

Health Care Home

Call Management Toolkit



About this Guide

This guide is intended to support General Practices:

* Outlining the call management standards
* Provide information to show why these standards are important and of benefit to the practice and their patients/callers

# What is Call Management?

Call management is the art of having the right number of skilled people and supporting resources in place at the right times to handle an accurately forecasted workload of phone calls, at service level and with quality.

Call management refers to both inbound calls received by the practice and outbound calls made from the practice.

## Why is call management relevant for Health Care Homes?

Telephone calls are often the first point of contact that a patient has with the practice. Improving call management improves access to the practice, helps ensure patients get access to the right services at the right time and can significantly improve patient trust and confidence.

* Understanding call demand and ensuring that more staff are allocated to answering phones at the busy times improves service levels and is the first step to ensuring patients get access to the right service, at the appropriate urgency
	+ Understanding call demand allows practices to align other services, such as doctor triage, to match the peaks in demand
* Having good call processes, training, and guidelines, results in each patient getting the right type of appointment with the right-skilled person, in the right timeframe
	+ This helps patients feel they are treated with respect, their time is valued, and increases their trust and confidence in the practice
* Having phone dedicated staff addressing simple queries quickly and efficiently on the call (such as forward appointments, recalls, immunisation appointments) frees clinical staff for other more complex tasks
	+ Non-time critical outbound calls can then be scheduled at the quieter times
* Moving calls away from the front desk allows staff to focus on one patient at a time.
	+ This is likely to reduce errors
	+ Results in interruption-free conversations
	+ Improves patient privacy and
	+ Improves the atmosphere of the reception area by creating a calmer space

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## What are the risks of not getting call management right?

1. **Unmet need for urgent care**

Around 30% of patients calling into a general practice for a same day appointment will have an urgent need which requires doctor consultation on the same day.

* If the patient has to wait a lengthy period for the call to be answered they may abandon the call, and seek an alternate provider.
* If the call goes to answer phone and the patient leaves a message there is a risk the message will not be followed up.
* As a result of either of these outcomes the patient may take no action or seek help elsewhere – either at a hospital ED or an alternative provider.
	+ Going elsewhere is inconvenient for the patient, and provides less continuity of care
	+ Using the ED is more costly use of system resources, and using an alternative provider can cost the home practice money in terms of claw-back charges.
* No action by the patient may result in a worsening condition that then requires avoidable use of secondary services
1. **Missed opportunity to access proactive planned care or routine preventative care**

Patients may be calling to follow up on proactive planned care for long term conditions, or may be calling to make an appointment for preventative care, and a long wait time may lead them to abandon the call, especially if it’s not urgent.

1. **Inefficient working and not patient-centric**

If some calls go to voice mail they will require call backs. This is a delay for the customer, and multiple handling of a call that could have been resolved quickly and efficiently if answered by a person first time.

Where calls go to voicemail, or are abandoned, the practice will not get an accurate and timely understanding of demand and will be unable to prioritise care effectively. They will also have poor information to allow them to forecast future resource needs.

Poor information will mean that proactive outbound call activities cannot be scheduled effectively, so fewer patients will be reached.

In summary, unanswered calls (including calls abandoned by patients waiting too long, or calls going to voicemail) are:

* Inefficient for the practice, and can increase costs via clawbacks
* Likely to increase risk of unmet urgent need and could lead to an avoidable ED attendance or hospitalisation
* Likely to result in missed opportunities for proactive planned care or routine preventative care
* Not patient centric

##

## Call management good practice – taking the customer’s perspective

What do customers generally expect when they contact businesses by phone? They want their query attended to and resolved, if possible, and they want to be treated equitably and with respect. In terms of call management these are some key things to build into your design:

1. **Make it easy for the customer to access resources**
* Make it clear how to contact the business and minimise the burden on the customer to reach the "right" contact
* Provide appropriate and fair hours of operation
* Provide appropriate choices of channels/media with a consistent “look and feel.”
* Minimise the amount of information requested from the customer (when identifying who is contacting and why)
* Provide reasonable and consistent service levels (speed to answer, response time, etc.) whenever possible
1. **Route the contact to the right person**
* Route the contact to an appropriately skilled person as quickly as possible
* Where a transfer is necessary, avoid the need for the customer having to repeat information (either through use of technology or through introductory hand-off process)
1. **Handle the request effectively**
* Handle the request quickly and efficiently
* Provide consistent service and information from contact to contact, and across media
* Attempt to handle the entire transaction in one contact (to avoid call-backs, repeated contacts, and unnecessary transfers whenever possible)
* Provide alternative methods to obtain or provide information, including self-service (to provide customer choice and control)
* Where a call-back or follow up is necessary, make a commitment and follow through on that commitment
* Take into account, and respect, the individual and specific needs of the caller

HCH practices are supported to meet the Health Care Home Model of Care Requirements, developed by the National HCH Collaborative.

* Ready access to urgent and unplanned care.
* Proactive care for those with more complex need.
* Better routine and preventative care.
* Improved business efficiency



**What is the Call Management Component of Care?**

Practices are required to show they have capability in the following areas.

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| * **Component**
 | * **Report**
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| Practices have call management arrangements in place that deliver the following enhanced capabilities:1. **Call reporting (both real-time and historical) including monitoring key call metrics (such as abandoned call rate, percentage of calls answered within a determined number of seconds):** Allows analysis of call volumes and performance so that practices can resource appropriately and improve service design or training where necessary.
2. **Call recording and monitoring** to assess quality and use for training purposes.
3. **Designed for business continuity**: In the case of an event such as equipment failure, loss of power, building evacuation, or disaster, callers receive appropriate interim messaging and the practice is able to quickly restore phone access for patients.
4. **Proactive use of queue management tools:** tools such as auto-attendants, auto call-backs and delay messages are used to improve the customer experience.
5. **Practice capacity and hours of operation ensure call volumes are answered at service level and with quality.**
6. **Practice front reception areas minimise call handling** so that patients presenting (and calling) are ensured privacy and experience minimal interruptions.
7. **Processes and resources accommodate callers with specific needs** such as those with disabilities or specific language requirements.
 | The call management standards are: * Less than 5 % abandoned calls [[1]](#footnote-1)
* Service level: 90% of calls answered in less than 60 seconds

To be reported quarterly to HCH Steering Group  |

**Some practical things to consider**

**Call Reporting**

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| Practical ideas – what this means to you |
| Does your call management system provide real-time and historical reporting? * + What reporting is available for the phone number that patients call?
		- Can you measure calls offered and calls answered?
		- Can you measure % of calls abandoned? How do you currently track on this?
		- Can you measure what % of calls is answered in xx seconds? If you currently measure this, what is your target and how do you perform on this?
		- Can you measure the average speed of answer? If you currently measure this, what is your target and how do you perform on this?
		- Can you measure how many calls were completed as self-service transactions?
	+ While you are likely to want to measure and review these things regularly in practice, to understand work volumes and the customer experience, you will also need to be able to report these quarterly for the HCH steering Group. Are you able to do this from your current system?
* This type of information is needed to allow you to track and respond to demand, and to be able to measure how effective any changes you make are in improving service levels.
* Getting familiar with demand patterns will allow you to assign resources more effectively at those peak times.
* Do you have enough incoming and outgoing lines available? If you see that there are times that all of your lines are tied up, you may need to purchase additional trunk lines to allow all callers to get through at busy times.
* You may have other goals that are important to you that can be enabled through your enhanced phone system. These goals will reflect your patient population and the skill mix of your staff. If you have targets like this, work with your technology supplier to see what is possible.
	+ For example in the UK some practices set their own deadlines for the length of time from the phone ringing to assessment by a doctor
* When you work with your vendor to set up any messaging or auto-attendant options make sure these are configured so that you are still able to report accurately and that calls are not counted as answered when the caller simply hears a message, but rather when they are connected to a person
* In the same way, it’s optimal to have reporting set up so that you can separate out the calls that are handled via any phone self-service options you have, so that you can track usage and you have accurate information to feed into your forward resource planning.
* Think about using the auto-attendant options and waiting time to play key practice messages – eg – patient portal sign up, flu clinics
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**Call recording and monitoring for quality**

| Practical ideas – what this means to you |
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| * Do you have any technology that allows you to record calls or listen into calls for quality and training purposes.
	+ Some phone systems have this ability built in
	+ If you don’t, it is something that can be added on in a number of ways. Talk to your phone system supplier about options
* Review how the team – from the person answering the phone to doctors and nurses talking to patients in person or by phone – identifies and responds to a range of urgent cases, not just obviously life-threatening emergencies, and ensure all call handlers are trained in identifying potentially urgent cases
* Consider if you need to record all calls (as an audit to track back if something goes wrong, or someone complains) or if you just want the ability to do this as part of your quality programme to improve quality and consistency
* Consider how you will store the calls (to preserve privacy) and how long for
* Consider the legal implications of recording calls. New Zealand law states that should you wish to record calls then you must ensure that at least one party on the conversation is fully aware that the call is being recorded. This means that your staff will need to know if you plan to start recording calls.
* The [Privacy Act](http://www.legislation.govt.nz/act/public/1993/0028/latest/DLM296639.html) <https://www.privacy.org.nz/the-privacy-act-and-codes/privacy-principles/> also applies in respect to the nature of the personal information collected, the purpose for its collection, how it is used, and stored, and what is disclosed to any other party.
* If you are planning to record calls it’s polite to let customers know, and one of the ways you can do this is via a short message at the start of the call, or a general communication when you introduce call recording.
* A general communication may be better for a GP practice as your access goal is to get patients to speak to a person as quickly as possible, also telling a person their call is recorded just before they speak about their personal medical information, may in some cases, cause them to hold back and not share the full information needed to allow the call to be prioritised effectively.
* Call recording will let you assess if your training and call procedures are working the way you want them to. Listening into recorded calls will give you a good understanding of the current customer experience and assess how you can improve it. This is called call monitoring and can also be done with live calls, by listening in remotely or sitting side by side with the agent. Be aware that while sitting side-by-side will allow you to observe the actions that the agent takes on the systems, it is also likely to adjust their behaviour and may make them nervous.
	+ Listen in to a % of calls remotely each week to assess quality. Follow up with coaching and feedback
	+ Also listen in to a % of calls side-by-side with the call handler, to assess accuracy and effective use of tools/processes/prompts
* Generally businesses wanting to improve call quality will aim to give feedback regularly to their phone staff. To do this means scheduling time to review and assess calls regularly and have the feedback/coaching discussions.
* As part of your Lean approach it’s good to review the phone processes and customer experience. Consider how can you improve the phone experience for patients and how well are your existing processes working? Some things to look at:
	+ Are we assessing callers’ priorities correctly?
	+ Can we better streamline this in any way?
	+ How can we reduce the number of steps to getting calls resolved?
	+ How can we make it easier for customers to contact us?
	+ Is the greeting/welcome language appropriate for our demographic and is it being used consistently?
* Key tools to support consistency are:
	+ Regular training and design improvement sessions
	+ Prompts or scripts to ensure consistency across call handlers
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**Designed for business continuity**

| Practical ideas – what this means to you |
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| * What are your business continuity arrangements for phones?
	+ If you lose power, the phone system fails, or you have to evacuate the building what is the impact on customers.
		- What would they hear if they dialled your number?
	+ Do you have any back up arrangements in place?
	+ How quickly could you be up and running again to take calls?
* Your network provider may be able to divert calls for you, or play a message to all callers, but it will happen more quickly if a contingency plan has been agreed with them in advance.
* If you are a multi-site practice you may have the ability to continue running by answering calls from another site.
* You may have some back up equipment on site that allows you to run for short periods e.g. A generator, backup mobile phones
* You may negotiate an arrangement with a local call centre to overflow peak time of day calls to them, and also invoke this arrangement in an emergency
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**Proactive use of queue management tools**

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| Practical ideas – what this means to you |
| * When your callers are in the phone queue
	+ Are they offered any choices? If so, what are they? What is the benefit to the caller of these choices, or is one queue - with calls answered in the order they arrive - a better design for your practice?
	+ Do callers hear any messages? If so, what are they and when are they triggered?
* It may well be that you choose not to use messages when calls are answered quickly, but it’s good to have them in place for those times that they aren’t, to give callers the confidence that they are in the queue and will get answered if they hold
* Similarly, it’s a good idea to be familiar with how to load messages for other unusual situations such as
	+ A building evacuation
	+ The outbreak of an epidemic (to share key information with callers)
* You may choose to offer patient access to some self-service options via an auto-attendant. If you do, think about the following:
	+ Self-service should allow a patient to fully complete a transaction, or task, such as order a repeat prescription, or make a forward appointment , otherwise another task is simply generated which may be handled less urgently or effectively than if the caller had spoken to a person
	+ Avoid offering voicemail as it is not effective in allowing care to be prioritised and generally just generates another call, often resulting in phone tag
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**Practice capacity and hours of operation**

| Practical ideas – what this means to you |
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| * What options have you tried to match your resources to caller demand or smooth demand? Some ideas:
	+ Overflow calls to additional staff (in house or outsourced)
	+ Match phone staff working patterns to peak times.
		- Some part time contracts may add a lot of flexibility
	+ Move staff breaks/lunches to different times to avoid call peaks
	+ Promote use of the portal for forward appointment bookings
* Make sure there are enough appointments (including telephone consultation slots) to meet expected levels of demand, paying particular attention to peak times such as Monday mornings or after a public holiday
* Consider extended hours for your phone handlers (beyond practice hours) to reduce the sharpness of the peaks, for routine call types only. This may be particularly beneficial early in the morning so that calls can later be triaged effectively.
* What phone numbers do patients use to contact your practice?
	+ There’s no perfect answer here, but less numbers can reduce your network costs and simplify things for customers
	+ You may choose to have separate numbers for separate practices (if you have more than one) but you could still choose to answer these as one group or queue, with one group of staff taking the calls. This way you will get some efficiencies in that you benefit from “pooling” of resources and calls will get answered in the order they arrived rather than patients at different practices possibly getting different levels of service
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**Practice front reception areas minimise call handling**

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| Practical ideas – what this means to you |
| * Where are the people handling calls located at your practice? If they are located at the front desk are they juggling face to face conversations and payments with calls they may find it difficult to focus on one patient at a time.
	+ They may make errors
	+ Or patient conversations may get interrupted or privacy compromised.
* Locate phones away from reception to preserve privacy of callers and those patients at reception desk
	+ The lean work you do in-practice may have freed up areas of the building that can be used.
	+ VOIP technology means it is easy to locate your phone based staff in another location if you do not have the space
* Also think about others ways to reduce noise and improve the working environment, such as use of phone headsets, and configuring your advanced call management system using Automatic Call Distributor (ACD) phone queues rather than hunt groups.
	+ Hunt groups can add delays for callers and create extra noise as phones ring around the practice.
	+ With an ACD queue calls are only routed to employees who are logged into the system and available (regardless of location).
* Work with your vendor to understand how your phone system can best support “rooming”. You will no longer be able to assume that x person will be in y room or at x extension. More flexibility is needed.
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**Processes and resources accommodate callers with specific needs**

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| Practical ideas – what this means to you |
| * What do you offer to accommodate callers with specific needs
	+ What languages can you support? Some ideas:
		- Recruit staff who are multi lingual to match the demography of the practice
		- Use the PHO funded interpreter service: Language Line <https://interpret.org.nz/book-an-interpreter.html>.
	+ Disabilities – some ideas
		- Patients with known hearing and/or speech challenges may welcome the ability to use instant messaging instead of the phone for the initial contact
		- They may even like an online sign-language interpreter booked for their consultation
			* Deaf Interpreting: Language Line <https://interpret.org.nz/book-an-interpreter.html>.
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**What tools do you have in place to help you today?**

You may have an on-site PBX (private branch exchange), that was supplied many years ago. Some practices have PBX systems that have in-built reporting capability but don’t know how to use it. Some practices have more modern internet based phone systems that have additional add on reporting packages available.

**What is the difference between a VOIP system and an analogue system?[[2]](#footnote-2)**

* **VoIP:** (Voice over Internet Protocol) phone systems work by breaking the voice signals received in small data packets which are transmitted over the internet. VoIP uses PSN (Packet Switching Network) technology where packets are marked and transmitted in a sequential manner so that the original voice signal can be generated at the receiving end.
* **Analogue phone systems**: are the traditional phones which work by converting the voice signals into electronic waves of varying frequency and amplitude which the telephone exchange receives and direct it at the receiving end. This phone system uses CSN (Circuit switching Network) in which analog signals travel through cables to provide point to point connectivity and establish communication.

**Business line reports**

Many practices only have available a Business Line Report that they can request periodically from their network provider. These are often referred to as Vision reports.

**How can you get the information you really need?**

A more advanced phone solution can provide full reporting of calls and allow many features to be used without compromising reporting. Many features and functions, previously only available to larger businesses, are now available to small and medium businesses.

**Telephone Technology – Three possible approaches**

Each practice will have unique drivers and different current solutions in place. Each situation is different and each business will make its own choices and decisions. Recognising this, the HCH team is working with each practice individually to help them understand the gap they will need to close to meet the standards.

The telephone technology part of this may be the most complex for practices as telephony is not traditionally an area of expertise for small and medium sized businesses. It’s also an area of technology that has changed a lot in the last few years. We are providing some information in this toolkit to try to give practices an introduction to this area, so that they can set themselves up to meet the standards.

Broadly there are three approaches:

1. Use your existing telephony system (if capable)
2. Invest in a new telephony system
3. Outsource calls to a call centre

While option three may seem radical it is the approach that some Primary Health Organisations (PHOs) have recommended to their practices. The HCH Programme approach is not prescriptive. Practices can choose how they meet the standards.

In the tables below we provide some initial information on all three approaches to inform initial discussion at your practice.

**Use existing telephony system**

| Advantages |
| --- |
| Less disruptive as little or no change, if the system has the required capability |

| Considerations |
| --- |
| May require upgrading to meet the minimum standard for call management, such as reporting |
| May not be possible to upgrade to meet the standards  |
| Someone at the practice will need to be familiar with the system and run the reports  |
| Check with your vendor about future proofing – expanding the practice, merging, or more than one site (eg satellite clinics)  |
| Enlist the vendors help to get the system set up correctly to deliver the best results for you and your callers under the HCH model. For example * Moving calls away from the front desk
* Support “rooming”. You will no longer be able to assume that x person will be in y room or at x extension. More flexibility is needed.
 |

**Invest in a new telephony system**

| Advantages |
| --- |
| Practices can specify the HCH standards as part of the initial set up / purchase to ensure that all the requirements are met as simply as possible |
| Most new solutions on offer will be VOIP. Moving to a VOIP solution is likely to save practices money on their monthly call costs as line rental will no longer be required. |

| Considerations |
| --- |
| Someone at the practice will need to learn how to manage the new system and run the reports.  |
| Check with your vendor about future proofing – expanding the practice, merging, or more than one site (eg satellite clinics) |
| Enlist the vendors help to get the system set up correctly to deliver the best results for you and your callers. Putting in place new technology and then trying to use it in the same way you used the old technology often results in missed opportunities. For example * Use of phone headsets to reduce noise and improve comfort, and
* Configuring your advanced call management system using Automatic Call Distributor (ACD) phone queues rather than hunt groups.
	+ Hunt groups can add delays for callers and create extra noise as phones ring around the practice.
	+ With an ACD queue calls are only routed to employees who are logged into the system and available (regardless of location), and you can track how many people you had on the phones at various times and how this contributed to the service level you delivered
* Work with your vendor to understand how your phone system can best support “rooming”. You will no longer be able to assume that x person will be in y room or at x extension. More flexibility is needed.
 |
| Moving to a VOIP solution means good internet connections are essential to maintain call quality. Work closely with vendors to make sure this is factored into any pricing. |

**Outsource to a call centre**

| Advantages |
| --- |
| It’s possible to move to this model gradually, starting with overflow calls at peak times |
| Frees up practice staff for other tasks that have to happen on site, or may suit practices struggling to recruit and retain front office staff.  |
| Removes calls from the front desk without requiring additional space on site at the practice |
| Provides effortless business continuity for call management, as the people, premise, and telephony elements are all handled by the supplier |
| Practice staff do not need to develop call management expertise |
| Call centres have the ability to pool more resources to be able to manage peaks in phone demand. This means patient calls are more likely to be answered quickly.  |
| Very scalable and allows consistent service across multi-site practices  |
| Most call centres operate 24 hours per day, 7 days a week, so can take patients calls outside the standard working day. This often reduces the peaks of demand, and means that many customer requests (such as scheduling forward appointments) are met far more quickly |
| Can often provide additional services to help practices meet other goals, such as contacting patients to enrol them in immunisation programmes, smoking cessation, and screening etc. May also be able to perform some administration / accounting tasks. |

| Considerations |
| --- |
| If only peak time calls are overflowed, rather than all calls, then the practice will need to combine reporting to meet the standards. In this case the practice’s telephony system will need to be able to provide the appropriate data.  |
| Redeployment of existing staff to other tasks within the practice  |
| While the calls are outsourced, close links to the call centre should be maintained so that the call centre can properly reflect the practice. Regular attendance at practice meetings is a good idea.  |
| Check about future proofing – expanding the practice, merging, or more than one site (eg satellite clinics) |
| A practice will most likely have telephony costs (line and network costs) as well as the call centre costs as your existing lines will be diverted to the call centre. This may make this option more expensive |

**Getting access to the tools and reporting to meet the standards**

There are many ways that the standard can be met. The standard is not prescriptive in terms of technology. Your current system provider may be able to help you meet the standard. Many different solutions (analogue or VOIP) and many different providers can supply tools that allow the standard to be met.

Is it strongly recommended that practices undertake their own due diligence process, starting with a needs assessment to ensure you identify the exact needs of your business. These needs may differ between a small and large practice.

The due diligence process will ensure then that the suppliers:

1. meet these needs,
2. provide a cost effective solution,
3. are a sustainable option that provides future proofing
4. provides options of purchasing or leasing the hardware and
5. does the company also provide discounts with using their other IT services and/or equipment/hardware

The HCH team has provided some but not ALL examples of telephony solutions that your practice may want to look into.

1. Get the Best - Mark Ternent mark@gtb.co.nz
2. Pritech – Hayden Robinson Hayden@primaryit.co.nz
3. Tim4biz - Grant Smith Grant@cts.co.nz
4. Simply Free - Mark at mark@simplyfree.co.nz
5. Two Degrees
6. I Cloud – Spark
7. Office Net Cloud - Vodaphone
1. [↑](#footnote-ref-1)
2. Source: <http://info.hummingbirdnetworks.com/blog/bid/234770/voip-vs-analog-phone-systems> [↑](#footnote-ref-2)