



## EHR Use Case Orthopedic Specialist Group

### QUICK FACTS

#### Background

- Leading Orthopedic specialist in Southwest US
- 16 locations across multiple states, 800 employees, \$over 75M annual revenue=
- Organic and acquisitions growth anticipated in the future
- Customer uses Athena including a patient portal and mobile app

#### **Communications Tech Stack:** Used competitor product previously and using Microsoft Teams

- 800 users across 4 PBXs networked together, primary system in HQ
- 125 Agent Call Center w/ email, chat and self-service capabilities
  - Approximately 7,500 calls, 1500 emails, and 2000 chat sessions daily
  - Estimated Average Hold Time 7 mins and Call Duration 7 mins
  - No EHR integration or SMS capabilities
- Customer uses MSFT Teams for chat/collaboration
- Multiple systems used for outbound SMS notifications

**Buying Event:** As they scale, CIO wanted to move to the cloud and gain from synergies by consolidating platforms.

- Primary Contact: CIO & Buying Committee which included employees from patient access, scheduling, IT, and EHR administrator
- Decisionmaker: CIO and Executive Team
- Unite for Teams with CC + EHR Workflows:
  - 800 Unite for Teams
  - 125 CC Elite Agents
  - 800 Seats of Archiving
    - Intermedia Healthcare Solutions proposed:
    - Patient Assist for patient verification and new patient processing
    - Patient Engage for appointment scheduling

### **Problems Identified**

- Outdated on-premises communications: Needed to upgrade primary PBX plus purchase new hardware to integrate recent practice acquisitions.
- Growing call volume with limited staff: Business growth is creating more call leading to employee fatigue and turnover issues. Hold times are up causing increased patient complaints.
- Long Wait Times for Authentication: Estimating 3-5 mins spend on customer authentication before problem solving could start
- Siloed and redundant teams and systems: Practice was using multiple phone and SMS applications due to acquisitions. Patients were limited to calling or texting during office hours and each clinic had its own team to manage calls for common requests (e.g., scheduling, billing, and prescription refills).
- Manual outreach for appointment reminders: Despite employee efforts, patient appointment no-show rates are stuck at 7%.

### **Proposed Intermedia Solution**

- Consolidate voice queues across practice locations.
- IVR-enabled voice queues with skills-based routing and self-service options to expedite call resolution and deflect call volume.
- Queued callback and queue timers to assist staff during peak call volume periods (10-11:30am and 1:00pm-2:30pm).
- Reports and analytics for practice stakeholders to track service levels and call quality.
- Retention policies for email, chats, and outbound calls.
- Consolidate SMS solutions and manage it on the same platform as other channels.
- Integration with EHR to automate patient record lookup and verification, manage appointments, refill prescriptions, and pay bills.

## **Why We Won:**

- Subject Matter Expertise – Demonstrated strong knowledge of the Healthcare space and how to leverage Intermedia’s technology to address the orthopedic group’s problems
- EHR interoperability – We were the only vendor who could prove we could integrate with AthenaHealth.
- Integrated Elevate and Contact Center – The healthcare organization wanted to reduce the number of applications they needed to navigate.
- Microsoft Teams Integration – We were able to leverage our Microsoft with Teams integrations to tie even more into their existing ecosystem.
- Quantifiable ROI – Stakeholders see the monetary and patient benefits to implementing this solution that makes their communications more efficient and effective.

## **Creating the Opportunity**

The partner had a pre-existing relationship with the customer managing their platform. They had unsuccessfully attempted to migrate the group to Elevate and Contact Center, but the practice wanted one application for unified communications and contact center – at that time, Elevate and Contact Center weren’t integrated.

Flash forward to today. The partner learned the group was acquiring additional practices which would necessitate migrating those offices onto the group’s communications platform. A new CIO was hired to overhaul the customer’s infrastructure and he was interested in moving the organization’s applications to the cloud. The new CIO brought to light several KPIs in their contact center team that were not previously disclosed. The partner took the opportunity to discourage the practice from buying old Mitel equipment and upgrading to Elevate and Contact Center. He also mentioned the new Intermedia Contact Center EHR integration which caught the CIOs attention. They had reached out to several communications vendors to see if they could integrate with AthenaHealth, but no vendor was able to offer a viable solution. Once the partner said that they could integrate with AthenaHealth they scheduled a follow-up call to dive deeper into the integration.

## **Discovery & Demo**

Intermedia and the partner held a discovery prep meeting with the customer’s IT and CC leaders to better understand how their technology was being used and how the patients were engaging with the customer. During discovery, the CIO felt the practice needed to modernize their patient experience and he wanted to know how Elevate could help. His Mitel phone system would require costly upgrades to bring new locations onto the platform.

As their practice grew, so did their patient call volume and the CIO felt their current communications workflows were inefficient, creating longer hold times, increasing employee fatigue and turnover, and lowering their patient satisfaction. For example, the CIO found employees spent 3-5 minutes on customer authentication which included getting accurate information from the patient and manually navigating through multiple screens and patient records in AthenaHealth.

Patient calls were managed by employees at each office. Regardless of location, these employees would help with common tasks manage appointments, assist with bill payments, and more. Finding staff for each location was challenging due to employee shortages in the healthcare industry.

Employees being siloed by location also meant they didn't have help for spikes in call volume (between 10-11:30 AM and 1:00-2:30 PM). Although their Mitel solution offered employee collaboration and patient communications tools, its features were also siloed. The solution didn't allow employees managing patient calls to easily contact another department for billing or medical escalations.

Lastly, managing appointment notifications via SMS text messages was difficult since the customer was using three different SMS solutions. These solutions would also send out notifications in batches which resulted in delayed care and surges in call volumes. Despite these tools, the patient appointment no-show rate was stuck at 6%.

Sales specialists uncovered other communications issues during discovery:

- Limited IVR/self-service options for patients
- Siloed employees across locations created limited options for skills routing.
- Queues had no timers and no callback options for patients.
- Existing analytics for call quality were limited and only included Contact Center metrics.
- No communications retention policies for email, chats, and outbound calls.
- Customer wanted to give employees more flexibility to work from home.

The CIO was very excited about Patient Assist and Patient Engage and how it could bring two siloed environments together. They wanted to use Patient Assist to streamline patient verification and new patient processing.

### **Quantifying the Problem**

Navigating AthenaHealth was time-consuming for employees. On an average 7-minute call, it's estimated that the Group would spend 10-15% of the call authenticating patients. Industry average wages meant that the customer could be spending between \$3,780 – \$5,670 per day for their employees to authenticate patients.

The customer estimated their employees received 3,000 calls a day for appointments across all locations (or about 24 calls per employee). The Group was keen to see if they could automate and offload 15-20% of their scheduling call volume. In doing so, it's estimated they could **save \$2579 – \$2910 per day<sup>1</sup>** in employee overhead.

Part of the appointment process is to pull a patient's insurance to comply with the No Surprises Act which took an additional 1 minute 30 seconds to complete. This meant the group was effectively paying \$3,240 for their 125 employees to collect insurance information every day. After working with the CIO, the team determined that eliminating even just 3 appointment no-shows a day could generate \$400K annually in additional revenue.

### **The Solution**

The CIO was excited to learn how Patient Assist and Patient Engage could reduce call duration and solve staffing issues which would significantly improve their team's productivity. He also wanted to know how the Group could further optimize some of the job functions.

This is where the Partner and Intermedia's industry knowledge and customer experience best practices shined. They recommended migrating off the on-premises Mitel platform to Intermedia's cloud-based, customer experience platform. This would give the Group access to the latest capabilities like SMS queues and automated notifications (missing in their current Mitel platform) across all locations including some of the staff working remotely. The team also recommended consolidating scheduling into one work stream. Scheduling staff could still be grouped by office location, but other employees could assist them if call volume overflowed. Contact Center's automated notifications platform would allow the Group to eliminate their three disconnected SMS appointment verification solutions that didn't supply insights across the practice like patient responsiveness.



The team then showed how the Group could benefit by integrating Contact Center with their EHR via Patient Assist and Patient Engage.

#### Patient Assist – Patient Verification and New Patient Processing

The group had a three-step process they followed when answering a call:

1. They would determine whether the caller was a new or current patient.
2. If they were a current patient, then they would try to find their patient record.
3. If they were a new patient, the employee would need to gather information like insurance and input it into AthenaHealth.

Using Patient Assist, the Group wanted to use the interactive voice response (IVR) to gather caller information and use EHR data to determine whether the caller was a new or current patient. If they were a current patient, they wanted the integration to pop up the patient's record on the screen, but if they were a new patient, it would pop up a patient registration screen for the employee.

#### ***Expected ROI from Patient Assist***

The team demonstrated that the patient authentication process could systematically be reduced to a 25-second process that was predictable, secure, and reusable across all their patient calls. This would result in a **savings of \$2,250 – \$4,410 a day** for the Group. The time-savings and process improvements of this feature alone convinced the CIO to move to Elevate and Contact Center.

#### ***Patient Engage***

The group also saw the value in having a digital front door whereby patients could schedule appointments that didn't require staff to answer or for patients to wait on hold. They loved that it was 24/7 too. The process for scheduling an appointment is easy, intuitive, and solves the problem for a population segment that will not use the Group's mobile healthcare app.

1. Using Patient Engage, patients could call into the practice their information via the IVR which would then confirm their identity using data within the EHR.
2. Once verified, the IVR would ask which location or doctor they would like to schedule an appointment.
3. Once a doctor or location was chosen, the IVR would ask the patient whether they would like the next available appointment or something next week.
4. Based on the patient's response, the IVR would check availability using EHR data and give the patient options (e.g., "Doctor Smith is available Thursday, May 5th, at 3:00 PM or Friday, May 6th, at 11:00 AM. Press 1 to book an appointment for Thursday. Press to book an appointment for Friday")
5. The patient would choose a date and the IVR would confirm the appointment with them.
6. Upon confirmation, the IVR would update the doctor's schedule with the patient's information.

#### ***Expected ROI from Patient Engage***

The time saving would effectively allow them to keep their staffing levels but allow them to handle the acquisitions without having to add more agents. The CIO quantified this as a **\$1.125M to \$1.5M cost savings** for their scheduling team.



## Why We Won

While an integrated Elevate and Contact Center solution started the conversation, the EHR integration was the most compelling reason for the group to buy. The customer also wanted to take advantage of moving to the cloud as a mechanism to optimize several of their workstreams and improve how the Group leveraged technology to make their business more productive. The partner worked with Intermedia to build a proof of concept for the group to see the integration in action. The group decided they wanted all 125 of their Elevate Contact Center licenses to have Patient Assist after seeing the time savings benefit and then implement Patient Engage. They also wanted all their employees to have Elevate with Microsoft Teams so their patient-facing employees could stay connected with everyone else while still being able to communicate effectively with patients in one app.

We were able to demonstrate a **40% ROI** and an **11-month payback** period to replace their Mitel PBX and move to a modern cloud communications solution. There were many other benefits of moving to the cloud (availability, security, zero maintenance, accessible from anywhere, constant new stream of features, etc.) but the CIO had all he needed by cleaning up the patient experience to capture savings and drive revenue.

1. Based average all-in salary for healthcare employees: <https://www.bls.gov/ooh/healthcare/home.htm>



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