Customer Service Strategies for the Healthcare Industry
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Introduction

Healthcare providers like hospitals and medical clinics are under tremendous pressure to enable patients to afford the ever-increasing cost of medical attention. Many healthcare organizations are struggling because they are unable to offer transparency in pricing and quality of services, target specific patient needs, or maximize quality of care while simultaneously minimizing costs.

In the new world of increased competition and consumerism, healthcare providers that are able to define and implement solutions to these challenges are those that will succeed and thrive into the future. This paper examines the strategic role of the contact center in the healthcare industry, and how it can deliver the increased revenues and cost savings that will drive profitability and shareholder value.

The paper introduces ten essential strategies you can use to realize this potential by improving the customer experience, leveraging revenue generation opportunities, and promoting agent productivity and satisfaction:

- Facilitate Integrated and Consistent Cross-Channel Interactions
- Offer an intelligent Customer Front Door™
- Offer Live Agent Assistance on Web Sites
- Handle Calls More Intelligently
- Give Medical Staff the Information They Need to Do Their Jobs
- Initiate Proactive Contact
- Make More Effective Use of Customer Data and Segmentation
- Optimize Business Process Execution
- Deploy Workforce Management
- Create a Virtual Pool of Resources

This paper further explains how the Genesys Dynamic Contact Center provides integrated communication technologies to optimize customer traffic, internal resources, and business outcomes for today’s changing conditions. It concludes with a real-world customer case study that illustrates how Liberty Medical has used Genesys solutions to make its contact center vision a reality.
The Key Challenges Facing the Healthcare Industry
Consumers Demand Better Price and Quality Transparency

According to the Centers for Medicare and Medicaid Services, healthcare spending in the United States will reach $4.3 trillion by 2017, nearly double the spending in 2007. This would represent nearly 20% of the gross domestic product. Factors driving the increase include the aging baby boom generation and rising costs of new drugs and medical technology.

Health Expenditures to Soar Over the Next Decade

Clearly, the healthcare spending trend is not sustainable, with many calling for a new consumerism model where consumers have greater accountability for the costs of their healthcare decisions. Transparency in quality and pricing was identified as a contributor to sustainability by more than 80% of the more than 580 executives of hospitals, hospital systems, physician groups, payers, governments, medical supply companies, and employers participating in PriceWaterhouseCooper’s HealthCast 2020 survey. But, only 35% of respondents in the survey said hospital systems are prepared to meet the demands of empowered consumers.

The contact center, defined as including all staff who are responsible for interacting with patients or potential patients, medical companies, insurers, and others, will play an increasingly critical role in the ability of healthcare providers to keep up with the increasing demand for healthcare services as well as meeting the transparency requirements for consumerism.
Presently, there are many opportunities for improvement. The “U.S. Contact Center Operational Review, 1st edition – 2007” by ContactBabel shows that only 33% of healthcare providers leverage an IVR/speech recognition system in their call centers to reduce call handling times.

**IVR/Speech Recognition Adoption is Low in Healthcare**

<table>
<thead>
<tr>
<th>Vertical Market</th>
<th>Proportion of respondents meeting incoming call with IVR / speech recognition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>100%</td>
</tr>
<tr>
<td>Insurance</td>
<td>100%</td>
</tr>
<tr>
<td>TMT</td>
<td>70%</td>
</tr>
<tr>
<td>Transport &amp; Travel</td>
<td>65%</td>
</tr>
<tr>
<td>Outsourcing</td>
<td>40%</td>
</tr>
<tr>
<td>Retail &amp; Distribution</td>
<td>36%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>33%</td>
</tr>
<tr>
<td>Services</td>
<td>22%</td>
</tr>
<tr>
<td>Average</td>
<td>57%</td>
</tr>
</tbody>
</table>

Source: ContactBabel

Consumers are also seeking multi-channel delivery to improve their access to information. For example, the “Deloitte 2008 Survey of Health Care Consumers” found that 3 out of 4 consumers want physicians to provide online options to schedule appointments, exchange e-mail, get test results, and access medical records; further, 1 in 4 consumers say they would pay more for these services. Consumers are also interested in using hospital Web sites to look up information about the quality of hospital care (64%), the prices of hospital services (62%), and health conditions and treatments (59%).

**New Competition and Online Information Encourage Price Shopping**

Changes in competition and information access will make the healthcare market more competitive. For example, retail giant Wal-Mart has entered the healthcare market and many of its stores are now offering affordable walk-in clinic services. What’s more, low-cost healthcare clinics are opening apace in shopping centers, and these changes may force other healthcare providers to change their pay structures.
As Wal-Mart’s clinics tackle the easy cases, some experts are predicting that other healthcare practitioners will be left with more complicated cases that take more time and money to treat. Further, according to Forrester Research, consumer access to healthcare information is increasingly moving online: 84% of consumers have researched healthcare topics online in the past 12 months, and 81% have visited healthcare Web sites. Aggregators such as Revolution Health are beginning to distribute information online about healthcare providers and their services to facilitate easier comparisons.

In the new world of increased competition and consumerism, healthcare providers can no longer afford to continue treating all consumers the same way. Instead, providers will need to focus on unique demographic segments to deliver a meaningful value proposition. The contact center is a necessary component of ensuring survival as the market becomes more competitive, but there’s still a lot of work ahead. Contact center agents will need to identify which segment they are interacting with and deliver targeted messaging. Deloitte has identified six healthcare consumer segments, each having differences in needs, purchasing behavior, and price sensitivities.

**Profile of the Six Healthcare Consumer Segments**

<table>
<thead>
<tr>
<th>Segment Size</th>
<th>Content &amp; Compliant</th>
<th>Sick &amp; Savvy</th>
<th>Online &amp; Onboard</th>
<th>Shop &amp; Save</th>
<th>Out &amp; About</th>
<th>Casual &amp; Cautious</th>
</tr>
</thead>
<tbody>
<tr>
<td>29%</td>
<td>24%</td>
<td>8%</td>
<td>2%</td>
<td>9%</td>
<td>28%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System use</th>
<th>Medium</th>
<th>Highest</th>
<th>High</th>
<th>Medium</th>
<th>Medium</th>
<th>Lowest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferences regarding care</td>
<td>Traditional</td>
<td>Traditional</td>
<td>Traditional, but open to non-conventional settings</td>
<td>Traditional, but open to alternative and non-conventional settings</td>
<td>Alternative and non-conventional settings</td>
<td>Disengaged, but currently leans toward traditional</td>
</tr>
<tr>
<td>Dependence on providers</td>
<td>Accepts what doctor recommends</td>
<td>Takes charge of own care</td>
<td>Leans toward relying on self</td>
<td>Leans toward allowing doctor to make decisions</td>
<td>Makes own decisions/ independent</td>
<td>Disengaged, but currently leans toward traditional</td>
</tr>
<tr>
<td>Compliance with treatment</td>
<td>Most compliant</td>
<td>Compliant</td>
<td>Compliant</td>
<td>Less compliant</td>
<td>Least compliant</td>
<td>Least compliant</td>
</tr>
<tr>
<td>Satisfaction with providers and plans</td>
<td>Most satisfied</td>
<td>Satisfied</td>
<td>Satisfied</td>
<td>Less satisfied</td>
<td>Least satisfied</td>
<td>Least satisfied</td>
</tr>
<tr>
<td>Other important distinctions</td>
<td>Less likely to seek information; less likely to use value-added services; least interested in shopping for and customizing insurance</td>
<td>Seeks information; sensitive to quality; uses some value-added services; wants to shop for and customize insurance</td>
<td>Seeks information; uses online tools the most; sensitive to quality; maximizes use of value-added services</td>
<td>Makes change to insurance; price-sensitive; uses value-added services; most likely to travel for care</td>
<td>Seeks information; sensitive to quality; uses some value-added services; wants to shop for and customize insurance</td>
<td>Price-sensitive; unprepared financially for future needs; less likely to seek information; less likely to use value-added services</td>
</tr>
</tbody>
</table>

According to Deloitte, the healthcare consumer market is not homogeneous; it is composed of six segments, each distinguished by a unique set of behaviors and attitudes.

Secondly, contact center channels aren’t as integrated as they should be. As more consumers use the Web to research healthcare services, healthcare providers would benefit by integrating their call center with their Web sites. In this way, call center agents could indirectly increase sales by providing relevant information or assistance to customers during the key points in the decision making process.
Keeping Costs Down is Difficult

With most healthcare providers operating under razor thin margins — and increasing consumer, business, and government concerns over rising costs — cost containment is a major priority for most providers. However, for a variety of reasons, healthcare organizations find it difficult to cut costs without jeopardizing quality care and the ability to meet revenue objectives.

• Calls are not handled efficiently
The “U.S. Contact Center Operational Review, 1st edition – 2007” by ContactBabel shows that healthcare organizations spend more time on wrap-up (19%), administration (18%), and idle time (23%) than they do on actual time spent on calls (40%). Inefficient processes, such as manual medical record look-ups and lack of streamlined information flows between people and between the organization and third parties, are often to blame for poor customer service, as well as for undesirable redundancies and errors.

• Workforce costs are high
In addition to causing poor customer service, calls that are not handled efficiently drive up workforce costs. And workforce costs in the healthcare industry are already high, particularly when more scarce and expensive resources — namely, doctors and nurses — are used unnecessarily for routine tasks that could easily be automated. Appointment reminders, pre-surgical or medication instructions, medical test results, and so forth represent the poor, but common use of expensive medical personnel.

• Bad debt is at a record high
Underinsured and uninsured patients have pushed bad debt in the healthcare industry to record highs. For instance, bad debt levels have averaged around 10% for many hospitals in recent years.

Inefficient contact center operations are partly to blame for failure to collect unpaid bills. For example, some healthcare providers make little effort to identify customers with late bills when they call. And, providers have a tendency to treat all late bill payers the same, rather than developing personalized strategies for repayment. Further, most providers don’t have agents working on debt collection in the evening or on weekends when the customer is more likely to be at home, or they fail to send out reminders that bills must be paid by a certain date to avoid penalties or loss of service. Confronted with costly manual collection processes, providers eventually give up on many bills because it has become more costly to collect on debt than to simply write it off.
• **Contact center resources are difficult to share**

The increased use of outsourcing and home-based agents, geographically dispersed offices/contact centers, requirements for 24/7 contact center availability, as well as the need for smaller providers to share staff across offices, are all increasing the need for IP technology, which helps draw upon a virtual pool of resources as needed.

**Healthcare Organizations are Among the Largest Emerging Investors in Contact Center Outsourcing**

Healthcare organizations are continuing to migrate to IP-based contact centers as they recognize the inherent benefits that can be gained by moving from closed proprietary solutions to a more standards-based environment. Still, one of the biggest concerns for providers considering the move to IP is how to leverage existing systems. More specifically, they must be convinced that they will not only gain new features and functionality, but will not lose existing applications or functionalities. Equally important is the ability to select and deploy new functionality while retaining compatibility with a variety of new or existing applications and product vendors.

Source: Datamonitor
The Strategic Role of the Contact Center in Healthcare

Healthcare providers have long understood the value of their contact centers in providing quality patient care. Now, consumers are calling on their contact centers to play a greater role in facilitating transparency in the quality and pricing of services and providing more personalization and flexibility in healthcare transactions.

Contact centers are a way for healthcare providers to differentiate themselves from the competition. Fundamental customer service goals that should be delivered by today’s contact center include selling services by understanding unique consumer needs for healthcare services, and running more cost efficient operations by increasing agent productivity. Further, contact centers are now considered a key instrument in changing the public’s perception of an organization, creating a great customer experience, and executing on the business goals of the organization as a whole.

<table>
<thead>
<tr>
<th>Top Customer Service Objectives</th>
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<tbody>
<tr>
<td><strong>Customer Experience</strong> — People evaluate their business relationship every time they contact a company; therefore, making this experience as enjoyable as possible is essential to customer acquisition and retention.</td>
</tr>
<tr>
<td><strong>Cross-Selling and Up-Selling</strong> — Generating revenue through cross-selling and up-selling has become just as important in contact centers as providing customer service. Every customer interaction, regardless of channel, must be explored as a sales opportunity and acted on accordingly.</td>
</tr>
<tr>
<td><strong>Agent Productivity and Satisfaction</strong> — Since the majority of contact center costs lie in employing agents, any increase in their productivity and satisfaction can significantly enhance return on investment.</td>
</tr>
</tbody>
</table>

Depending on contact center maturity and business requirements, here are ten possible contact center strategies to make a healthcare provider’s goals a reality.
### Strategy 1: Facilitate Integrated and Consistent Cross-Channel Interactions

The first step in offering an exceptional customer experience is to offer a multi-channel contact center comprised of phone, fax, e-mail, SMS, and perhaps even Web chat, so that patients can conduct interactions with you exactly when and how they like. For instance, the “Genesys Consumer Survey 2006 – USA” found that 78% of consumers would like to communicate with a company via e-mail, and 34% say that e-mail is their most preferred method of communication.

With well-integrated channels, healthcare providers are able to deliver better service, improve pricing and quality transparency, and lower operating costs. Providing consumers with a seamless experience across all channels ensures that their interactions are as consistent and efficient as possible, which will help build a solid relationship with the consumer. And, streamlining data exchange and supporting collaboration across all channels promotes operational efficiency and reduces errors.

### Strategy 2: Offer an intelligent Customer Front Door™

When consumers use the call center channel, the Interactive Voice Response (IVR) system provides the customer’s first impression of the healthcare organization and reinforces its brand image. It also serves as a guide to the provider’s services, and determines how well the provider can decrease handling times or the volume of calls that agents and medical staff must handle.

However, many healthcare providers have poor IVRs that frustrate customers with confusing menus, long hold times, misroutes, and requirements to repeat the same information.

The intelligent Customer Front Door (iCFD) is a self-service solution that reshapes call answering by applying business logic to resolve these issues by:

- Discerning the identity and intent of a caller in the fewest steps
- Gathering relevant information from back-end data or workflow to understand the context of their call
- Determining how to treat callers based on preferences, resource availability, and business rules
- Connecting them to the right response including self-service, proactive notification, automatic callback, or assisted-service.
An example:

IVR: “Thank you for contacting The Quality Care Medical Foundation. How can we help you?”

Samantha: “I would like to know my test results.”

The intelligent Customer Front Door application automatically identifies Samantha, recognizes that she had a routine blood test taken during her last office visit, and routes her call directly to the lab without prompting her for additional information. Samantha is pleased that she did not have to navigate through a complex directory of services and physicians, or wait for a nurse to forward her call. And, the contact center has saved money by eliminating an unnecessary agent interaction.

**Strategy 3: Offer Live Agent Assistance on Web Sites**

Opportunities for Web self-service abound in the healthcare industry. Patients can go online and enroll in healthcare plans, request appointments, check lab results and diagnoses, reorder prescriptions, review billing and claims status, and update personal information. Web self-service helps migrate calls away from expensive call center agents and medical staff, who can then dedicate their time to providing better customer service and quality healthcare.

As part of the new trend towards consumerism, patients can also use Web sites to shop for their healthcare services, and retrieve information about services, doctors, and prices. Just like in most other industries that sell goods and services online, healthcare organizations should encourage these online searches, as they’re a potential source of new business.

Offering live assistance on Web sites can make interactions go just as smoothly as those directed to the call center, which will translate into a better self-service experience and help patients reach favorable decisions about moving forward with a healthcare provider. Healthcare organizations can offer-click-to-chat and click-to call options to help consumers ask questions about health services or request guidance for self-service use.

For instance, Samantha goes to a healthcare provider’s Web site and reviews the credentials of their general surgeons. She is unable to tell if one of the surgeons would be more qualified than the others to treat her particular medical condition, and wants to obtain additional information about each physician’s training, certifications, and experience in that specialty area. She sees the click-to call option and uses it to make her request for more information. After Samantha receives this information, she is able to compare data and make an informed decision, and schedules an appointment with Dr. Jackman.
Strategy 4: Handle Calls More Intelligently

When taking calls, top priorities for healthcare providers are to make sure they deliver high quality healthcare service, including the ability to quickly and easily schedule appointments. Every time that a patient cannot get through to an appointment scheduler or decides to abandon a call, the healthcare provider loses revenue. Providing quality service does not have to come at the expense of cost containment. Skills-based routing, virtual hold and business priority routing are three key strategies for meeting service requirements as efficiently as possible, while also making the most of opportunities to save time and money.

An IVR system not only identifies customers, but also why they are calling. With this knowledge, skills-based routing determines where the call should be directed — either to a self-service application, or to an agent most qualified to efficiently handle the call based on specialized knowledge, language skills, or the ability to carry out a specific type of service, billing, or appointment inquiry. This serves to improve first call resolution rates and reduce handling times.

During times of peak volume, virtual hold technology allows callers to receive a callback at a convenient time rather than to wait on hold. This technique improves call response times and increases customer satisfaction levels without adding costs for additional resources.

Business priority routing uses business rules to prioritize calls based on customer value, available channel resources, hold times, and other factors. For instance, response times are easily met during times of low call volume and, therefore, agents have free time to focus on other activities, such as verifying contact and insurance information.

An Example:

It’s lunch time and no one is available to answer the phones in Doctor Jackman’s office when Samantha calls to make an appointment. However, unlike many other healthcare providers with less modern contact center technology, Doctor Jackman does not miss out on this opportunity. If an agent is available in another location to take the call, Samantha’s call is routed there. If no one is available to take the call, she can schedule the appointment via the IVR without needing to speak to anyone, or she can request that someone call her back at a later time.
Strategy 5: Give Medical Staff the Information They Need to Do Their Jobs

The integration of back-office systems containing information such as patient history, lab work, imaging, billing, etc. with everyday contact center activities helps agents and medical staff resolve calls more quickly and effectively. For example, when Samantha calls to make an appointment, the nurse taking the call sees an immediate screen pop of Samantha’s patient history and is able to handle the call far more quickly than if she had to manually retrieve Samantha’s medical data.

Workflow management allows staff to efficiently take all necessary steps to resolve patient issues and reduce the time it takes to get patients the answers they are looking for. As back-office integration with the call center and workflow management decreases average handling times and reduces unnecessary repeat contacts to resolve issues, consumer satisfaction becomes higher while the contact center workload and costs are lowered.

Strategy 6: Initiate Proactive Contact

Proactive notifications can help reduce the volume of inbound and outbound calls and improve consumer satisfaction. For example, rather than having busy medical staff call patients to remind them of appointments, provide pre-surgical or medication instructions, and deliver medical test results, patients can receive these kinds of notifications via their preferred interaction channel, such as the phone or e-mail.

In the new world of consumerism, proactive outbound communication is a way for healthcare providers to set their service apart from the competition. With everyone vying for their business, consumers like to know that providers value them. Results of the “Genesys Consumer Survey 2006 – USA” reveal that 88% of consumers would have a more positive opinion of a healthcare provider after receiving a courtesy call just to thank them for their business or ask them how satisfied they are.

Proactive contact is also of tremendous value for improving debt collection, as patients can receive messages when their bills are overdue. These notifications can be sent at any time, which is especially advantageous in reaching those who are not normally at home during contact center operating hours. Because the proactive contact is automated, it becomes less costly for the contact center to pursue bad debt, giving a healthcare provider more time before they have to move to the write-off stage. Further, improved collection times on overdue or disputed bills add directly to the free cash flow of the organization.
Proactive contact management is also a useful form of automated telemarketing to scale the contact center for increased service awareness. The Genesys survey shows that 84% of consumers would like to receive proactive communications from companies to keep them informed about products and services that may be of interest to them.

For example, Samantha is a pre-diabetic patient at The Quality Care Medical Foundation. Each time the clinic runs new wellness and prevention services for diabetics, Samantha receives a notification via e-mail, her preferred communications channel, that provides a description of the services and a schedule for these events. The Quality Care Medical Foundation has discovered that proactive notification of these services has increased participation by 20%.

**Strategy 7: Make More Effective Use of Customer Data and Segmentation**

With increased competition and pressures on profit margins, many healthcare providers are selecting more targeted ways to compete. For instance, a hospital or a clinic may decide to select either a strategy that includes a narrow product line with high value-added services or a broad product line with low value-added services. With increased market focus, it has become more important for contact centers to identify their customers and to understand how to meet the specific needs and expectations of those customers.

The integration of customer relationship management systems with contact center activities gives healthcare providers the ability to dynamically segment their callers and to customize healthcare messages and debt collection practices accordingly.

Going one step further, demographic matching may be used to assign the patient to an agent who has a common demographic profile. The result is that consumers get to interact with staff who more readily relate to their needs because they share certain commonalities, such as native language, age range, healthcare specialty, and so on.

**Strategy 8: Optimize Business Process Execution**

In the healthcare industry, many interactions involve multi-step business processes that may include multiple contacts with patients, internal departments, and third parties. As the communications hub for the company, the contact center can be harnessed to automate and expedite end-to-end business processes supporting these communications. By directly integrating a business workflow engine, the contact center becomes an active participant in driving business efficiency.
A healthcare provider can reduce the time and effort for conducting activities such as enrolling new patients, verifying insurance coverage, and resolving billing issues by automating the various external interactions and notifications required to complete these processes. Contact center agents can play an even broader role in these and other processes through integrated workflow that enables either the routing of back-office tasks as work items to available staff for processing, or the execution of computer-based processes to complete transactions.

For instance, Samantha is a new patient who has called to request an appointment, and the healthcare agent gathers her enrollment information. However, rather than verifying her insurance eligibility manually, the automated workflow engine accesses online benefits information made available by Samantha’s insurance carrier and updates Samantha’s healthcare record with her eligibility, co-pays, deductibles, and benefit limits. If this information had not been online, a work item would have been created and sent to an insurance verification specialist for appropriate follow up with the insurance company and the patient. This type of automated processing decreases enrollment time, errors that delay payments, and outright payment denials.

**Strategy 9: Deploy Workforce Management**

Employee payroll in healthcare provider organizations represents the single largest cost in the contact center by a considerable margin. Workforce management (WFM) software is a critical requirement for effectively forecasting, scheduling, and tracking operational needs within the contact center to help minimize these costs.

The ideal WFM environment includes real-time adherence that spans all contact channels across the enterprise to: forecast events and staff appropriately; ensure that agents are where they are supposed to be and doing what they are supposed to be doing; and communicate with the contact routing engine to factor in staffing requirements and availability as part of contact routing.
Strategy 10: Create a Virtual Pool of Resources

One of the major business drivers in the shift to IP technology in the healthcare industry is cost rationalization, as well as revenue maximization, through virtualization. A Virtual Contact Center allows geographically dispersed contact center agents to operate as a single, winning team. Regardless of where the contact center agents are located, they can be called upon, as available, to ensure appropriate response levels and provide access to needed expertise. This approach will not only help to quell concerns about providing quality healthcare service, but it can be far more effective for utilization of agents and will also cut costs without negatively impacting customer service.

Virtualization will also allow outsourced resources to be utilized in a way that will not jeopardize valued patient relationships. Outsourced staff can be brought into the fold during peak periods to handle routine types of calls, while more demanding interactions can still be handled at local contact centers.

The widespread emergence of the open standard Session Initiation Protocol (SIP) means healthcare organizations no longer need to rip out existing legacy systems to add new IP functionality. The open, standards-based SIP approach maximizes the benefits of IP networking by enabling application portability, technology compatibility from multiple vendors, consolidation of application infrastructure, and reduced total cost of ownership.

For example, The Quality Care Medical Foundation’s contact center typically has easily manageable call volumes, but can sometimes experience unexpected spikes in demand during lunch hours as well as the winter flu season. With thin operating margins, it can’t afford to add additional full-time staff to cover these circumstances. Instead, the Quality Care Medical Foundation has implemented IP technology and turned to an outsourcer for additional assistance during times of high call volume.
The Genesys Dynamic Contact Center

The Genesys Dynamic Contact Center is designed to transform customer service by automatically optimizing customer traffic, internal resources, and business outcomes. While contact centers can manually adjust to changing patterns, an advanced — or ‘dynamic’ — contact center has the know-how and technology to make automatic adjustments in real time. As contact centers become increasingly important channels, healthcare organizations can convert themselves to dynamic contact centers to automatically optimize the customer experience, foster cross-sell and up-sell opportunities, and increase contact center representative productivity.

The Genesys Dynamic Contact Center provides key customer service capabilities that are integrated and orchestrated to fulfill these objectives:

- **Customer-Centric Routing** puts an end to customer frustration by ensuring each interaction is routed to the ideal resource with the right information — no matter where that resource is located in your organization. This helps you increase first-call resolution rates, meet variable call volumes with limited resources, increase cross-sell and up-sell rates, and improve agent satisfaction.

- **Business Process Routing** integrates phone, e-mail, and fax with back office business processes to improve agent productivity and customer service. Through this integration, contact center resources can be leveraged as part of workflow processes such as processing a claim, fax, work order, or other interaction. Ultimately, contact center and back-office processes are streamlined and agent utilization is improved.
• **Workforce Management and Optimization** are central to managing and optimizing contact center resources. They give you control over your operations by allowing you to forecast and schedule agents dynamically based on traffic volumes and resource availability across a multi-site, multi-channel environment.

• **Proactive Contact Management** provides a personalized customer interaction experience by allowing you to send relevant outbound notifications at any time. It also enables you to create, modify, run, and report on voice and multimedia outbound campaigns for proactive customer contact and sustained communications.

• **Integrated Self-Service** provides a holistic caller experience while reducing handling times and service delivery costs. These capabilities provide touch-tone or speech-enabled access for conversational exchange to identify and resolve routine customer requests and transfer more complex calls to the best-skilled agent.

• **Internet and Multimedia Integration** capabilities allow customers to interact with you the way they want to, when they want to — through voice, e-mail, Web chat, Instant Messaging, and even video calls.

• **Branch, Remote and Expert Integration** allow you to extend your contact center to manage interactions based on business strategies and objectives. For example, higher-valued clients might be sent to a highly skilled resource located within a branch office, rather than being sent to the general call center.

• **The Virtual Contact Center**, enabled by voice over IP (VoIP) technology, allows geographically dispersed contact center agents to operate as a single, winning team. Regardless of where the contact center agents are located, they can be called upon, as available, to ensure appropriate response levels and provide access to needed expertise.

• **Real-Time Offer Management** helps you capitalize on cross-sell and up-sell opportunities by providing the capabilities to recommend an offer to an agent in real time, based on a customer’s background, history, and interaction type.

• **Reporting and Analytics** allow you to assess your contact center and customer service activity by providing real-time and historical views on the performance metrics of contact center objectives and how these metrics change over time.
Genesys in Healthcare

Genesys is the world’s No.1 contact center software company.

Global leaders in 28 industries answer the call with Genesys, including:

- 4 of the top 5 healthcare companies
- The No. 1 healthcare wholesaler
- Over 40% of the Global 500
- 21 of the world’s 25 largest companies
- 63 of the world’s 100 largest companies

Below is just one of many examples of how healthcare companies in North America are benefiting from their Genesys solution.

Liberty Medical

An estimated 21 million Americans suffer from diabetes and the national diabetes rate is three times what it was in 1975. Liberty Medical provides essential healthcare services, support, and information to thousands of Americans who live with diabetes everyday.

“With Genesys, we are able to handle greater call volumes without proportional increases in staffing, and we can offer our patients improved service. Genesys has helped us grow our business.”

— John Hegner,
Vice President of Technology Services,
Liberty Medical

The company provides diabetes patients with free home delivery of diabetes testing devices and prescription medications, and it also handles all of its customers’ Medicare and private insurance billing paperwork. Patients use the testing devices and medications to monitor their conditions and avoid complications. Since 2003, Liberty’s patient rolls have increased 62%, growing from around 500,000 to over 900,000 today.

Liberty attracts patients with its promise of home delivery and billing convenience, but Liberty keeps its customers through regular personal contact. The company employs a “high-touch” communications model that requires its 1,000 contact center agents to speak with each of Liberty’s customers at least four times a year.
Liberty has differentiated itself with exceptional customer service, providing information and support that goes far beyond sending products to patients. In addition, Liberty Medical stays in constant contact with its patients’ doctors and insurance companies to ensure that patients receive the proper supplies and that insurance coverage remains constant. Because of this regular contact and additional support, Liberty Medical patients follow their doctors’ orders at twice the rate of the national average.

“We strive to provide service beyond the simple packing and shipping of products to our patients,” said John Hegner, vice president of technology services for Liberty Medical.

“Reminding patients to reorder supplies and medications, and encouraging them to follow their doctors’ instructions distinguishes us from the competition.” It was Liberty’s determination to preserve this level of service as patient enrollment rapidly increased that led it to enhance its contact center operations.

“Our goal is to employ cost-effective techniques to provide better service as we grow our volume,” said Hegner. “New technologies help us continue to improve customer service and customer retention.”

Challenges

As Liberty Medical’s television advertising campaign generated more interest in the company’s services, new patient enrollment climbed to thousands a month, which increased outbound call volume. In fact, it was outbound calling in particular that was affecting the company’s systems, because the addition of each new Liberty customer necessitated calls to the patient’s doctor and insurance provider to confirm patient needs and coverage, and then another call to the new customer to initiate service. As demographic trends predicted a huge and growing market for the company’s diabetes services, it became apparent that Liberty’s contact center technology had to be scalable.

“The number of outbound calls we need to make each day grows with the number of patients we service,” said Hegner. “The legacy auto dialer we had in place was constraining our growth.”

Liberty’s previous outbound calling infrastructure could not support inbound/outbound call blending and could not integrate with Liberty’s homegrown CRM system. Another challenge lay in Liberty’s dispersed call center workforce, including one site in Virginia and three in Florida. Each location worked independently of the others. Duplicate agent queues, arranged by skills, were found in each location. Because it was impossible to spread call volumes evenly across the agent workforce, some sites were busy while others were idle.
It was clear that the architecture that worked well at low call volumes could not keep pace as Liberty’s business grew. Without automatic blending of inbound/outbound calls, supervisors had to constantly monitor call volumes and agent states to manually switch agents from one status to another — inbound or outbound — to match demand. The lack of CRM integration also undermined efficiency and customer service. Agents had no advance information about a caller’s identity or profile, and all customer interactions began with callers identifying themselves and agents accessing records.

In addition, limited call routing abilities often directed inbound callers to the wrong agent groups. For example, Liberty television commercials prompted prospective customers to call the same phone number that existing customers used. The result was that calls from existing customers were frequently routed to agent queues reserved for new customer acquisition, and these customers then had to be rerouted to customer service agents, which resulted in long handle times and greater frustration.

**Solutions**

Liberty chose Genesys for the strength of its outbound dialer and for the full range of its contact center software suite, which Liberty has come to rely on greatly over the years.

“The Genesys Outbound solution has no capacity limits, except for the number of trunk lines available,” said Hegner. “We also wanted to integrate call handling and routing into our CRM applications. Genesys software solutions are ideal for this purpose.”

Liberty took advantage of a number of Genesys solutions to transform its contact center operations, improve service, manage growth, and control costs. The company implemented Genesys T-server technology to link the switches at its four contact center locations in Florida and Virginia. This T-server technology has transformed these separate sites into a single virtual center, ending unbalanced workloads and allowing Liberty to tap its entire workforce to deliver customer service.

To further enhance agent productivity, the Liberty CRM system was integrated with the Genesys Customer Interaction Management Platform. The integration allows the Genesys platform plus Genesys Inbound Voice to deliver calls — and screen pops of customer data — directly to agent desktops.

“Because Genesys performs a database look-up on the caller, agents have information that lets them think about customer service before they even say hello,” said Hegner. “This has vastly improved the customer experience and agent productivity.”
Screen-pops also benefit agents making outbound calls. Liberty’s CRM system generates call lists and sends them to Genesys Outbound for routing to agents. Genesys executes Liberty business rules that define which agent groups make which calls, and then Genesys sends agents screen-pops of call information. To ensure that outbound calls result in instant connections, Liberty employs Genesys Progressive dialing; Genesys first reserves an agent for the call and only then dials the customer.

“We take advantage of Genesys’ ability to blend inbound and outbound calls,” said Hegner. “It is very effective. On busy days when inbound callers face long hold times, Genesys sends inbound calls and screen-pops to outbound agents to keep wait times brief.”

Liberty added another customer service improvement with Virtual Hold for Genesys, which also addresses the problem of hold times for inbound callers. With Virtual Hold, callers can hang up without losing their place in the queue. When a Liberty agent reaches the customer’s place in line, Virtual Hold automatically calls the customer and connects her with an agent.

Liberty also implemented Genesys Voice Platform for its Liberty Medical Supply Pharmacy business. Genesys Voice Platform lets callers reorder medications in an automated environment. Customers speak prescription numbers to the Genesys Voice Platform and their orders are refilled without agent help. Finally, to measure productivity, wait times, call durations, agent availability, and other metrics for both inbound and outbound calling, Liberty uses Genesys CC Pulse+, CC Analyzer, and Call Concentrator.

**Results**

Liberty’s contact center operation is at the heart of its business. Its “high-touch” service model emphasizes agent time spent on the phone with customers and prospective customers, and this model drives Liberty’s growth. Liberty attributes customer loyalty to the “direct day-to-day interactions between patients and the members of our team.” Genesys manages those important interactions.

“Genesys software is a major factor in how we operate our call centers effectively and efficiently. The advanced call routing capabilities available through Genesys help us deliver a high level of service with the staffing level we have today.”

While holding the line on costs, Genesys has also been able to improve Liberty’s customer service. With Genesys inbound/outbound call blending, Liberty is able to implement business rules that keep inbound wait times to a minimum. If the Genesys system detects that hold times exceed an established level, it takes agents off of outbound calls to handle inbound. Inbound callers are greeted by prompts generated by the switch. After selecting billing or other category, Genesys routes them to the proper agent group.
“When we started using call blending, we thought it would confuse agents because they would receive calls that could be inbound or outbound — agents wouldn’t know which until they saw the screen-pop. But they had no problem adjusting to this, and the result has been improved productivity and reduced wait times for our patients.”

Virtual Hold for Genesys delivers the same productivity and service benefits. During peak calling periods, 20% of Liberty customers take advantage of the Genesys system to avoid holding and instead receive a call when their place in the queue has been reached. The product has reduced abandoned calls and the subsequent reattempts, reducing call volumes and associated costs.

“With Genesys, we are able to handle greater call volumes without proportional increases in staffing, and we can offer our patients improved service,” said Hegner. “Genesys has helped us grow our business.”

For the future, Liberty is considering a variety of new Genesys solutions. It is now testing the Genesys Web Chat solution, which allows Web site visitors to initiate a chat with Liberty agents, and it will also extend the use of Virtual Hold so that patients who call the company on weekends can choose to be called back during business hours. In addition, Liberty is interested in VoIP telephone solutions and the Genesys SIP Server application, which manages contact center interactions over an IP network.

“We are looking at customer self-service offerings that let our patients interact with Liberty through whatever interface is best for them,” said Hegner.
Conclusion

As this Strategy Guide has detailed, the healthcare industry currently faces its own unique set of contact center challenges. Consumerism and increasing competition mean that customer service is increasingly important for winning new, and retaining existing patients.

The demands of consumers are high. They want better transparency in pricing and quality of services, as well as a choice of services that meet their specific needs. Cost cutting pressures have to be balanced against these escalating expectations for customer service — a tough task amid expensive labor costs, record levels of bad debt, and manual contact center processes that lack integration with front- and back-office systems.

To meet these contact center challenges, healthcare providers can strive to transform their operations into dynamic contact centers that ensure an excellent customer experience across channels, maximize revenue based on customer insights, and promote the productivity and satisfaction of agents.