More than a call centre: Creating a family-centric experience to increase access and revenue

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Abstract The journey towards centralising any business support function in any organisation is challenging and often marked by turf battles and the inclination to lean towards the status quo. For healthcare organisations, in particular, to move towards centralising any support function is to confront the complexities of a care delivery system. There is sensitivity with every part of the patient's journey before the patient is seen at their appointment (with referral management, scheduling and financial clearance), to ensure that critical care needed is not delayed. Especially for organisations that have traditionally run a decentralised model with departments operating under their own rules, hearing the word 'centralisation' is often not well received and is met with resistance from faculty and staff. This paper provides an overview of one organisation's journey towards building an efficient, centralised model, in a healthcare organisation managing complex subspecialities, and describes how the COVID-19 pandemic provided a platform to showcase the strength of centralisation, a transition into a remote work environment and a fast track for ambulatory operations to 'buy-in' to the centralised model. Although there is still a long road ahead to fully centralise services in the organisation, several successes and strategies (such as establishing dashboards, key performance indicators and a culture of performance accountability) will be shared to help lend ideas and insight to other organisations looking to move towards centralisation. Building a strong foundation that maximises efficiency while remaining resource neutral serves as a win for both the organisation and the patients and families served. Ultimately, the investments made to establish and optimise The Appointment Center at Children's Hospital Los Angeles has improved referral turnaround time, call abandonment rates, increased access, utilisation and revenue for the organisation.

KEYWORDS: call centre, cost-effectiveness, organisational efficiency, centralisation, remote work

INTRODUCTION

The desire to centralise any back-office business support function in a healthcare organisation is motivated by the promise of greater efficiencies and standardisation of business practices to improve the patient's experience.[1] In the southern California market, specifically, the massive amounts of delegated payer groups make obtaining authorisations challenging as it is often hard to identify the ultimate payer. Exploring opportunities where a centralised team can become experts when dealing with the complexities of these multiple payer groups and regulations becomes an exciting possibility and is one that Children's Hospital Los Angeles (CHLA) has invested in since 2015 with the creation of The Appointment Center (TAC). CHLA is a nationally ranked as a 413-bed paediatric hospital that provides care at 38 hospital-based outpatient clinics. TAC offered a solution to have institutional expertise in dealing with numerous delegated groups on behalf of these complex speciality outpatient clinics. Having started by supporting five speciality clinics in 2015, TAC and now supports 10 speciality clinics and is preparing to acquire additional specialities.

THE APPOINTMENT CENTER

CHLA created TAC to support the complexities of the numerous paediatric specialities. Understanding how TAC supported this work is pivotal to being able to learn from TAC's journey. While TAC was created on the understanding that support functions were going to be fully 'centralised', that was not quite accurate. Figure 1 reflects how TAC was created to support the patient's journey. It is important to appreciate the limitations of TAC's support and some of the nuances with clinics before discussing the strategies that TAC has since implemented to optimise operations.

At a very high level, TAC receives referrals for the clinics it supports (referred to as 'in-scope' clinics), and this intake team is responsible for gathering the required

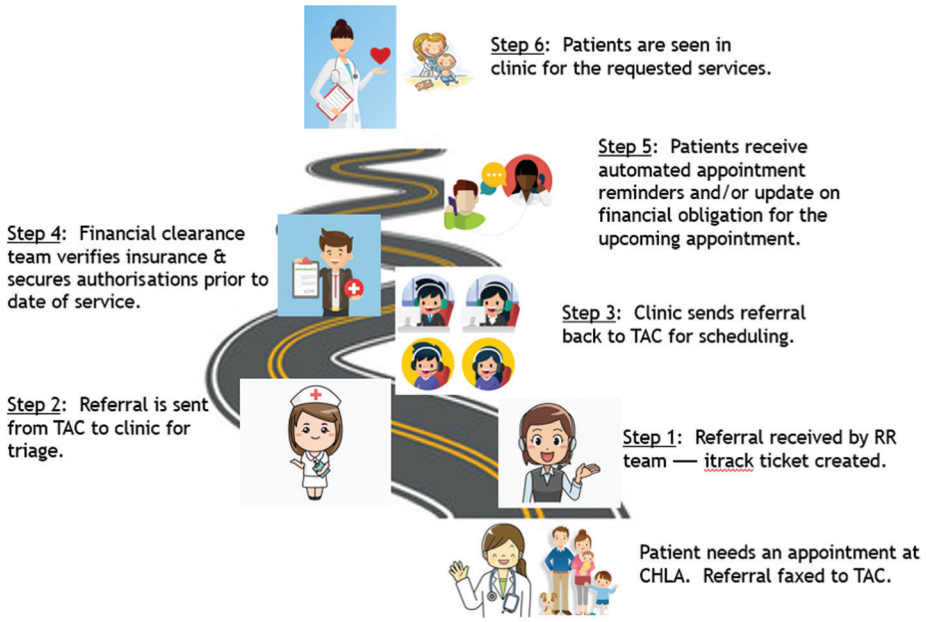

Figure 1: Patient's journey supported by TAC.

documentation to complete the referral package for triage. From there, the package is sent over to the clinic for triage and to provide scheduling instructions before it is sent back to the TAC scheduling team to manage. After a patient is scheduled, it hits the TAC financial clearance team's worklists to verify patient's insurance and secure authorisations prior to the date of service. Patients then receive reminders for their appointments, and, ideally, everything is secured for the patients to visit their doctor on the scheduled date of service. All functional areas within TAC (referral management, scheduling and financial clearance) are worklist based to help drive team efficiencies.

Next, it is important to understand TAC's role with ambulatory revenue cycle and why, organisationally, the decision was made at CHLA to have TAC report to the chief financial officer. Figure 2 reflects a high-level graphic of ambulatory revenue cycle at CHLA and the different groups that own the multiple parts of the revenue cycle. TAC is responsible, of course, for the front end of the patient access cycle with patient scheduling, registration, insurance eligibility and verification and authorisation securement. From there, the clinic is responsible for co-pay collections and completion of the visit and associated notes. Then post-visit, the Patient Financial Services Department works on the claims and collections, and, finally, the facility and professional fees collection is supported by all the teams — TAC, clinic, Patient Financial Services and the medical group.

Considering the alignment for an appointment or call centre within your organisation is an important decision to make at the start of this journey towards centralisation as it will drive the prioritisation of decisions and resources for your department.

BRIDGING THE GAP BETWEEN THEORY AND REALITY

Theory often reflects an ideal state that any organisation or reality falls short of achieving.[2] While there is a desire for TAC to serve as a central resource for all patients and families of the 'in-scope' clinics, the implementation of this 'centralised' model has had its challenges. The first step towards

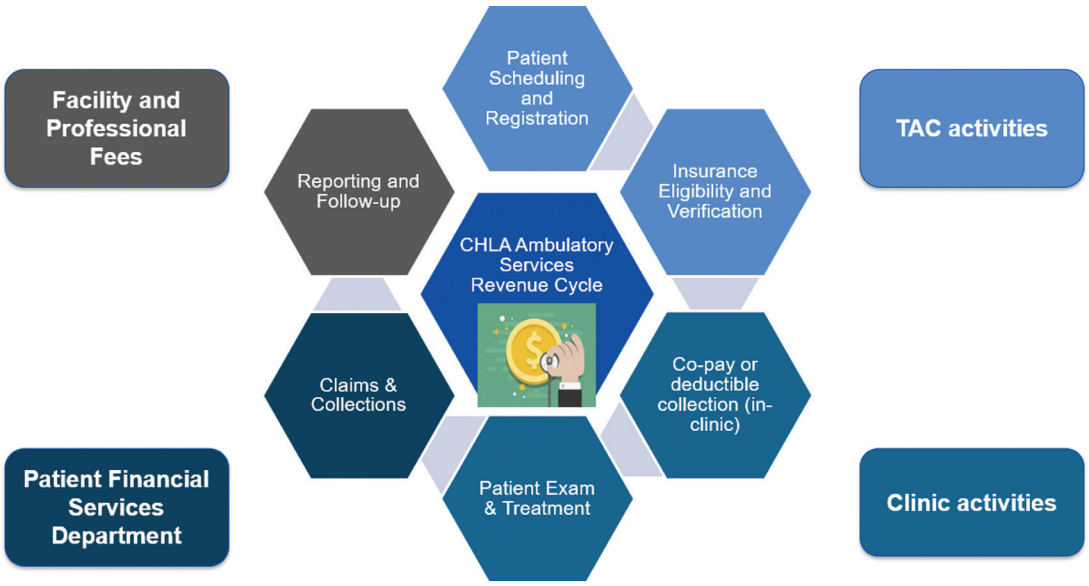

Figure 2: TAC's role with ambulatory revenue cycle.

bridging the gap between the organisation's ideal state and the limitations of reality is to evaluate the department at baseline and to create a road map to get the team moving on this journey. In Figure 3 shows the road map developed to help refocus the team on the department's chief mission and its tactical, strategic and aspirational stages. Ultimately, the goal that organisational leaders were committed to realising at TAC was to enhance the patient, family and provider experience by offering first call resolution to patients and families. Aligning not only the department but also the larger organisation with a common goal is critical to the success of any effort and should be considered and communicated well in advance of operationalising any effort. The graphic on the top right of the slide reflects the different types of calls and functional areas TAC supports. It is important to understand your organisation's goals and desires to set this aspirational goal for your team and to ensure synergies from multiple efforts across the organisation are aligned harmoniously.

The amount of time spent on each stage of this strategic journey will vary with organisational culture and the degree to which a team is progressive and adaptable to change. At CHLA, the three-year mark of when TAC was originally created was when a re-evaluation of the efforts was determined to be necessary. With new leadership on board and the strategic plan developed for the department, TAC took two more years in the tactical phase of this journey to re-establish the foundation for the department and performance accountability standards. The strategic phase began once performance metrics improved and trust and communication were gained from clinic partners. Thereafter, moving to the aspirational part of the journey is always fun and exciting and can be done only with a solid leadership team in place, a process that also took several years to establish at TAC. Moving through the aspirational part of TAC's journey allows room for innovation and thinking outside the box for how to effectively support patients, families and providers. The challenges faced during the first year of the TAC team's 'revamp' are listed under 'year 1 challenges,' and the picture alongside the text depicts what felt like a daily game of whack-a-mole with the numerous problems being uncovered that needed immediate resolution.

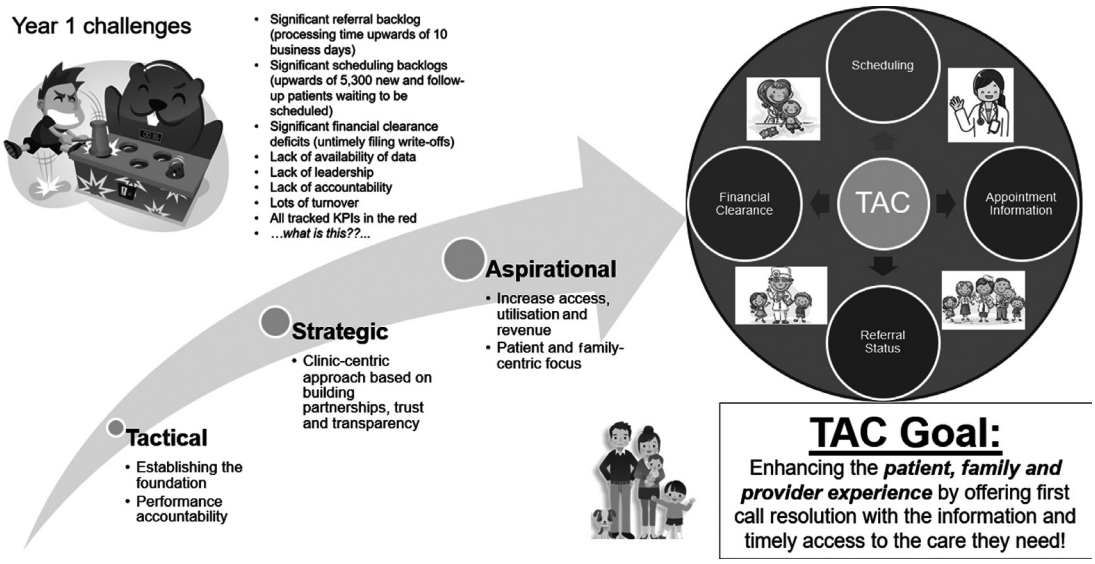

Figure 3: TAC road map.

Improving clinic partnerships

An initial part of an organisation's tactical strategy should include short-term priorities and goals for the team to accomplish. At TAC, two 90-day strategies were developed, one focusing on improving clinic relationships and the other on improving internal operations. The top three recommended areas to focus on when working towards improving clinic relationships are as follows:

Partnership: Building partnership with the clinics by being responsive to their needs and communicating regularly with them. Having a cadence set for the TAC leadership team to speak with clinic leadership and responding timely to e-mails were essential to opening communication between TAC and clinic, which in turn helped to improve the partnership between both teams.
Trust: An important step in establishing trust with anyone is to commit to verbal promises and statements. TAC's first commitment to clinic was to respond to their e-mails timely. Once the department started to demonstrate the ability to be accountable for actions, the clinics were more inclined to share problems with TAC and collaborate on how to resolve the issue and learn from them.
Transparency: Establishing a culture of transparency was an important part of optimising TAC support to the clinics. It was important to have open conversations (good and bad) of TAC's performance with supporting clinics to improve the teamwork across departments. The new leadership at TAC uncovered a wide array of backlogs throughout the department and quickly learned that the previous team was accustomed to 'hiding' these issues. This was a practice that the new TAC leadership team was committed to ending. Tackling any challenge collaboratively demonstrates a commitment to working collaboratively with clinic partners.

Focusing on these three critical elements and the numerous actions that can be taken in support of each of them was an important part of the effort to move from a reactive to a proactive partnership with clinic leaders. The goal was to avoid playing a 'blame game' when errors occurred between the clinics and TAC and to have the clinics see TAC as an extension of their operations. As a support service to the clinics, it is important for TAC to understand the clinic operations to support them more effectively, and it was equally important for the clinics to understand that this was the role TAC was created to support.

Figure 4 shares the 'PRICE' model implemented at TAC to include: 'Protocol Review, Implementation and Continued Education' with the TAC team and clinics. This continues to be the model followed to continue candid, collaborative and meaningful conversations between TAC and the clinics we support.

Improving TAC operations

Internally, TAC leadership focused on improving operations focused on four major areas, briefly discussed in what follows.

Partnership, Trust and Transparency: Similarly to establishing strong working relationships with clinics, internally, TAC leadership felt it was important to gain the trust of staff and to demonstrate commitment to their success. Shadowing team members is a great way to learn about workflows, bottlenecks and their challenges. While this was intimidating to some team members at first (ie sitting next to them to observe their workflows when they have never likely had leadership do this), it ultimately helped to gain some quick wins with staff.

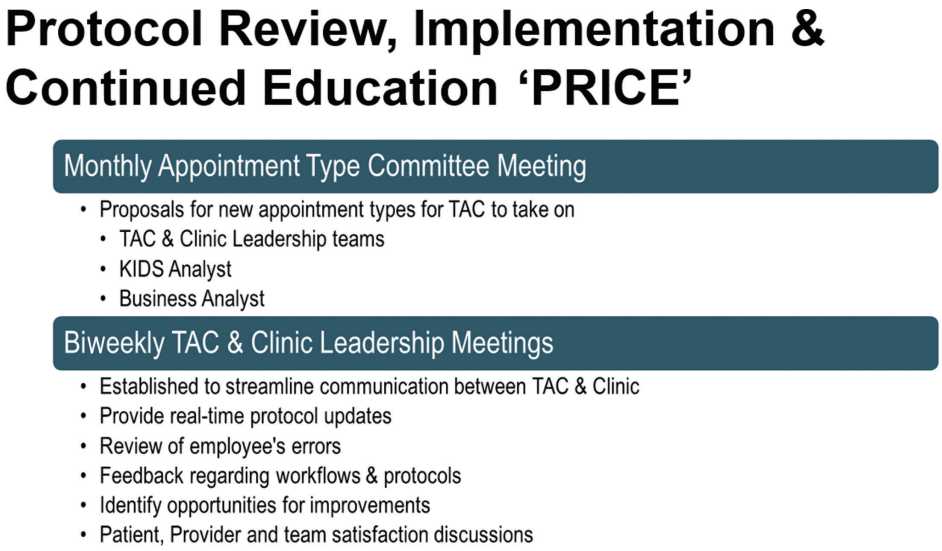

Figure 4: PRICE model.

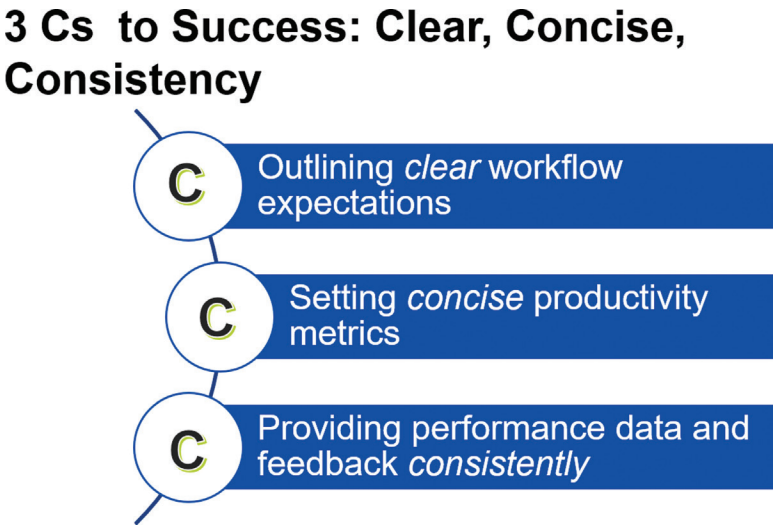

Figure 5: The 3 Cs to Success model.

If it is consistently demonstrated that one is able to take what is learned from shadowing a team member to improving an observed challenge with their workflow, the team members are more likely to share additional ideas of how to further improve workflows as the trust and rapport builds.

Accountability: This is an ongoing challenge, and sticking to a simple model that we call the '3 Cs to Success' has helped TAC tremendously with managing the department (see Figure 4). Team members respond well to understanding what their daily expectations are and consistently receiving real-time feedback to continuously improve their performance. Figure 5 highlights other efforts undertaken by TAC leadership to reinforce a culture of accountability throughout the department with daily and monthly actions listed to ultimately

promote transparency, participation, real-time evaluation and feedback of team members, and timely responses to complaints and challenges from team members. Having an open-door policy for the leadership team to meet with team members to have critical conversations is highly recommended when trying to promote a culture of accountability in an organisation.

Personnel Management: Being able to staff phone lines appropriately is an important aspect of personnel management. Defining expectations to team members of what their required shift needed to be, to ensure phone coverage while lines were open, was a significant change for many team members who were previously not being held accountable for logging into their phones daily. It may not be easy to adjust staff schedules, but aligning them to meet departmental needs is an important part of an organisation's success. Additionally, establishing accountability against established organisational policies and procedures such as time and attendance contributes to the success of managing departmental operations.

Training: It is important to understand the need for and to invest in establishing a robust training programme for a call centre. Understanding that call centres generally have higher turnover, it is important to ensure that a robust onboarding plan is available for all new team members to seamlessly join our department. Additionally, when trainers are not busy onboarding new team members, they offer an opportunity to help the leadership team provide real-time feedback to team members through live shadowing sessions as they are familiar with the workflows. This is the model TAC has used to manage the training programme and has helped improve the quality and training of the team.

Setting clear expectations with team members, obtaining their verbal and written commitment to meeting these expectations, consistently following up with them on their performance and making adjustments as needed on the basis of team members' feedback have been critical to the success of improving internal TAC operations.

ESTABLISHING THE FOUNDATION

Creating, defining and managing key performance indicators is vital to operating an efficient appointment centre.[3] While these important metrics will vary depending on organisational goals, it is important to understand and set initial goals for quick win targets. For the TAC team, the immediate goal of wanting to improve the call abandonment rates was obvious, since the main function of the department is to offer traditional call centre support. For each of the functional teams within TAC, the following key performance indicators were selected (the list is not exhaustive but contains the immediate priorities for each functional team):

Call abandonment rate: As a call centre, this performance metric was an obvious initial priority as TAC's commitment is to answer patient and family calls.

Referral turnaround time: TAC committed to a 24-hour turnaround time from the receipt of the referral to the end of the process within our system. Through time, additional downstream metrics have been measured (ie triage and scheduling turnaround times), but it was important for the team to have an initial goal to focus on.

Financial worklist management: Financial performance is measured by daily monitoring of all worklists to have patient accounts requested for authorisations at least two weeks prior to the date of service.

From there, financial performance (in dollar amount) is measured by the volume of outstanding accounts that ultimately hit the professional and facility fees worklists. The threshold for performance was set at having at least 96 per cent of all accounts on the worklist processed prior to the date of service.

Figures 7–10 reflect the improved and sustained performance at TAC because of the actions taken (as described in the preceding sections) of improving not only the clinic partnerships but also the investment made in improving internal operations. Since the operationalisation of the strategies discussed, call abandonment rate has improved by over 10 per cent and financial improvement by over 90 per cent, resulting in over a million dollars collected, and the turnaround time for referrals improved by over 57 per cent.

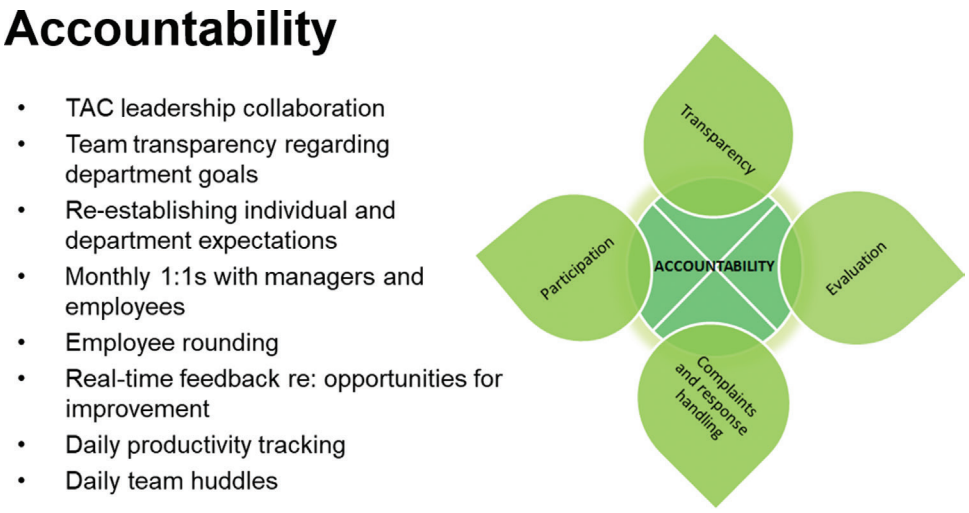

Figure 6: Establishing accountability.

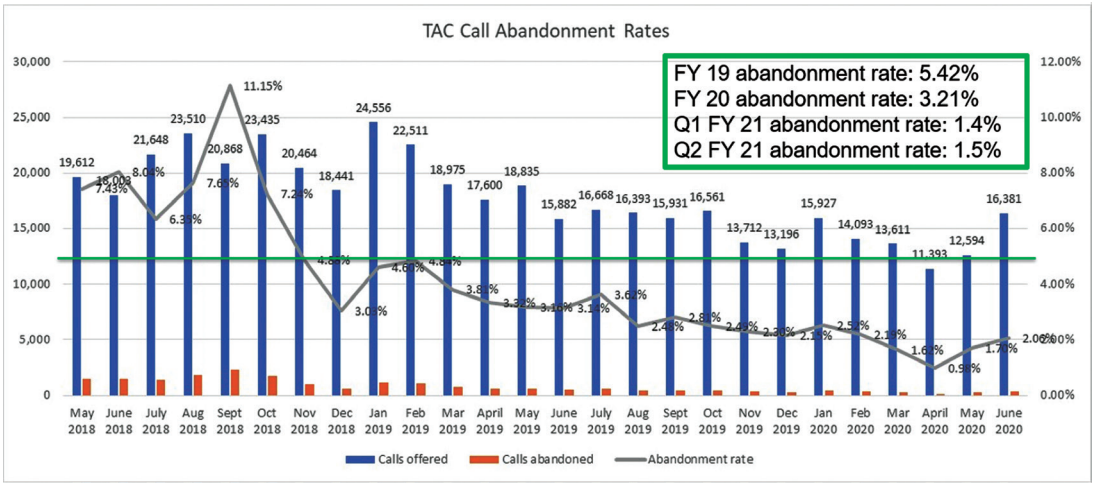

Figure 7: Continued improvement on call abandonment rates.

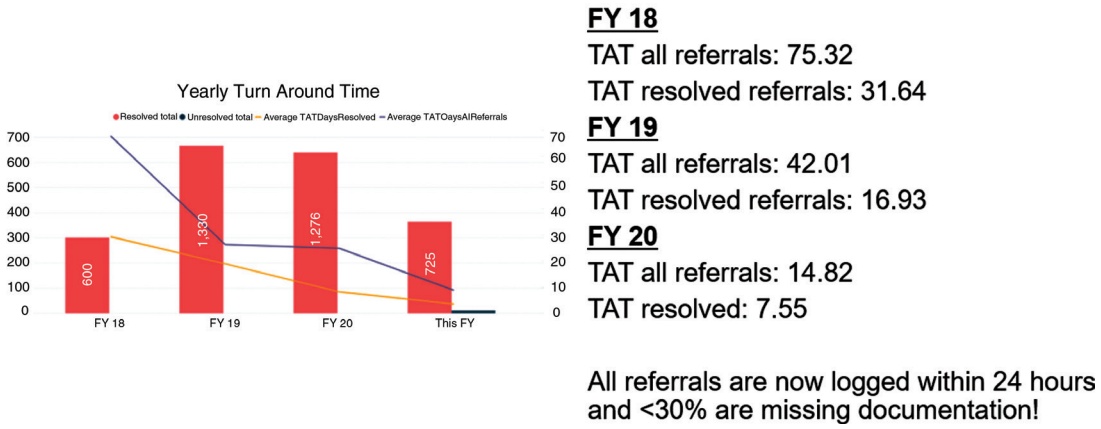

Figure 8: Improved performance on referral turnaround times (TAT).

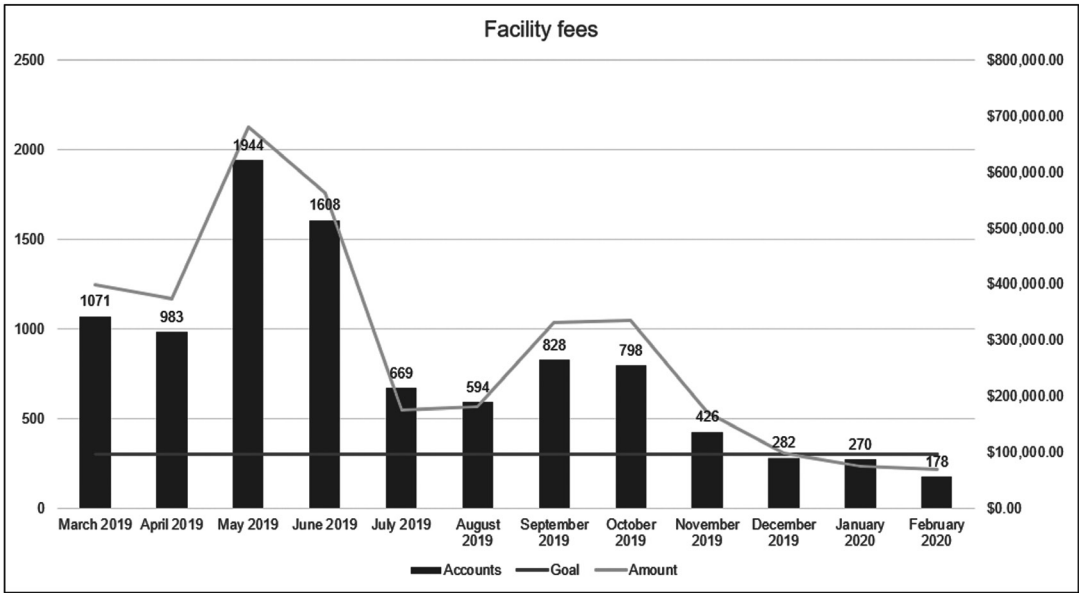

Figure 9: Improved performance on limiting outstanding facility fee accounts.

CREATING AND MAINTAINING EFFICIENCIES

A strategy to consider with healthcare call centre environments supporting complex speciality clinics is the utilisation of pod structures. When team members were initially moved over to the newly formed TAC, they were limited to the clinics they were trained to primarily support. This resulted in challenges with clinic phone line coverage, even though there were enough bodies to respond to the volume of incoming calls. In developing PODs, schedulers were able to be cross-trained to

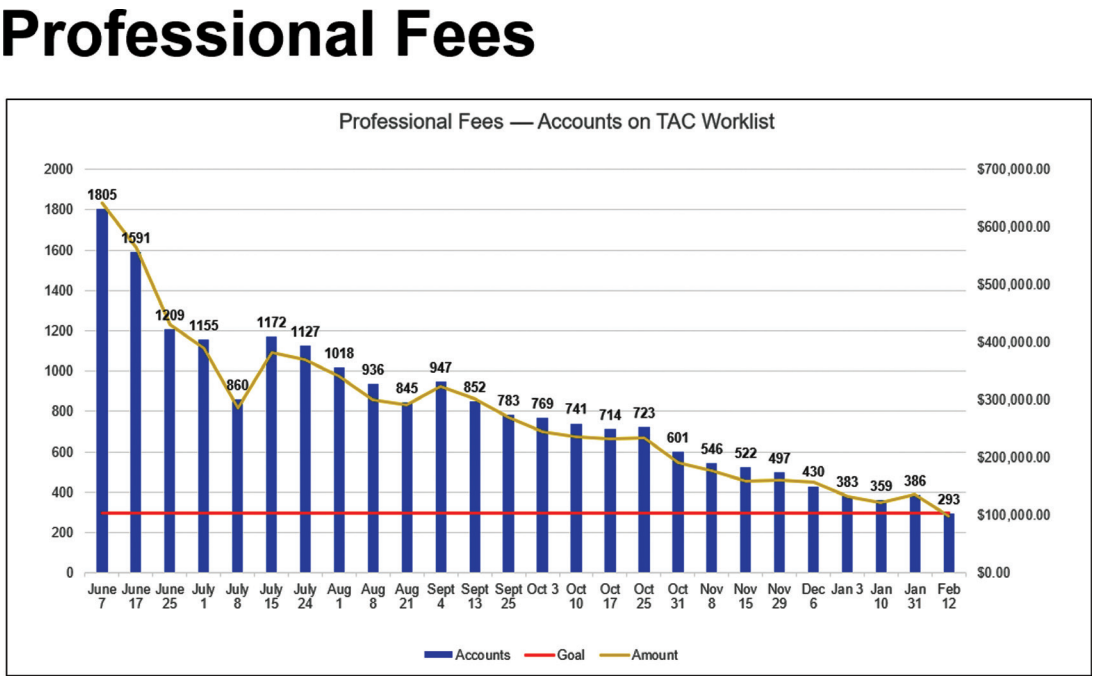

Figure 10: Improved performance on limiting outstanding professional fee accounts.

cover other clinics and ensure phone line coverage. The result creating POD structures demonstrated improved call abandonment rate performance while remaining resource neutral. Figure 11 demonstrates the resource-neutral improvements made against the call abandonment rate goal for the department. The call abandonment rate increased in the month in which this new POD structure was deployed (September 2018), which is to be expected for any organisation experiencing a significant structural change. It is important to stick to the commitment of the new structure you are investing in to experience the longer term sustained improvements for your organisation.

POD structures are ideal for healthcare call centre environments supporting complex specialities; if your organisation has standard and simple scheduling processes, this will not be needed.[4] The number of clinics managed within each POD was based on call volume data, as well as the scheduling complexity of the speciality. TAC continues to work with clinics to simplify their scheduling instructions and templates, and it is important for organisations to be mindful of how they can best set their teams up for success and what is manageable in a complex environment with multiple clinic protocols to learn and follow.

For the finance team, the use of worklists has made the team's daily workflows more efficient. Creating worklist statuses for managing the patient accounts in the system allows the team to sort through the accounts quickly to identify which need follow-up, which have not been processed, and which need to be sent for further clinic review. Additionally, having a worklist-based system allows the team to now enter payer information so that as an organisation, CHLA can hold contracted payers accountable for the turnaround times guaranteed via contracts for approving authorisations. Focusing all efforts on optimising the patient's experience is an important goal for any organisation to emphasise with its transformational leaders. The longer term gains from this capability are still to be determined, but in the

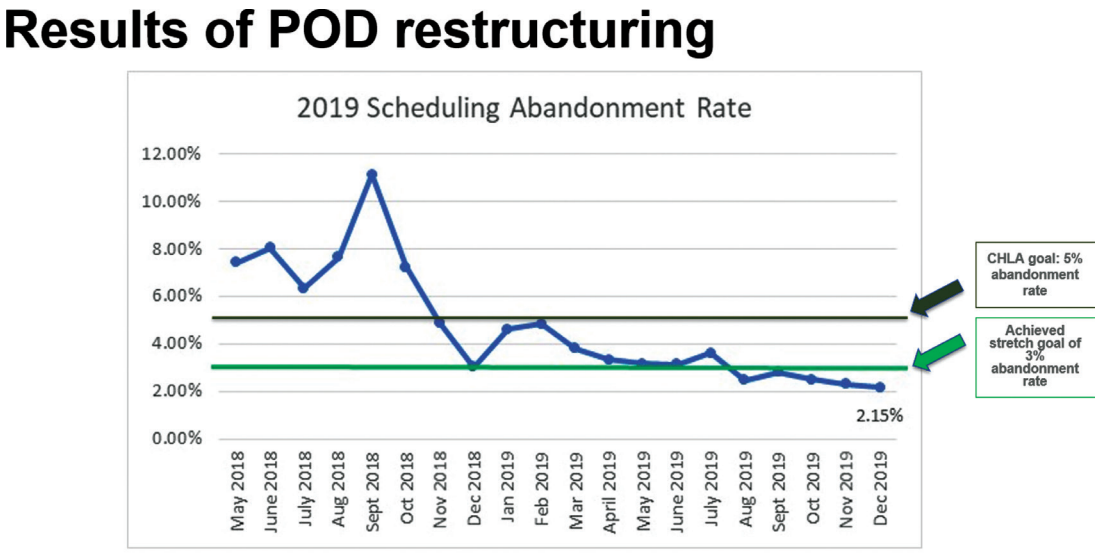

Figure 11: Results of POD restructuring on call abandonment rates.

immediate reality, team members can bundle accounts for 'like payers' that need follow-up calls directly to the payers, saving them time when working those specific accounts.

Finally, being able to maintain efficiencies gained from process improvement work on a team is always a concern of leadership. From a management perspective, having worklists and systems available to track the performance of team members and the statuses of accounts that need to be worked helps with the daily operational management of the team. Ultimately, the dashboards created from the worklist-based systems have directly contributed to the success of the management team to track daily operations and to anticipate staffing needs based on volume fluctuations. These dashboards allow TAC leadership to easily track team productivity to address any performance-related issues immediately with team members.

NAVIGATING A NEW NORMAL FOR TAC AS A REMOTE DEPARTMENT

When the COVID-19 pandemic hit in March 2020, it was immediately decided that the continuity of TAC operations was essential, and all employees were sent home as quickly as possible with all their equipment to be able to work from home. Since working remotely, productivity has exceeded the daily expectations for our financial clearance team.

Important elements that allowed the department to operate effectively throughout the COVID pandemic include the following:

1. Accountability metrics, productivity expectations and feedback mechanisms were already established pre-COVID.
2. Availability of real-time call dashboards that can be accessed through the Internet, versus logging into a separate system (see Figure 12).

Working remotely provides challenges with team engagement and is something the TAC leadership team is actively addressing. Despite this new territory, team feedback has been overwhelmingly positive in favour of the management style of the department, and TAC has quickly been identified as a best practice of managing remote teams at CHLA. The strategies TAC has deployed to engage the team members are listed in what

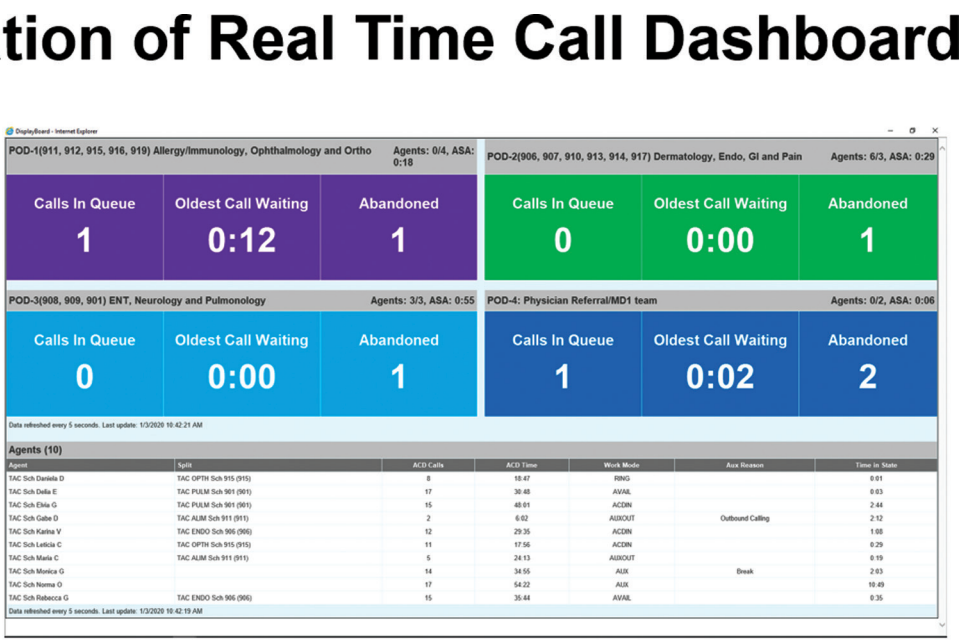

Figure 12: Making real-time call dashboards available to team members at home.

follows and, of course, continue to evolve with feedback received from the team and industry best practices.

1. Remote work agreements include the following commitments from team members:
   - Having web cameras on
   - Being available via Microsoft Teams platform (the department's messaging system)
2. Daily morning huddles with the teams
3. Monthly all-staff meetings for general updates
   - Consists of one team-building activity
   - Recognition of highest performers
   - Monthly 'themes'
4. Weekly leadership e-mails to the team with written updates
5. Monthly 'lunch chats' [optional for team members to drop in and take a break from their day and reconnect with their peers and leadership team]
6. Monthly 1:1 meetings with managers
   - Productivity/performance reviews
   - Recognition
7. Hoteling space available on-site and provided to employees who experience technical/Internet connectivity issues to complete their scheduled shift

LESSONS LEARNED

While efforts to optimise and grow TAC to serve all patients and families at CHLA continue, there are several lessons that have been learned along the way. The following list is not exhaustive but rather highlights some of the expected road bumps that any organisation contemplating this shift will likely face and should consider. So, do not be intimidated if you encounter any of these roadblocks; rather, know that it is all part of the journey and enjoy learning from all the good and bad that comes with progressing towards centralisation.

'Centralisation' is a journey, not a race: Project timelines and intentional goals are great to set for the team, but achieving an ultimate 'goal' for centralisation should remain fluid depending on unanticipated organisational

challenges (ie COVID, faculty feedback or leadership changes). It is important to have an ultimate vision of where you want to be and also equally, if not arguably, more important to ensure that you adapt to your environment and play the longer game (considering organisational culture and internal pressures) for the best results. It is better to build a strong foundation than to make quick fixes and workarounds. A strong foundation reflects a sustainable model that will last long after you have moved on from your leadership role within the organisation.

There is no 'one size fits all' model: The evolution of TAC and the complexity of the specialities it services quickly demonstrated that TAC was not, and could never be, the textbook centralised service. Understanding the organisation's commitment to honouring the complexities of speciality care services allowed another model to be developed unlike your typical call centre functions in other industries; this model, unique to CHLA, has been optimised to run as efficiently as possible given the organisation's acknowledged limitations with true standardisation of select services. For example, having call centre agents separated into supporting a pod structure (three clinics at a time versus all clinics) allowed for immediate benefits of cross-training and increased coverage while not overwhelming the team members with the task of understanding the numerous clinic protocols.

Know when to ask for help!: This is a very important lesson! Knowing when to ask your leadership for help will support you in managing expectations from above while maintaining your sanity through the journey. Change takes time, and sometimes, as you are driving towards change in your organisation, it is important to reach out to other departments (ie HR or IT) to assist with your efforts, or sometimes it is important to just have some additional hands to help out (ie contract support to fill in leadership and staffing gaps until hiring could be completed). What is most important is being able to articulate the need for help and to be patient with yourself as you build your team because change takes time.

Change management is critical to success: Every organisation's culture is different in terms of dealing with change in leadership, technology or processes. At TAC, the team members had been grounded in their practice for so many years prior to the new leadership team coming on board. TAC was previously void of any infrastructure and accountability structures, so the changes the new leadership team brought were difficult for some of the team members to acclimate to. Thankfully, immediate 'quick wins' were demonstrated within weeks from the new leadership team that helped to build trust with the team in advance of additional forthcoming changes. If your organisation is starting completely from scratch and immediate 'quick wins' against key performance indicators are not obtainable, it is advisable to take your time with the changes you want to implement to make sure team members are on board.

Leadership support and understanding is invaluable: This is an extremely important message to all leaders overseeing significant change in their organisation. It is important to those leaders operationalising the changes in an organisation to have this support and understanding that change and results take time. TAC was able to take some time to build and develop a strong foundation, and the successes experienced since are directly attributable to the C-suite leadership team for allowing the time, resources and patience to build the critical infrastructure needed. This has allowed

TAC not only to sustain progress but also to continue to improve on performance even amidst a pandemic year.
Hiring the right people and leadership team can make all the difference (and make work fun!): This is the most important lesson learned. The hours and days are long when working to build a new team, and to do this with a team you do not enjoy working with would be that much more difficult! So, please remember to take the time to hire the right team and then have fun on the journey.

WHAT THE FUTURE HOLDS

The possibilities are endless when thinking of all the recent innovations in the healthcare space to optimise the patient's experience.[5] Three primary focus areas in the immediate future for TAC include the following:

Exploring automation efforts to increase efficiencies: Innovative solutions and vendors offering additional efficiencies and automation tolls to TAC's workflows are currently being considered.
Exploring new technology and partnering with the Innovation and Communications teams to launch pilots for patient facing interfaces to engage the family and patients in their care: TAC is invested in enhancing the referral process to be more patient-centric, and efforts are currently under way to streamline this process for patients and families. Additionally, TAC continues to volunteer and serve as a pilot site for any new technology as it is easier to roll out and standardise a process with the foundation built at TAC.
Continued efforts to centralise more services into TAC and increase the shift of responsibilities to TAC for our in-scope clinics: TAC is committed to supporting the organisation and is now positioned to take on additional work as needed, when clinic leadership is ready. Leadership buy-in is an important first step for committing to centralising any work to a department.

The resounding theme with what the future holds for TAC revolves around innovations in healthcare and technology, which is incredibly exciting. Ultimately, the goal is to continue to optimise and expand our operations to support more patients and families with their scheduling and financial clearance requirements for appointments prior to their date of service. As this paper was going to press, a decision was made at CHLA to move the referral management process from TAC under ambulatory leadership to streamline our complex triage function. This allows TAC to focus on providing the purely administrative tasks (scheduling and insurance verification and obtaining authorisations) and separating the clinical work (referral and triage being merged) back to the ambulatory clinics. This serves as a reminder and real-life example that your organisation's journey to gain operational efficiencies should remain fluid and adaptable to the culture of an organisation's team to maximise and ensure the best success.

FINAL REFLECTION QUESTIONS

As an organisation considers centralisation, it is important to consider the following questions with leadership and important stakeholders within the organisation to help determine the best way forward.

1. Centralisation and standardisation are often misused interchangeably. Is standardisation possible in a subspeciality environment, or is your organisation seeking alignment efficiencies of centralisation?

2. What has your organisation's response to COVID been, and how has this impacted your operational strategy?
3. How are you managing employee engagement, and how has that impacted productivity metrics for your team? How are productivity metrics set in your organisation?

References

1. Kappa, S. F. *et al.* (2020) 'Implementation of a centralized, cost-effective call center in a large urology community practice', *Reviews in Urology*,Vol. 22, No. 2, pp. 67–74. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7393684/(accessed 25th February, 2022).
2. McKesson. (n.d.) 'What healthcare leaders need to know about call centers', available at: https://www.mckesson.com/Blog/Why-Call-Centers-Benefit-Practitioners-and-Patients/(accessed 25th February, 2022).
3. CareNet Health. (2019) 'How do healthcare call centers differ from traditional call centers?', 3rd October, available at: https://carenethealthcare.com/how-are-healthcare-call-centers-different-than-traditional-call-centers/ (accessed 25th February, 2022).
4. Chua, F. (2017) 'How the healthcare industry can benefit from call center services', *Customer think*, 20th March, available at: https://customerthink.com/how-the-healthcare-industry-can-benefit-from-call-center-services/(accessed 25th February, 2022).
5. Olah, B. (2011) 'As hospitals seek to capitalize on the advantages of centralized patient documentation, health directors are faced with operational and budgetary challenges hindering their ability to provide care', *Healthcare Innovation*, 23rd June, available at: https://www.hcinnovationgroup.com/home/article/13012343/to-centralize(accessed 25th February, 2022).