

# MEDICAL CALL CENTER NEWS

FROM ANSWER STAT MAGAZINE

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## Virtual Contact Centers Benefit Healthcare

By Chad W. Lyne

The healthcare industry continues to be one of the nation's greatest sources of innovation and growth. However, innovation is no longer just about developing novel drugs, designing revolutionary procedures, or delivering stellar care. Healthcare companies are increasingly turning to their contact centers as a source of distinctiveness and differentiation. And now with the rapid adoption and growth of virtual contact centers, healthcare organizations have a proven alternative to doing business and interfacing with their customers. These virtual contact centers, using remote agents, can effectively and efficiently address healthcare's need for scalability and flexibility.

On the scalability side, companies utilizing at-home agents have been able to rapidly ramp large programs 75 percent faster, as there is no need to acquire and build out new facilities. In one instance, a company was able to scale a program from 50 agents to over 1,100 agents within a ninety-day timeframe, a feat that could have required a full year to accomplish using a brick-and-mortar solution.

On the flexibility side, home-based professionals can be scheduled in fifteen-minute intervals and staffing levels can be adjusted in real-time to accurately match changing call volumes. In many instances, virtual centers have proven to be 30 to 40 percent more efficient compared to brick-and-mortar operations.

*Chad Lyne is director of corporate strategy for Alpine Access, Inc.*

## You Can PLAN for Disaster

By Dr. Maurice A. Ramirez

With the recent destruction caused by hurricanes, wildfires, and other natural disasters, people across the U.S. are realizing the importance of planning and preparation. You can use the following steps, based on the acronym PLAN, to get yourself, your family, and your call center ready to handle whatever disaster you face.

**P - PEOPLE:** The first step in making your plan is to take an inventory of who will be participating.

Your Family

- Who will be with you?

- What tasks will each person perform?
- If you're facing a hurricane, who will board up the windows?
- Who will make sure the dog gets into the car if you evacuate?

#### Your Call Center

- Who will participate?
- What role will each person fill?
- If you plan to close, who will be involved in the decision?
- How will you secure the premises?
- If you decide to stay open, how will this affect the safety of your employees?

#### **L - LEAVE:** Next, consider leaving the disaster zone.

- When and how will you leave (evacuate)?
- Where will you go and how will you get there?
- How will you communicate during the evacuation?
- What will you do if you get separated?
- Will you send some of your family or employees to your evacuation destination while others stay?

#### **A - ANTICIPATE and ADAPT:** Unfortunately, in a disaster situation, nothing always goes as planned. So anticipate plan failures and plan for the "what ifs."

- What if the phone lines go down? (Can you use your cell phone?)
- What if your basement floods? (Can you seek shelter with a neighbor or relative?)
- What if you get caught in traffic? (Do you have enough gas to evacuate successfully?)

#### **N - NEEDS:** In any disaster situation, you must be prepared to go for seventy-two hours without assistance. Those first seventy-two hours are critical because emergency relief will be overwhelmed during that time, so plan to be self-sufficient.

- Personal identification and photos of each member of your family or team members
- Two quarts (liters) of drinking water
- Seventy-two hours' worth of food and clothes
- Two weeks' supply of medications and toiletries
- A supply of cash (credit/debit cards can't be verified if phone lines go down)
- A flashlight, a portable radio, batteries, a signal whistle, white/silver duct tape, a first-aid kit, a prepaid calling card, and a list of emergency phone numbers

These needs should be kept in a rolling backpack – keep this disaster pack readily accessible.

**Are You Ready?** Once you have taken an inventory of your family or staff, made arrangements for evacuation, anticipated and accommodated failures, and gathered all your needs for seventy-two hours, you need to review and practice your plan each year. Whether it's a hurricane, tornado, tsunami, or terrorist attack, you can use these steps to make your disaster plan and ensure the safety of your family and your business.

*Dr. [Maurice A. Ramirez](#) is board certified in emergency medicine, family practice, sports medicine, geriatric medicine, and clinical nutrition. He applies techniques used in the ER to everyday business problems.*

### **Limits on ER Visits, a Risky Decision**

The American College of Emergency Physicians (ACEP) this week urged the Centers for Medicare & Medicaid (CMS) to reject a list of more than 700 diagnoses that Washington State will treat as "non-emergent" for Medicaid patients, effective October 1. The list includes the symptoms

of serious medical conditions, including chest pain, shortness of breath, miscarriage, and abdominal pain.

The state's plan will limit Medicaid patients to three nonemergency visits to the emergency department each year, putting the most vulnerable members of society, including children, at risk of serious harm. Physicians in the state have offered to work with state officials to come up with a list of truly non-emergent conditions.

"The list of conditions was generated solely by state Medicaid offices over the objections of physician and hospital task force representatives," said Dr. Sandra Schneider, president of ACEP. "The use of discharge diagnoses instead of presenting symptoms/conditions is a clear violation of the prudent layperson standard required for Medicaid managed care organizations. With Washington State having close to 60 percent of its Medicaid population enrolled in managed care, how will the state comply with the law? Also, what implications does this have for the millions of people who will be added as Medicaid beneficiaries as part of healthcare reform?"

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### **Telestroke Care Proves Cost-Effective**

In this first-of-its-kind U.S. health economic analysis, researchers have found that using two-way audio-video telemedicine to deliver stroke care, also known as telestroke, appears to be cost-effective for rural hospitals that don't have an around-the-clock neurologist or stroke expert on staff. The research is published in the September 14, 2011, online issue of *Neurology*, the medical journal of the American Academy of Neurology.

In telestroke care, the use of a telestroke robot lets a stroke patient be seen in real time by a neurology specialist elsewhere who consults with an emergency room physician at the rural site via computer.

"Cost-effectiveness analyses reveal to us how much health bang we get for our buck. We can assess medical services, like telemedicine, in terms of the net costs to society for each year of life gained," said Bart Demaerschalk, MD, professor of neurology, director of Mayo Clinic Telestroke Program, and coauthor of the study. "The results convincingly demonstrate that telestroke is cost-effective compared to the usual model of care."

For the study, researchers used existing data from previous telestroke studies, as well as data from large multihospital telestroke network databases at the Mayo Clinic in Phoenix and the University of Utah Health System in Salt Lake City. The study found that the incremental cost-effectiveness ratio for telestroke over a person's lifetime was less than \$2,500 per quality-adjusted life year.

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### **Amcom Completes Cisco Interoperability Testing**

Amcom Software announced that the latest versions of the Amcom operator console applications have successfully completed interoperability testing with Cisco UCCX 8.5, UCM 8.5, and UCCE 8.5. The operator console solutions are a foundational element in Amcom Software's unified communications suite; Amcom has been a Cisco Solution Developer since 2003.

The Cisco Developer Network unites Cisco with third-party developers of hardware and software to deliver tested interoperable solutions to joint customers. As a Solution Developer, Amcom Software shares Cisco's commitment to customer service and satisfaction, has completed interoperability verification testing based on criteria set forth by Cisco, and can provide their customers with 24/7 customer support.

With offerings such as the Amcom operator console, customers can deploy a range of Cisco-compatible business applications, devices, and services to enhance their Cisco network.

*For more information, call 800-852-8935 or visit [www.amcomsoftware.com](http://www.amcomsoftware.com).*

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### **Mayo Clinic Provides Remote Concussion Care**

A pilot program at the Mayo Clinic using telemedicine technology is showing promise for patients with concussions in rural Arizona. Doctors at the Mayo Clinic in Phoenix recently conducted a live audio-video evaluation of a fifteen-year-old soccer player in Show Low, Arizona, who suffered a concussion during a game. The "teleconcussion" evaluation, believed to be among the first in the state to use telemedicine for concussions, supports the use of this technology to bring concussion expertise to rural locations.

With telemedicine technology, use of a specialized remote-controlled camera system allows the patient in the rural setting to be "seen" by the neurology specialist – in real time. The Mayo Clinic neurologist, whose face appears on the monitor's screen, consults with physicians at the rural sites and evaluates the patient via Internet-based computers.

Bert Vargas, MD, neurologist and assistant professor of neurology at the Mayo Clinic in Arizona, said that the possibility of this technology is welcome news for doctors in rural areas, especially in light of the state's new concussion law, SB 1521. The law, which was signed by the Arizona Governor Jan Brewer in August, mandates the evaluation and clearance of concussed athletes by trained healthcare providers.

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### **Ginsburg Testifies at Ways and Means Health Panel**

While consolidation contributes to dominant hospitals' upper hand in negotiating higher payment rates from private insurers, other factors – including consumer perceptions of quality and the desire for broad provider choice, provision of highly specialized services, and geographic niches – contribute to providers' market power, economist Paul B. Ginsburg, PhD, president of Health System Change (HSC), told Congress earlier this month.

"Hospitals can achieve must-have status – meaning health plans *must* include them in their networks to offer insurance products attractive to employers and consumers – in a variety of ways," testified Ginsburg, who also serves as research director of the National Institute for Health Care Reform, at a hearing of the U.S. House of Representatives Ways and Means Subcommittee on Health to examine healthcare industry consolidation.

"Hospital reputation for perceived quality – not to be confused with measured clinical quality – is a particularly powerful factor," Ginsburg testified. "Some independent hospitals that do not have large market shares have substantial leverage on the basis of their reputation for quality or their niche within a particular geographic area.... Some hospitals have leverage on the basis of highly specialized services, such as transplants and trauma or burn care."

In his testimony, Ginsburg outlined the shifting balance of power between health plans and providers over the last two decades. During the rise of managed care in the early 1990s, health plans pressured hospitals and physicians to cut costs, accept lower payment rates, and assume financial risk for patients' care. At the same time, hospitals began a wave of mergers and acquisitions to address excess capacity and to strengthen their clout with insurers.

[Ginsburg's testimony](#) is available online.

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## Robot Jeopardy Champ Graduates Med School

*IBM reprograms the “Watson” supercomputer to diagnose complex human illness*

Americans across the country gasped earlier this year when IBM’s artificially intelligent computer system (dubbed “Watson”) defeated two naturally intelligent human beings in a series of *Jeopardy!* matches. Weeks later Watson added insult to injury, again claiming victory in an exhibition episode of the game show. Karl Volkman of Chicago-based SRV Networks explains how Watson could give one of our most important professions a run for its money:

- **Instant Diagnosis:** If IBM and their new partner WellPoint Inc. are right, the new and improved Watson will be able to analyze a patient’s symptoms and calculate a diagnosis in less than three seconds.
- **Cancer Treatment:** Watson’s most valuable role within the medical field may be his mission to revolutionize our understanding of cancer when select treatment centers across the country begin tapping his capabilities. Experts deny that Watson could eliminate the physician altogether, but they emphasize his potential to significantly expedite the process of diagnosing cancer patients.
- **Abundant Resources:** In the few seconds it will take for Watson to perform an analysis, he will have referenced roughly one million books or 200 million pages of information.

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## Send Us Your Call Center News

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