

Quality and Productivity Commission
28th Annual Productivity and Quality Awards Program
"Los Angeles County: Ahead of the Curve"

2014 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: CALL WAIT TIME REDUCED IN DHS CLINICS

DATE OF IMPLEMENTATION/ADOPTION: APRIL 2013
 (Must have been implemented at least one year - on or before June 30, 2013)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. Summarize the problem, solution, and benefits of the project in a clear and direct manner.

1 With the passage of Affordable Care Act, patients with health coverage can now either
 2 choose to stay with the Department of Health Services (DHS) or leave the County
 3 health system. Busy signals, long wait times and dropped calls kept callers from
 4 reaching staff and have been a major complaint from the patients that we serve.

5
 6 In order to improve our customer service and our call-response time, DHS' Ambulatory
 7 Care Network (ACN) clinics embarked on a system-wide telephone upgrade which
 8 provided facilities with access to a hosted call center. This telephone project: (1)
 9 reduces technical maintenance burden; (2) increases customer satisfaction; (3)
 10 increases productivity and operational efficiency, and (4) improves call center
 11 management. The Board of Supervisors commended this new telephone solution.

12
 13 With this new telephone platform in place for the past year, ACN now has the tools to
 14 better manage our clinic call center activities, meet changing patient call volumes and
 15 address the needs of our patients.

| (1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE | (2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS | (3) ACTUAL/ESTIMATED ANNUAL REVENUE | (1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT | SERVICE ENHANCEMENT PROJECT |
|---|--|---|--|-------------------------------------|
| \$ | \$ | \$ | \$ | <input checked="" type="checkbox"/> |

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS
 Department of Health Services, Ambulatory Care Network
 313 N. Figueroa St.
 Los Angeles, CA 90012

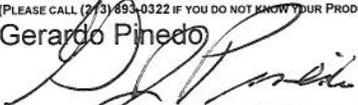
TELEPHONE NUMBER
 213-240-8344

PROGRAM MANAGER'S NAME
 Gabriel Rodriguez

TELEPHONE NUMBER
 213-240-8149

EMAIL
 grodriguez@dhs.lacounty.gov

PRODUCTIVITY MANAGER'S NAME AND SIGNATURE
 (PLEASE CALL (213) 693-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)

Gerardo Pinedo


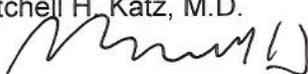
DATE

7-14-14

TELEPHONE NUMBER
 (213) 240-8104

EMAIL
 gpinedo@dhs.lacounty.gov

DEPARTMENT HEAD'S NAME AND SIGNATURE
 Mitchell H. Katz, M.D.



DATE

7-14-14

TELEPHONE NUMBER
 (213) 240-8101

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1st FACT SHEET – LIMITED TO 3 PAGES ONLY: Describe the **Challenge, Solution, and Benefits** of the project.

Challenge

The Los Angeles County Department of Health Services' (DHS) Ambulatory Care Network (ACN) operates seventeen free-standing outpatient clinics across Los Angeles County. The ACN clinics provide approximately 323,000 primary care visits and 211,000 specialty care visits. Due to large patient volume, the ACN facilities receive an average of 70,877 phone calls per month from the many stakeholders involved in the delivery of healthcare services to our patient population.

Approximately 46,600 calls per month, (66%) are from patients attempting to reach our call center agents to schedule appointments or for customer service needs.

With the implementation of the Affordable Care Act, more DHS patients are enrolled in managed care programs that have mandated standards for access to care and customer service. The existing aging telephone infrastructure provided limited functionality for tracking and monitoring calls, was unreliable, and was unable to handle high call volumes. These issues resulted in numerous patient complaints about getting busy signals, experiencing long on-hold times and having calls randomly dropped before reaching an agent. Without the appropriate technology in place, staff trying to address these complaints had no ability to know how many calls were coming in, how many or how long they had been on hold or whether the caller spoke English or another language.

Solution

Goals – The goals of this project were to provide the ACN facilities with access to a hosted contact/center solution that would:

- (1) **Reduce Technical Maintenance Burden:** By having calls queued and routed using offsite/cloud-based hardware, the aging telephony hardware was better able to handle volume and less likely to breakdown.
- (2) **Increase Customer Satisfaction:** By ensuring access to a live agent at the right location with the right skill-sets, patient complaints have dropped dramatically.
- (3) **Increase Productivity and Operational Efficiency:** By ensuring all sites have an interactive voice response system that matched clinic operations, patients calls can be routed to the correct clinic area automatically. The call center staff is then free to focus on answering calls to set appointments which reduce wait times.
- (4) **Improve Call Center Management:** With real-time monitoring and reports, staff now has the tools to manage call center activities and adjust staffing to meet call volume needs.

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Due Diligence – ACN Operations worked with DHS Contracts & Grants and DHS-IT Unified Communications Division to explore hosted call center solutions including options available through existing County’s master agreements and contracts. An assessment of those solutions concluded that the functionality needs did not differ significantly across systems. In some cases, the architecture of the solution would continue to rely on existing telephony infrastructure which is the core problem with being able to handle high call volumes, thus resulting in busy signals and dropped calls.

A Business Technology Architecture Group (BTAG) was engaged to help assess the ACN’s business needs, determine short/ mid-range and long-term goals for improving call management functions. The BTAG concluded that expanding the use of an existing hosted call center services available through *Telax Voice Solutions Inc.* would provide the most immediate and cost-effective solution until DHS could replace its entire telephony infrastructure using a Voice-over-Internet protocol (VoIP) infrastructure.

Architecture and Functionality –The basic function of a “*Hosted Call Center*” is to have all incoming calls to a facility phone number redirected to off-site servers (cloud-based) where the calls are directed according to prompts the patient selects. Patients hear welcome messages (pre-recorded by DHS staff in English or Spanish) then choose to be connected to various departments within the clinic, recorded information such as directions and hours of operations, or to the appointment desk. If an agent is immediately available, they will pick up. If not, a patient will be placed on hold or they have the option to leave their phone number for an automatic call back. All calls are answered in the order they are received.

Because all of this occurs in the cloud, and all call center calls are handled using VoIP, this has essentially eliminated the issue of the random dropping of calls. In addition, the *Telax* hosted call center allows us to track multiple metrics including: total call volume, number of calls being directed to various areas, length of time they are on hold, number of calls that hang-up, and length of call. These can all be tracked in total, by site and even by individual operator.

Benefits

The initial benefit of the hosted call center is the ability to track and monitor what was happening with calls to ACN health centers. The secondary benefit was the ability of the system to keep all calls on the line without dropping them so that an accurate assessment of the total volume of calls and the length of time they were holding could be obtained. Once this information was available, staff in individual call centers were able to make adjustments to ensure that calls were answered in a timely manner. Target metrics for average wait time, percentage of dropped calls, and total talk time were set and call center staff set goals for improvement

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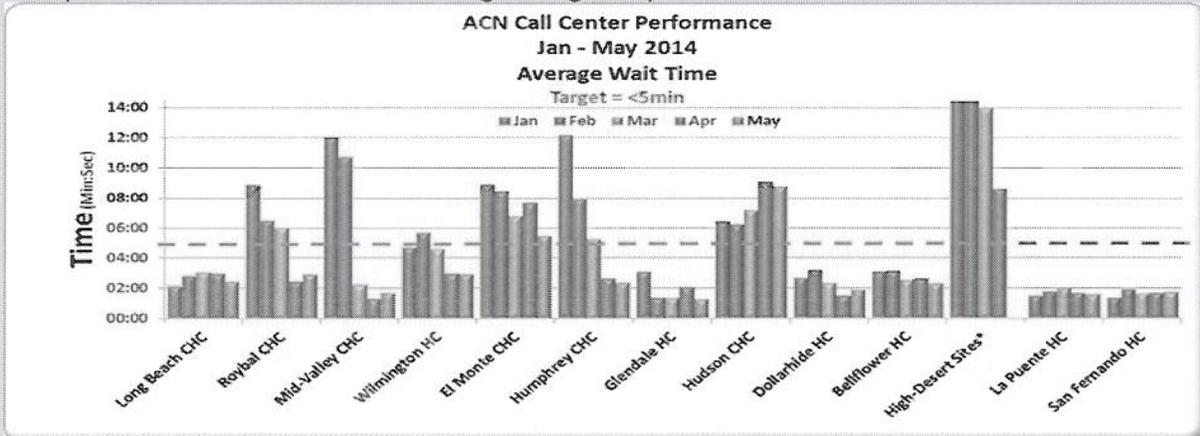
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Prior to implementation of the *Telax* system, secret shopper surveys were conducted in five Comprehensive Health Centers and it was found that 1) the percentage of calls that were answered in less than five minutes, which is a relatively long time, ranged from zero (0) to twenty-four percent (24%), and that 2) the percentage of calls that were either not answered within fifteen minutes or dropped altogether ranged from fifty percent (50%) to eighty-eight percent (88%).

As a result of implementing the *Telax* system, the Average Wait Time (AWT) was reduced to 2:54 min/sec in May 2014, and the percentage of calls that are abandoned for any reason is 26%. Patients no longer encounter busy signals and the system no longer randomly drops calls because it is overloaded. Call center staff are actively engaged in making further improvements to these metrics and are excited by the ability to see the results of their efforts proven by the numbers. Patients are thrilled by their ability to get through to their health centers and many fewer complaints have been received regarding the phones.



LINKAGE TO THE COUNTY STRATEGIC PLAN

Expanding the hosted contact center system throughout the Ambulatory Care Network is directly tied to the County’s **Strategic Initiative 1: Health Care Reform** *Ensure continuity of the effective delivery of County health, mental health, and substance abuse services under the new regulatory environments of the Federal Affordable Care Act (taking effect January 2014) and California’s Section 1115 Medicaid Waiver (currently in effect).*

Focus Area:

- Enhance Ambulatory Care – *Continue to implement DHS ambulatory care initiatives, include roll-out of medical home models, patient empanelment, ending block appointments, and improve staff training and customer services to ensure DHS remains the provider of choice in 2014.*

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFIT): If you are claiming cost benefits, include a calculation on this page. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation.

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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