



*SC HFMA Chapter
Annual Institute*

Customer Service in Healthcare- Best Practices for
World-Class Customer Service

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Session Outline

- ◆ Welcome!
- ◆ Lifetime value of a patient
- ◆ Today's healthcare and challenges and first call resolution
- ◆ Attitude, perceptions, and professionalism...how they relate
- ◆ Communication 101: Awareness of four styles of communications
- ◆ Introduction to S.C.O.R.E.™
- ◆ Discover how words impact the outcome of patient communications
- ◆ Handling difficult patients
- ◆ Take home handouts and templates
- ◆ Summary, questions and closing comments



Lifetime Value of Patient's Relationship

- ◆ The lifetime value of the patient relationship is the amount of revenue a patient generates for your organization over their lifetime
- ◆ Positive patient experience formulates loyalties
- ◆ Patient loyalty influences future decisions about choosing a healthcare provider
- ◆ Consumerism and patient choice are the epicenter of future revenue opportunities
- ◆ Self-pay management impacts the entire organizations net patient revenue stream

Lifetime Value of Patient's Relationship

- ◆ Annual hospital expenditures (net patient revenue) in US = \$718 billion (US Dept. HHS, CMS 2008).
- ◆ US population = 305 million
- ◆ Annual hospital expenditures/person/year in US = \$2,355
- ◆ Average life expectancy in US = 78 years (US Central Intelligence Agency World Factbook 2009)

Lifetime Value of Patient's Relationship

- ◆ Lifetime hospital expenditures/person in US = \$184,000
- ◆ People per household in US = 2.7
- ◆ The household of each patient has hospital expenditures of over \$496,000

Today's Healthcare

- ◆ Patient's perception of healthcare goes beyond excellent medical attention
- ◆ Patients spending more of their income on health premiums and out of pocket costs
- ◆ Health leaders recognize the focus needs to be on the patient experience
- ◆ 93% of healthcare executives say the patient experience is among their top 5 priorities
- ◆ The lifetime value of the patient/hospital relationship

Today's Healthcare

- ◆ The Patient Protection and Affordable Care Act of 2010 mandates Value-based Purchasing Program
- ◆ Hospital Consumer Assessment of Healthcare Providers and Systems Survey's (HCAHPS) will be linked to Value-based Purchasing
- ◆ HCAHPS will impact the level of Medicare reimbursement
- ◆ HCAHPS survey will reflect the patient experience with your organization

Today's Challenges

- ◆ A study by Accenture identified the top customer service priorities as:
 - 69%- Completeness of solving my problem/reason for calling
 - 65%- Speed of solving my problem
 - 45%- Solving my problem with one agent
 - 38%- Using a logical and effective process to solve my problem
 - 35%- Quickly reaching a live agent
 - 12%- Solve my problem myself – online

Today's Challenges

- ◆ In another study, companies with the highest ratings on customer satisfaction surveys were companies where:
 - The agent rated highest when resolving the customer's problem
 - This is clear evidence of how customers define superior customer care and what they expect of a "great experience"
 - Customers want their problem solved completely and effectively, on the first call and by one agent

First Call Resolution...

First Call Resolution (FCR) enhances productivity and quality. FCR measures effectiveness and efficiency and manages customer service and cost performance. FCR drives higher customer satisfaction and lower costs

- ◆ 67% FCR is the call center industry benchmark *average* which results in an average of 1.6 calls to resolve a query
- ◆ That means that 33% of customers call back
- ◆ 56% of the time when a call is not FCR, it is due to something the agent did or did not do; incorrect or incomplete information, or not being clear

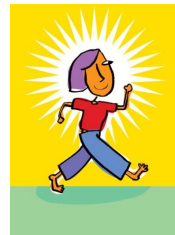
First Call Resolution...

- ◆ Benefits for improving FCR:
 - Operating costs- based upon 33% of call backs, FCR may account for up to 33% of your operating expense
 - Caller satisfaction- repeat calls tends to be 5-10% lower when a second call is made for the same issue
 - Improved employee satisfaction- lower stress and handling fewer difficult callers when patients have to call back multiple times because of incomplete FCR. Happy employees have higher morale and performance levels

Attitude, Perceptions, and Professionalism

- ◆ 85% of our day is spent doing things out of habit
- ◆ Habits are made up of 3 components
 - Skills – What you do
 - Knowledge – How you do it
 - Attitude – Why you do it

Attitude is a choice



Attitude, Perceptions, and Professionalism

- ◆ How does professionalism act?
 - Your paradigms (perceptions) impact patient relationships
 - Your patient's paradigm is their reality
 - Is the patient always right?



Communication 101:

- ◆ 4 Basic personalities or communication styles:
 - Directive – to the point
 - Spontaneous – likes to talk
 - Agreeable – avoids conflict
 - Logical – wants data and wants to see it



Communication 101:

Spontaneous		Agreeable	
Expressive	Competitor	Peaceful	Sincere
Performer	Courageous	Sympathetic	Caring
Excitable	Relationship	Compassionate	Sensitive
Extravagant		Accepting	Patient
Dislike routine	Talkative	Giving	Avoids
Unorganized	Emotional	conflict	
Wants freedom		Nurturing	People oriented
Learns by experience		Friendly	Not competitive
Looks for excitement		Needs encouragement	
Hard time following rules			
(40% are in this category)		(25% are in this category)	
Directive		Logical	
Independent	Workaholic	Responsible	Organized
Intellectual	Overbearing	Orderly	Serious
To the point	Charge	Punctual	Detailed
Big picture	Impersonal	Predictable	Reliable
Controlled	Take	Analytical	Follows rules
Challenger	Pushy	Respects authority	
		Hard working	Task oriented
		Traditional views	Visual
		Uncomfortable with feelings	
(25% are in this category)		(10% are in this category)	

Directive

- ◆ Be clear and specific
- ◆ Stick to business
- ◆ Keep feelings to yourself - Don't take their abruptness personally
- ◆ Provide all information - they will make their own decision
- ◆ Don't waste their time



Spontaneous

- ◆ Wants lots of interaction
- ◆ Needs to build a relationship
- ◆ Likes humor and creativity
- ◆ Wants to talk about themselves and their goals and desires
- ◆ Gets off track easily – needs refocusing



Agreeable

- ◆ Needs to be accepted and nurtured
- ◆ Must be encouraged to make a decision
- ◆ Will follow most suggestions even if it isn't the correct choice
- ◆ Avoids conflict so must uncover real need
- ◆ Don't patronize them or demean them because they do know what they want



Logical

- ◆ Needs structure and to be organized
- ◆ Wants to analyze and put into an orderly flow
- ◆ Needs to see things visually
- ◆ Don't be emotional or impulsive about doing things
- ◆ Let them take their time with decisions



Communication 101: You and the Patient

- ◆ You don't have to change who you are
- ◆ You do want to be flexible to their communication style
- ◆ You can determine in the first 20 seconds what their style is and how to communicate with them
- ◆ Make their day – it's your choice



S.C.O.R.E.TM

- ◆ S – Sincerely Listen
- ◆ C – Connecting and Caring/Empathy and Acknowledgement
- ◆ O – Open Doors with Questions
- ◆ R – Resolve and Recommend Solutions
- ◆ E – Effectively End the Call



S.C.O.R.E.TM...Sincerely Listening

- ◆ Listening is:
 - Taking in information from other people, while remaining **non-judgmental** and caring
 - Acknowledging the person speaking in a way that invites the communication to continue
 - Providing limited, but encouraging input to the speaker's response, carrying their ideas one step further
 - A learned skill
 - Active, NOT PASSIVE



S.C.O.R.E.™...Sincerely Listening

- ◆ 3 Levels of Listening:
 - Level one – Not hearing, not listening
 - Level two – Hearing, not listening
 - Level three – Hearing and listening for **stated** and **unstated needs**
- ◆ 3% - Good Listeners
- ◆ 7% - Average Listeners
- ◆ 90% - Poor Listeners



**How well is your business office
listening to your patients?**

S.C.O.R.E.™...Sincerely Listening

- ◆ What makes listening effective?
 - Limit your own talking, turn off your own concerns
 - Think like the patient
 - Ask questions and take notes
 - Don't interrupt, don't jump to conclusions
 - Concentrate, prepare in advance
 - Use interjections or acknowledgements



S.C.O.R.E.TM... Connecting and Caring



- ◆ S.C.O.R.E.TM without the “C” is just S.O.R.E.
- ◆ 95% of the time what YOU say determines the outcome of the call
- ◆ Take ownership – you are there for them
- ◆ Assure – you will handle their situation
- ◆ Paraphrase – acknowledge what they have said so they know you are listening
- ◆ Acknowledgement of what the patient is saying is key to success

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S.C.O.R.E.TM... Connecting and Caring



Don't say:

- ◆ I can't, I'll try, It's not my job
- ◆ But or however
- ◆ Unfortunately
- ◆ Hospital policy or hospital guidelines
- ◆ I'll be honest with you

Do say:

- ◆ Let me, I will, or I'll find out
- ◆ First acknowledge them
- ◆ Omit “unfortunately” from vocabulary
- ◆ For privacy or security purposes
- ◆ Omit “I'll be honest” from vocabulary

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S.C.O.R.E.TM...Open Doors with Questions

- ◆ Before you begin questioning, use a **transition statement** to let your patient know why you are going to ask them questions and how they will benefit by answering your questions completely
 - Example: “If I can get your account number....we can look at your account together”, or “if you can share with me your household income.....I can check to see if you might qualify for financial assistance”, or “if you verify your date of service.....I can make sure I am looking at the correct claim”
- ◆ This reduces their resistance and gives them a reason to answer your questions

S.C.O.R.E.TM...Open Doors with Questions

Open questions:

- ◆ Who, what, when, where, why, how and tell me
- ◆ Encourages open communications
- ◆ Requests information

Closed questions:

- ◆ Did, can, have, is, will and do
- ◆ Used to clarify and confirm
- ◆ Limits the response to one or two words

S.C.O.R.E.™...Open Doors with Questions

- ◆ Questions also:
 - Can be intrusive
 - Can lead to unexpected answers
 - Check for agreement
 - Clarify unclear communications
 - Require preparation



S.C.O.R.E.™...Resolve and Recommend

- ◆ Let the customer know what to expect
- ◆ Let them know why you are using that recommendation or resolution
- ◆ Give them the results they can expect – what's in it for them to do this
- ◆ Gain their agreement – make sure you have it right



S.C.O.R.E.™...Effectively End the Call



- ◆ Ask them if there is anything else you can do for them – don't make them call back
- ◆ Briefly summarize what you did today
- ◆ Thank them for calling and invite them to call again
- ◆ Brand the call with hospital patient accounts and state the business office hours

Make it a great call experience for the PATIENT

Handling Difficult Patients



- ◆ 96% of all patients with problems will not complain
- ◆ For every complaint that a business receives, there are 24 unhappy silent patients and what are they doing...complaining to others about your service
- ◆ If a patient does complain, he or she is *more likely* to return to the hospital
- ◆ The act of complaining can actually *increase* patient loyalty if the complaints are handled properly
- ◆ Do we proactively let patients know that we want to hear about their complaints and fix them

Handling Difficult Patients

- ◆ Fix the patient first and then fix the problem
- ◆ Acknowledging the problem is the first step to fixing the patient. Basically the C in S.C.O.R.E.™
- ◆ Example- Patient calls using foul language asks for a supervisor, what are you going to do? Most people will say offer to help, or ask if there is anything they can do, What generally happens is the patient says no and continues to ask for the supervisor
- ◆ Best response is- I would be happy to transfer you. So I can get you to the right supervisor, I will need to ask a couple of questions

Handling Difficult Patients

- ◆ How did I feel about the company? No trust, lost confidence, didn't care about me, inefficient incompetent
- ◆ How did I act/react? Angry, yelled, asked for boss, more demanding, determined not to settle
- ◆ What did I want? Compensation for my trouble, to understood, fix it now, no more problems, to be taken seriously, respect, listen to me
- ◆ What have I done to create patient anger? Not listening, being rude, giving a "curt" reply, making a wrong assumption, arguing with your patient, making a mistake, not keeping a promise, telling a lie, blaming "the company" instead of taking the blame

Handling Difficult Patients

- ◆ Taking control of our "reactions" to difficult patients and situations- Don't interrupt, don't judge, listen for hot buttons, listen for "What will it take", take notes for accurate follow-up
- ◆ Hot buttons- what is being repeated or emphasized. Listen for their ideas- most times the patient has the solution in mind
- ◆ First impressions with this difficult patient are critical. Your care and empathy response must be sincere, must reassure the patient and help them accept you as their advocate and champion
- ◆ Demonstrating through words and tone that you have ownership of the issue and assurance to the patient is key to successfully taking care of the patient first

So Ask Yourself....

Can you adequately respond to today's challenges and patient's desires for world-class service and maintain your core competency focus.....



Summary

Today's healthcare executives need to:

- ◆ Recognize the financial importance of customer service to increase patient satisfaction and loyalty
- ◆ Recognize the increase in HSAs and high co-pays and deductibles, which is creating consumerism in healthcare
- ◆ Understand that patients are becoming savvy consumers and will demand higher level of customer service
- ◆ Ensure that the patient experience from the business office compliments the world-class clinical service they receive from the hospital
- ◆ Implement processes that are patient friendly and designed for a high-touch patient sensitive business office environment

About US

- ◆ Revenue Cycle Partners/Avadyne Health: Provides customized, self pay management, third-party insurance follow-up, and bad debt programs designed to improve a hospital's profitability while improving patient satisfaction and increasing patient loyalty.
- ◆ Call Center Learning Solutions: Provides customer service education which focuses on the fundamentals of core skills, knowledge and competencies required for success in the patient accounting departments for hospitals and healthcare systems nationally.

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Resources



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