



Michigan Alliance of Healthcare Access Professionals

CUSTOMER SERVICE IN THE 21ST CENTURY

Customer Service in Healthcare Beyond the Clinical Care
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
- Why and How You Do What You Do
- The Body- How We Communicate
- Communication 101: Awareness of four styles of communications
- Introduction to S.C.O.R.E.™
- 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 = \$718b (US Dept. HHS, CMS 2008). Estimated \$4.9 gross trillion in 2020.
- 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 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

Lifetime Value of Patient's Relationship



- 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

Why and How You Do What You Do



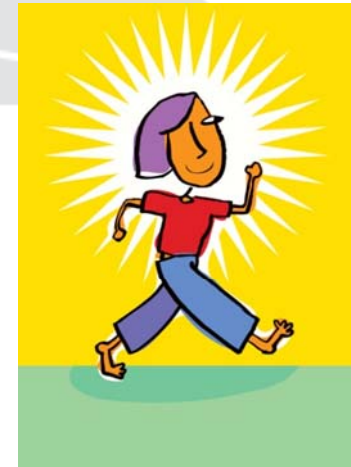
- 7% of our messages are communicated by words
- 38% of our messages are communicated by our tone
- 55% of our messages are communicated by our body language
- How does your voice engage communication? Called Paralanguage
 - Pace
 - Tone/Volume
 - Pitch
 - Enunciation
 - Inflection
- Differences in communications: age, language, cultural, and education



Why and How You Do What You Do



- 85% of our day is spent doing things out of habit
- Conscious choice 7.5%
- Crisis, procrastination, peer pressure 7.5%
- 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

The Body- How We Communicate



- Non Verbal communication is the way the subconscious mind speaks
- There are up to 10,000 nonverbal cues packed in every minute of interaction
- Eyes, head, voice and hands provide cues of both deception and credibility
- There are more than 600 muscles in the human body. The face alone has 90, of which 30 are purely to express emotion
- Learn to use body language cues to establish credibility

The Body- How We Communicate



- Look into my eyes- In general.....
 - Looking to the right- means creating, fabricating, guessing or lying
 - Looking to the left- recalling or remembering
 - Direct eye contact when speaking- honesty (Caution: practiced liars have learned to fake this signal)
 - Direct eye contact when listening- interest and attention
 - Rubbing eyes- disbelief or upset
 - Eye shrug- frustration
 - Winking- friendly, sharing a secret

The Body- How We Communicate



- The Hands Have it. In general.....
 - Scratching or touching the nose while speaking is a warning sign of lying or exaggeration
 - Hands in the pockets is a signal of lack of interest
 - Neck scratching shows doubt or disbelief of what is being said
 - Hands on hips represents confidence and readiness
 - Be credible by not fidgeting and keeping your gestures natural

The Body- How We Communicate



- Mind your Mouth
 - Humans routinely make subconscious judgments about one another....and it takes approximately 3 to 7 seconds.
 - Some of the signals of the mouth include:
 - Pasted smile – appears quickly and remains fixed for longer than normal – indicates suppressed displeasure or forced agreement
 - Nail biting - suggests frustration or fear
 - Tight lips - indicate withholding truth
 - Sucking lips – suggest withholding anger
 - Forced laughter - a signal of nervousness or stress
 - To increase credibility, be aware of facial cues and present a natural smile

The Body- How We Communicate

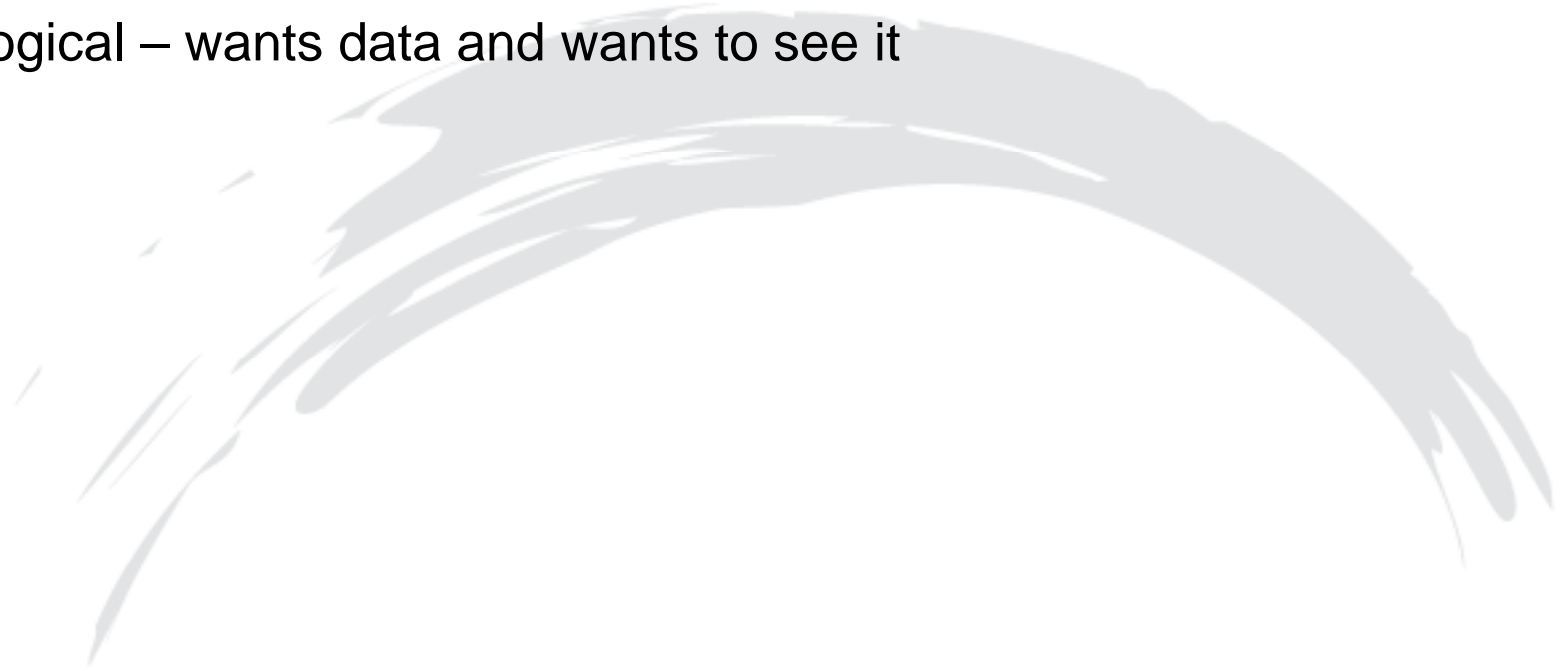


- Hand Jive
 - Hands and arms symbolically express the emotions of the heart
 - The handshake is the single most important factor in business... doing it correctly is sometimes difficult
 - A firm grip - shows confidence
 - A limp grip - indicates timidity
 - A long handshake - indicates pleasure and dominance
 - Using alternate hand to grip other's wrist or elbow – also demonstrates dominance
 - Best: offering an open palm for a short, but firm handshake
 - Be credible by using hands in normal gestures to speak or allowing them to hang loosely at the sides

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

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.™



- **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 1 – Not hearing, not listening
 - Level 2 – Hearing, not listening
 - Level 3 – 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.TM

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
- Heat
 - **H**ear them out, **E**mpathize, **A**pologize, and **T**ake responsibility



S.C.O.R.E.™

Connecting and Caring



- 95% of the time what you say and how you say it 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

S.C.O.R.E.™

Connecting and Caring



- **Zero Words...Don't say:**

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

- **Hero Words...Do say:**

- I can
- I will
- Let me find out
- Omit from vocabulary
- Stop at acknowledge
- For privacy or security purposes
- Omit from vocabulary

S.C.O.R.E.™

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.™

Open Doors with Questions



- **Open-ended questions:**

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



- **Closed-ended 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 understand, 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

It's your CHOICE!

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



- 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

- The Beryl Institute
 - www.theberylinstitute.net
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