Pharmacy Call Center Optimization - A Kaiser Permanente So. Cal. Study in 2011

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Summary

Kaiser Permanente in Southern California has a pharmacy call center that receives almost one (1) million calls annually, providing service to both members and physicians. This call center is in charge of performing the clinical screening on refill prescriptions that will be filled in a central refill center. Many of the services provided by this call center deal with issues of patient safety, and involve the clinical expertise of pharmacists and knowledge of other pharmacy staff.

Pharmacies are becoming more operationally complex as technologies and patient sophistication advance in tandem. These pharmacies are constantly struggling to manage phone calls in addition to the multitude of other competing priorities. All of these distractions could potentially affect patient safety and increase stress levels at the pharmacy. Given these issues, pharmacy call centers assist outpatient pharmacies in focusing not only on patient safety, but enhancing the working environment.

Traditional Industrial Engineering tools were used to optimize the operation of this call center (e.g., time and motions analysis, queuing, staff balancing, etc.). Major findings and recommendations relate to better management and control of the staff and recommended changes in the current telephony and computer systems. Recommendations are:

- **First Step:** Quick hits. Reduction of 10% of talk time by the adoption of best practices of how to handle calls and minor changes in the IVR system (telephony integrated voice recognition system).
- **Second Step:** Proper supervisor and proper quality control of the staff have an additional savings of 1/3 of the original talk time. Adoption of best practices in how to manage staff in a call center environment.
- **Third Step:** System changes. Investment in improving current telephony and computer systems to improve efficiencies.

This study shows how to optimize a pharmacy call center to maximize service, quality and manage cost.

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Project Overview

Background:
Call Center Department Overview

The pharmacy call center is a mail order processing center and call center which serves all Southern California Kaiser pharmacies and its members.

Primary Duties:
Answering calls and processing mail order prescriptions.

1. Receiving prescription orders via automated refill system, internet, electronic refill authorization and by mail.
2. Working on multiple reconciliation reports.
3. Talking to different departments to resolve prescription order issues (e.g., membership services, pharmacies, members, delivery services).
4. Screening of drug interactions.

Identified Issues:
Discussions with call center management identified some issues that include:

1. Incomplete pharmacy prescription orders, creating manual work (i.e., multiple error logs) and longer phone calls.
2. Credit card issues (e.g., expiration dates not being identified until days later).
3. Phone capacity (e.g., not enough phone lines).
4. Telephony system unable to record calls (this could potentially help improve accountability).
5. Poor communication between computer systems.
6. Need for added space for staff.
7. A staff-to-supervisor ratio over 30:1.
Fig 1. Processing of a Filling of a Prescription Flow

**Description & Purpose of Project**

The purpose of this study was to identify the potential opportunities for the Kaiser Permanente Pharmacy Call Center to improve process flow, systems, re-engineering and use of new technology.

**Project Deliverables**

The primary deliverables of the project were:

1. Identify and document staff tasks and responsibilities.
2. Identify and document the current workflow, and develop time standards and processes to optimize overall workflow.
3. Determine staff utilization based on current volume, and estimate proper staffing levels and balance according to the expected service levels.
4. Provide an estimation of total improvement opportunities with high-level estimations of time and investments.
5. Identify system improvements that will improve efficiencies within Kaiser Permanente pharmacy call center.
6. Construct a simulation model that will be used to study alternative scenarios to improve productivity and reduce waiting times.
7. Recommend changes to workflow, systems, or other areas where efficiencies can be achieved.
Project Approach

Scope
The scope of this project included the inter-workings of Kaiser Permanente pharmacy call center in relation to:

- Staff workflow and processes.
- Phone systems.
- Other systems that are used to manage each call.

Study Approach
This study included several approaches to achieve the deliverables as described. The project was divided into four general phases. These phases are general in scope and may overlap.

I. Orientation of the management to the study.
II. On-site observations and data collections.
III. Data analysis and development of recommendations.
IV. Writing the report and presenting the findings to the client.
PHASE I: Orientation of Management to the study

The first study phase involved informal orientation and discussion sessions with the management. Project objectives, basic methods that were used in achieving objectives as well as any data collection that was required was discussed during these sessions and throughout the course of the project.

PHASE II: Observations and Data Collection

Phase II involved detailed observations of the methods and procedures used by the staff. These observations and discussions with the staff formed the basis for later recommendations.

Data was collected during this phase to determine individual task times, task volumes, frequency of occurrence, and relative time required to perform each task. During this phase, time measurements of tasks performed by the staff were taken. Data of current departmental staffing levels was also collected during this phase. This data was used to determining sufficient staffing levels for the department.

PHASE III: Data Analysis and Development

Phase III involved compiling Phase II data and forming recommendations based on observations and discussions with staff. Specific recommendations were developed during data analysis phases for improving work processing functions and for increasing staff utilization. The data and recommendations generated during this phase were presented to management as the study progressed.

PHASE IV: Presentation of the Findings and Writing the Report

This phase required systematic coordination of findings and recommendations into a final presentation format that served as the topic of discussion and review at a meeting with call center management. Basic findings and recommendations were presented, and suggestions were discussed and revised.

Analysis Considerations

- Optimization of Kaiser Permanente Pharmacy Call Center
- Evaluation of service centers/call centers
  - Cost analysis of benefits of service centers/call centers
- Evaluation of workforce productivity systems
  - Implementation of productivity standards
- Evaluation of skill mix
  - Reduction or elimination of manual activities for pharmacists and assistants
- Evaluation of space and phone capabilities
Findings and Recommendations

Phone Call Activities:

1. **Finding: Low level of direct supervision. Ratio is 1:35**
   
   **Recommend:**
   
   - Increase supervision ratio. Recommended industry standard is 1:16 (based on internal and external benchmarking findings of call center facilities).
   - Change escalation and troubleshooting process from supervisors to lead pharmacists to allow more time for supervision.

2. **Finding: No formal training of staff**
   
   **Recommend:**
   
   - Hire training/quality assurance supervisor.
   - Use external vendor or Call Center-centric trainers to help with immediate training of staff.
   - Incorporate the UBT (Unit Based Teams) for suggestions and ownership.
     
     - **UBT: Teams are composed of union staff and management to address work-related items together**

3. **Finding: High variation of call times for same type of calls**
   
   **Recommend:**
   
   - Immediate improvements (without hiring extra supervision and trainer/QA staff): Implement quick fixes (can reduce talk time by 20 seconds).
   - Complete improvements: Reduction of total phone call duration time by 48 seconds (a 21% improvement).
   - Training from Training/Quality Assurance Supervisor.
   - Charge UBT Teams to propose better scripts for each type of call.

4. **Finding: Low service levels due to:**
   
   - All issues described in point 1 to 3 above.
   - Unmatched demand with staff scheduling.
   - Unmatched demand with current staffing levels.
   - System issues – extended time due to price checks or status checks.
   
   **Recommend:**
   
   - All recommendations described in point 1 to 3 above.
   - Scheduling staff according with excel queuing model for desired service goal.
   - Use non-phone call activities as much as possible as fillers to increase staff productivity (total projected staff utilization of 85%).
   - Address system issues.
5. **Finding:** Interactive Voice Response (IVR) quick fixes could improve operations

   **Recommend:**

   - Improve IVR system to handle many of the calls such as: fixing current credit card validation process, accepting 10 and 11 digits, etc. Estimate 5% savings in call time due to these improvements.
   - There is a 20-seconds-per-call savings by the IVR pre-populating calls with MRN (Medical Record Number) info.
     (Estimated reduction of incoming caller traffic and reduction of phone call time is equal to $0.3 million in savings per year).

6. **Finding:** Quality Assurance (QA) for efficiency levels are not up to standard from recommended levels

   **Recommend:**

   - Analyze the information that we currently get from standard reports and find a way to fix this issue.
   - Improve QA levels and include the results in the standard monthly reports for Kaiser Permanente pharmacy call center stats.

   ❏ **Non-Phone Call Activities:**

7. **Finding:** Over 18 assistants are processing 23 reports (across 6 systems) due to rework based on current system and process issues

   **Recommend:**

   - Invest in improving IVR, Foundation, KP.org, and PIMS systems (can reduce by 10.5 FTE).
   - Relocate/add printers to reduce travel times of staff.
   - Obtain a current list of phone numbers of physicians to reduce pharmacists by at least 1 FTE.

The findings and recommendations can be addressed in steps rather than all at once.

Figure 2 below indicates the areas where the improvements can be obtained during the overall improvement process.
Conclusions

Pharmacy call centers employ pharmacy assistants and pharmacists with expertise in triaging calls and processing prescription orders. The pharmacy call center agents not only optimize the member’s experience but also maximize the physician’s use of time in managing their medication-related messages. Therefore, there is an increasing need for a pharmacy call center as patient volume continues to grow. Implementing the recommended changes will allow the pharmacy call center to better adjust to the projected growth in membership as well as improve upon the current service that is provided to the members daily.

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