



# Clinical Safety and Effectiveness

*Cohort 15*

## Reducing Phone Call Abandonment Rates in UT Medicine ENT Clinic

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# Project Team

- **Clinical Operations**

- Jaime Alonso, MBA, PMP, LSSBB
- LaKeshia 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

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# Project Milestones

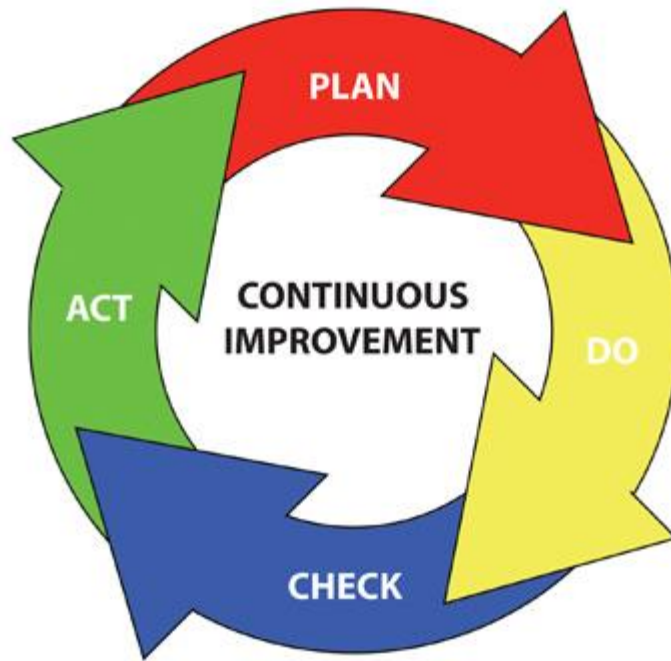
- Team Created Aug 2014
- AIM statement created Sep 2014
- Weekly Team Meetings
- Background Data, Brainstorm Sessions  
Workflow and Fishbone Analyses Sep-Dec 2014
- Interventions Implemented
  - Intervention 1 Sep 2014
  - Intervention 2, 3 Oct 2014
  - Intervention 4, 5 Nov 2014
- Data Analysis Dec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

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# 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 1<sup>st</sup> 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

# Background

## Otolaryngology Stoplight Report

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

**CATALYST** 

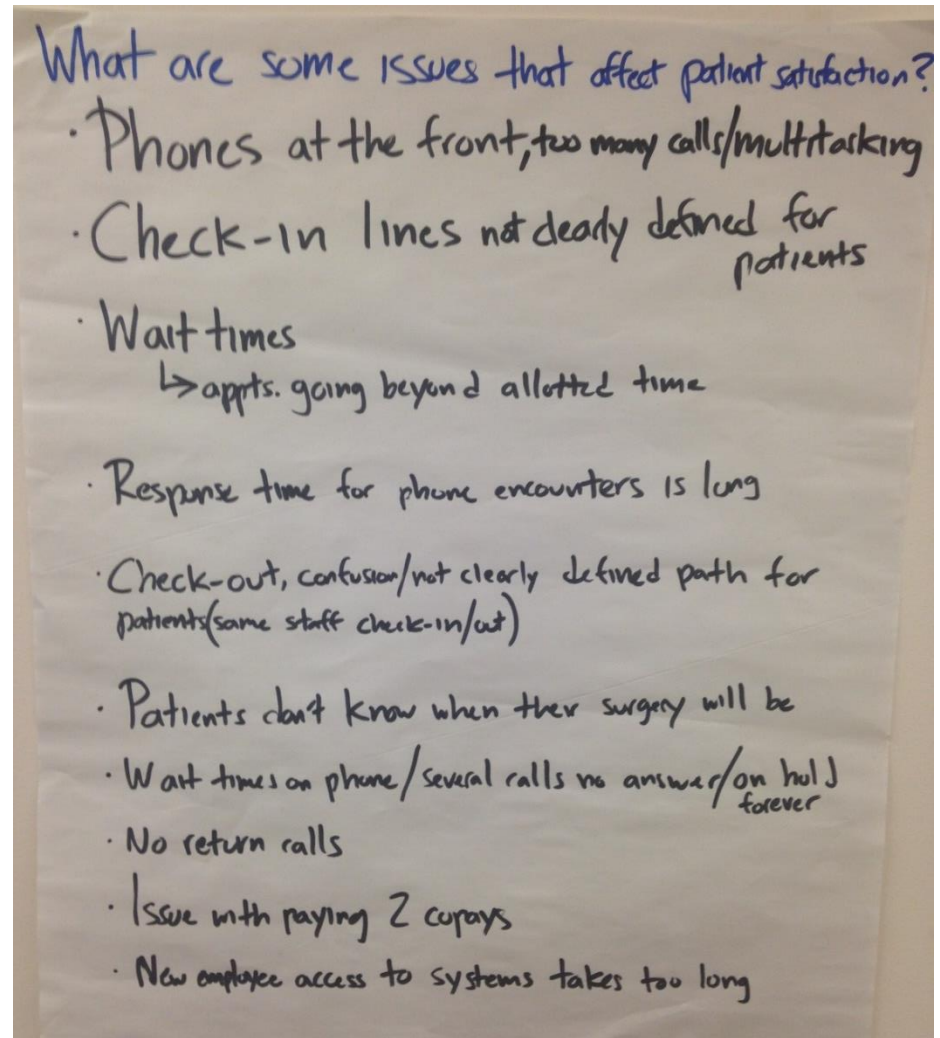
*Accelerating Improvement*

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

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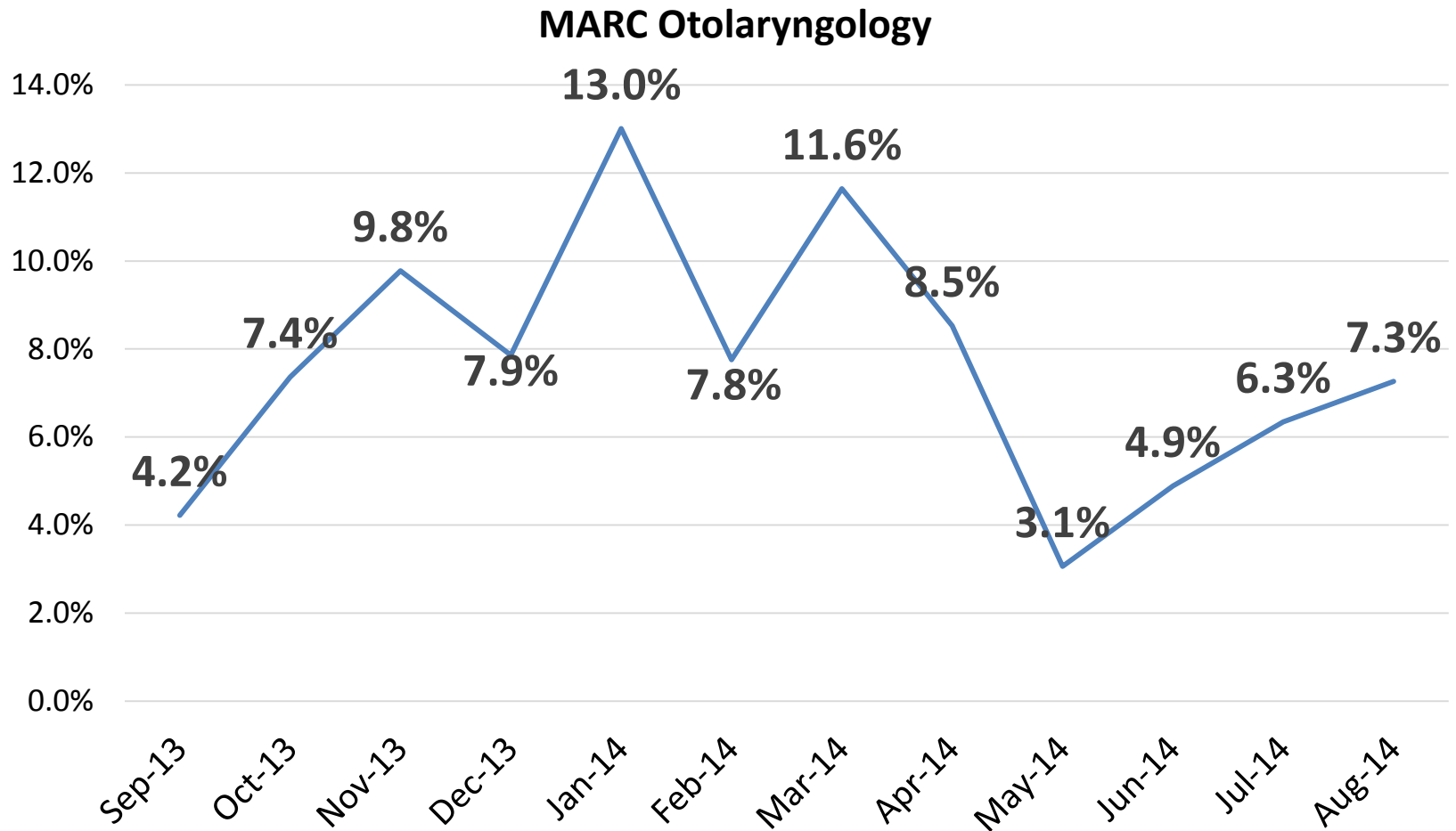
# Staff Feedback

- 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



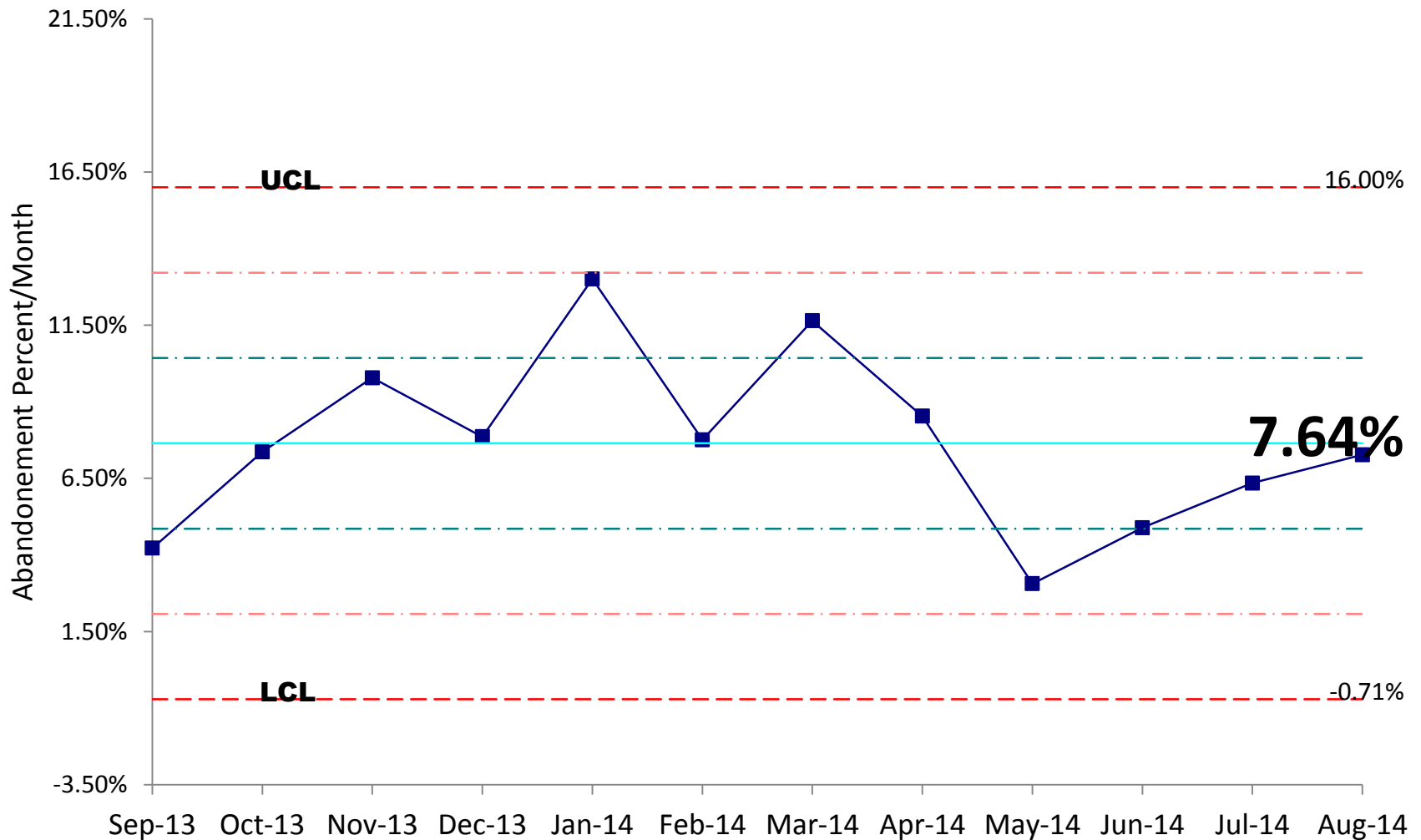
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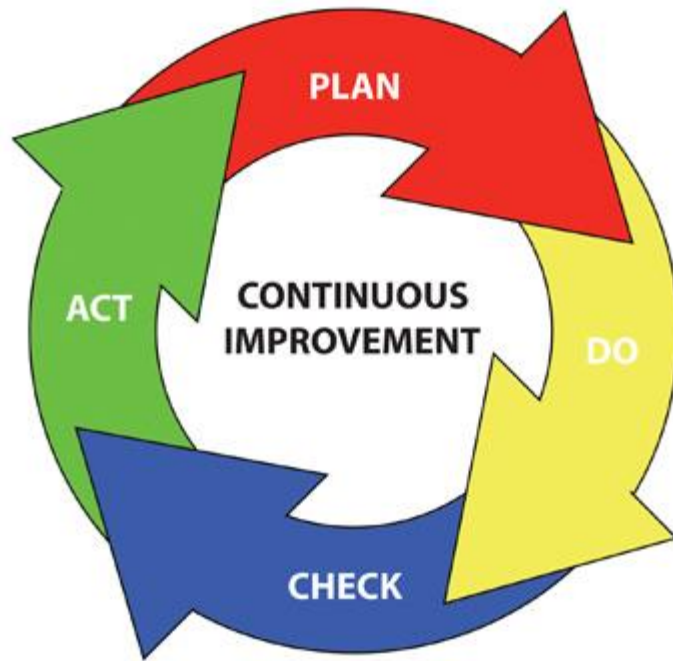
# Historical Phone Abandonment Rate





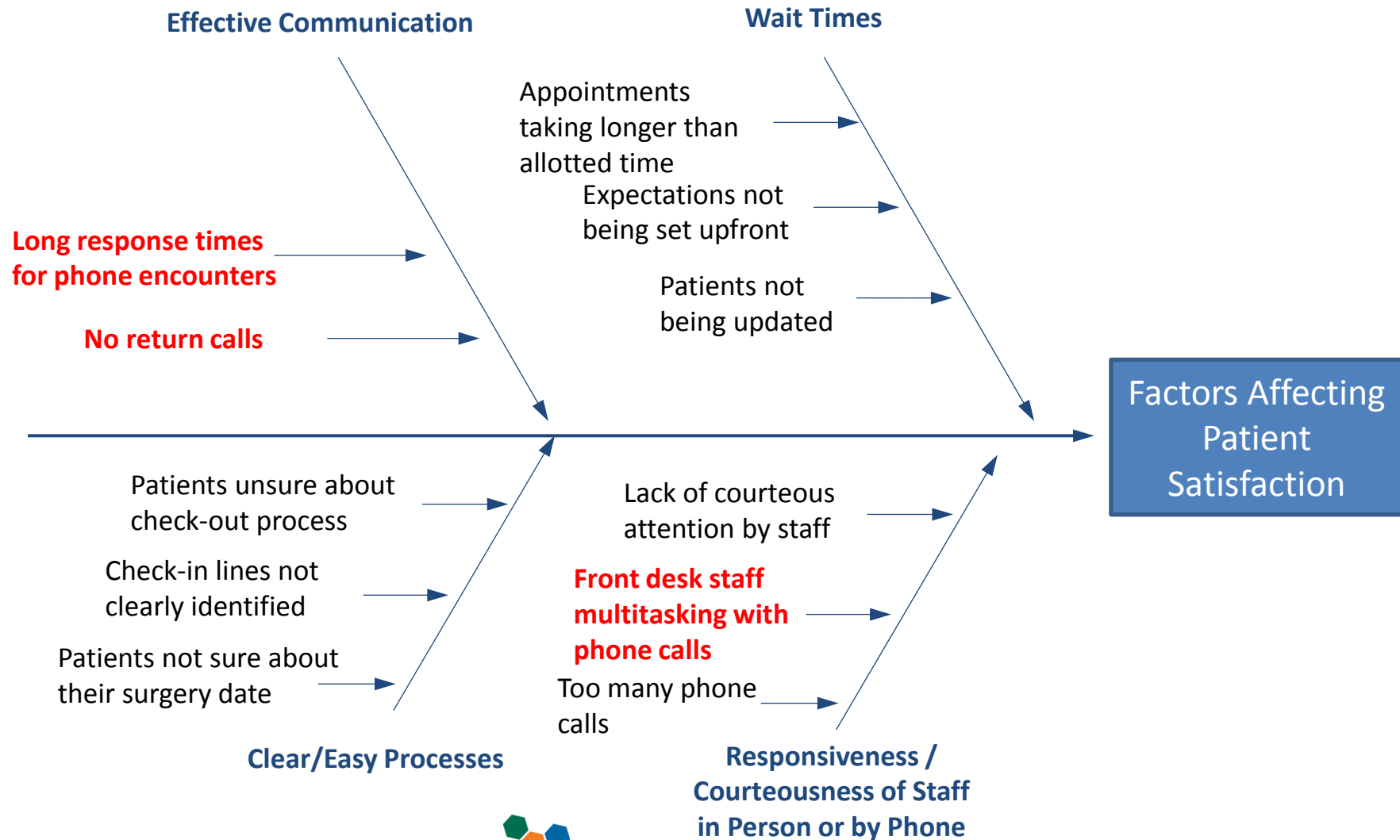
# Abandonment Rate Baseline





**DO**

# Fishbone Diagram



# Intervention 1: Change in Process for Handling Patient Messages

## Original Process

Patient calls for medical advice



Yes

Patient questions addressed

Yes

## New Process

Patient calls for medical advice



No

MA forwards message to provider

If provider does not respond within 24 hours MA calls patient

MA follows up with provider

**Faster response to patient needs and reduction of phone calls**

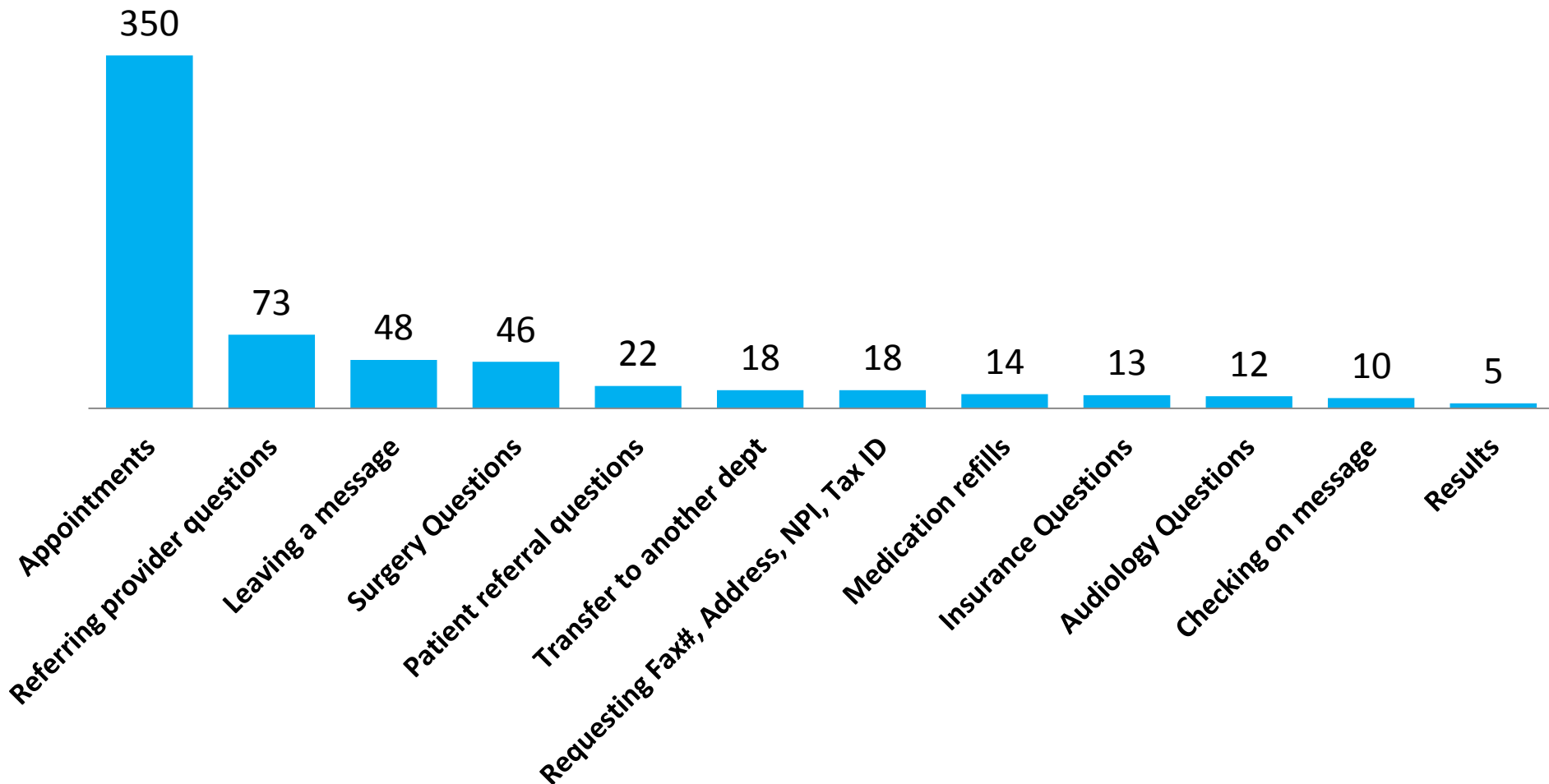
**This waiting caused an increase of patient phone calls to get an update on their case**

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# Intervention 2: Conducted Study on Reasons for Call

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

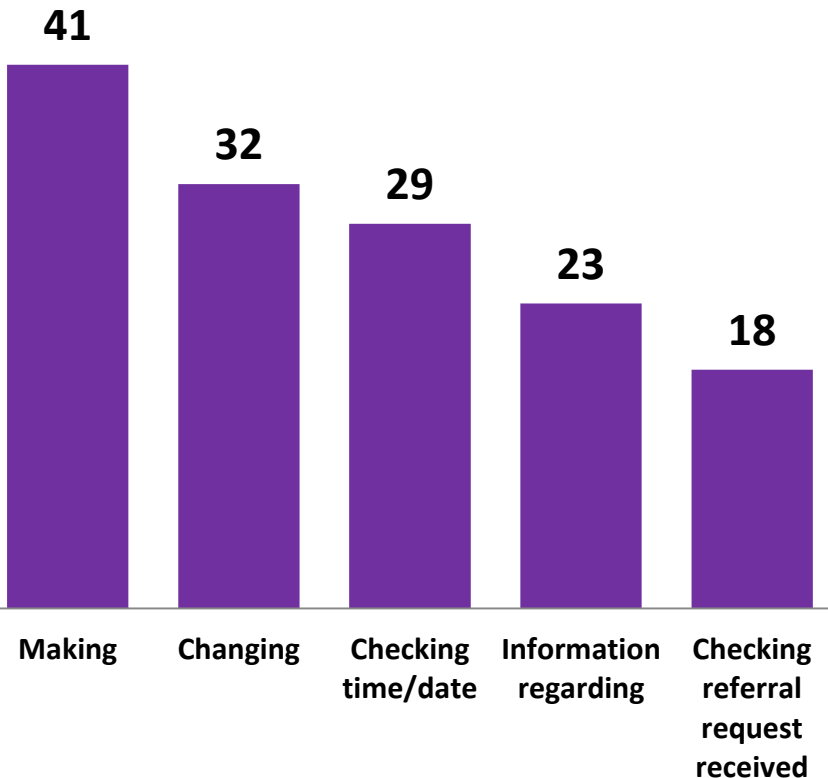
ENT Call Reasons



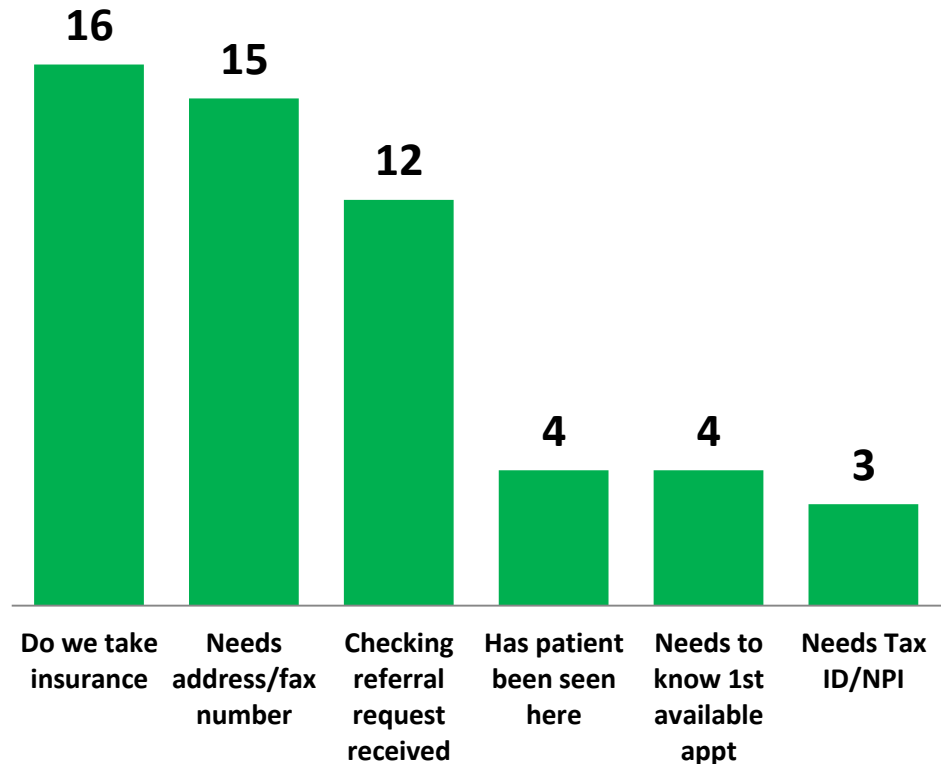
# Intervention 2: Conducted Study on Reasons for Call

- 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



### Referring Provider Questions



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## **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

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## **Intervention 4:**

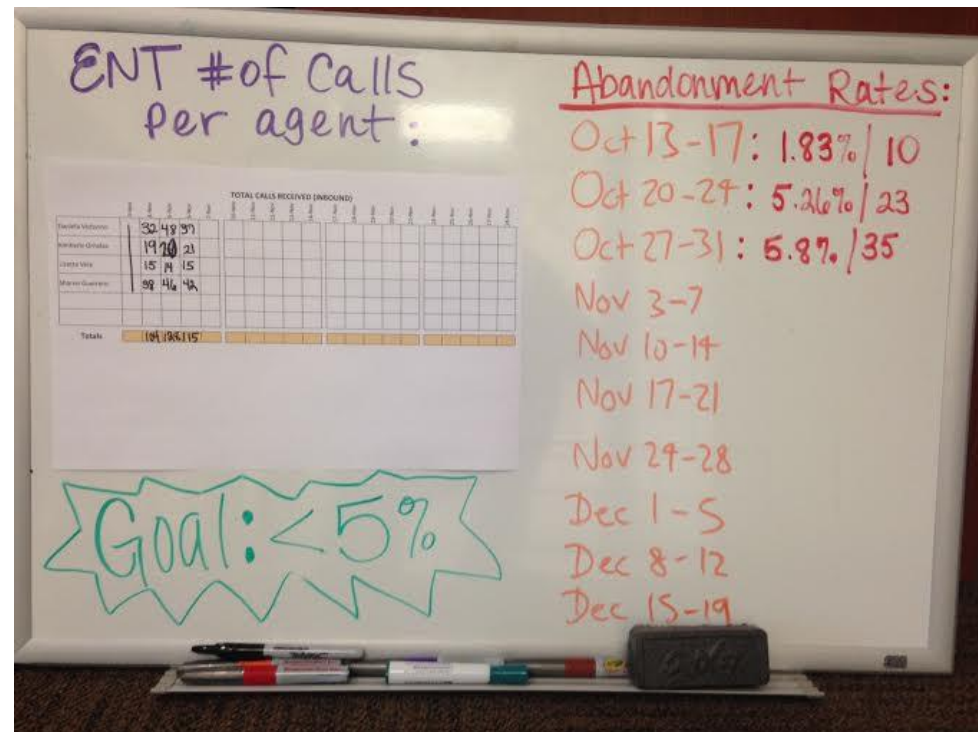
# **Phone system workload redistribution**

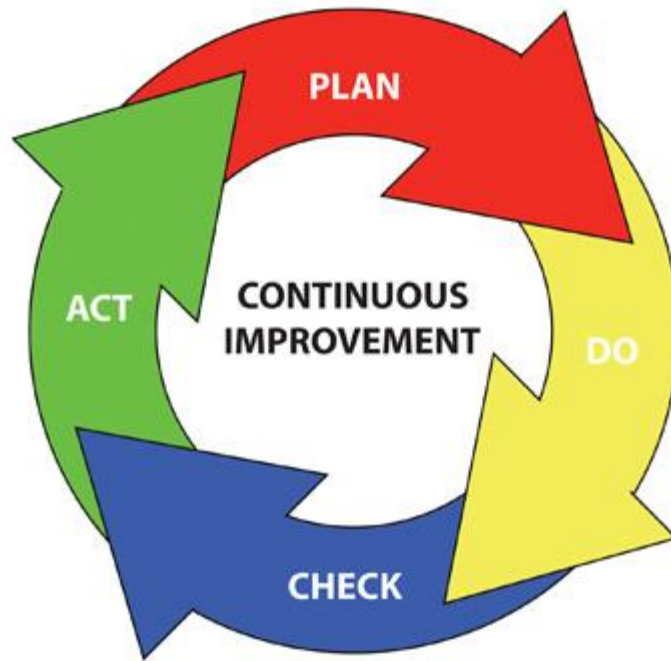
- New configuration in the phone system allows to route more calls to dedicated phone staff members
- Staff in the back office were assigned a higher call priority level so that the front desk staff is freed up for better quality of patient interactions



# 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

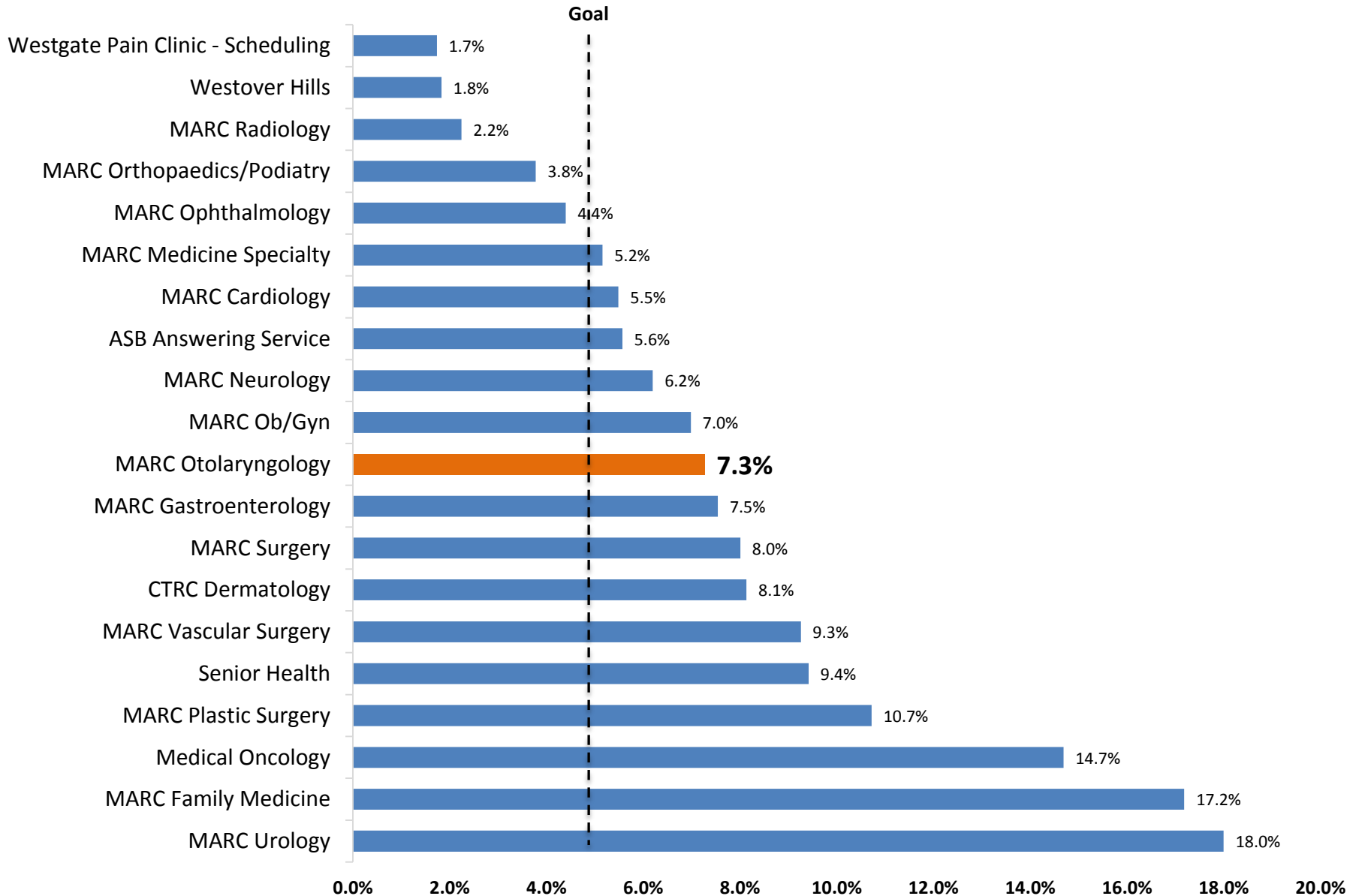




**CHECK**

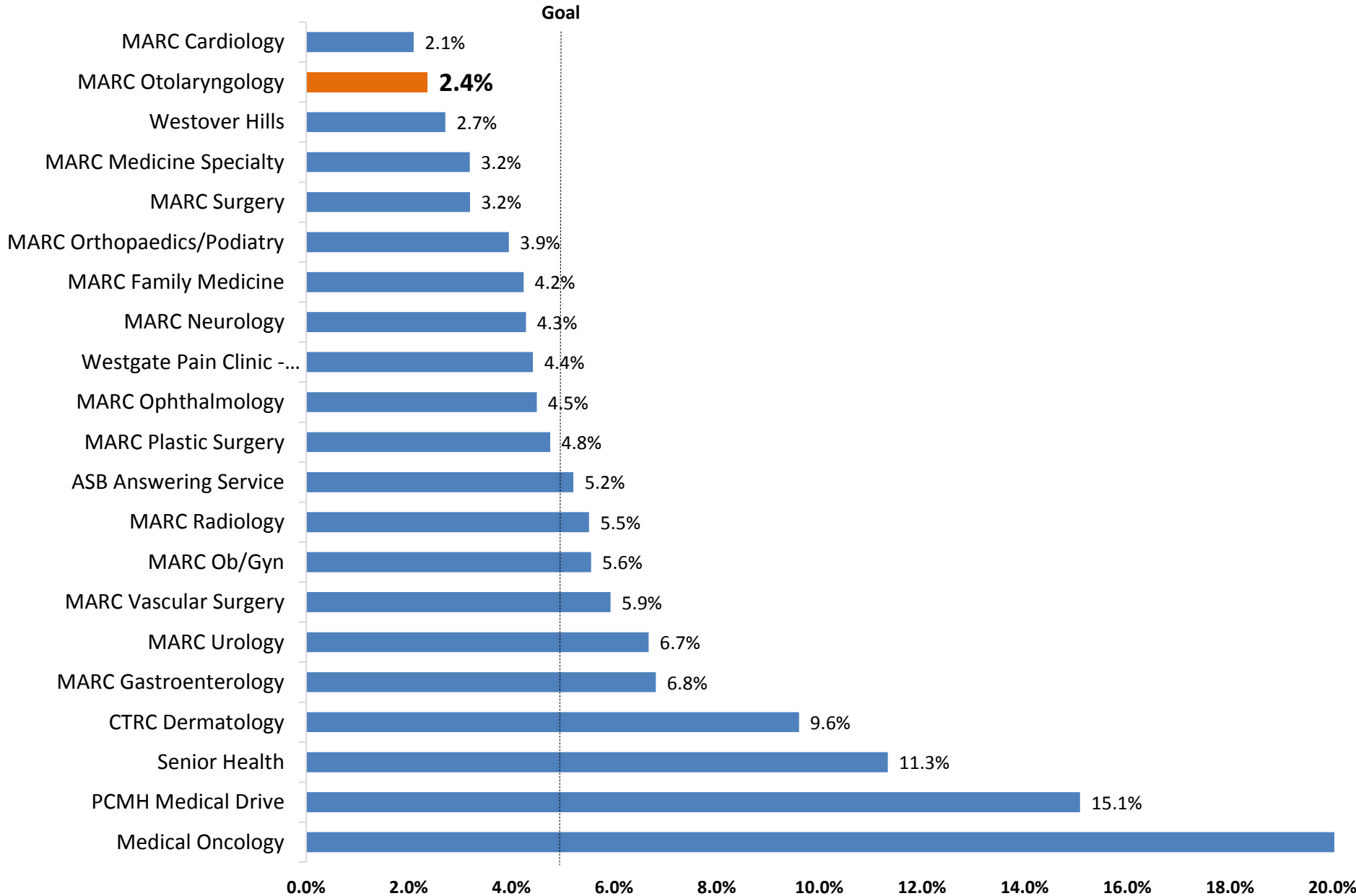
# Abandonment Rate by Clinic (Pre Intervention)

August 2014



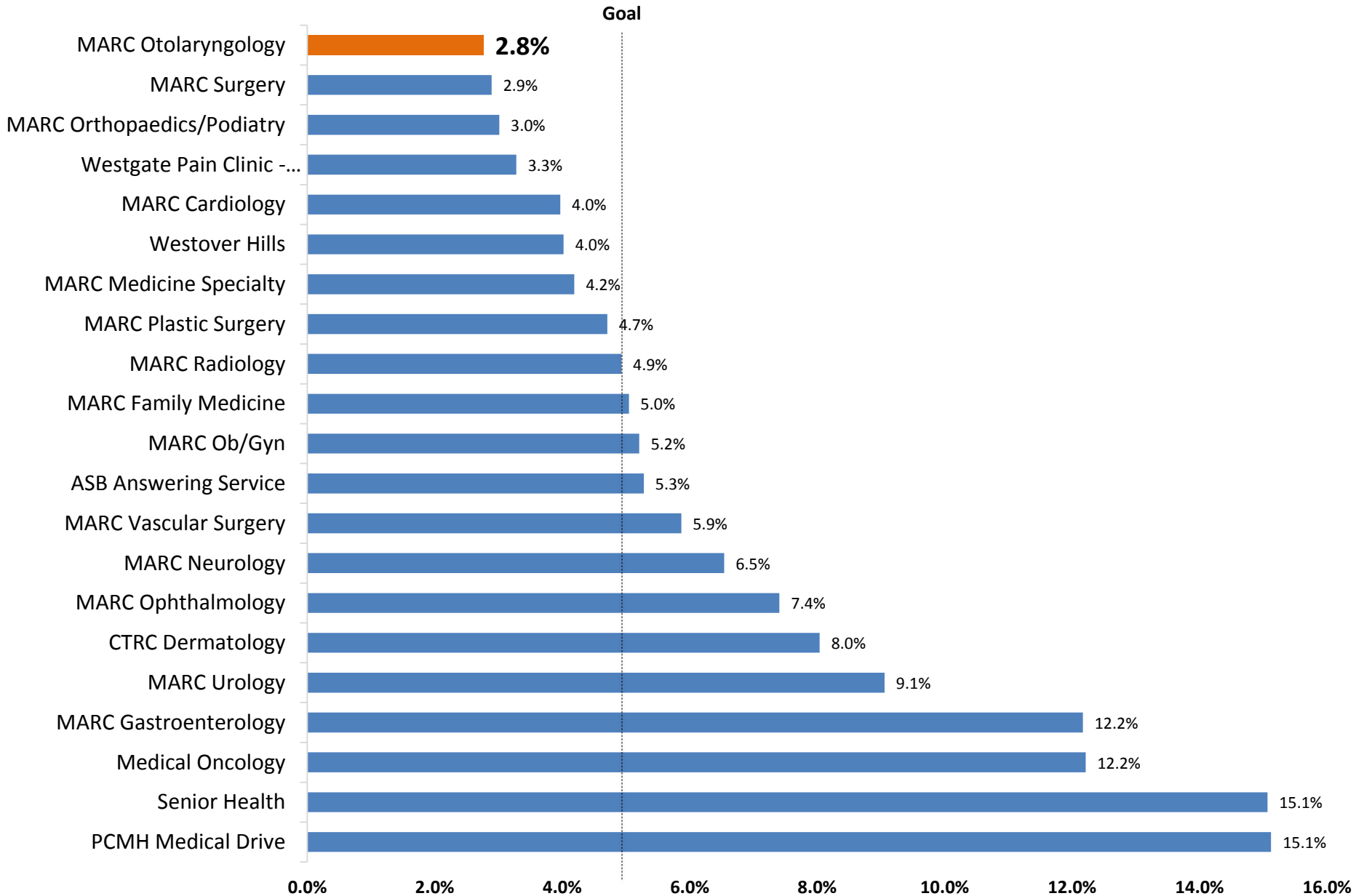
# Abandonment Rate by Clinic (Post Intervention)

November 2014

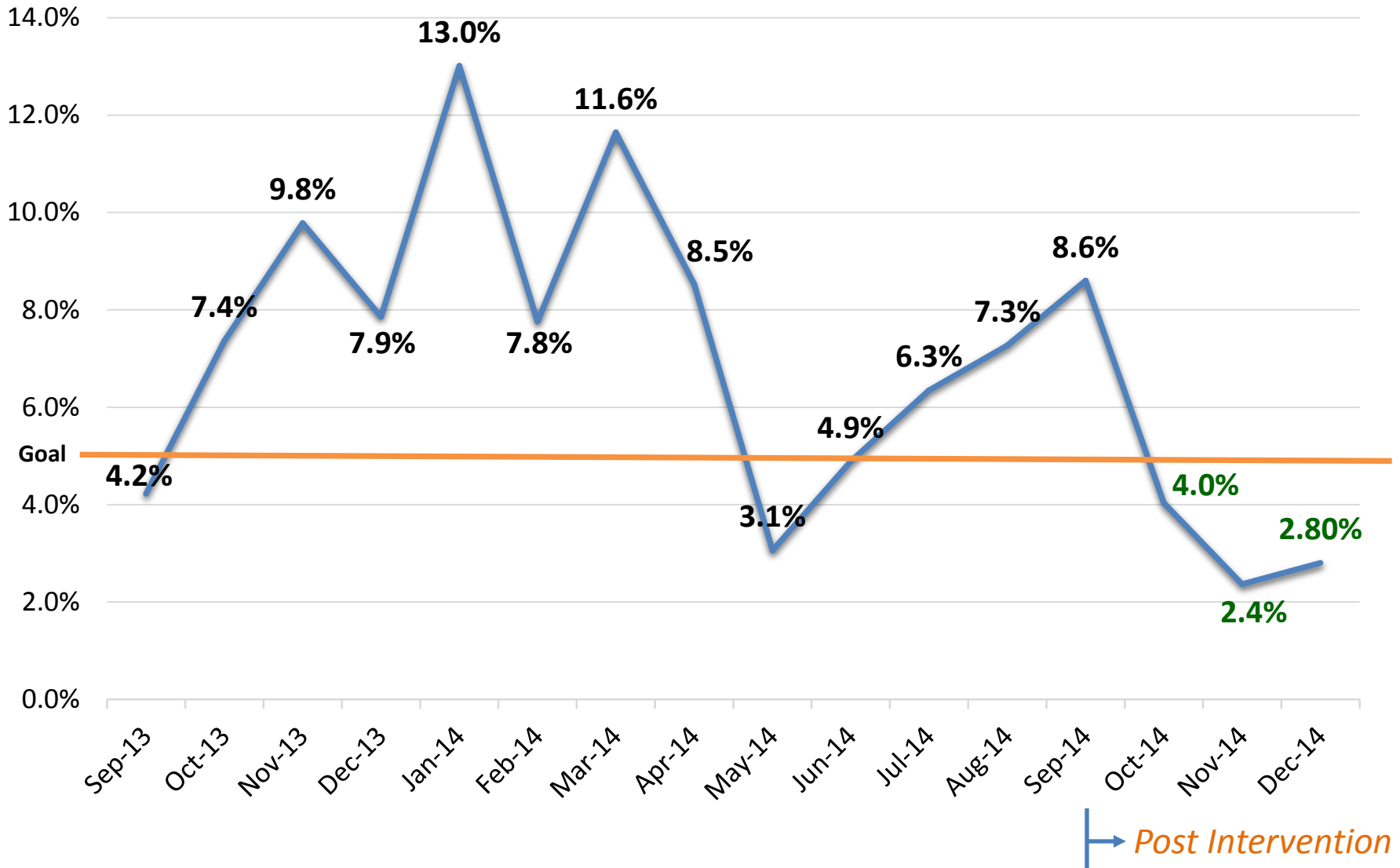


# Abandonment Rate by Clinic (Post Intervention)

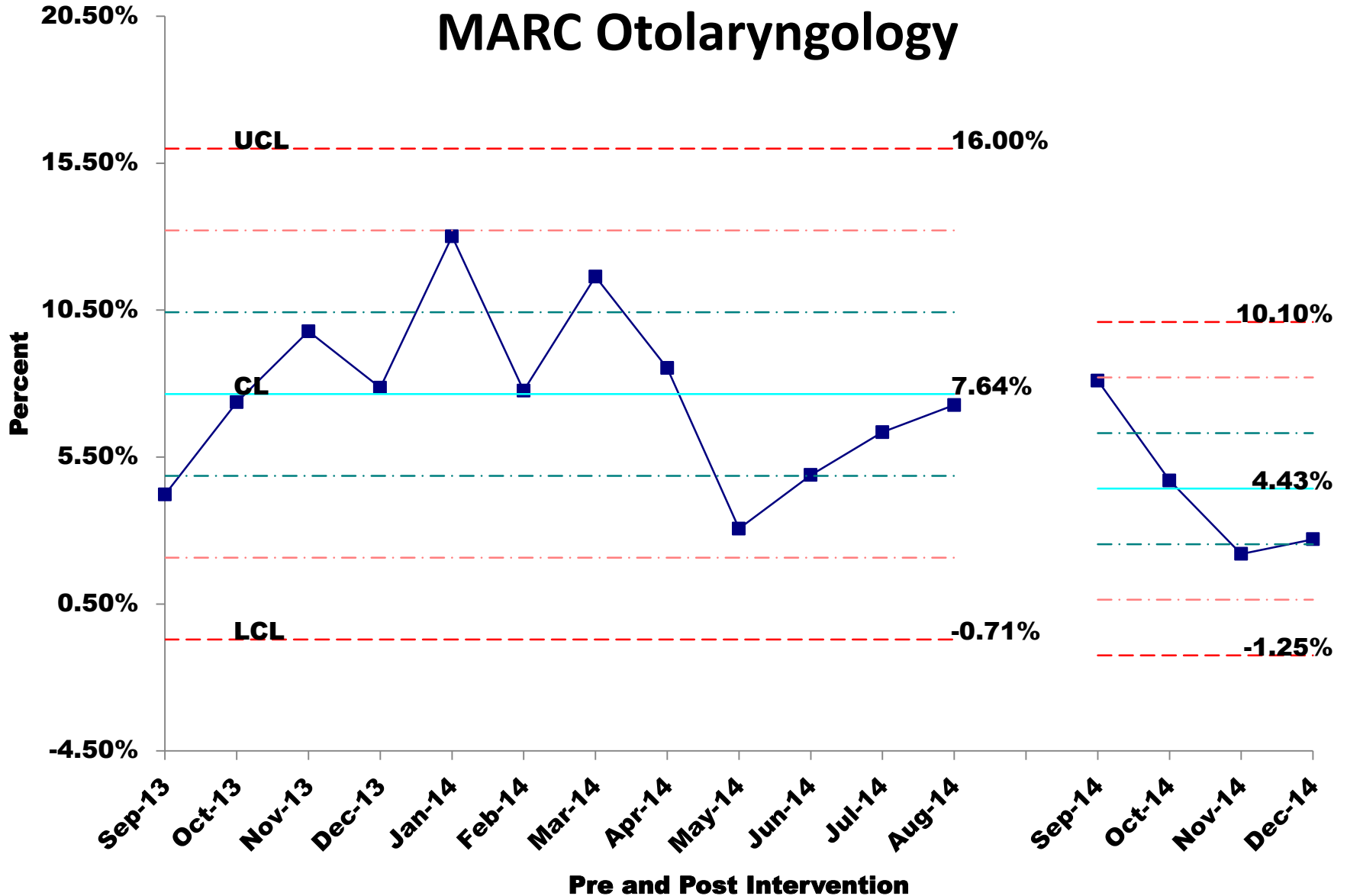
December 2014



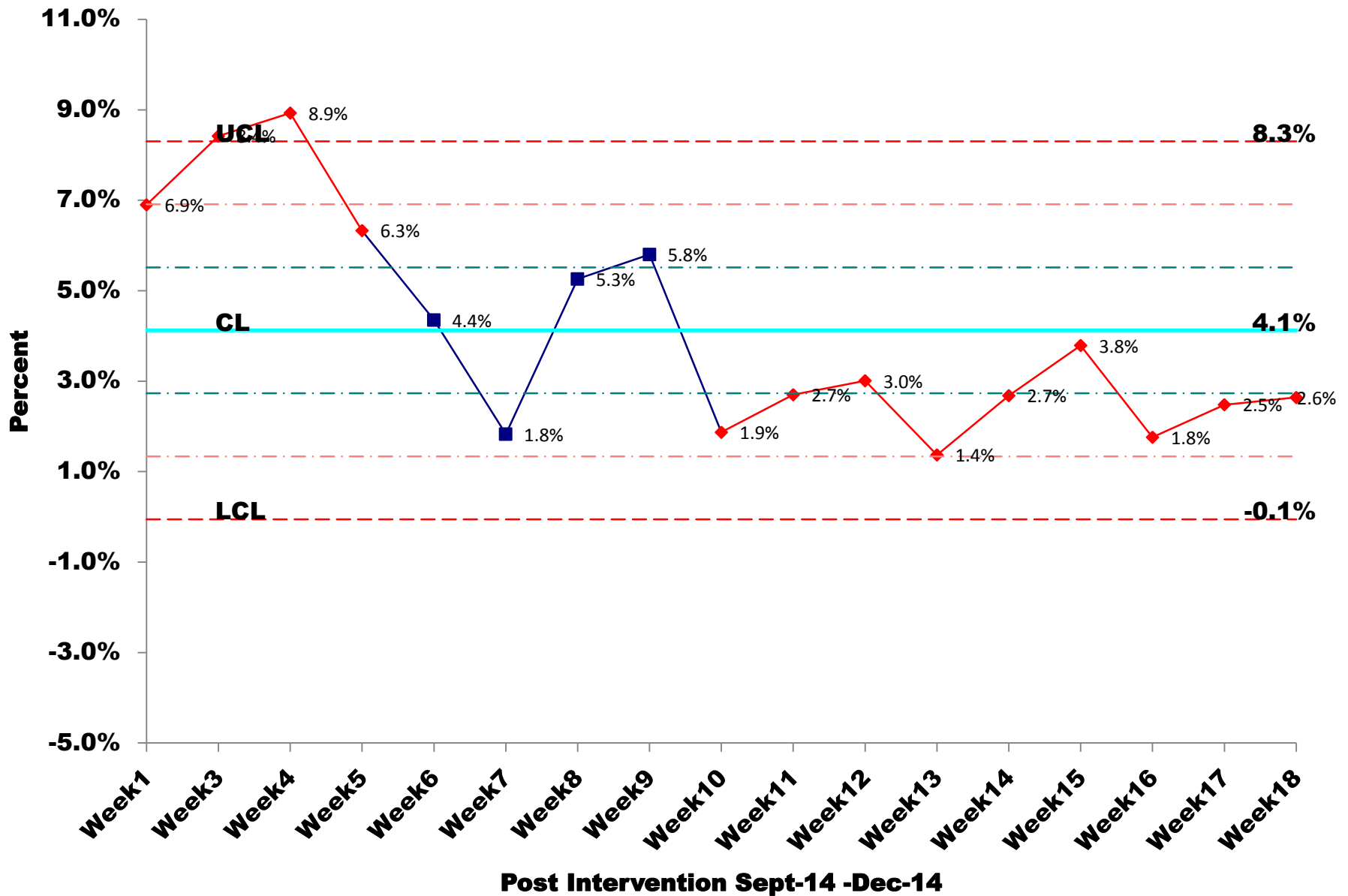
# Abandonment Rate MARC Otolaryngology



# Abandonment Rate MARC Otolaryngology



# Abandonment Rate: Trend by Week





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# 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**

	FY2014	Projection FY2015
Call Volume	29,828	34,899
Abandonment Rate	7.64%	4.0%
Calls abandoned	2,279	1,396
Additional calls handled	-	883
Potential New Patients (Additional Calls x 55% x 29%)		141

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# 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)<sup>1</sup>.

1. <http://www.pressganey.com/researchResources/governmentInitiatives/CGCAHPS/faqs.aspx#payment>

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# Financial Justification

## Improved Employee Engagement

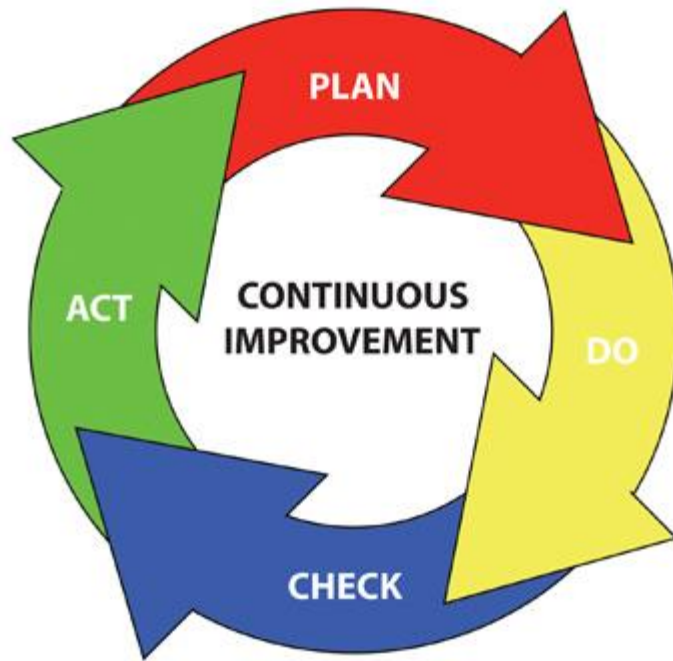
*“It’s not hectic anymore. We actually have time to talk with patients without distractions. Also, now that we’re in the call center our patients can hear us better because there’s less noise”* – Daniela Victorino

*“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.”<sup>2</sup>

2. <http://www.gallup.com/businessjournal/163130/employee-engagement-drives-growth.aspx>



**ACT**

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## Next Steps

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

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## ENT Team - December 2014

