

# Healthcare Call Center TIMES

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## Beryl Expanding Into Hospital Operations

For several decades now, Beryl has been known as an off-site call center handling primarily marketing support functions for its clients- physician and service referral, class registration, call to action campaigns, and, for some, telephone nurse advice and triage, the latter service subcontracted to others.

As such, just about every employee in Beryl's large call center in a converted Wal-Mart in Bedford, Texas, has been non-clinical. That is, until recently.

Beryl is engaged in expanding its mission to begin assisting provider clients with the entire patient experience, say Senior Vice President of Product Management Mark Williard. One of the areas this is playing out is with a post-discharge calling program that hits patients 24-72 hours after discharge.

Some of these calls are clinical in nature and are completed by nurses within the Beryl call center. Others are primarily patient satisfaction calls and are handled by non-clinical representatives in the call center.

"It's floor by floor," he says, "whatever works best for the client." For example, a clinical call back makes great sense for higher acuity patients or patients with a serious chronic condition such as CHF, he adds.

Right now, the call center nurses ask about various compliance areas such as whether or not the patient filled their prescription(s). If this has not been done, the hospital takes it from there. "What we would like to do in the future is to be able to tell that patient who hasn't filled that prescription that we can get that done for them," he says. That would cut down on the back and forth phone calls that need to be made, he adds.

Indeed, Williard sees an evolution of the clinical discharge call to something that connects with the patients multiple times. This would be in line with the emerging Accountable Care Organization concept that features healthcare providers (hospitals, physicians and other medical professionals) coordinating care for patients through the continuum of care in different institutional settings.

As a part of this management continuum, Williard suggests that there may be other calls to make days or weeks later that may benefit the patient.

One example that Beryl is examining is the monitoring of at-home medical devices using its call center nurses as well as periodically contacting patients using these devices just to see how well they are doing.

On the patient satisfaction side of the discharge calling program Beryl's non-clinical representatives capture answers and also open ended responses that it can share with its clients both for the positive and negative. So, for example, if a patient comments about noise on the floor, it can be directly shared with its client for follow-up. Or, if kudos are in order for particular staff members or departments, that can be recorded and used for positive recognition.

As of late spring, Beryl has a dozen clients up and running with its discharge calling program and numerous others in the pipeline planning to come aboard.

Another new initiative has been outsource scheduling for hospital/health system owned physicians and clinics. The call center can tap into these schedules, but so can the front desk of the practice or clinic. So, patients leaving the practice can directly schedule a follow-up appointment at the checkout desk while the call center takes the burden away from the front desk by handling the phone traffic coming in.