Health care marketing executives value the medical call center as a centralized telephonic front door to their enterprise. The medical call center is a telephonic front door and is central to streamlining and centralizing access, making it a critical part of the marketer’s strategic arsenal. The medical call center closes the gap between advertisement and utilization. The medical call center builds a robust database that contains tailored data on individuals with specific health needs and interests. Importantly, because the medical call center can document revenue by marketing communications source, it substantiates the impact of marketing initiatives. The call center becomes the call to action for every marketing communications initiative. The call center serves as the distribution channel for the enterprise. The call center becomes the central access point for information, referral, clinical triage, extending primary care physicians’ office hours, and connecting with a human advocate who navigates the caller through the enterprise to the appropriate resources. (These relationships are illustrated in Exhibit 1 on page 26.)

Medical call centers will be a core competency for health care organizations in the new millennium and are already a priority for visionary marketing and managed care executives. However, unless they tangibly help achieve the organization’s priority outcomes, they will not be successful.

A REQUIRED COMPETENCY

The call center is central for linking consumers to meaningful resources, helping them expand their role in their own health care. Says health care futurist Russ Coile: “Call centers are the leading edge of a new wave of empowering technologies that can facilitate America’s 275 million health consumers to take more responsibility for their own health.”

Call centers can be a used for enhancing life quality and for helping expand the limits of personal health potential. Call centers in health care must facilitate access, with both warmth and clinical efficacy. As Chicago-based Andersen Consulting states in its popular book Changing Health Care: “Winning health enterprises will be able to develop...‘Touch and Triage,’ the ability to build and maintain relationships with individual consumers and guide them through a virtual system for optimal outcomes.”

According to industry observers Scott MacStravic and Gary Montrose in their book, Managing Healthcare, “Managing health care utilization and expenditures at the health plan, employee group, or community level can be carried out in optimal fashion only when consumers are a major, if not primary, focus of efforts.”

Says Julie Barr, Sue Lautenberg, and Brian Stieckman in a 1998 Healthcare Information Management article: “Imagine primary care providers and specialists only seeing patients in their offices when it is absolutely necessary with nurse and patient monitoring being conducted the rest of the time from the ‘electronic physician office,’ the call center.”

In the new millennium, savvy health care organizations will offer consolidated access through medical call centers because call centers support favorable economic outcomes. Says J.D. Kleinke in his book, The Bleeding Edge: “There
The call center

Assure Financial Viability

It is not enough to know what to do. It is not enough to believe in the concept of a medical call center as a required strategic marketing tool to centralize access. The key questions are: "How does the call center contribute directly to the organization’s priority outcomes?" and "How can Kleinke’s ‘clear return on investment’ be assured?"

Shared Outcome Requirements

A clear, compelling vision for the desired outcomes of the call center must be shared by executive leadership, the accountable executive champion, and the day-to-day call center staff. In fact, if senior management merely supports the concept of a call center as “nice to have” and is unclear of or even conflicted about the outcome requirements for the call center, it will fail.

Without a clearly identified executive champion who functions as the link between executive leadership and the call center team, the call center is likewise destined to be closed. An accountable executive liaison who is vividly clear about the outcome requirements of the call center is a baseline requirement.

Finally, the call center team must understand how their day-to-day actions represent the enterprise. The staff becomes the face, voice, and personality of the institution and functions as the organization’s essential conduit to access.

Three-Year Migration Plan

The call center must be aligned with the core strategic priorities of the health care enterprise. Unless the call center is specifically tailored to achieve those outcomes required by senior management, the call center will fail.

Financially successful medical call centers operate by a deliberate, three-year plan carefully tailored to address management's outcome requirements. Such a plan targets outcomes in incremental, sequential steps and moves with both the evolving market and with—not ahead of—the organization’s information technology (IT) migration plan. It also contains an annual action plan and requires a quarterly results report.

Cross-Discipline Tasking

Successful medical call centers execute those annual action plans in collaboration with six key disciplines: call center operations, clinical leadership, physician leadership, information technology, finance, and marketing.

Call center operations tailor policies and procedures, budgeting, staffing, training, coaching, and role modeling. Call center operations ensure efficient day-to-day resolution of caller issues and inquiries and also seek to achieve consistently high levels of caller satisfaction.
Clinical standards ensure that the call center functions as a competent, seamless extension of the continuum of care throughout the enterprise. The call center is an extension of the organization’s plan for quality.

Physician champions can be important facilitators of change by speaking directly and authoritatively with their colleagues. Physician involvement is critical to establish participation and rotation policies and to tailor (or add) algorithms for community triage, member triage, or disease management. Physicians also can provide valuable insight into emerging physician needs, enabling the call center team to be sensitive to those needs when refining or adding call center applications.

The call center should align with the IT migration plan so that it adds applications as IT capabilities expand. Critical areas of IT support include software loading and configuration, (in collaboration with the software vendor) automatic call distributor (ACD) and computerized-telephony integration support (CTI), interactive voice response (IVR) applications, Web site interface, and results-reporting capacity.

The call center should develop a specific executive-results report card that regularly measures direct and indirect financial contribution, evaluating such points as: Which call center functions contribute the greatest net contribution? Which functions add minimal correlated revenue and net contribution?

The marketing plan should be directly supported by the call center because the call center provides the vehicle for response to marketing communication and it closes the sale. The call center connects each individual with the appropriate service for him or her and refers, schedules, and confirms utilization of health care services.

### Market Alignment

The call center must be aligned with the maturity of the managed care market that it serves and not be ahead of or behind the requirements of its market-place. If the call center is ahead of its market, the organization may incur needless expenses. If the call center lags behind its market, it dilutes its financial impact.

If the market operates in a discounted fee-for-service environment for example, it would be premature for the initial offering of the call center to be “After Hours, First Call.” After Hours, First Call is a service through which call center nurses are the first clinical resource after the doctors’ office is closed for patients of subscribing pediatricians or family practitioners. The call center becomes an extension of those physicians’ practices and allows time-challenged physicians to sleep at night knowing that trained nurses are handling patient calls competently. (Only the true emergency calls are directed to them.)

An “After Hours, First Call” service is valuable to health care organizations in consolidating markets where health maintenance organization (HMO) penetrations is 25% or more. Increasing HMO penetration causes the trial alliances among provider networks to solidify into consolidated health systems. The “After Hours, First Call” service helps to attract primary care physicians in a consolidating market and retain them—a key organizational goal.

If the health care enterprise initiates this service before market consolidation, the organization will bear the significant costs of the “After Hours, First Call” service without reaping the strategic benefit. Those expenses could and should be deferred.

Similarly, the call center should not lag behind the market. Its offerings may be addressing last year’s need for physician referral at the expense of current, pressing market-driven realities to manage (or reduce) the use of services for specific disease processes such as diabetes, asthma, or congestive heart failure. In such an instance, because the call center is lagging behind the market, it is leaving cost-reduction opportunities on the table.

### Systems Integration

Systems integration for a medical call center includes both specific support for the organization’s major processes (process integration) and inclusion in the IT migration plan (IT integration).

Process integration is the degree to which the call center is linked with the key functions of the organization it serves. By definition, an integrated call center is a core function of the enterprise. It supports the central access functions of the enterprise such as scheduling and communication management as well as such core functions as clinical pathways, the quality plan, the managed care strategy, and the marketing plan. The call center is the glue that connects the health care organization with the stakeholders it serves.

IT integration is the extent to which the call center is linked with the IT migration plan and major IT systems. The ability to integrate the call center into the organization’s core processes is driven by IT maturity—not call center maturity. IT maturity can be early, moderate, or advanced.

In early maturity, IT systems are isolated and don’t share data. The call center patient record is independent. Patient demographics in the call center’s record may be different from patient information.
in the medical record. A triage episode is followed by a fax of appropriate demographic and clinical information to the involved provider(s).

At moderate maturity, IT systems within the hospital can interact and share data. The enterprise has a master patient identifier (MPI), which can be used to feed demographic data to the call center. Registration and scheduling can be accomplished without reentry of data, and triage episodes can be pasted into the automated medical record.

In advanced maturity, one medical record per patient is available online and at any site of care. The patient record is electronic with data reorganized for ease of computer use and contains information from a variety of health providers. Disease and care management data can be entered directly into the patient record.

**Process Redesign**

Financially successful medical call centers identify the gap between the current process by which multiple, disparate call center-like functions occur today, versus the recommended process by which consolidated, integrated call center functions will occur tomorrow. Call center process consolidation and simplification parallels clinical pathways redesign. Until inefficient, time-consuming, counterproductive steps in today's processes are eliminated, the organization will continue to sustain broken systems, which are both ineffective and costly.

**High Margins Leveraged**

To leverage high margin services, the call center needs to focus on the 20% of clinical services that drive 80% of the revenue. Conversely, leveraging high margin services also includes the extent to which disease and care management activities focus on those 20% of diseases which represent 80% of the cost.

Many call centers incorporate "cross sells" to hundreds of services, classes, programs, and events. With an overwhelming myriad of resources for possible referral, the nurse or resource representative on the phone will not likely cross sell to the optimal resource that both meets the caller's need and represents the highest margin opportunity. It is important to build into the software a cross sell infrastructure that consistently links callers with the organization's four or five highest margin clinical service lines.

**Outcome Quantified**

Call center results are successfully quantified only when the outcomes of the call center are deliberately tailored to achieve executive management's predefined outcome requirements. Results should be reported to senior management in a concise quarterly report card. Possible outcome requirements might be to increase net contribution, document costs avoided, maximize market share, increase physician satisfaction, and decrease premiums lost from a loss of subscribers.

The report card should specifically document the outcome against each requirement both for the quarter and year to date. It also should highlight the major actions to be taken over the following quarter to improve outcomes. The results report card should be presented to senior management only after audit by a designee of the chief financial officer.

**Conclusion**

The call center leverages marketing strategy to connect with and support the major clinical and operational processes of the enterprise. The call center must not be isolated from central enterprise strategies, clinical pathways redesign, marketing plans, managed care redesign, the organization's plan for quality, or consolidated scheduling. If the call center is disconnected from the work systems and processes it supports, it deserves to fail. The call center exists to make a tangible, positive contribution to the achievement of the organization's priority outcomes.

As we have seen, several critical factors must be managed to assure the call center's financial vitality. Positive financial contribution depends on the organization's ability to: share a clear vision, craft a three-year plan, align with the maturity of the managed care market environment, work as a team with multidisciplinary tasking, integrate with the IT migration plan, consolidate and redesign call center processes, leverage high margin clinical services, and effectively quantify outcomes.

It is not enough to say: "We have a call center." Unless the call center is tailored to make a tangible contribution to priority outcomes, close it today.

On the other hand, if the call center is carefully aligned with your organization's strategic priorities and keeps pace with your market environment and your organization's IT migration plan, it can produce tangible financial results on a consistent basis.

**Additional Reading**

Barr, Julie, Sue Lautenberg, and Brian Stieckman (1998), "Creating a Vision for your Call Center," Healthcare Information Management, (Summer), 73.


MacStravic, Scott and Gary Montrose (1998), Managing HealthCare (Gaithersburg, Md.: Aspen Publishers Inc.).