

MEDICAL CALL CENTER NEWS

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Avoiding Personality Clashes in the Busy Call Center

By Jack N. Singer, PhD.

Managing interpersonal conflict in the medical call center is among the most critical and important skills that employees on all levels of the organization can possess. Unresolved or insensitively managed conflict negatively impacts productivity and morale. On the other hand, allowing a conflict to surface and skillfully resolving it can build trust, team building, and creativity.

The good news is that call center managers, trainers, and human resources professionals can easily learn conflict resolution strategies, put them into practice, and teach them to their employees. The following is a three-step program for assessing and implementing a conflict resolution. This is a proven, successful plan of attack:

Step 1. Evaluate Conflict Management Style: Several self-assessment questionnaires have been developed over the years giving people insight into how they react in typical conflict situations. The insight derived from scoring these questionnaires provides an understanding of what “buttons” get pushed when a person is provoked.

Step 2. Identify Conflict Management Behaviors: People resort to behavioral habits when experiencing conflict with others, including:

Non-productive behaviors, such as confronting, dominating, defending, using sarcasm, hostile humor, and blaming

Neutral behaviors, such as avoidance, cooling off, apologizing, and giving in or backing off to avoid confrontation

Positive behaviors, such as active listening, empathizing, disarming, and asking questions

Step 3. Learning Powerful Confrontation Reduction Skills:

The goal is to eliminate *negative* and *neutral* behaviors and practice *positive* confrontation reduction skills until they become new habits. On the average, these skills actually can be learned in only twenty-one days of concentrated practice!

Interpersonal conflict among call center employees is healthy when it brings a rich sharing of ideas, mutual respect, and an understanding and appreciation of diverse opinions, needs, and values. When agents understand how they traditionally react in conflict situations and how to use confrontation reduction skills, greater trust, less stress, and more creativity can ignite the workplace. The ultimate benefits are enhanced quantity and quality of products and services!

Read other articles and learn more about [Jack N. Singer, Ph.D.](#)



The Magazine Is Alive and Well

By Peter DeHaan

Many of us love magazines, just as much as (if not more than) we love books. But economic woes combined with new media's impact on these industries, the future of magazines has seemed dire at times. However, I recently found some positive facts about magazines in the [2010/11 MPA Magazine Handbook](#):

Magazine audiences are growing – and young adults read heavily: The number of magazine readers has grown more than 4 percent over the past five years. Ninety-three percent of adults overall and 96 percent of adults under age thirty-five read magazines.

Magazine audiences are expanding across platforms: The number of magazine websites and mobile apps is increasing; e-readers are projected to grow rapidly – and consumers want to see magazine content on them.

Magazines contribute most throughout the purchase funnel: Magazines are the most consistent performer in the purchase funnel, with particular strength in the key stages of brand favorability and purchase intent.

Magazines build buzz: Magazine readers are more likely than users of other media to influence friends and family on products across a variety of categories. Magazines complement the web in reaching social networkers, whom marketers increasingly favor to generate word-of-mouth.

Magazines spur web traffic and search: Magazines lead other media in influencing consumers to start a search for merchandise online, ranking at or near the top by gender as well as across all age groups. Also, magazine ads boost web traffic, and magazine readers are more likely than non-readers to buy online.

Magazine audiences accumulate faster than you think: More than three-quarters of readers read their copy within the first three days. The average monthly magazine accumulates approximately 60% of its audience within a month's time, and the average weekly magazine accumulates nearly 80% of its audience in two weeks.

Webinar: Medical Call Centers and the Medical Home – The Future Is Now

Monday, July 11, 2011, 3 p.m. EST

Presented by Andrew Hertz, MD

Cost: AAACN Members, \$29; Regular price, \$49

Contact Hours: 1.25

Description: Medical call centers have traditionally played a mainly adjunct role to the primary care practice of medicine. This session will explore the future relationship of the medical call center to the primary care practices of the future and of the patient-centered medical home. It will begin with an environmental scan of healthcare reform visions. Next a discussion of the medical home concepts will be presented. Exploring the role of the nurse as a central aspect of the patient-centered medical home and medical resource center leads to a discussion on the myriad modalities that will be utilized by call centers of the future. Examples of modern uses for call centers will be highlighted. Lastly, the concept of a national call center model will be explored.

[Learn more or register.](#)

Home-Based Agents Answer the Healthcare Call

By Chad W. Lyne, director of corporate strategy for Alpine Access, Inc.

Companies across the healthcare spectrum, including insurers and managed care organizations, medical device manufacturers, pharmaceutical providers, hospitals, and other medical care providers, are increasingly relying on outsourced contact centers to achieve their objectives. Market research from analysts at Frost & Sullivan and Datamonitor shows that healthcare organizations currently outsource more than 30,000 (20 percent) of their call center agent positions. By 2013, the outsourced figure is expected to exceed 42,000 positions. In contrast to other industries such as communications and financial services, however, privacy concerns and regulatory barriers have prompted healthcare organizations to focus on domestic delivery solutions, with nearly 75 percent of outsourced positions being US-based.

While many of these outsourced agents have historically been located in large brick-and-mortar facilities in major metro areas, a large and growing number of contact center professionals are now being found outside of the “four walls” of a traditional call center. According to Frost & Sullivan, the majority of healthcare organizations are now turning to virtual contact centers with home-based agents. In fact, less than a third of healthcare organizations plan to increase their use of domestic brick-and-mortar agents, while more than half plan to dramatically increase their deployment of home-based professionals.

Americans Wary of Using Social Media to Talk to Doctors

According to [Healthcare IT News](#), Americans are not embracing social media as a communication channel when it comes to healthcare. Eighty-five percent gave a thumbs down to using social media for medical communication if it were offered. Just 11 percent said they would use social media tools, such as Twitter or Facebook, for their patient/doctor communications. A slightly higher number, 20 percent, were open to using chat or instant messaging. Even among the eighteen to twenty-nine age demographic, a group seemingly ideal for electronic health communication, only 21 percent “would take advantage of an online forum if offered.”

However, despite this, people are open “to using the Internet for more administrative functions, such as billing, accessing their records, and setting appointments.” A slight majority (52 percent) was favorable to using email for communicating with their doctors. Online appointment setting garnered a 56 percent favorable response; online access to medical records, 50 percent; and online bill payment, 48 percent.

Interestingly, “a nurse help line was the preferred form of communication across all demographic and age cohorts,” with 72 percent saying they would use a nurse help line if offered by their doctor. Additionally, 55 percent are “interested in online advice from nurses.”

Healthcare Providers Establish Telehealth Reimbursement Models

By Neil Versel, [InformationWeek](#)

Doctors are running out of excuses for not embracing telemedicine, remote patient monitoring, and other forms of telehealth services, attendees at the Institute for Health Technology Transformation Health IT Summit (held in May) heard. Many physicians still resist telehealth for a variety of reasons. For instance, video consultations take away the tactile part of a patient exam, and insurance companies don't cover electronic communications with patients. Some doctors still view online services, even with established patients, in the same light as prescribing drugs over the Internet for people they don't have an existing relationship with.

But healthcare providers tend to view insurance companies, not patients, as their customers, since health plans pay most of the bills, Scott Simmons, telehealth director at the University of Miami School of Medicine, said recently. Patients might be willing to pay for extra services such as secure electronic communications and video chats with their doctors if they perceive a convenience factor.

"Parents will pay for it for their kids," concurred Claudia Tessier, cofounder and president of the mHealth Initiative, a Boston-based organization that promotes mobile and wireless technologies in healthcare. It may be worth an extra fee to working parents not to have to leave work to bring a sick child to the doctor.

Healthcare Weathers Downturn, Braces for Reform

Lingering fallout – loss of jobs and employer coverage – from the great recession slowed demand for healthcare services but did little to slow aggressive competition by dominant hospital systems for well-insured patients, according to key findings from the Center for Studying Health System Change's (HSC) 2010 site visits to twelve nationally representative metropolitan communities.

Despite the weak economy, hospitals with significant market clout continued to command high payment rate increases from private insurers, and tighter hospital-physician alignment, particularly growing hospital employment of physicians, heightened concerns about growing provider market power, the study found. "Despite the sluggish economy, dominant hospitals and systems generally maintained strong bottom lines, and many expanded beyond traditional geographic boundaries in their quest for well-insured patients," said HSC president Paul B. Ginsburg, PhD.

High and rising premiums led to increasing employer adoption of consumer-driven health plans and continued increases in patient cost sharing, but the broader movement to educate and engage consumers in care decisions lagged. State and local budget deficits led to some funding cuts for safety net providers, but an influx of federal stimulus funds increased support to community health centers and shored up Medicaid programs, allowing many people without private insurance because of job losses to remain covered. Hospitals, physicians, and insurers generally viewed health reform coverage expansions favorably, but all worried about protecting revenues as reform requirements phase in.

The full study is available at www.hschange.org.

USDA's MyPlate: Shortcomings Remain

With much fanfare, the USDA launched MyPlate, its replacement for the outdated and much-maligned Food Pyramid. The colorful quarters of the plate – green for vegetables, red for fruits, orange for grains, and purple for protein – are aimed at nudging Americans away from meals dominated by meat and starch to those made up mostly of plant-based foods.

Unlike MyPyramid, its predecessor, MyPlate offers people immediately useful information without having to consult their computers. It visually represents portion sizes and sends the message that a balanced meal should be at least half vegetables and fruits. MyPlate is also based on better science than MyPyramid or the granddaddy of food icons, the Food Guide Pyramid.

But MyPlate ignores important issues like the healthiest choices for grains, protein, and fat, reports P.J. Skerrett, editor of the *Harvard Heart Letter*, in a post on the Harvard Health Blog. Equally important, it is silent about avoiding sugary baked goods, breakfast cereals, and drinks, as well as salty processed foods and snacks, which make up a big chunk of the average American's daily caloric intake.

One small but interesting fact lost in the hullabaloo over the launch of MyPlate: it's almost exactly the same as the New American Plate, developed in 1999 by the American Institute for Cancer Research.

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