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Boost patient experience at first point of contact: The call center

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by [Andrea J. Simon](#)

I recently worked with a hospital improve its cancer program. It had wonderful doctors and an up-to-date facility. Nurses were very patient-focused and the staff smiled a lot. What could be better?



Yet new patient volumes were sluggish and growth elusive. The hospital found the highly competitive local market very challenging, especially because differentiation--a meaningful point of difference--was pretty much non-existent. In truth, the area hospitals were all pretty much the same. How could it compete? Most of the ideas focused on the patient experience inside the hospital.

So instead, we decided to see what it was like as an outsider trying to find out more about the hospital options if we were diagnosed with cancer. We began our inquiry, with observational research and shopping the experience. We called hospitals in the region, as well as some nationally recognized leaders in cancer care, hoping to learn something of value.

We contacted 20 hospitals and quickly realized something was clearly missing: The basics of a good (let alone great) customer experience. I invite you to call your own call center and see how it presents your excellent services to your consumer.

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The typical call experience went something like this:

- » After waiting multiple rings, an operator finally answered the call. We said: "My father has just had a positive diagnosis for prostate (or lung) cancer and we are evaluating his options. Could you please connect me with someone who could tell me more about how you treat prostate cancer?"
- » The responses:
 - "What is the name of the patient?"
(us) "No, my father is not at (name of hospital). I would like to learn more about your hospital's cancer services and how you would evaluate his prostate cancer."
"What is his doctor's name?"
(us) "He doesn't see one of your doctors."
"Where did he get his diagnosis? He should go back there."
Hang up!
- » We got passed along to another call center for oncology physicians and had to go through its prompts, none of which would connect us to anyone who could answer questions.
- » They referred us to their website.
- » They referred us to surgery department, which then referred us to a surgeon's office, but we had to call the office back directly at another number.

We experienced 18 of these types of encounters.

Then we called Cancer Treatment Centers of America, Dana Farber Cancer Institute, Johns Hopkins Medicine and Massachusetts General Hospital. While each was different, they at least had an approach to cancer inquiries and cancer care that demonstrated they might actually care about a caller requesting information.

Of these national brands, Cancer Treatment Centers of America, was clearly in another space. The operator was immediately engaged, showed empathy towards me and expressed concern for my "father." She knew whom to connect me with--their cancer advocate, who introduced herself, expressed her concern for my father and explained how the Centers deliver care for cancer patients. Their well-thought-out call center process was all about making both the patient and the family feel important, cared about and listened to. The process was also easy to understand and made sense.

What startled us, was the sorry state of the rest of the call centers. The basic caring of the other healthcare organizations was totally missing in action at the first point of contact. Any effort to understand the needs of a cancer patient at that crucial point was back in the dark ages. The operators, supposedly, are there to answer a call in three rings and direct the caller to where he/she needs to go. For us, we would have been happy if they had, at the very least, answered the phone in less than 10 rings and greeted us with kindness.

True, most calls to a hospital's central number are from people wanting to be connected to a patient, seeking a physician or looking for an administrative department--billing or admissions. We clearly threw them a curve ball asking for information about their cancer protocols. But was that enough of an excuse not to:

1. Answer the call promptly?
2. Reflect the brand of the hospital in their voice?
3. Utilize their communication skills?
4. Demonstrate a willingness to try and find a solution to our inquiry?

Which led us to wonder: Why? With all the innovative work going on these days to respond to healthcare reform, almost everyone, it seems, forgets the telephone center--a necessary evil.

From our perspective, the call center seems an easy point of differentiation. How can a healthcare institution make a person's overall experience satisfyingly patient-focused and person-centered if they can't even answer the phones well? And conversely, if they could create an amazing experience at that first touch point, maybe they could do the same throughout the entire patient and family experience.

Overwhelmingly, this whole experience felt like a time to pause and focus on the basics. While not innovative or sexy, the call center is essential. It must reflect well on you and add value to your organization, not dysfunction.

Remember: you don't get a second chance to make a first impression. Your call center is the first contact someone has with you. You certainly don't want to go to a hospital that cannot even get the phones answered satisfactorily nor provide an operator who can genuinely engage with you with emotion and empathy. It may seem small, but really, it is huge. And healthcare organizations better start paying attention, soon.

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Manuel Vicente • 4 months ago

Excellent article and excellent points made, Andrea. My experience with call centers servicing hospitals has been poor, to say the least. Perhaps someone can point out a single CC with excellent, personalized service.

In my view, call centers are about mass processing which, by definition, will never be personalized service.

On two, different international assignments (Europe, South America) I prepared the spec service requirements for the call centers to handle doctors appointments. These hospitals were defined as A+ segment material and requested I helped them establish an industry standard for quality of service. After reading my "Disney-like" specifications, the call center managers determined we knew nothing about their business and requested a different department, rather than Quality, as their client's project coordinator. In both cases call center executives came from the Telecom sector, with millions of customers trapped in their long-term contracts. They do not sell quality but a very low cost per transaction/call.

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KHenry • 4 months ago

Great article. My grandmother experienced these exact scenarios when searching for options for my grandfather and a special type of Merkel cell cancer. EVENTUALLY, we got somewhere.

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John • 4 months ago

Let me suggest that by taking the time to establish the culture 1) orientation, 2) training, 3) audits/drills and 4) recognition you can in fact establish a call center culture that reflects care and concern for the patient.

All too often it is viewed as a cost center and or transaction. With more and more being tied to patient satisfaction let me point out you have not only patient loyalty at stake but now cash. Wake Up

^ | v • Reply • Share ›



Leroy Hubbard • 4 months ago

Hospitals not helpful like they use to be. Helping the sick or getting help for the sick is not that good either.

It does not hurt any Healthcare to at least give a name of a Doctor.

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Kristin Baird • 4 months ago

Andrea, this is the sad reality for many healthcare organizations. Many of them don't have call centers and freely publish direct lines to departments. The published number is an open invitation for consumers to call yet they

have no idea what happens when the phone actually rings. Publishing the number should happen only after developing clear standards and measures for quality assurance. When we mystery shop for hospitals, medical practices and systems, it is not uncommon for us to unearth many of the situations you describe. Some of the studies have revealed as many as 45% of callers that indicate they are very unlikely to call back or recommend the organization based on their initial call. As you said; you never get a second chance to make a good first impression.

^ | v • Reply • Share ›



Hitesh Parekh • 3 months ago

This also was discussed in the recent Medical IT forum held in Perth about the importance of Healthcare patient service. A structure and program must be crafted to address all possible concerns but not withstanding patient confidentiality.

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