nurse advice service.
 - They believed it would reduce the on-call workload.
 - Interactions could be captured in Epic, leading to more coordinated care.

Physician On-Call Administration

- There were differences of opinion on the effectiveness of on-call services.
- Concerns about changing the vendor included:
 - Call schedule maintenance responsibility.
 - Daytime availability of the answering service (for unplanned closures).
 - Hold time when dialing back to receive messages.
 - Security issues related to text messaging.
 - Escalation processes.
 - Reluctance to give up paper reports/messages from the answering service.

III. SMG Experience Timeline

A phased approach was used by clinic/geographic area that allowed course correction along the way.

	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	Sept 2012	Oct 2012	Nov 2012	Dec 2012	Mar 2013	Apr 2013	May 2013	
Phased implementation of after-hours nurse advice and answering service.	[Active]													
Phased implementation of daytime registration and scheduling (planned).							[Active]							
Daytime nurse advice.										[Active]				

IV. SMG Planning and Implementation

IV. SMG Planning and Implementation

Project Team Structure

A multidisciplinary team, including project management and operational resources at the clinics, was used to create, plan for, and implement the SMG contact center.

SMF Core Team

- SMF/SMG Project Leadership
- SPS Project Leadership

Work Group: Clinical Protocols and Standards

- Physicians
- Nurses
- University of Utah
- Julie K. Briggs Protocols (Adult)
- Barton Schmitt, M.D., Protocols (Pediatrics)

Work Group: Care Center Work Flows and Scheduling

- Clinic Managers
- Site Supervisors
- Lean Facilitator

Work Group: Telecom, Call Flow, and Knowledge Management

- Telephony Resources

Work Group: HR and Training

- HR Personnel
- Epic Trainers
- Amcom Software Trainers

Work Group: Quality Assurance and Reporting

- Information Systems Resources

Work Group: Communications

- Communications Managers From Each Organization

IV. SMG Planning and Implementation Process

Analytics

- Obtain historical call volumes and call duration.
- (They will be wrong).
- Develop a mathematical staffing model.
- Set desired performance standards.
- Staff according to desired performance levels.

Engagement

- Tap into the knowledge of subject matter experts.
- Design standard, agreed-to work flows across practices.
- Utilize Lean-based tools.
- Gather knowledge to make a personal connection between practices and the contact center.
- Be realistic about the ability to execute on exceptions that are not clinically warranted.

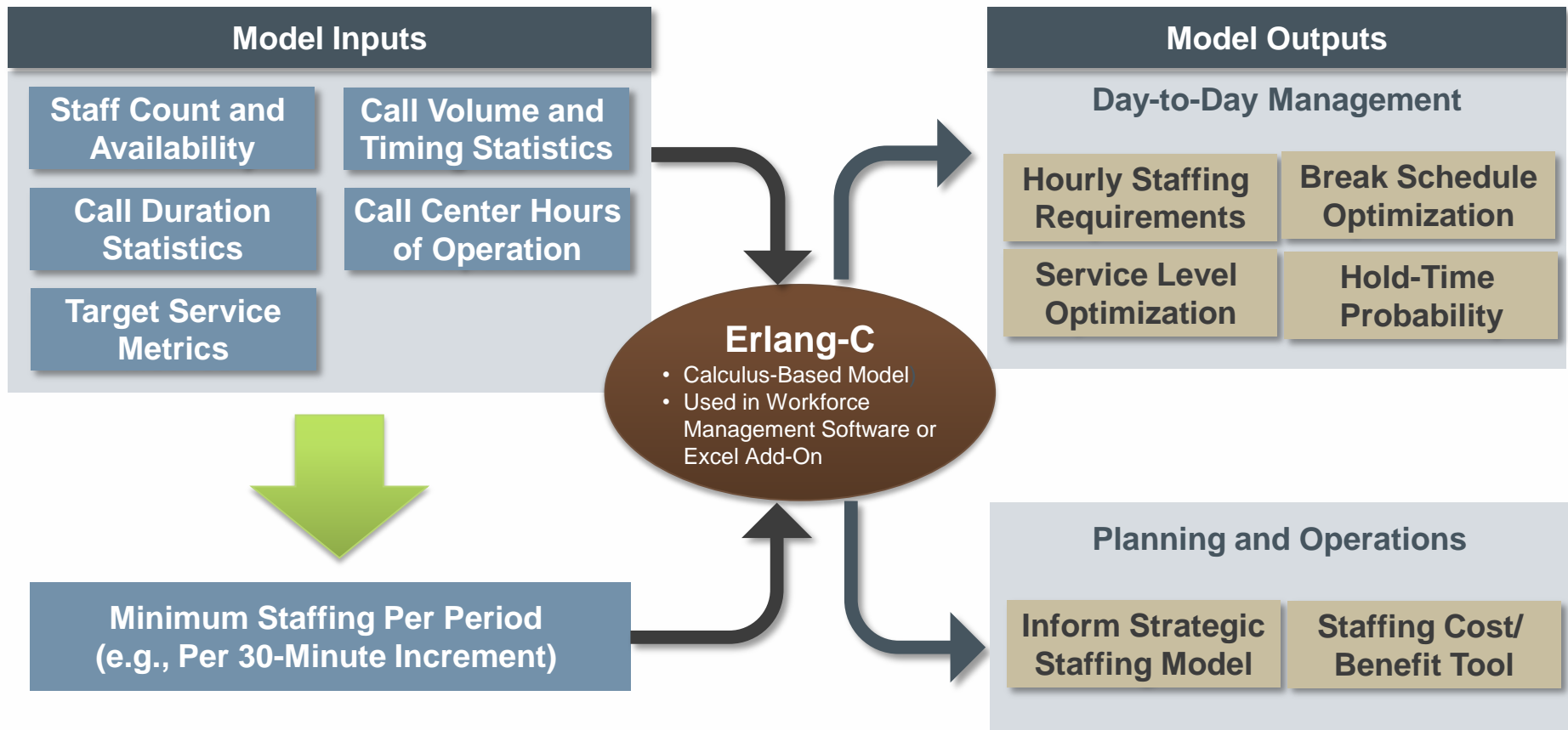
Execution

- Conduct a phased approach.
- Build online tools/ SharePoint database for knowledge management.
- Have “feet on the floor” for the first week.
- Overstaff shifts at the outset. Call handle times will decrease over time, and staffing can be reduced.

IV. SMG Planning and Implementation

Analytics – Staffing Model Planning

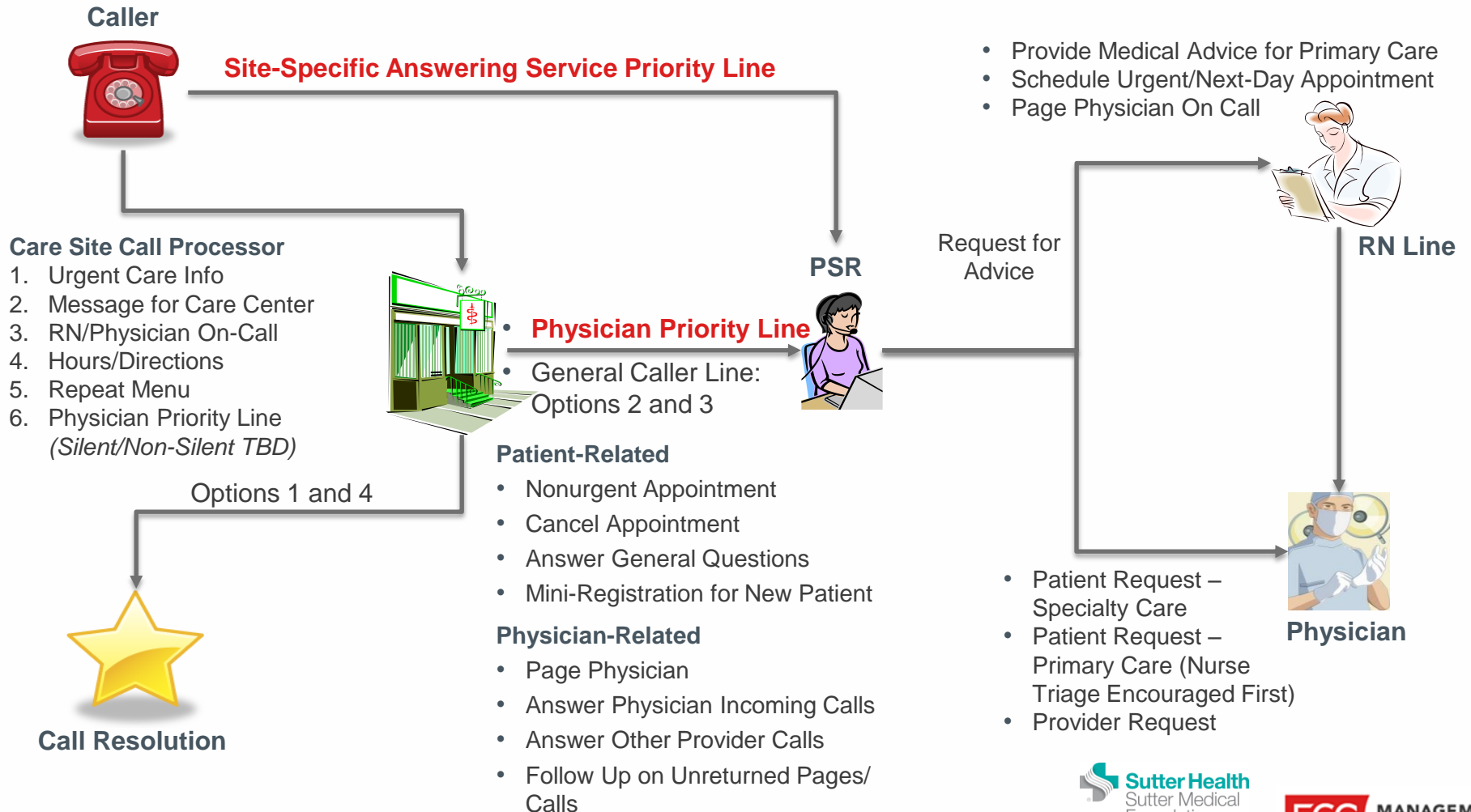
The better the historical data, the better the staffing projections; however, the data is rarely indicative of new processes and can be misleading.



IV. SMG Planning and Implementation



Engagement – Call Flow Design

We held a Rapid Improvement Event that included physicians and clinic-level managers to collectively design new work flows for the contact center.




IV. SMG Planning and Implementation

Engagement – SharePoint Knowledge Management


Sutter Physician Services
A Sutter Health Affiliate
Welcome Berenguer, Mark | My Links | 
Questions & Feedback | FAQ
Site Actions ▾

SCIP DIVISIONS ▾ PORTALS ▾ BUSINESS CENTER ▾ COLLABORATION ▾ APPLICATION CENTER

Albany Primary
This Site: ISC Homeroom ▾ 

Applications > ISC > ISC Homeroom


Albany Primary Care

500 San Pablo Ave. Suite 300
Albany, CA 94706

Family Medicine – 8021

Gjeltema Affinity Group

[Dr. Kenneth Gjeltema](#)



[Dr. Nina Birnbaum](#)

Sounds like [burn-bowm]

Backline 510-204-8144 Lu Davis – 510-204-8131	Front Desk # 510-204-8135	Fax Numbers: 510-524-0861
Care Center Hours:	Monday – Friday Saturday	8:00AM – 5:00 PM 8:30AM – 2:30PM
Appointment Line : 510-204-8130 (us)	Check In Kiosk Availability: YES	MHO Password Reset 866-978-8837
SEBMF Lab Services: 500 San Pablo Ave 510-204-8199 - phone 510-559-9147 - fax	Monday – Friday Saturday	7:00AM – 5:30PM 7:00AM – 2:30PM
Landmarks: Next to Kaady Car Wash Across the street from the El Cerrito Plaza CVS Pharmacy; 670 El Cerrito	Parking: Parking lot entrance is on San Pablo Ave. Parking at this location is Free.	Other Locations Numbers: Telegraph Primary Care 510-204-8110 Neurology 510 204-8140 Rheumatology: 510-204-8190 OB/GYN: 510-204-8190

Care Centers

Name

- Albany Primary (Central)
- Antioch Primary and OB-GYN (Diablo)
- Antioch Urgent Care (Diablo)
- Brentwood Primary and OB-GYN (Diablo)
- Castro Valley OB-GYN (Diablo)
- Castro Valley Primary Care (Diablo)
- Dublin OB-GYN (Diablo)
- Hilltop FP and OB GYN (Central)
- Oakland (Central)
- Orinda OB-GYN (Central)
- Orinda Primary Care (Central)
- Regent OB-GYN (Central)
- Telegraph OB-GYN (Central)
- Telegraph Primary (Central)

Add new document

Local intranet | Protected Mode: Off
100%

IV. SMG Planning and Implementation Engagement – SharePoint Knowledge Management (continued)

While some efforts need to be made to standardize expectations and scheduling practices prior to implementation, 100% standardization is not imperative for success.

Dr. Kenneth Gjeltema – Family Medicine (8021)

Sounds like [JELL-te-mah]



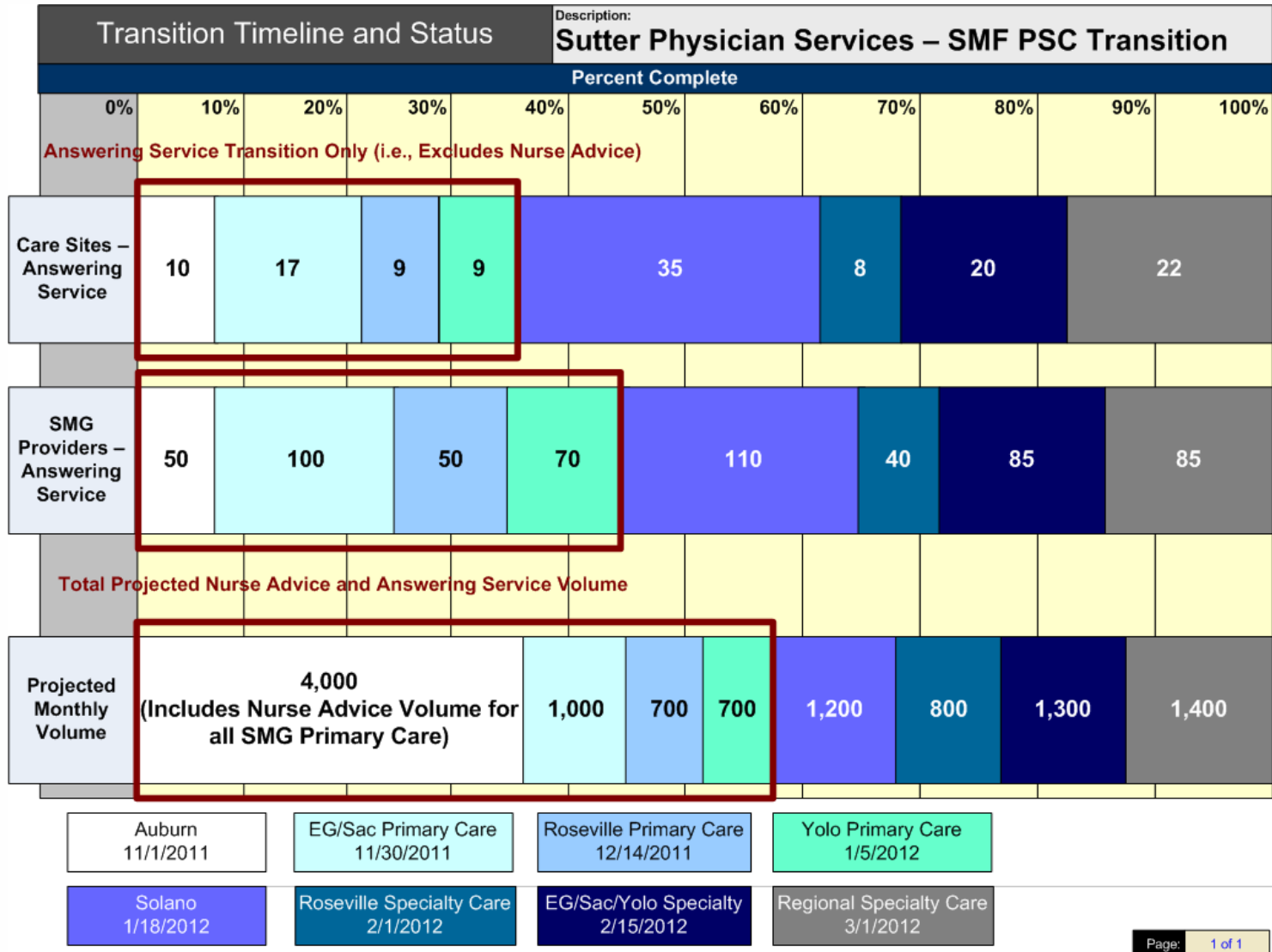
Open to New Patients
[Accp. Insurance and Hospital Affiliations](#)
License:
 CA: G58053
 NPI: 1225145543
 DEA: AG2681054
 TAX-ID: 94-2690415

Appointment Type	Description
Complex Return	Not Applicable – all return patients will be scheduled under “Return / General OFV”
Health Maintenance	Annual Physical with Pap, Annual Physical (Verify that patients last physical was one year plus one day) UNABLE TO PERFORM PELVIC EXAMS AT THIS TIME Well Baby/Child Visits (Unless the patient is new than use the New Patient visit type) are considered HME’s; Please advise parent(s) to bring their child’s immunization records so that they can be updated during the appointment.
Injection	See injection Workflow
Minor Procedure	Please reference Procedure List for provider.
New Patient	Any patient new to the SEBMF Division (Central or Diablo); existing patient being seen in a new specialty; or patient who has not been seen ≥ three years.
	Brief follow-up, lab follow-up, prescription

SPECIAL PROCEDURES					
Office Dermatologic Care		Office Gynecologic Care		Office Ophthalmologic Care	
PUNCH BIOPSY	Y	PAP	Y <i>Return Office Visit</i>	CORNEAL ABRASIONS / REMOVAL OF CORNEAL OR CONJUNCTIVAL FOREIGN BODIES	Y
SHAVE BIOPSY	Y	IUD REMOVAL	N	SLIT LAMP EXAMS / TONOMETRY	Y
EXCISIONS OF CYSTS / MOLE REMOVAL	Y	IUD PLACEMENT	N	Office Otolaryngologic Care	
INCISION OR DRAINAGES	Y	ENDOMETRIAL BIOPSY	Y	CERUMEN IMPACTION REMOVAL	Y
FOREIGN BODY REMOVAL	Y	DIAPHRAGM FITTING	N	AUDIOMETRY	Y
LACERATIONS, UNCOMPLICATEWITH SUTURE PLACEMENT	Y	CONTRACEPTIVE IMPLANTS: INSERTION/ REMOVAL	N	EVACUATING HEMATOMAS OF THE AURICULE	Y
SUTURE REMOVAL	Y	TREATMENT OF NON CERVICAL CONDYLOMA	Y	Office Podiatric Care	
CRYOTHERAPY	Y	BARTHOLIN’S CYST: ABSCESSSES/ MARSUPLIZATION	N	REMOVAL OF INGROWN TOENAIL	Y
UNNA PASTE BOOT AND TREATMENT OF VENOUS STAIS ULCERS	N	Office Musculoskeletal Care		EVACUATION OF SUBUNGAL HEMATOMA	Y
WART TREATMENT	Y	INJECT WITH STERIODS LARGE AND MEDIUM SIZED JOINTS: ANKLES, SHOULDERS, KNEES	Y	Office Urologic Care	
Office Gastrointestinal Care		INJECT BURSA / TENDONS	Y	NEWBORN CIRCUMCISIONS	N

IV. SMG Planning and Implementation

Execution – Phased Implementation



V. Year 1 Results and Future Planning

V. Year 1 Results and Future Planning

Contact Center Today

The contact center drives cost reduction and economies of scale from millions of calls across multiple services.

Contact Center Overview

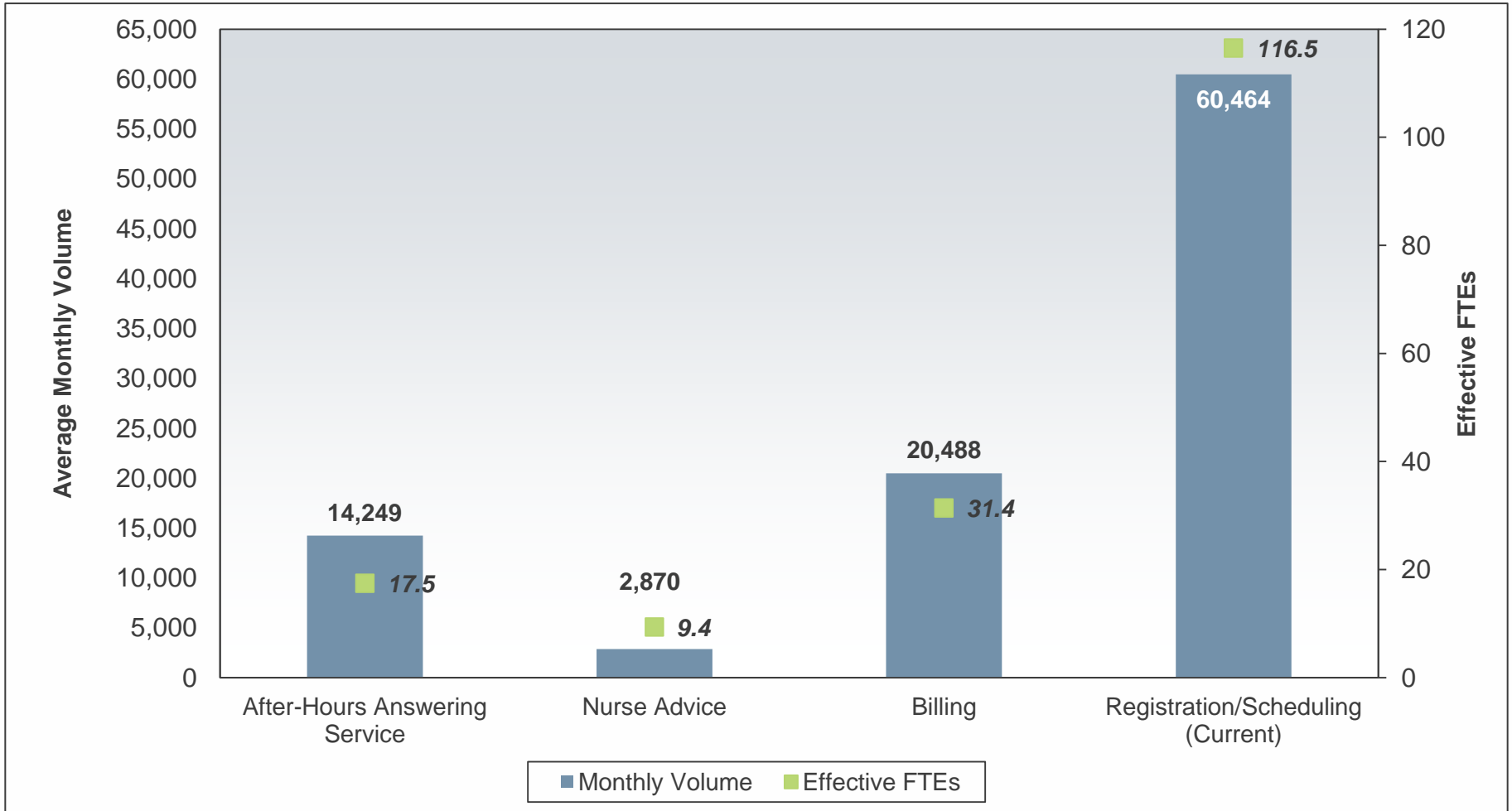
- 3 million calls annually.
- Nearly 500 employees.
- New 40,000-square-foot facility.
- Advanced telecom technology.
- Enhanced quality and workforce management processes.
- Cost reductions.
- 24x7x365 operations.



V. Year 1 Results and Future Planning

SMG Volumes and FTEs

SMG Volumes and FTEs by Line of Business



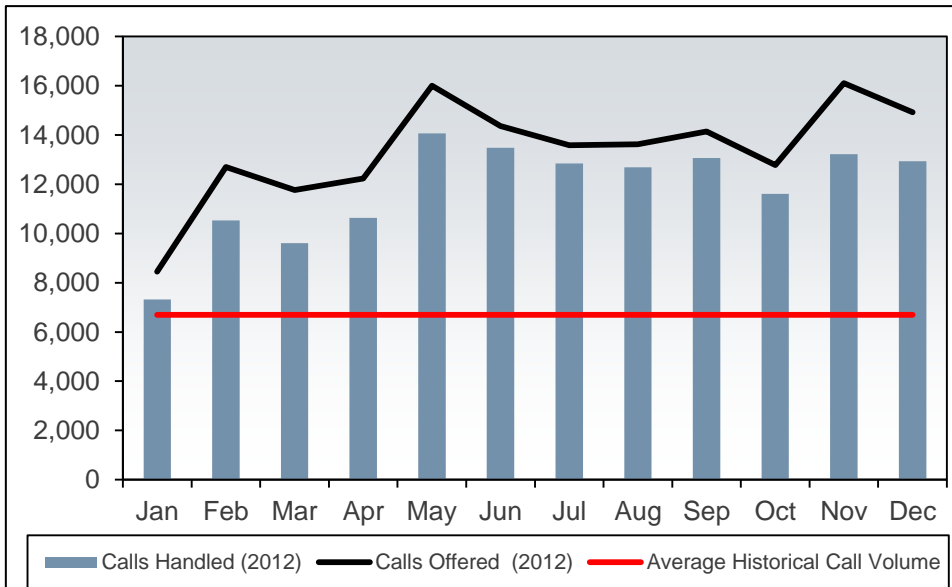
Source: SPS Performance Management. Based on data from March 2012 through February 2013.

V. Year 1 Results and Future Planning

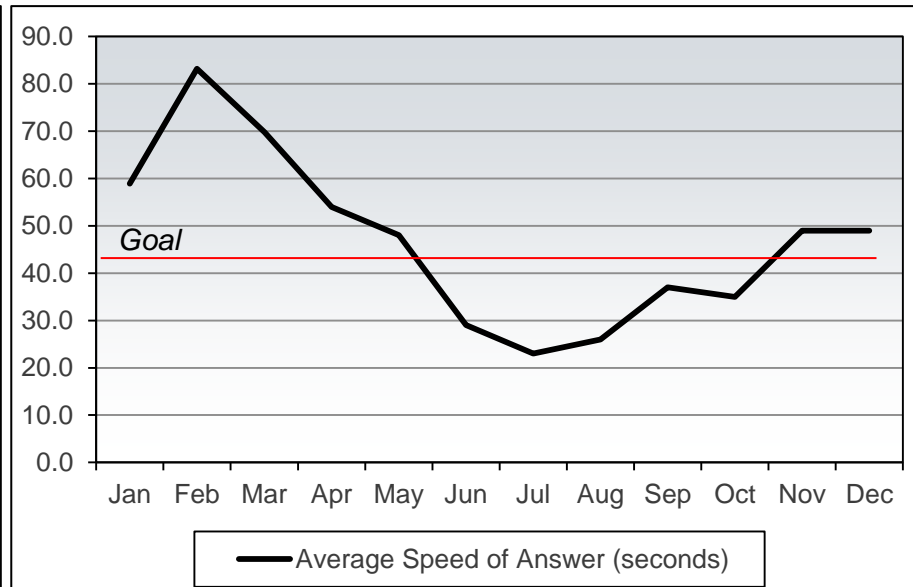
After-Hours Answering Service

SMF's after-hours answering service has exhibited relatively consistent results following full transition in April 2012.

Answering Service SMF Call Volumes, 2012



Answering Service Average Speed of Answer, 2012



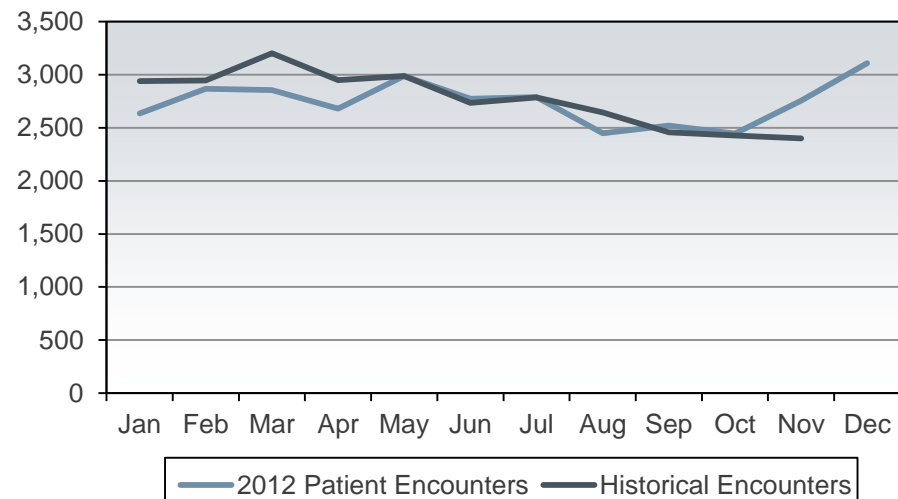
- After full transition (April 2012), call volumes ranged from approximately 14,000 to 16,000 per month.
- The average speed of answer (ASA) for the answering service was 42 seconds, below the target of 45 seconds.
- Average handle time (AHT) ranged from 3.0 to 3.5 minutes.

V. Year 1 Results and Future Planning

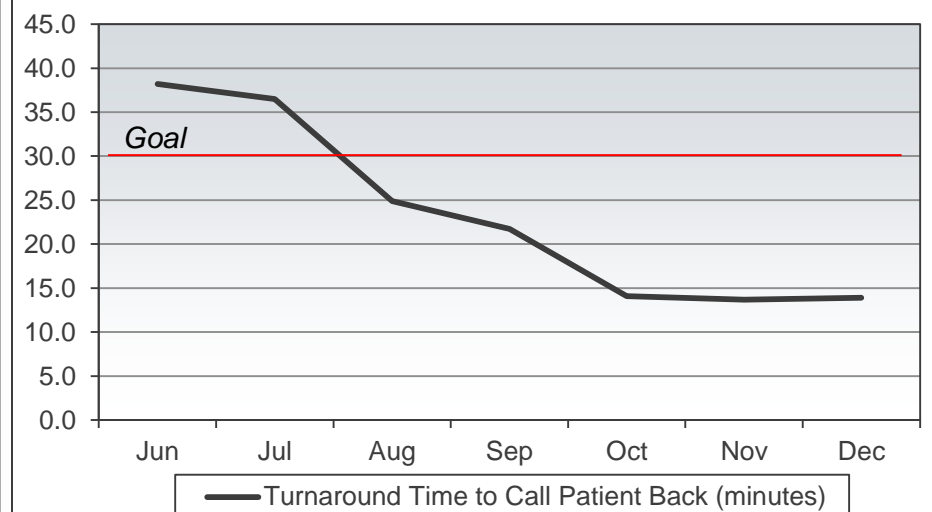
After-Hours Nurse Advice

The insourcing of the after-hours nurse advice service has resulted in a reduced cost per call and improved service satisfaction.

Nurse Advice SMF Call Volumes, 2012



Nurse Advice Turnaround Time, 2012



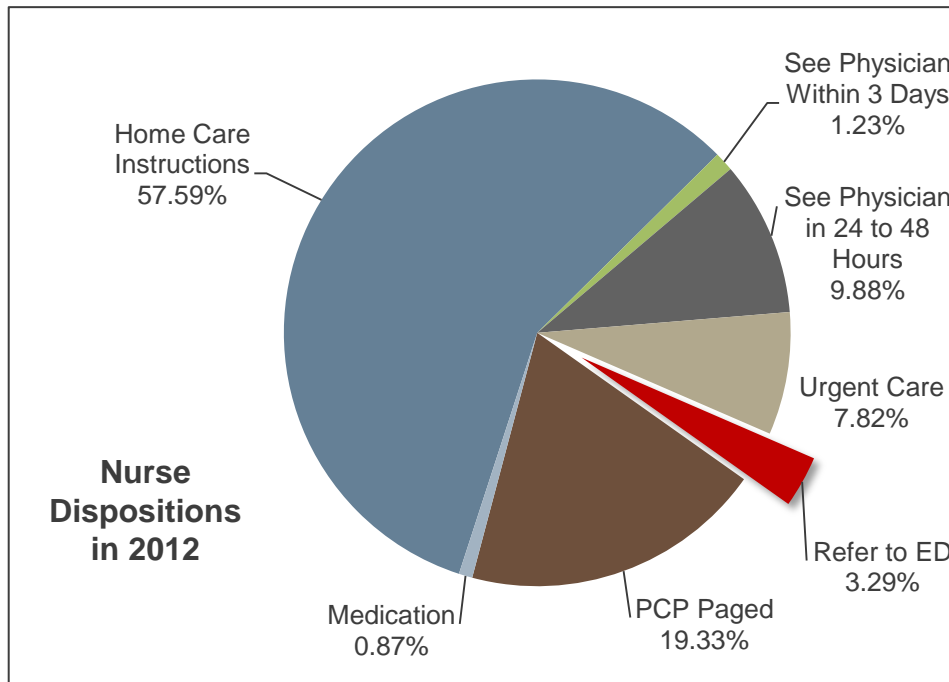
- Consistent with historical call volumes, nurse advice volumes ranged from 2,500 to 3,000 calls per month.
- Nurse advice turnaround time (call-back) was consistently well below the goal of 30 minutes.
- AHT for nurse advice calls averaged approximately 6 minutes (exclusive of prep time for reviewing chart notes).
- Cost per call decreased from \$22.00 to \$17.50.
- Encounters are documented in Epic.

V. Year 1 Results and Future Planning

Nursing Call Disposition

The SPS nurse advice service has resulted in increased home care instructions and decreased ED referrals.

Nurse Advice Disposition, 2012



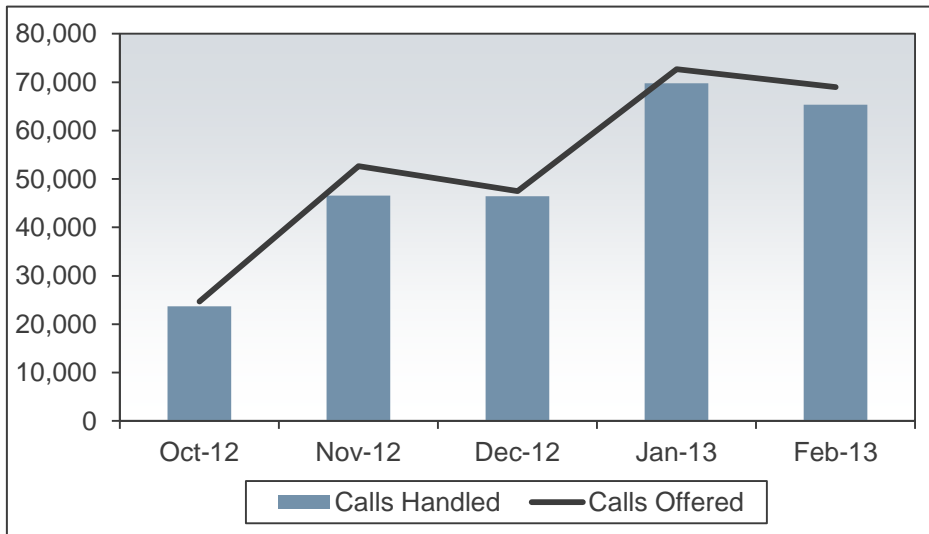
- Approximately 57% of nurse advice calls resulted in home care instructions, a 20% increase from historical data.
- Only about 3% of patients were referred to the ED, representing a decrease of ED referrals of 7%.
- The utilization of Epic resulted in a more integrated service for patients.

V. Year 1 Results and Future Planning

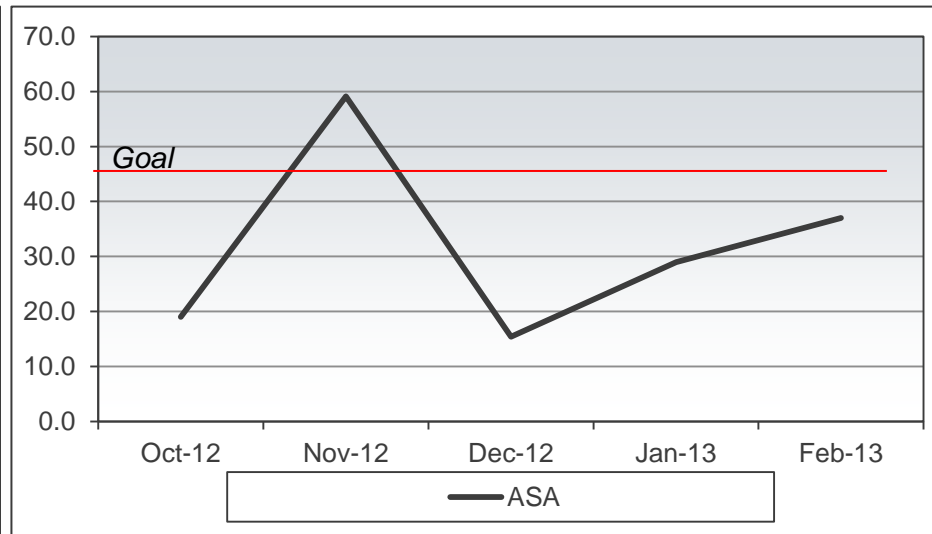
New Services – Daytime Support

Daytime registration and scheduling implementation began in September 2012; while the process is still stabilizing, volumes have increased.

Registration/Scheduling SMG Call Volumes, Last 5 Months



Registration/Scheduling ASA, Last 5 Months



- Call volumes are ramping up, given that implementation just began in September 2012. Volumes are currently averaging more than 60,000 calls per month.
- ASA does not appear to have stabilized and experienced a spike in November 2012 due to the holidays.
- AHT for registration and scheduling is currently at just over 7 minutes, and will likely stabilize below that level going forward.

V. Year 1 Results and Future Planning

On the Horizon

- Activities to support population health management:
 - Expansion of post-discharge and readmission management services.
 - Outreach based on care needs.
- Expansion of all services to 24x7.
- Movement of services online in coordination with patient portal.

Questions & Discussion

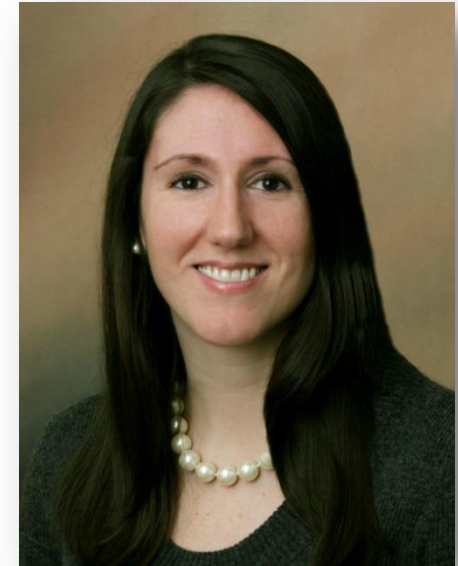
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