Clinical Safety and Effectiveness

Cohort 15

Reducing Phone Call Abandonment Rates in UT Medicine ENT Clinic
Project Team

• Clinical Operations
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  - LaKesha Brooks, FACHE
  - Andrea Camarillo, BSHA
  - Shannon Nunnelly, RN
  - Facilitator: Hope Nora, PhD

• Sponsor
  - Christian L. Stallworth, M.D., Clinical Assistant Professor, Department of Otolaryngology – Head and Neck Surgery
Project Milestones

• Team Created Aug 2014
• AIM statement created Sep 2014
• Weekly Team Meetings
• Background Data, Brainstorm Sessions Sep-Dec 2014
  Workflow and Fishbone Analyses
• Interventions Implemented
  – Intervention 1 Sep 2014
  – Intervention 2, 3 Oct 2014
  – Intervention 4, 5 Nov 2014
• Data Analysis Dec 2014
• CS&E Presentation Jan 23rd, 2015
Aim Statement

The aim of this project is to reduce phone call abandonment rates in UT Medicine ENT Clinic from 7.64% to less than 5% by the end of 1st week of Jan 2015.

By doing this we expect to improve patient satisfaction scores in the domains of courtesy, respect and helpfulness by clinic clerks and receptionists. This is in line with the strategic goal of the organization to become the provider of choice in South Texas.
PLAN
### Otolaryngology Stoplight Report

**Service Dates From Jan 1, 2014 to Sep 30, 2014**

<table>
<thead>
<tr>
<th>Lowest Scores</th>
<th>NRC Average*</th>
<th>Current YTD</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>During your most recent visit, did clerks and receptionists at this provider's office treat you with courtesy and respect?</td>
<td>93.7%</td>
<td>91.8% PR=25</td>
<td>93.9% PR=38</td>
</tr>
<tr>
<td>During your most recent visit, were clerks and receptionists at this provider's office as helpful as you thought they should be?</td>
<td>89.6%</td>
<td>85.4% PR=20</td>
<td>91.5% PR=50</td>
</tr>
</tbody>
</table>

*Note: PR stands for Performance Rating,
NRC Average is the National Reference Committee Average.*
Staff Feedback

• Initial meeting with staff to identify areas of opportunity and pain points

• Main issues brought up:
  - Front desk staff handles too many calls, affecting face to face interaction with patients
  - Many repeat calls

What are some issues that affect patient satisfaction?

- Phones at the front, too many calls/multitasking
- Check-in lines not clearly defined for patients
- Wait times → appts. going beyond allotted time
- Response time for phone encounters is long
- Check-out, confusion/not clearly defined path for patients (same staff check-in/out)
- Patients don't know when their surgery will be
- Wait times on phone/several calls no answer/on hold forever
- No return calls
- Issue with paying 2 copays
- New employee access to systems takes too long
Historical Phone Abandonment Rate

MARC Otolaryngology

<table>
<thead>
<tr>
<th>Month</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sep-13</td>
<td>4.2%</td>
</tr>
<tr>
<td>Oct-13</td>
<td>7.4%</td>
</tr>
<tr>
<td>Nov-13</td>
<td>9.8%</td>
</tr>
<tr>
<td>Dec-13</td>
<td>7.9%</td>
</tr>
<tr>
<td>Jan-14</td>
<td>13.0%</td>
</tr>
<tr>
<td>Feb-14</td>
<td>7.8%</td>
</tr>
<tr>
<td>Mar-14</td>
<td>11.6%</td>
</tr>
<tr>
<td>Apr-14</td>
<td>8.5%</td>
</tr>
<tr>
<td>May-14</td>
<td>3.1%</td>
</tr>
<tr>
<td>Jun-14</td>
<td>4.9%</td>
</tr>
<tr>
<td>Jul-14</td>
<td>6.3%</td>
</tr>
<tr>
<td>Aug-14</td>
<td>7.3%</td>
</tr>
</tbody>
</table>
DO

CONTINUOUS IMPROVEMENT

PLAN

ACT

CHECK
Fishbone Diagram

Factors Affecting Patient Satisfaction

Effective Communication
- Long response times for phone encounters
- No return calls
- Patients unsure about check-out process
- Check-in lines not clearly identified
- Patients not sure about their surgery date

Wait Times
- Appointments taking longer than allotted time
- Expectations not being set upfront
- Patients not being updated

Clear/Easy Processes
- Expectations not being set upfront

Responsiveness / Courteousness of Staff in Person or by Phone
- Patients not being updated
- Too many phone calls
- Front desk staff multitasking with phone calls
Intervention 1: Change in Process for Handling Patient Messages

Original Process

- Patient calls for medical advice
  - Provider in clinic?
    - Yes: Patient questions addressed
    - No: Wait until provider comes to clinic

New Process

- Patient calls for medical advice
  - Provider in clinic?
    - Yes: MA forwards message to provider
    - No: MA follows up with provider
      - If provider does not respond within 24 hours, MA calls patient

This waiting caused an increase of patient phone calls to get an update on their case.

Faster response to patient needs and reduction of phone calls.
Intervention 2: Conducted Study on Reasons for Call

- First study took place from 10/1/14 to 10/8/14
- Logged 634 calls

**ENT Call Reasons**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appointments</td>
<td>350</td>
</tr>
<tr>
<td>Referring provider questions</td>
<td>73</td>
</tr>
<tr>
<td>Leaving a message</td>
<td>48</td>
</tr>
<tr>
<td>Surgery Questions</td>
<td>46</td>
</tr>
<tr>
<td>Patient referral questions</td>
<td>22</td>
</tr>
<tr>
<td>Transfer to another dept</td>
<td>18</td>
</tr>
<tr>
<td>NPI, Tax ID, Medication refills</td>
<td>14</td>
</tr>
<tr>
<td>Insurance Questions</td>
<td>13</td>
</tr>
<tr>
<td>Audiology Questions</td>
<td>12</td>
</tr>
<tr>
<td>Checking on message</td>
<td>10</td>
</tr>
<tr>
<td>Results</td>
<td>5</td>
</tr>
</tbody>
</table>
Intervention 2: Conducted Study on Reasons for Call

- Second study took place from 10/13/14 to 10/15/14
- Logged 197 calls
- 80/20 Drill down on Appointments and Referring Provider Questions

### Appointments

- Making: 41
- Changing: 32
- Checking time/date: 29
- Information regarding: 23
- Checking referral request received: 18

### Referring Provider Questions

- Do we take insurance: 16
- Needs address/fax number: 15
- Checking referral request received: 12
- Has patient been seen here: 4
- Needs to know 1st available appt: 4
- Needs Tax ID/NPI: 3
Intervention 3: Changed staffing model to assigned MA’s by provider

- Previously: “if it is everybody’s responsibility, it is nobody’s responsibility”

- New model promotes accountability and this results in faster response to patients
Intervention 4: Phone system workload redistribution

- New configuration in the phone system allows to route more calls to dedicated phone staff members.

- Staff in the back office were assigned a higher call priority level so that the front desk staff is freed up for better quality of patient interactions.
Intervention 5: Visual Management

- Staff members logging in daily individual number of calls, engaged in the improvement process
- Weekly updating of abandonment rate creates awareness among the team
- Easy correlation of high call volume vs. abandonment rate
CHECK
Abandonment Rate by Clinic (Pre Intervention)

August 2014

- Westgate Pain Clinic - Scheduling: 1.7%
- Westover Hills: 1.8%
- MARC Radiology: 2.2%
- MARC Orthopaedics/Podiatry: 3.8%
- MARC Ophthalmology: 44%
- MARC Medicine Specialty: 5.2%
- MARC Cardiology: 5.5%
- ASB Answering Service: 5.6%
- MARC Neurology: 6.2%
- MARC Ob/Gyn: 7.0%
- MARC Otolaryngology: 7.3%
- MARC Gastroenterology: 7.5%
- MARC Surgery: 8.0%
- CTRC Dermatology: 8.1%
- MARC Vascular Surgery: 9.3%
- Senior Health: 9.4%
- MARC Plastic Surgery: 10.7%
- Medical Oncology: 14.7%
- MARC Family Medicine: 17.2%
- MARC Urology: 18.0%
Abandonment Rate by Clinic (Post Intervention)

November 2014

- MARC Cardiology: 2.1%
- MARC Otolaryngology: 2.4%
- Westover Hills: 2.7%
- MARC Medicine Specialty: 3.2%
- MARC Surgery: 3.2%
- MARC Orthopaedics/Podiatry: 3.9%
- MARC Family Medicine: 4.2%
- MARC Neurology: 4.3%
- Westgate Pain Clinic: 4.4%
- MARC Ophthalmology: 4.5%
- MARC Plastic Surgery: 4.8%
- ASB Answering Service: 5.2%
- MARC Radiology: 5.5%
- MARC Ob/Gyn: 5.6%
- MARC Vascular Surgery: 5.9%
- MARC Urology: 6.7%
- MARC Gastroenterology: 6.8%
- CTRC Dermatology: 9.6%
- Senior Health: 11.3%
- PCMH Medical Drive: 15.1%
- Medical Oncology: 16.0%
Abandonment Rate by Clinic (Post Intervention)

December 2014

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<thead>
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<th>Clinic</th>
<th>Goal</th>
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Abandonment Rate
MARC Otolaryngology

Goal

Post Intervention
Financial Justification

More New Patients

- 55% of all calls are related to appointments (making, changing, inquiring)
- 29% of those calls are to make a new appointment
- Medicare reimbursement rate for a new patient ENT appointment is $158.78

By doing a projection for FY2015, if the clinic maintained a 4% abandonment rate this would represent 883 more calls handled and 141 potential new patients

Additional year revenue for new patient visits: $22,387.98
Financial Justification

Patient experience tied to future Medicare reimbursements

• Healthcare reform legislation passed by Congress requires patient ratings be considered for inclusion on the “Physician Compare” web site.

• The Value-Based Modifier program (VBM) is designed to assess both quality of care and the cost of that care under the Medicare Physician Fee Schedule.

• At least 16.7% of value-based dollars will be based on these scores as part of Value-Based Modifier program (VBM)\(^1\).

Financial Justification

Improved Employee Engagement

“*It’s not hectic anymore. We actually have time to talk with patients without distractions. Also, now that we’re in the call center our patients can hear us better because there’s less noise*” – Daniela Victorino

“When I first started it was pretty overwhelming. Now we have time now to focus on our patients checking in and out and we don’t feel rushed.” – Kimberly Ornelas

“I’m so happy! Do you see this smile on my face?” – Lizette Vela

Gallup researchers have found that “work units in the top quartile in employee engagement outperformed bottom-quartile units by 10% on customer ratings, 22% in profitability, and 21% in productivity.”

Next Steps

• Sustain!
• Continue to produce weekly reports and provide feedback to staff on weekly meetings