

e-book

Agent productivity and patient experience

When we talk about making companies more “productive,” what does that mean?

It’s clearer when we speak about productivity by evaluating metrics that produce the outcomes we’re looking for. For most customer service teams involved in financial industries and interactions, the outcome we use to measure productivity is simple: revenue.

But in healthcare, even if the the outcome is different. In healthcare, representative productivity is a means to a different end: improved patient financial experience.

As healthcare leaders have progressed toward treating patients more and more like customers (that is, understanding patients’ feedback and experiences are critical to the provider’s success), they’ve begun to more deeply understand the relationship between agent and representative productivity and the ability to deliver a quality patient experience.

Agents and representatives must be free to focus and empathize — every productivity metric and tool they use should enable them to lean into their power to improve the patient’s experience.

And QA and compliance teams can also capitalize on the focus that comes with increased productivity. By automating compliance alerts, QA workflows, and reporting tags, every healthcare contact center function can produce both better insight and faster changes to deliver positive patient experience outcomes.



1. Why is productivity so important to patient financial experience?

We know that patient experience drives a patient’s willingness to pay¹. But it’s important holistically, too. Brand perception and reputation, patient health outcomes, and healthcare employee churn, just to name a few, can all feel the impact of negative or positive patient experiences. We’re not the only ones who think so: A Conversa Health and World Business Research survey saw 44% of 134 respondents indicate “their organization employs a chief patient experience officer or some equivalent.”

So, if everyone agrees, what’s currently holding providers back from delivering the best possible patient financial experience to every single individual? It’s as simple as productivity.

¹ Rodriguez, S. (2021, December 29). Consumers don't pay patient financial responsibility after bad experience. RevCycleIntelligence. Retrieved March 2, 2022, from <https://revcycleintelligence.com/news/consumers-dont-pay-patient-financial-responsibility-after-bad-experience>

Productivity pitfalls

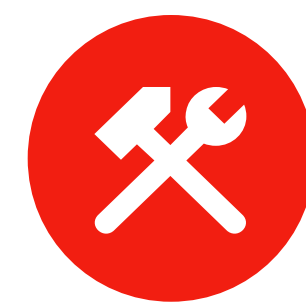
To learn what changes might lead to the type of productivity that lets representatives truly focus on the patient, let's take a look at what patient contact centers are already doing that might be holding them back.

If you already know what's going wrong, skip ahead to the next section: How to get it right.



The wrong metrics

1. **Look beyond surface-level metrics:** Productivity metrics should go beyond basic indicators and consider factors like empathizing with patients and building relationships.
2. **Metrics should drive action:** Tracking metrics should provide actionable insights and be used as a basis for making improvements and achieving patient experience goals.
3. **Understand context and reallocate time:** The right metrics provide context and help identify how time can be better allocated to enhance the patient experience. Consider additional metrics for a holistic view and strategic reallocation of resources.



The wrong tools

1. **Lack of transparency:** Most analytics solutions provide only a limited view of interactions, making it difficult to gain contextual understanding and gather insights for improvements.
2. **Lack of accuracy:** Speech-to-text solutions often have low accuracy rates. This hampers the ability to identify trends, assess productivity, and uncover opportunities for enhancing the patient experience.
3. **Lack of application:** Without confidence in the information and the ability to use it effectively in real time, the value of tracking metrics diminishes. Inaccessible or unstandardized data further limits the ability to take action on insights.

Fear of change

As a group, healthcare providers are risk-averse. This seems especially true when it comes to technology implementation. Too many times, healthcare organizations have seen a solution implemented at great cost and stress, only to fail to provide any real ROI.

Change seems painful every time, and even more so since the pandemic sent parts of most large healthcare organizations, like contact centers, remote, and the pressures of the labor market continue to constrain recovery and growth.

Sprinting to the next solution doesn't seem to get you anywhere faster. It just tires you out. Consequently, these organizations will start to stand still.

While standing still can feel good in the moment, it's virtually guaranteed it will never get you to the finish line: Improving productivity to reach better patient experience.

So, what will get you there?



2. How to improve productivity

Now that we've reviewed what's holding patient contact centers back, we're ready to take a look at the opposite: the good stuff that propels them forward. As we dig in, remember that productivity is a means to an end — driving focus that leads to better patient experience.



The right metrics

- 1. Insightful metrics for operations:** The right metrics should provide clear insight that can be readily applied to operational efforts without the need for extensive report generation.
- 2. Qualitative information through quantitative attributes:** Effective metrics should go beyond providing purely quantitative data to include qualitative information with contextual relevance.
- 3. Uncovering meaningful insights:** The right metrics allow for deeper analysis, such as identifying patterns in representative performance and understanding factors that contribute to specific outcomes, enabling informed decision-making for improving patient financial experience.



The right tools

- 1. Context-rich tools:** The right tools provide transparency, accuracy, and the ability to apply contextual insights, enabling a comprehensive understanding of every call and interaction.
- 2. Self-learning capabilities:** The ideal tool is self-learning, requiring minimal effort and relying on automated processes to analyze and apply conversational context for improving patient experiences.
- 3. Confidence through accuracy:** High accuracy is a key characteristic of the right tool, instilling confidence in utilizing conversational context for enhancing patient experience.

3. Evaluating healthcare agent assistance solutions

It's clear any system you choose should be able to surface insights and learn from every conversation. What does a system like that look like?

You've no doubt evaluated technology before and have a set of specific needs. Let's talk about what to add to that list when you're looking for new solutions.

We suggest first considering past evaluation efforts that resulted in implementation (good or bad!) to discover angles you might not otherwise see. Then, create a specific list.

You're searching for a productivity solution that can help you improve patient experience. So you'll need to include the following six parameters:



Evaluation Parameters

1. Scalability

Not only should the entire contact center organization be able to find value from a solution, but it also needs to grow in value with use. Insights should power continuous process improvements. It should also be easily accessible and useable to as many representatives and teams as might need to use it, now or in the future.

2. Accuracy

Evaluate the accuracy of any conversation analytics/ productivity tool with extreme scrutiny. Ask about the accuracy of transcriptions and of any other features, like note automation. Much of the ability to be accurate relies on context. Your tools should be accurate, but they should also let *you* be accurate. We'll come back to this in "Model intelligence."

3. Contextual Application

Consider how easily you can apply any important insights. For instance, imagine if you could trade the static script approach for flexible prompts triggered by a hundred different conditions. That's a great use of your conversation data.

4. Ease of application

Delivering value to patients begins by delivering value to colleagues.

When evaluating solutions, consider how they help specific roles, including representatives, the QA or QM team, the compliance department, and the patient experience function by providing insights and prompts to improve understanding of patients.

Ease of interpretation and application is crucial. Everyone should find value in the solution.

5. Implementation process

For successful implementation, achieving quick deployment is essential. Having ready-to-go capabilities is advantageous, but it's important not to solely focus on the existing features.

Consider how the solution can continuously learn and evolve to provide value both short- and long-term. Real-time agent assistance solutions should be able to learn and improve on a daily basis, offering ongoing enhancements to optimize customer satisfaction.

6. Model Intelligence

Using patient interactions to inform how you interact with patients is a straightforward philosophy.

Also consider where and when the model will improve. Let's say you want to give representatives a productivity solution to help them focus on the patient. If you implement an automated notes solution, they can be fully attentive.

But what if that solution never becomes more accurate? Or doesn't get better quickly enough? The supposed productivity gains won't match the experience outcomes.

4. The Path to Performance

So, we've reached our destination. You're ready to practically evaluate solutions for improving patient financial experiences through improving rep performance.

You're on the right path, with productivity finally leading the way — instead of standing in it.



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In this personalized product tour, learn how AI can maximize your patient experience through improved representative productivity.

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