

Background

- Specialty pharmacy call centers are required to meet specific thresholds for speed of answer and abandonment rate to maintain accreditation.
- Historically at Outpatient Pharmacy Services at Yale New Haven Health (OPS), incoming calls were triaged to a pool of specialty pharmacy staff who were also assigned other tasks including performing refill outreach.
- Due to staffing disruptions related to the COVID-19 pandemic, our health system specialty pharmacy call center metrics were highly variable.
- We evaluated various staffing solutions and based on ease of implementation with current staffing levels and employee feedback, undertook a dedicated staffing model whereby pharmacy staff were assigned to two teams dedicated to managing inbound or outbound calls.

Objectives

- To improve pharmacy call center metrics by implementing a dedicated staffing model for managing inbound and outbound calls

Methods

Design

- The Erlang calculator was utilized to determine the number of staff members assigned to the inbound team based on anticipated call volume and number of patients due for refill coordination
- A combination of specialty pharmacy liaisons and pharmacist were utilized for the inbound team

Implementation

- We employed A Plan-Do-Study-Act (PDSA) approach to implement the new staffing model
- The initial pilot phase was conducted for 5 days in December 2021 with subsequent PDSA cycles of one month

Assessment

- Total call presented, and handled, number of abandoned calls, and percentage of abandoned calls were reviewed daily
- The above metrics were also reviewed at the end of each PDSA cycle along with results of a monthly staff satisfaction survey
- Adjustments were made to the staffing model at the end of every PDSA cycle based on performance metrics and staff satisfaction

Results

Figure 1: FTE Agents based on Erlang calculator

There are 9,366 Calls Per Month

There are 9,366 Calls per Month and 4.35 Weeks per Month. This equates to 2,153 Calls per Week. (It is assumed that each week has the same number of calls).

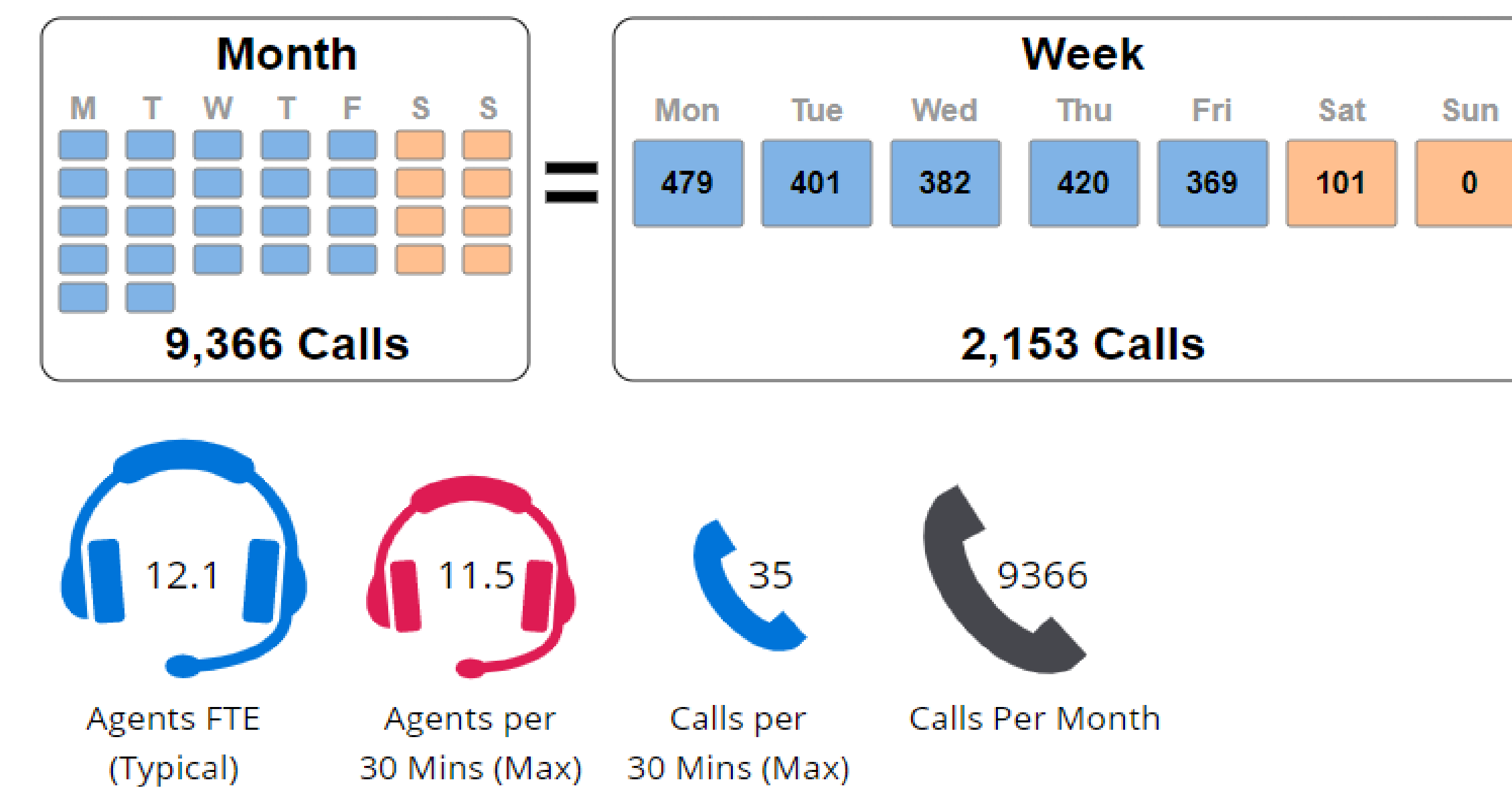


Figure 2: PDSA cycles 1-4 from March- June 2022

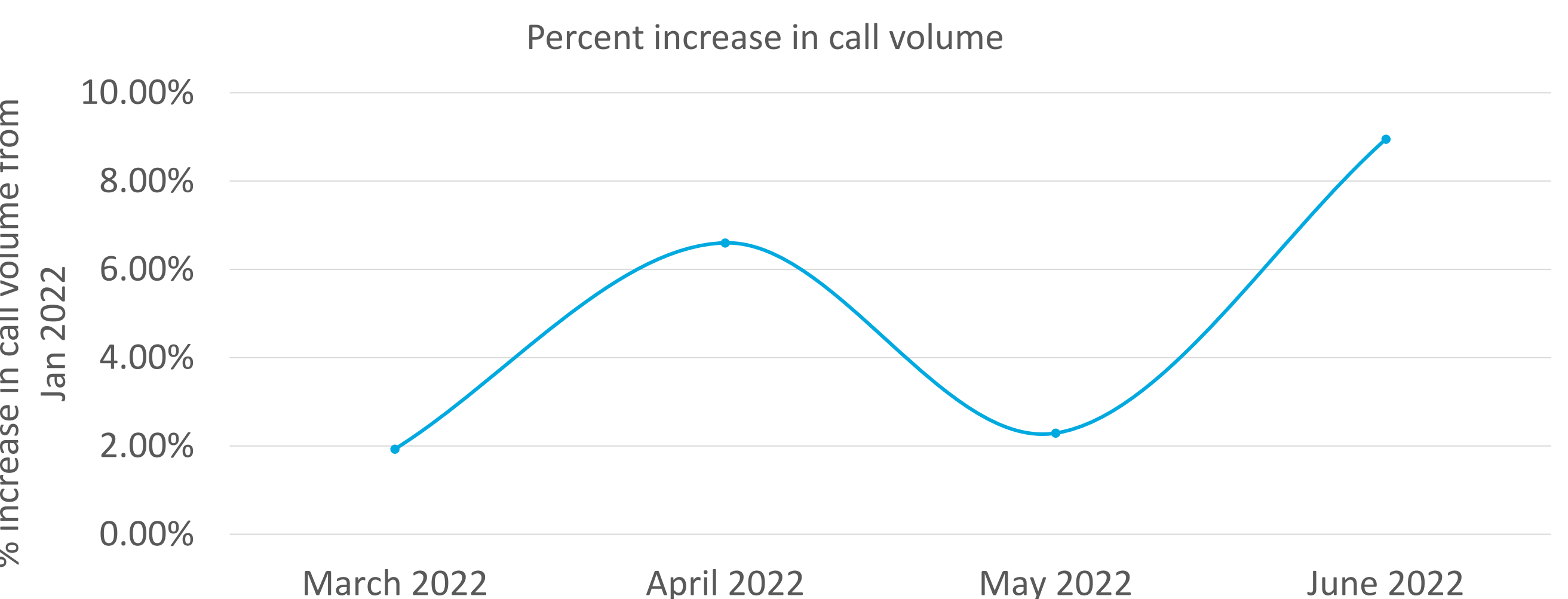
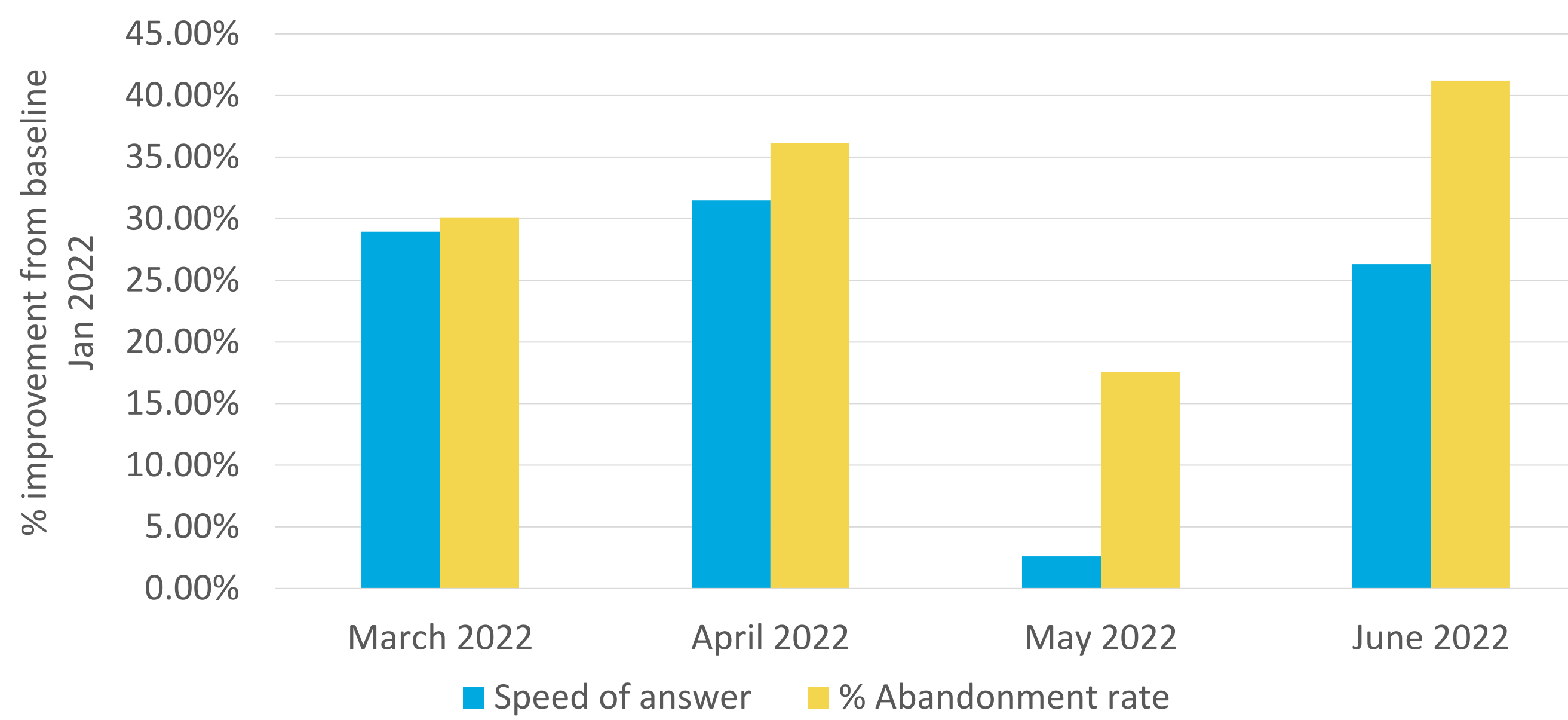
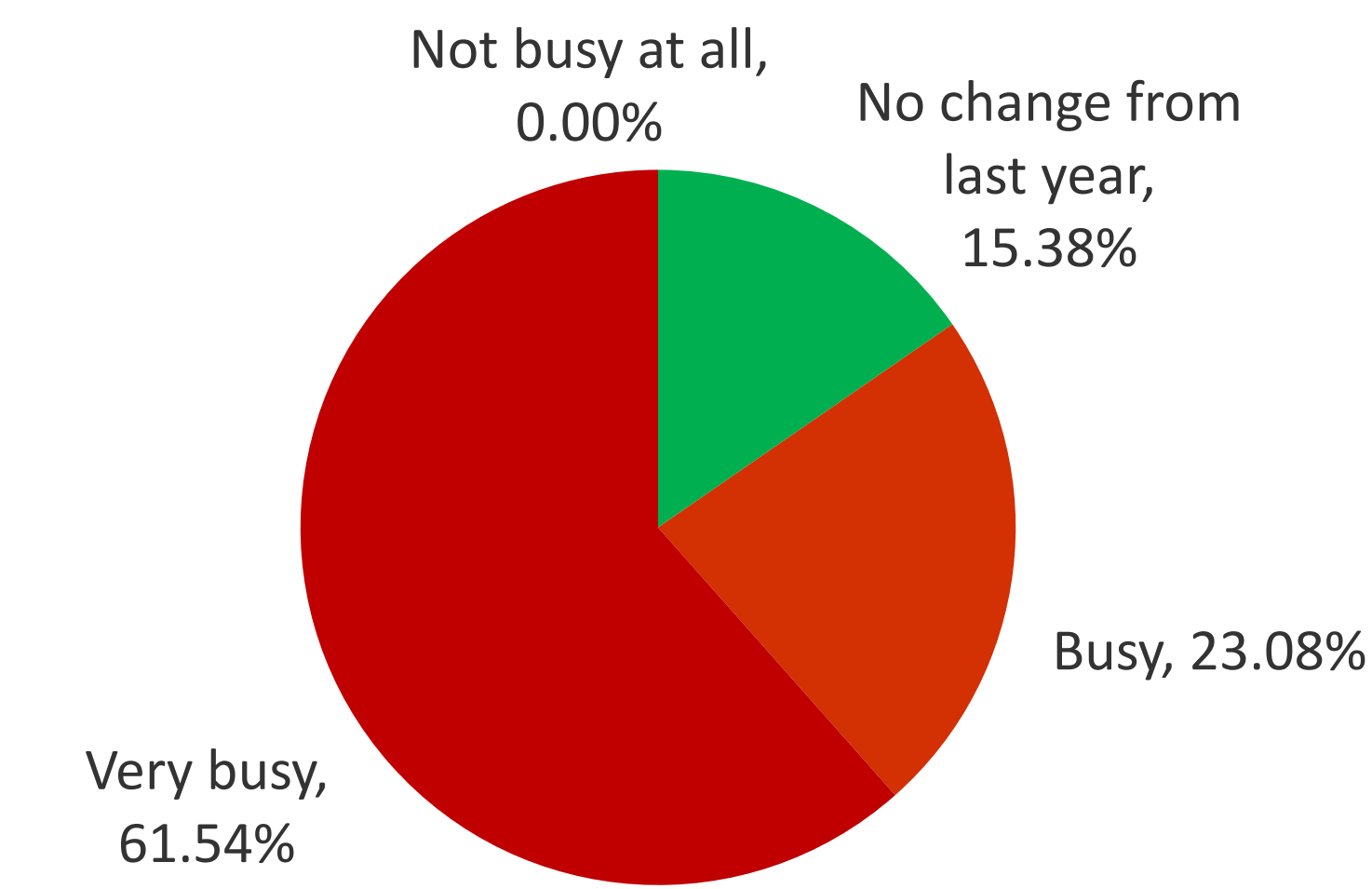
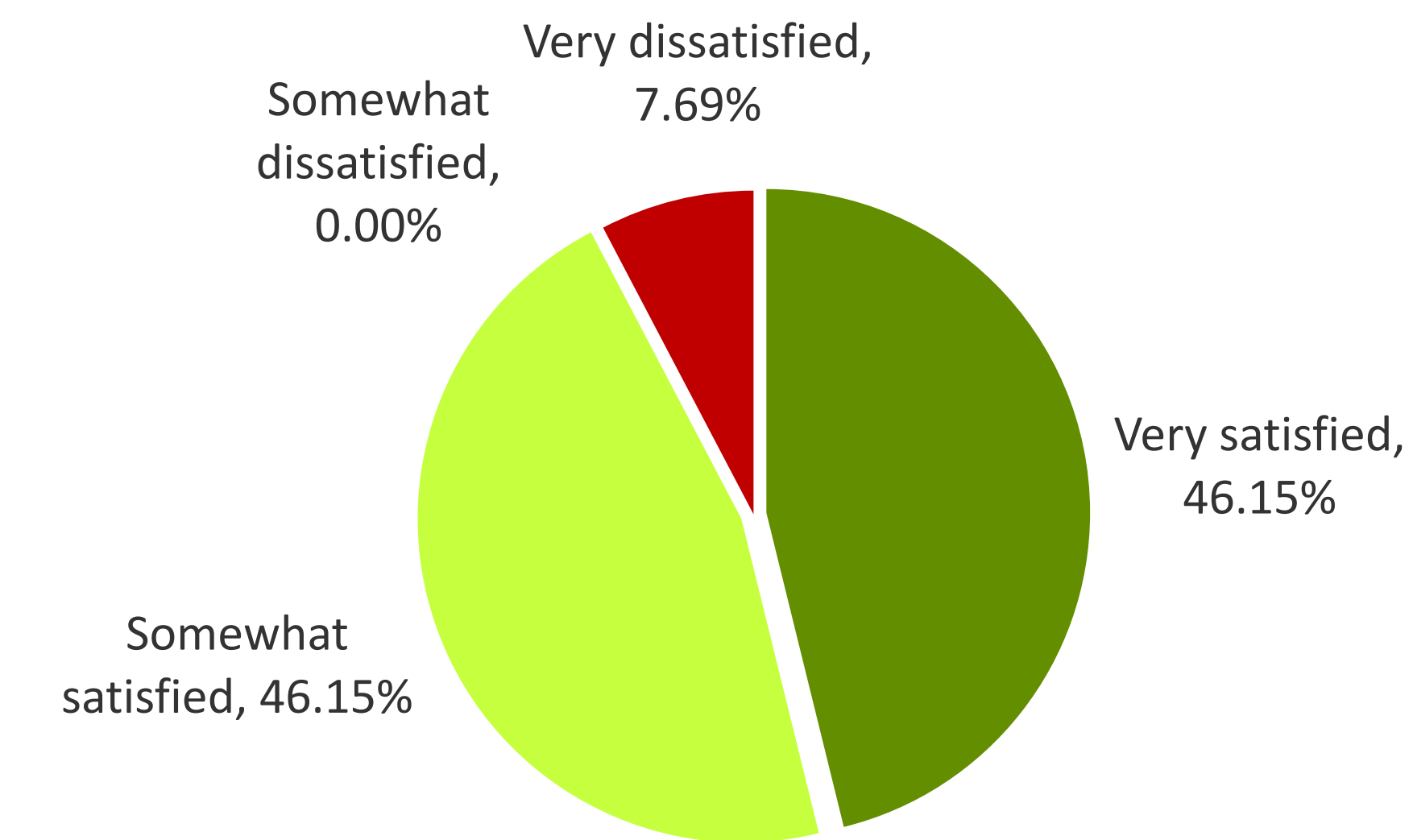


Figure 3: Staff survey results May 2022

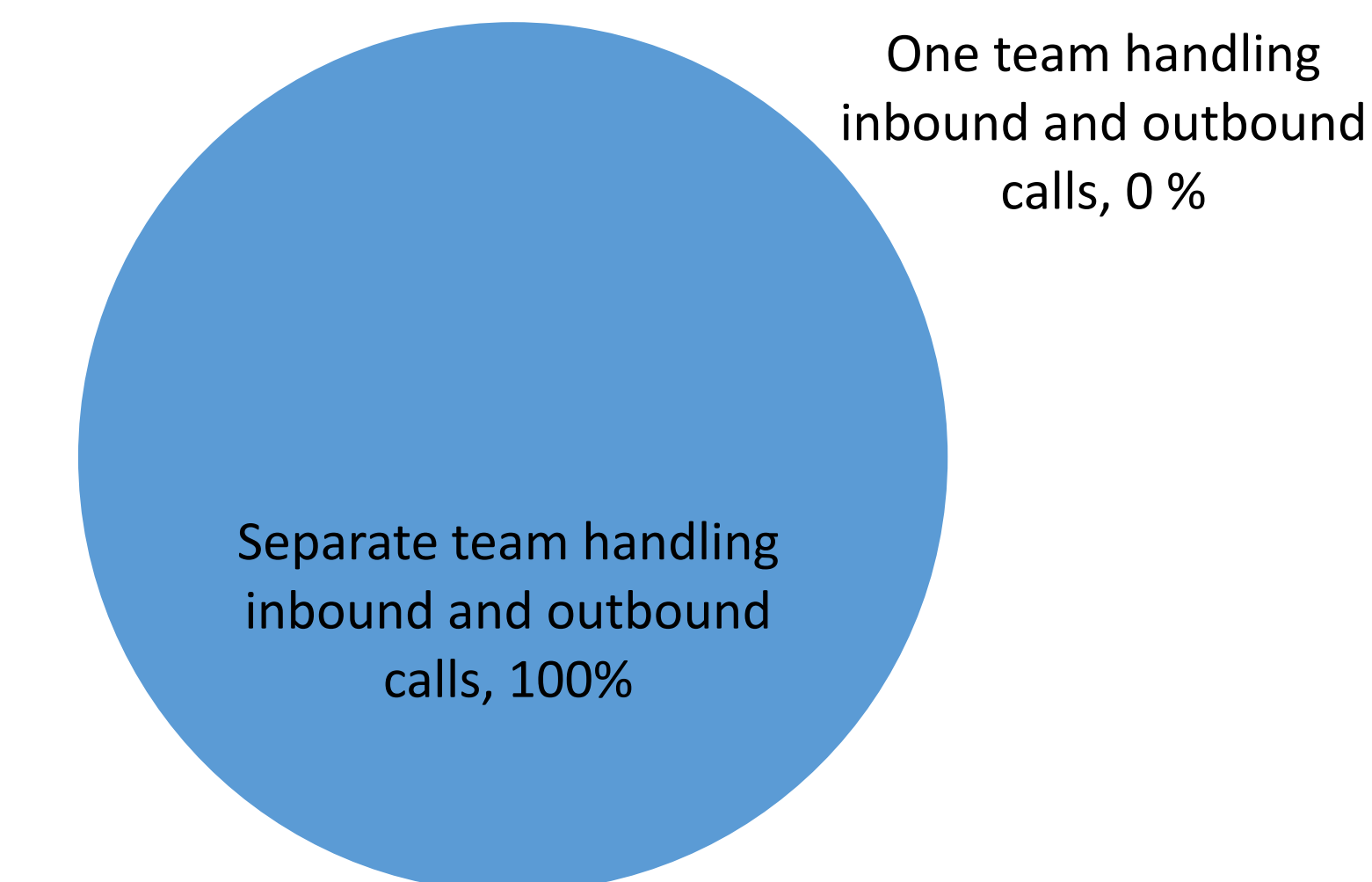
Question 1: Compared to this time last year, how busy are you during your workday?



Question 2: Rate your satisfaction with the separate inbound and outbound team



Question 3: Do you prefer having separate inbound and outbound team or one team handling inbound and outbound calls?



Discussion

- The busiest day of the week was Mondays with 22.25% of total incoming calls of the week
- Erlang calculation of one FTE for 40 incoming calls was sufficient for the daily call center volume
- The pilot phase was conducted for 5 days in Dec 2021 with promising results leading to full implementation
- The average percent improvement in the speed of answer was 22.34% with a 31.25% improvement in the abandonment rate during the four PDSA cycles March-June 2022
- Although call volume increased from baseline Jan 2022, the speed of answer and % abandonment rate improved with the new staffing model
- Despite the pharmacist-liaison mix on the inbound team the number of available agents was less than the required agents due to ongoing pandemic
- Employee survey participation was 83.8%. Majority of staff expressed satisfaction (92.3%) with the separate inbound and outbound teams
- 100% of the staff preferred the separate inbound and outbound staffing model

Conclusions

- Implementation of separate inbound and outbound teams improved pharmacy call center metrics, with increased employee engagement within health system specialty pharmacy.

Barriers

- The continuing technician shortage impacts this staffing model
- The ongoing pandemic has affected our staffing capacity with increased call outs
- Continuous monitoring of the call center board by a supervisor due to lack of available agents

Future Directions

- Implementation of the separate inbound and outbound teams
- Implementation of the separate teams with remote work
- Utilization of new phone system to monitor separate inbound and outbound teams

We would like to thank Kimhuoy Tong for her valuable inputs to this poster.

Disclosure: The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation: Bisni Narayanan, Pharm D, MS; Brittany Dasher, BS, CPhT; Terri Sue Rubino, Pharm D, CSP; Vinay Sawant, RPh, MPH, MBA : nothing to disclose.