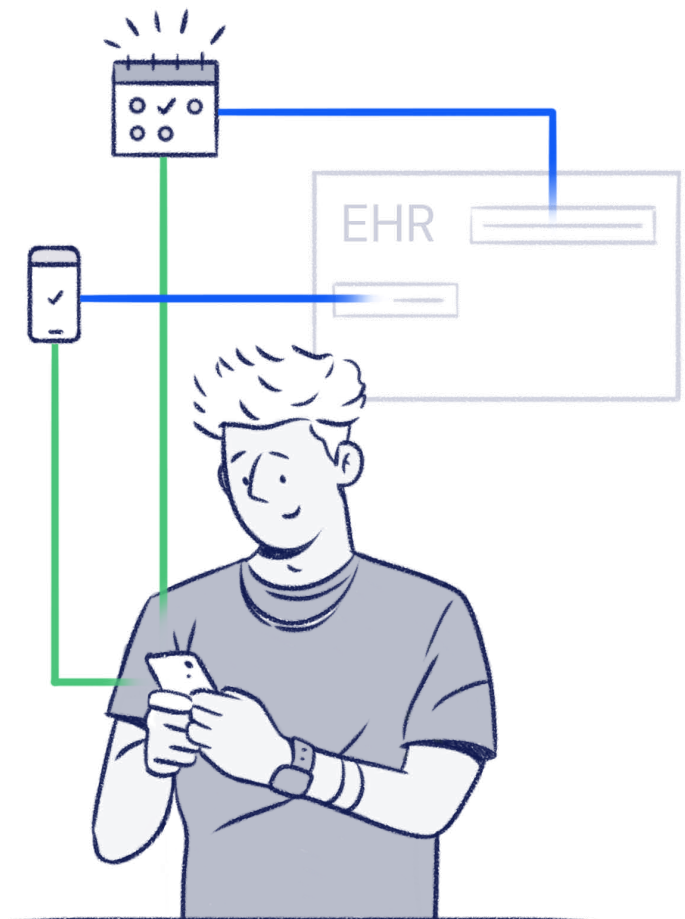# notable

The *Post-Call Center Era:*

How to Reduce Call Volumes and Increase
Patient Satisfaction with Intelligent Automation

Among other industry-defining changes, the COVID-19 pandemic transformed the experience patients have come to expect from their healthcare providers. The move to socially distanced operations forced businesses across industries to roll out technology-enabled solutions to connect with their customers and provide access to information and services.

In this new digital world – where consumers are accustomed to booking flights, ordering meals, or applying for a mortgage with the click of a button – healthcare experiences driven by manual calls and paper forms appear more antiquated than ever before.

Today, the call center still serves as a "non-digital" front door for most health systems. Whether distributed across clinics or centralized within a consolidated business office, call centers play a critical role in care delivery:

- **Managing inbound requests**

  Serving as veritable "switchboard operators" triaging calls to the appropriate provider, department, individual, or patient room

- **Performing patient access responsibilities**

  Completing manual workflows that support the patient journey, from scheduling to registration

- **Supporting clinical care**

  Powering nurse advice lines, disease management programs, and marketing campaigns for health programs

Health systems face numerous challenges in supporting these important functions. Long-standing labor shortages are exacerbated by increased turnover. Continually hiring and training staff for a role with a 45% turnover rate imposes a substantial economic burden on administrators.

As a result, healthcare providers are implementing a digital front door to ease the burden on their call center agents. This effort is aided by the fact that most patients would rather book an appointment or pay a bill online than wait on hold to talk to an agent.

The stakes for executing effectively on such a strategy could not be higher, as patient dissatisfaction and leakage are at risk. According to Notable's research evaluating patient attitudes toward technology and automation, patients are underwhelmed – 63% of patients say their provider added some digital tools, but they fell short of expectations[1]. In fact, 41% of patients have switched healthcare providers due to a poor digital experience[1]. Half
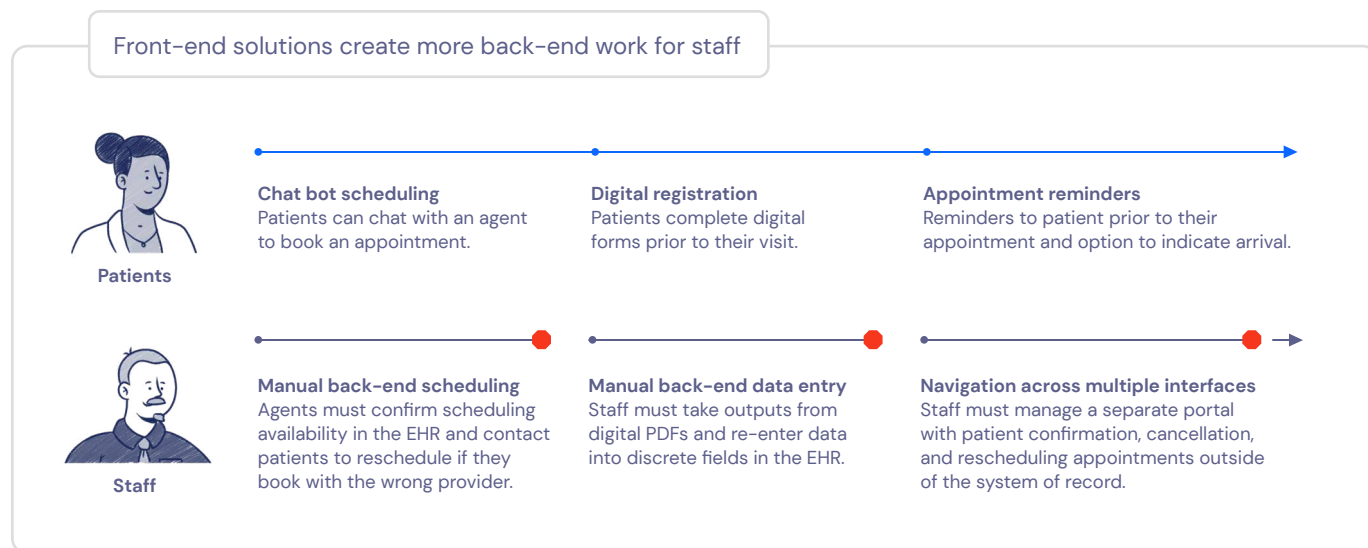
of patients say that a poor digital experience "ruins the entire experience" with their provider[2]. Although the digital tools available to patients have been insufficient, 72% of patients remain hopeful that technology can improve their experience[1].

This whitepaper offers strategies for reimagining the role of the call center with intelligent automation, transforming it from a source of patient frustration and increasing administrative costs to a competitive differentiator that compleiments a world-class patient experience.

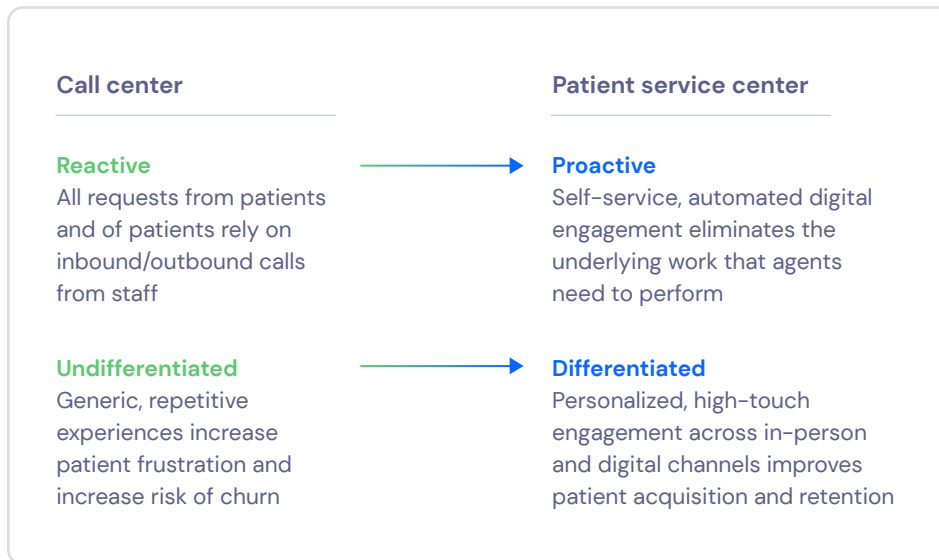# Optimizing patient access with call center transformation

When health systems harness the full potential of call centers, they have the opportunity to expand access to care, increase patient acquisition, retention, and satisfaction, and improve operational efficiency.

However, status quo technologies have failed to drive this shift. For example, while customer relationship management (CRM) systems may make agents more efficient, they do not fundamentally change how patients engage with staff. Similarly, interactive voice response (IVR) systems can create productivity gains in the short-term, but they compromise the patient experience. Chatbots fail to meet patient needs without manual staff intervention.

Front-end solutions create more back-end work for staff

Patients

Chat bot scheduling
Patients can chat with an agent to book an appointment.

Digital registration
Patients complete digital forms prior to their visit.

Appointment reminders
Reminders to patient prior to their appointment and option to indicate arrival.

Staff

Manual back-end scheduling
Agents must confirm scheduling availability in the EHR and contact patients to reschedule if they book with the wrong provider.

Manual back-end data entry
Staff must take outputs from digital PDFs and re-enter data into discrete fields in the EHR.

Navigation across multiple interfaces
Staff must manage a separate portal with patient confirmation, cancellation, and rescheduling appointments outside of the system of record.

In reimagining the role of the call center, health systems should shift from reactive and transactional interactions to proactive and differentiated services.

This shift requires patient service centers to change how they define optimization. In the past, optimization may have been measured from the lens of increasing agent productivity. Since workflows remained the same,

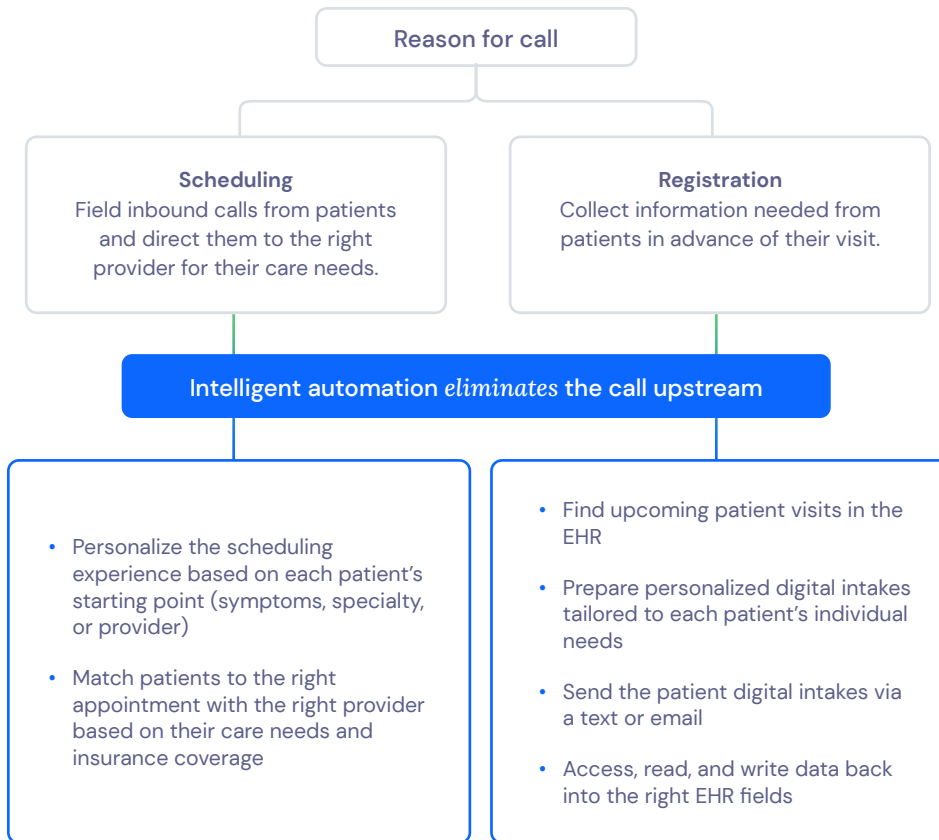| Call center		Patient service center
Reactive All requests from patients and of patients rely on inbound/outbound calls from staff	→	**Proactive** Self-service, automated digital engagement eliminates the underlying work that agents need to perform
Undifferentiated Generic, repetitive experiences increase patient frustration and increase risk of churn	→	**Differentiated** Personalized, high-touch engagement across in-person and digital channels improves patient acquisition and retention

incremental improvements yielded only marginal increases in productivity and minimal impact on patient satisfaction.

In contrast, patient service centers are focused on fundamentally redefining the relationship between patients and their providers. These organizations are eliminating calls upstream by removing the need for more than half of calls – freeing agent time for high-touch and personalized service. This results in substantially reduced operating costs and a transformational impact on the patient experience, so a different technology approach is required.

Intelligent automation unifies artificial intelligence, flexible automation, and patient engagement technologies to perform repetitive, manual tasks the same way that a human would, but with greater speed and accuracy.

- **Artificial intelligence (AI)** allows computers to see, understand, and act upon images and text.

- **Flexible automation** enables digital assistants to perform actions by interacting with software just like staff do.

- **Patient engagement** is designed to drive outcomes by helping patients feel deeply known and cared for in every interaction and across communication channels.

Scheduling and registration represent two typical call center activities that can be completed by patients through intelligent automation.

```
                    ┌─────────────────────┐
                    │   Reason for call   │
                    └─────────────────────┘
              ┌──────────────┴──────────────┐
    ┌──────────────────────┐    ┌──────────────────────┐
    │      Scheduling      │    │     Registration     │
    │ Field inbound calls  │    │ Collect information  │
    │ from patients and    │    │ needed from patients │
    │ direct them to the   │    │ in advance of their  │
    │ right provider for   │    │ visit.               │
    │ their care needs.    │    │                      │
    └──────────────────────┘    └──────────────────────┘
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Intelligent automation *eliminates* the call upstream

- Personalize the scheduling experience based on each patient's starting point (symptoms, specialty, or provider)

- Match patients to the right appointment with the right provider based on their care needs and insurance coverage

- Find upcoming patient visits in the EHR

- Prepare personalized digital intakes tailored to each patient's individual needs

- Send the patient digital intakes via a text or email

- Access, read, and write data back into the right EHR fields

Best practices for automating call center workflows

Based on our work with leading health systems to automate call center workflows, we recommend the following three-step approach to call center transformation:

1. **Define the highest ROI workflows to automate.** Perform a judicious examination of call volume to identify areas of highest impact.

2. **Implement supporting technology.** Define the best path to implement AI, flexible automation, and patient engagement to automate processes currently managed through calls.

3. **Measure impact and iterate on approach.** Internalize learnings and use them to guide an automation roadmap.

- Agent or staff time saved

- Number of inbound calls reduced

- Number of outbound calls reduced

- Reduction in mean time to resolve (MTTR)

- Error reduction

- Growth in net new patients to the system

1. Define the highest ROI workflows to automate

To determine a starting point, we recommend performing an analysis of all current inbound and outbound call volume, segmenting out different types or reasons for high-volume calls. Using this trend data, calculate the total time spent on each call type to use as a general proxy for potential automation ROI.

With this information in hand, assess what percentage of current call volume could be reasonably automated. For example, can the inbound call workflows that agents are supporting be redirected to a self-service portal? For a workflow like payment collection, the answer may depend on the specific makeup of the patient population.

In tandem with this analysis, assess the following factors that contribute to the overall value of managing a call with automation as opposed to staff:

- **Complexity.** How easy or difficult is it to train agents to effectively perform the task? Can the task be broken down into repeatable, standardized steps? Prioritize automating workflows that are more difficult to staff and train.

- **Patient impact.** How much value does a human touchpoint add or subtract from the interaction? For example, patients may not see much difference in getting an appointment reminder via call or voicemail compared to an automated text, but they may be more inclined to speak to a human when it comes to payment reminders for a large outstanding balance.

- **Cost of error.** How much value is lost when agents make mistakes? For example, front-end registration errors can lead to back-end denials that are expensive to address.

- **Difference in performance.** How much more or less effectively can the workflow be performed by a person compared to automation? For example, AI can be more accurate than trained staff in selecting the right insurance plan.

In light of this framework, the following table details the four workflows we recommend starting with for call center automation.

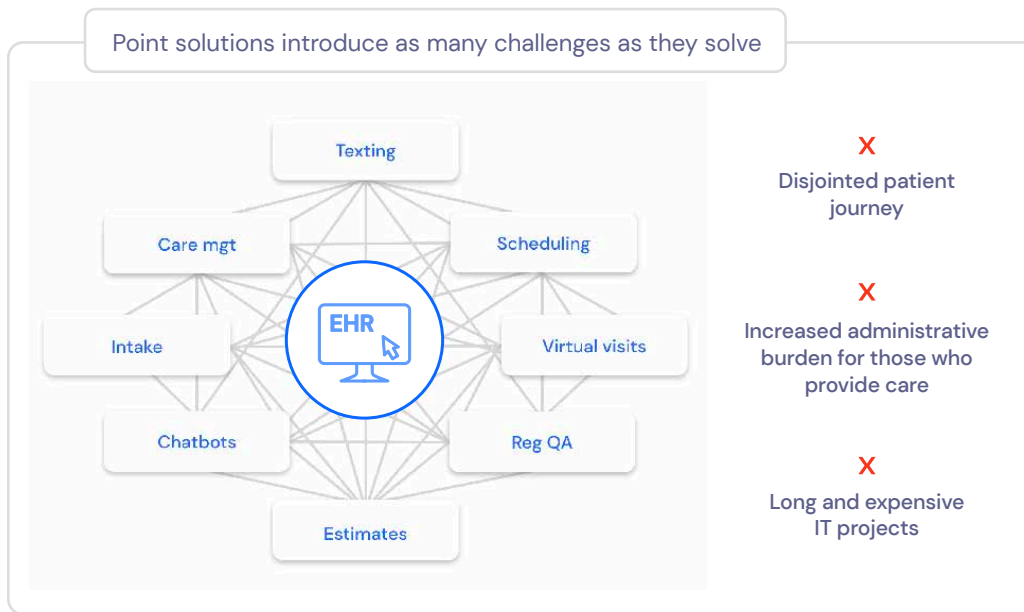| Call reason	Time Spent by Agents	Call Complexity	Patient Experience Imapct	Revenue Impact
Registration	High	Moderate	High	High
Referrals	Moderate	High	High	High
Appointment Reminders	High	Low	Low	High

2. Implement supporting technology

For a technology–led call center transformation, choosing the right partner is critical.

Many health systems fall into the trap of choosing point solutions to address individual reasons for patient calls. For example, they may look to implement a digital billing solution to minimize billing-related calls, a scheduling solution to minimize scheduling calls, and a patient intake solution to minimize registration-related calls.

While well–intentioned, this point solution approach often does more harm than good. Introducing multiple new technologies across the care continuum leads to a disjointed patient journey, often requiring multiple passwords, apps, and logins – along with repeated manual data entry and an inconsistent experience across channels. Using disparate systems can also create more work for staff and providers, who need to learn each new tool well enough to support their own workflows and troubleshoot with

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patients. Last but not least, acquiring multiple point solutions introduces long, expensive, and resource-intensive IT projects to connect them all with the EHR, not to mention the recurring IT bandwidth required for the ongoing maintenance of this web of solutions.

Point solutions introduce as many challenges as they solve

Texting · Care mgt · Scheduling · Intake · EHR · Virtual visits · Chatbots · Reg QA · Estimates

X Disjointed patient journey

X Increased administrative burden for those who provide care

X Long and expensive IT projects

Another common but misguided approach is to focus entirely on the digital experience of the patient, without considering how the changes may negatively impact back-end staff workflows.

For example, a health system may implement a chatbot that allows a patient to automatically book an appointment, but overlook the need for agents to manually review appointments and contact patients in case they booked with the wrong provider. A digital registration solution may offer a sleek front-end interface for patients, but produce a PDF on the back end that still requires staff to manually enter the data into the EHR.

To improve the patient experience without compromising operational efficiency, providers must implement technologies that offer a patient-friendly front-end experience, while simultaneously eliminating the back-end administrative burden.
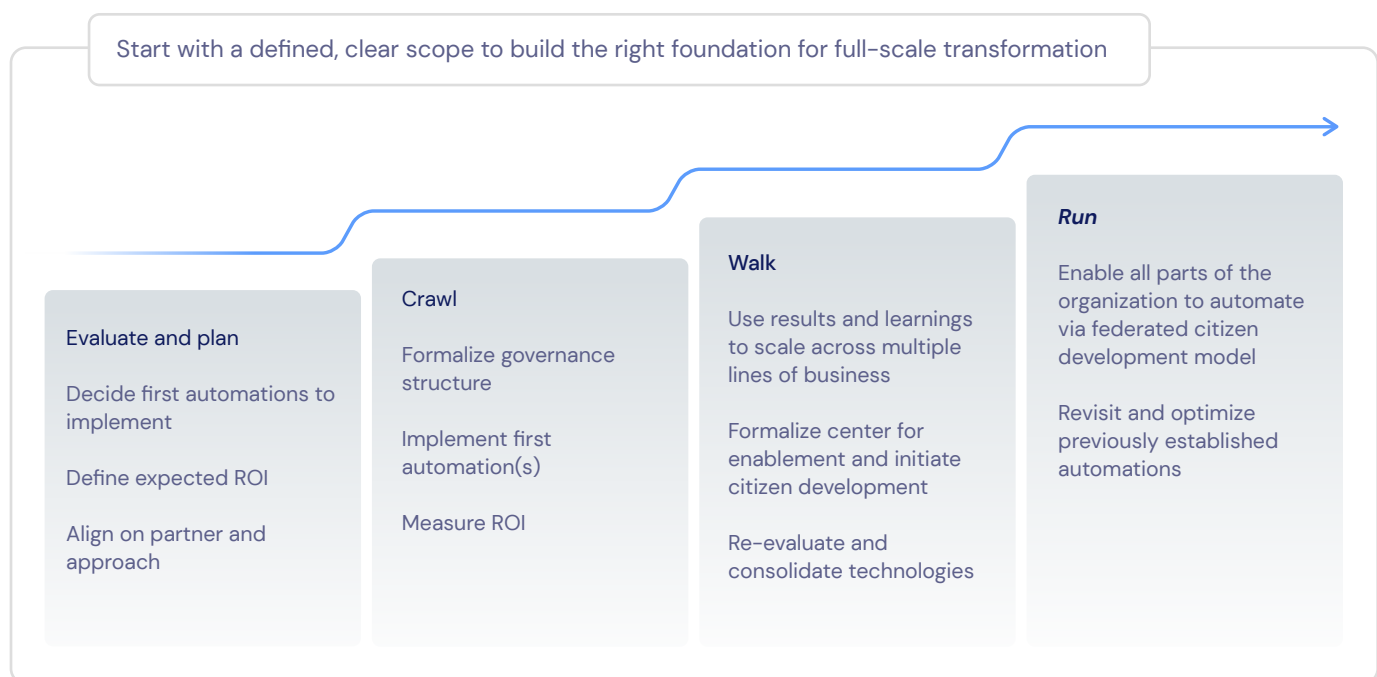
3. Measure impact and iterate on approach

Even the most thoughtfully considered automation program will reveal opportunities for improvement after implementation. The most successful health systems embrace an iterative approach to intelligent automation rollout and deployment.

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After defining prioritized workflows to automate, agile implementations focus disproportionately on effectively enabling two to three key workflows to automate. In contrast, many technology implementation teams spend months or years on a big-bang automation program that spans the enterprise, while teams wait to see the touted effects. Meanwhile, health system needs, industry trends, and technologies continue to evolve – often making solutions partly obsolete before they launch.

Once a solution is in place, staff are a rich source of insight for feedback on how automation can be optimized. Surveys and focus groups can help identify pitfalls in technologies and training to improve efficacy and adoption of new processes for both staff and patients. Collecting baseline data also helps leadership determine the ROI on implemented automations. From there, digital teams can make an educated choice on how to prioritize iterating on existing automations versus developing new ones.

An agile model extends to how automations are implemented, as well as to the internal change management required. For example, large health systems commonly launch new solutions or processes with a handful of practices. Teams iterate based on feedback from this smaller group and then roll out across a larger segment of the organization. Making changes in an iterative fashion with a smaller part of the organization is much easier than launching across the full enterprise and making updates that impact a larger group of constituents.

Start with a defined, clear scope to build the right foundation for full-scale transformation

Evaluate and plan

Decide first automations to implement

Define expected ROI

Align on partner and approach

Crawl

Formalize governance structure

Implement first automation(s)

Measure ROI

Walk

Use results and learnings to scale across multiple lines of business

Formalize center for enablement and initiate citizen development

Re-evaluate and consolidate technologies

Run

Enable all parts of the organization to automate via federated citizen development model

Revisit and optimize previously established automations

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Modernizing the call center with intelligent automation

In 2021, Notable partnered with a healthcare organization in the southwest U.S. with over 350 providers and 1.1 million encounters to modernize their patient experience and transform their call center operations.

One of the organization's biggest strategic goals was to improve patient experiences by leveraging technology to eliminate manual processes. To that end, they spent years optimizing for Epic MyChart portal activation, but struggled to have more than 25% of patients complete pre-visit registration via MyChart. Even when patients used MyChart, registration presented a significant administrative burden, as staff needed to manually process or correct registration data - or deal with errors downstream once they triggered denials.

With Notable's Intelligent Intake, the organization automated the end-to-end patient registration workflow for their call center, from appointment reminders to insurance payer-plan selection and payment collection. Patients are guided through a personalized intake experience designed to remove the ambiguity that often comes with preparing for care.

Patients reported a 94% satisfaction rate – and 78% of registrations required zero staff involvement. Furthermore, by leveraging intelligent automation to optimize insurance plan selection accuracy, the organization cut eligibility- and registration-related denials by 50% – improving financial outcomes and reducing the number of denials that need to be worked by staff. Eliminating over 223,000 calls annually and 635,000 workqueue items saved more than $790,000 – leading to transformational organization-wide impact.

50%	223,000	635,000	78%	94%
reduction in eligibility- and registration-related denials	calls eliminated annually	workqueue items eliminated annually	registrations completed without staff intervention	patient satisfaction rating

Reduce reliance on your call center with Notable

To achieve call center transformation, health systems need to pivot their focus from marginal improvement of agent efficiency to reducing the number of calls that agents need to manage. A digital front door, powered by intelligent automation, can address the reason for most calls upstream – freeing up staff capacity for higher-value and more meaningful work.

Notable transforms how patients access care and how providers get paid with healthcare's leading intelligent automation platform. Through flexible integration and unmatched artificial intelligence, Notable empowers patients with guided experiences and staff with touchless workflows. Notable drives the patient acquisition, retention, and reimbursement to scale growth without hiring more staff.

With Notable's intelligent automation, health systems can:

- **Expand access** by guiding patients through an intuitive scheduling and registration process that is personalized to their needs
- **Eliminate administrative burden** by using digital assistants to perform all call center tasks within the EHR, CRM, and other systems of record on behalf of staff
- **Reduce inbound and outbound call volume by over 50%** by addressing the reason for calls at their source with automated outreach, scheduling, and authorizations

Notable optimizes staffing by freeing up capacity for agents to focus on the highest impact patient interactions. Health systems can deliver a world-class patient experience through personalized, omnichannel engagement that allows every patient to be served through the ideal mix of digital and in-person channels. And most importantly, call centers are transformed into patient service centers that align to the mission of the health system, enriching the patient experience and improving outcomes while reducing the cost of care.

To learn more about how Notable can accelerate call center transformation for your organization, **request a personalized demo**.

Leading providers use Notable to *transform* patient access, revenue cycle, and growth

2x
increase in new patient appointments

North Kansas City Hospital   MERITAS HEALTH

50%
decrease in eligibility- and registration-related denials

A·R·C AUSTIN REGIONAL CLINIC

300%
increase in co-payment collections

Intermountain Healthcare

30%
decrease in no-show rates

Reid Health

91%
prior authorization success rate

Fort HealthCare FOR HEALTH

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2. How can leaders make recent health gains last? (2020). *Accenture*. https://www.accenture.com/us-en/insights/health/leaders-make-recent-digital-health-gains-last