

The Role of Physician Leadership in Establishing a Contact Center

UCHealth implemented an innovative physician leadership model to establish a best-in-class contact center that features appointment scheduling, patient preregistration, referral management, prescription refill coordination, and nurse advice.

Client Background

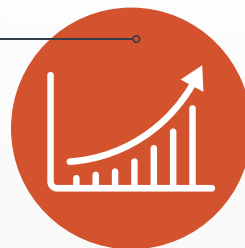
UCHealth is a highly complex system of over 150 ambulatory locations, 12 hospitals, and approximately 3,000 providers across Colorado and southern Wyoming. The system includes academic physicians who are part of the University of Colorado School of Medicine's faculty and community-based physicians who are employed through UCHealth Medical Group.

In summer 2015, executive leadership identified two high-priority areas in need of improvement. First, to improve efficiency and patient satisfaction, the practice and care teams' communication processes with patients needed a dramatic overhaul. Second, patients' access to care needed to be expanded. UCHealth decided to address these priorities by deploying system resources for patient-facing support services, such as appointment scheduling, through a centralized patient contact center.

The Challenge

The complexity of UCHealth's organization created competing priorities between its academic and community-based practices. While patients at academic practices were accustomed to longer wait times and less personalized service, those at community practices were accustomed to calling the same front-desk staff for years and had different expectations about service offerings and communication. Additionally, the organization needed to centralize different physician specialties, provider organization types, and financial structures. With multiple stakeholders and perspectives involved, a careful balance was needed between how patient-centric or provider-focused the contact center would be. At the local level, two co-equal physician access leaders (PALs) - each working as a 0.5 FTE and sharing

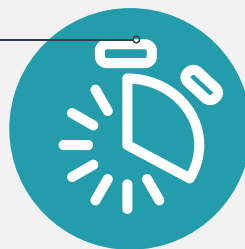
**\$2
MILLION
IMPROVEMENT
IN EBITDA**



**LESS
THAN 5%
AVERAGE CALL
ABANDONMENT
RATE**



**20
SECOND
OR SHORTER
PHONE CALL
ANSWER TIME**



the duties of the role - were instrumental in interacting with physicians throughout the planning, design, and go-live phases of the contact center project. The PALs coached providers through operational changes and advised system leadership by providing strategic guidance and determining resource allocation.

The PALs and ECG **worked together to:**



Develop and optimize provider templates.



Refine clinical and nonclinical workflows beyond the design events.



Plan the nurse triage and refill programs.

With the support of ECG, the PALs jointly appeared at key clinician and leadership meetings to function as a unified voice for the system.

The Outcomes

As of 2019, Patient Line, UCHealth's name for the new contact center, has received approximately 1.7 million calls and fields nearly one million referrals each year. Patient Line schedules appointments for 58 primary care clinics and the oncology and transplant groups. The contact center also supports nurse triage and advice services, referral authorization, and hospital operator and switchboard services for three large hospitals, and it partners with the system pharmacy for integrated medication refill services.

The centralized referral center resulted in a **\$2 million improvement in EBITDA for UCHealth**. As a result of this engagement, UCHealth was able to streamline its appointment scheduling across multiple specialties to improve access, launch its use of portal-based web scheduling, and provide more patient-centric services. Patient Line also performs at or above the best-in-class performance benchmarks, with **an average call abandonment rate of less than 5%** and **calls answered in less than 20 seconds more than 80% of the time**.

The workflow and infrastructure of these programs continues to be based on the extensive work done by the UCHealth leadership team, staff, and PALs. Including PALs in the design, implementation, and ongoing leadership processes has been instrumental to the achievement of UCHealth's goals of improving efficiency and patient satisfaction and of expanding access to care. ECG has since adopted this model at many other health systems, citing PALs as a key component of the successful implementation of centralized services and other access initiatives.

“Partnering with ECG during the initial development of the contact center and through the first series of ‘go-live’ events at the practices we were onboarding was instrumental in our success. The workflows that we developed and the methods of communication and change that were implemented helped us greatly with culture and operational change across our entire system.”

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MEDICAL DIRECTOR

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