

It's a Dilemma

Author: Kriss Barlow, RN, MBA

This article appeared in the Physician Referral and Health Information Update, March 2001 Issue.

The marketplace is buzzing with issues of access – How do we attract more patients? How do we compete? Can we improve service so that experiences with our organization will be good? What can we offer on the web that will entice people to use us?

As a referral expert, these questions – often discussed by your own leadership – may cause you to, well, grit your teeth a bit. After all, great service, access, linkages and referrals are already occurring at call centers.

In many organizations, it's been happening there for more than a decade. There is sadness at best. Worst case, it's panic as call center leaders realize that while they have the potential to be the "hub of the wheel," the leadership clearly does not recognize it. Because of old patterns and a general lack of internal awareness, the center is not recognized as a department contributing to new revenue and volume. Some centers are simply seen as a large expense, so cost reduction, scaling back programs, reducing "talk time," grappling over allocation dollars vs. cost are getting all the attention.

While there are many reasons for the current dilemma, the need is to move forward to demonstrate the call center's value to decision makers. There is no doubt that the external customers know and value the service. Attention needs to be focused on the issue of internal awareness and credibility.

Step 1: Analyze Where You Are and Where You Want To Be

Look at the current goals of the center, the services it offers, and measures of success. Determine which of the current programs provide measurable growth for the organization and which are nice and often very helpful, but use resources with no revenue opportunities.

Start listening to what excites and gets the attention of the senior leadership. Quit trying to get them to value what you do. Do something they value.

Step 2: Be Proactive

Get the word out about your results – not just activities, highlight organizational gains – and promote outcomes. Have a plan to provide results to every key leader. This can be done with a personal memo including targeted results, presentations at leadership meetings, and proactive involvement in new programs, (this assumes the results are measurable).

For example, if physician relations are a targeted strategy for your executive team, create a plan to support, measure, and potentially expand the services you currently provide to the medical staff. Document the number of new patients you are sending to the practices. If new patients offer positive comments about the physician and clinic, provide that feedback.

Another option is to support the hospital's physician satisfaction survey by asking two or three questions of the key referral sources on the physician-to-physician referral line. There is value for the organization. In addition, your team can hear the issues of the referral physicians and the center becomes an excellent contributor to the competitive strategy with a pulse on the current physician issues.

There are many, many options. The key is to get internal audiences aware of the call center. At a time when every department (including many call centers) are saying, "Not one more thing," the ability to say, "if this is a priority we will make it work," even if something else needs to get less attention, might be a message of survival. Don't give up. Instead look for your chance in the changing marketplace.

Step 3: Stay Visible

It's not enough to present to senior leadership every six months or once a year. Make sure that the call center stays visible. Be ready to respond to their question of, "What have you done for me lately?" Sometimes they ask the question and sometimes they just think it. Use technology and statistics to enhance and simplify your message.

Be careful not to drown the audience in too much detail or technical, call center jargon.

It's also valuable to get the staff involved with other employees and middle managers throughout the organization. They need to carry the value message to other employees and peers. Encourage interaction – lunch with other departments, attendance at staff meetings, elevator conversations will all work. Prepare your workforce with regular updates, one to two sentence messages, highlights and accomplishments for the area. Provide information to them in terms that are relevant and valuable to their work.

Step 4: Divide and Conquer

Do not rely on one administrative messenger to give you visibility. Connect with multiple leaders and do it with a personal touch. Vice presidents of marketing, operations, business development and finance are regularly involved in strategic decisions, so make sure the center has visibility with the leadership in all these areas.

Step 5: Get Rid of Dead Wood – Not People

Evaluate those service offerings that weigh down the staff and have no measurable benefit. Over the years, you may have said, "Yes," and currently support services that do not have any direct or indirect financial value. Sometimes the service was added to help a select group of callers or a special (always understaffed) area of the hospital, some centers even add services thinking that busier meant more assurance of long-term viability, but these "dead wood" areas do not add business for the hospital or the medical staff. If the organization had all the business and money it needed, it would be a nice gesture to offer these services. However, the Balanced Budget Act, competition and declining reimbursement mean this is not the time. Develop a list of all the services you support. Ask the following questions of each item:

- Does the service support the organization's top strategic initiatives?
- Does the service result in physician referrals, hospital admissions or other growth-oriented and measurable outcomes? (For capitated programs, this measurement has different value.)
- How many times were other dollar-driven services communicated to an interested caller because of interest in this service area? Even if it's currently not being done, is there potential for this and, how much potential?
- What is the average length of call for this offering? What is the cost per call, what are the outcomes of this call?
- If it does not give direct referral measures, does the department or area that benefits provide dollars to the call center to support the effort.
- If yes, are the dollars adequate to cover the cost? You get the idea, it's about positioning the service as a vital, and growth-oriented necessity for the organization in the eyes of the decision makers.

The time is right. Take the budget and look at what you need to accomplish with the dollars you have. Look at the organization's overall direction and determine your role in making that happen, tell your story – real action with real outcomes. Get your team involved in the mission, keep asking for their input and involvement, mentor each other in leadership and vision beyond clinical or telephone skills. The bottom line is that no one within the organization will step forward and give you what you believe the center needs because they can't read your mind. Even if you tell them what you need, getting it is unlikely unless it has value for them. Do something proactive and get out of the dilemma. Opportunity awaits.



Kriss Barlow, Corporate Health Group,
www.corporatehealthgroup.com, 1-888-334-2500