

University of Illinois Hospital & Health Sciences System Customer Access Experience Analysis (UIC)

Business Case

Currently there are a number of ways in which customers of the University of Illinois Hospital and Health Sciences System (UIHHSS) can use to request information and/or services. Unfortunately, customers are often unsure of which method or contact number should be used in order to satisfy their request. Once they do make contact, customer surveys have highlighted issues with the overall access experience and staff involved in the system have expressed frustration with the complexity of the processes.

Goal

Identify ways to enhance efficiency and effectiveness of the customer access experience across the UIHHSS enterprise, improving customer satisfaction, loyalty and retention.

Approach

Reviewed and analyzed current metric data collected by the Customer Access Center (CAC), Patient Access Center (PAC) and clinics. Interviewed key stakeholders, including representatives from the various clinical call centers and the centralized call centers. Observed processes for scheduling and registering patients. Collected benchmark data from similar institutions, including some undergoing a customer access transformation. Developed current state maps and performed gap analysis. Designed future state maps and planned implementation.

Outcome

Identified 12 recommendations designed to transform the current CAC into a full-service “One-Stop-Shop” Customer Service Center and better coordinate activities between the CAC, the PAC and the clinics. Developed an implementation plan for the 12 recommendations, including a phased approach for migrating decentralized call centers to the CAC. Estimated financial impact of the changes was \$8.1 million (5 year net present value), with expected benefits to include reduction in abandoned calls, no show rate and readmission rates.

Key Findings

- **Enterprise employs a hybrid access model, providing numerous entry points and processes for scheduling and registering patients, resulting in much confusion from both patient and staff perspectives.**
- **> 50% of incoming calls at the CAC are non-scheduling/registration.**
- **Enterprise average for abandoned calls is > 16%.**
- **CAC experiences long call duration times due to complex and timely procedures (i.e., > 150 decision points, some of which require staff to contact clinic for approval to proceed) and lengthy data entry forms.**
- **Related training, process documentation and availability of performance related data varies greatly throughout the enterprise.**
- **Access-related issues are consistently greater in number than all of the other categories on the Press Ganey Customer Surveys.**

Process Improvement Recommendations

1. **Implement Nofity MD optimization** – ensure all calls are answered in a timely manner, eliminating abandoned calls and enabling CAC staff to focus on scheduling and pre-registration calls.
2. **Migrate to a single customer access phone number for UI Health** – simplify the patient experience and enhance the provider and referral experience.
3. **Institute strategies to optimize call duration and wait time (i.e., CAC Surge Plan)** – reduce amount of time patients spend on phone and increase availability of staff.
4. **Standardize customer access workflows in the clinics** – achieve economies of scale with generalist staff, reduce average length of call and reduce variation in length of call.
5. **Migrate scheduling/pre-registration by clinic to the CAC** – leverages the training and expertise of CAC staff, allowing clinics to focus more time on patient care.
6. **Expand operating hours for the CAC** – achieve incremental growth in volume due to enhanced ability to market ease and convenience of scheduling.
7. **Provide voice mail service** – reduces no-show and re-admission rates and provides a higher level of customer service.
8. **Optimize web portal referrals** – increases volume of referrals by making process easier to use, more convenient and more timely.
9. **Migrate additional services and areas to the CAC** – provides a more consistent approach to the customer access experience.
10. **Provide call backs and reminder calls** – reduces no-show rates.
11. **Implement nurse triage at the Customer Access Center** – provides a higher level of customer service that impacts re-admission rates, # of unnecessary Emergency Department visits and no-show rates.
12. **Provide post-visit call service at the Customer Access Center** – provides a higher level of customer service that impacts re-admission rates.

Implementation of Recommended Improvements

Developed an implementation plan for all recommendations starting in Q2 FY14 and completing in Q3 FY16. Presented findings, recommendations and plan to Executive Leadership Team and Hospital Directors group in September 2013. Conducted smaller discussions of plan in Q2 FY14 and scheduled additional in Q3 FY14.