COMMUNICATION STRATEGIES

Market Response Systems: A Community Interface

BY RHODA WEISS

Whether they are called telemarketing, teleservices, telemanagement, or another name, today’s market response systems allow organizations to perform a variety of strategically important communications tasks.

Sophisticated programs enable telemarketing representatives to capture basic demographic information about consumers, respond to their inquiries regarding programs and services, and cross-sell other services. In addition, the programs can be used to make physician referrals, register people for programs, and promote the organization.

Market and response systems can also answer consumers’ medical and healthcare concerns, ensure access to and utilization of the most appropriate level of care, schedule appointments with healthcare providers, and perform health risk assessments and screenings to help individuals and companies reduce medical costs and improve health. Most concentrate on acquiring patients and gathering and assimilating data on key target markets. Telemarketers can use this acquired base of patients and data to create a customer-response service center, disseminate information with a consistent message, and track the success of marketing efforts.

Baystate’s Success with Seniors

To create a long-term relationship with the 50-plus market, in 1987 the 800-bed Baystate Medical Center in Springfield, MA, initiated “Senior Class,” a free senior membership program. It includes hospital tours, lectures, screenings, discounts, and invitations to specific Baystate programs and services. More than 100 members volunteer to help with special events, education, and hospitality. They also contact the group’s 18,000 members through mailings and phone calls using Baystate’s computer response system. The system coordinates lecture enrollments, refers callers to appropriate services, and places all callers on a notification list for upcoming events.

According to Baystate’s manager of marketing programs, Kathy Buckley, Senior Class members have a shorter average length of stay than their peers who are not members. Last year, it generated $25 million in gross revenues from Senior Class members.

“The Bandy Bear Club,” a children’s membership program that was launched in 1993 to draw attention to Baystate’s new Children’s Hospital, has also been a success. Its 3,000 members receive newsletters, discounts, and health information. In addition, they participate in events ranging from a bicycle safety rodeo to children’s cholesterol screenings. If a club member becomes a patient, he or she receives special Bandy Bear meal boxes, coloring books, stuffed animals, and other amenities.

Building Healthier Communities

Trinity Medical Center in Rock Island, IL, uses its consumer response system, HealthTouch, to improve community health. With the help of a prevention-minded business coalition—which includes a bank, fitness facilities, drug store, television station, and newspaper—Trinity provides screenings and education programs that have netted impressive results.

To help launch Trinity’s Buddy Check-8 health promotion program, in May of this year coalition member WQAD Channel 8 ran stories on its daily newscasts for a week featuring Trinity physicians and patients who detected breast or testicular cancer early during a self-examination. At the end of each spot, the station encouraged viewers to call HealthTouch and give the name of a “buddy” who would call them the eighth of each month (for Channel 8) to remind them to conduct a self-exam.

Nancy Lee, RN, Trinity’s manager of health promotions, says more than 900 people signed on. Both the caller and buddy received a kit including a doubled-sided shower card with instructions for breast and testicular self-exams and a dozen reminder stickers to place on their...
At the University of Michigan Medical Center (UMMC), Ann Arbor, a completely automated information system ensures member access to and utilization of the approved protocols, the Metro Medical Group Medi-Call system ensures member access to and utilization of the appropriate level of care.

**Increasing Member Satisfaction**

In 1992 Metro Medical Group (MMG), a staff-model health maintenance organization serving 80,000 Health Alliance Plan patients in Michigan, computerized its “Medi-Call” service, using software developed by National Health Enhancement Systems, Inc. Created by MMG in 1987, Medi-Call provides a systemwide telephone triage link for alliance members to discuss any medical problems or to seek healthcare information from qualified (specialty-trained) registered nurses. MMG’s goals in implementing Medi-Call were to improve members’ satisfaction, facilitate access to information and care, and enhance the quality and efficiency of services.

Through the use of nurse-managed, physician-approved protocols, the MMG Medi-Call system ensures member access to and utilization of the appropriate level of care, said Fran Sutherland, RN, program manager. On-call physicians are available in each specialty as necessary.

During Medi-Call’s first 14 months of operation, MMG saved an estimated $310,000 as a result of reduced emergency care utilization. A comparison of 1993 and 1994 data indicates that the establishment and automation of consistent “advice” protocols in the newly computerized system has further reduced emergency care utilization—with emergency care referrals decreasing from 20 percent to 14 percent as referrals for urgent care increased from 12 percent to 23 percent.

The new protocols emphasize home care advice, including how to recognize changes in symptoms and illness that indicate the need for medical intervention. They also stress patient education and wellness promotion. All inquiries are documented through a telecommunications and software interface.

**Automated Information System**

At the University of Michigan Medical Center (UMMC), Ann Arbor, a completely automated consumer relationship management program has increased annual calls to the facility from 75,000 to 110,000 since it was implemented in 1992.

TeleCare relieves staff from repetitive information requests, provides employees with continuous access to timely and accurate medical center information, reduces follow-up, and improves consumer access to information and services. Staff most affected by repetitive questions are trained to transfer calls to the appropriate four-digit code, receiving manuals and other materials to facilitate the process.

UMMC staff identify frequently asked, time-consuming questions that could more appropriately be answered in a scripted message on the TeleCare system. These include highway directions, parking, patient and visitor services and amenities, and preparation for common outpatient tests and procedures. “This 24-hour patient and family access to accurate and up-to-date health and hospital information enhances patient satisfaction by setting appropriate expectations, providing information patients need to be fully prepared for appointments, and answering commonly asked questions,” says Stephanie Smith, assistant director, planning and marketing.

Consumers can also dial the access codes directly, diverting calls from UMMC staff. Efforts to encourage direct dialing include placing TeleCare directional codes on all appointment, confirmation, and reminder slips generated by patient scheduling personnel and mailed to each patient; providing referring doctors tear pads of category listings to give to patients; and placing TeleCare category listings on the back cover of local phone directories. More than 600 hours per month, or about 3.7 full-time equivalents, have been shifted to TeleCare. One human resources position was eliminated when job posting and generic personnel information was made available on TeleCare.

Another service, the TeleCare-by-FAX, allows staff to immediately fax such documents as maps, highway directions, and referral forms, without leaving their workstations or having to use busy office facsimile machines.

Other uses include a customized program that allows diabetic pregnant women to use their touch-tone phone keypads to directly enter their blood glucose levels for continuous monitoring; a callout program during evenings to enhance compliance of pediatric pacemaker patients in providing monthly transtelephonic electrocardiograms; follow-up of pediatric clinic “no-shows” for rescheduling; and confirmation of laboratory results for stable patients in the anticoagulation clinic, who currently require multiple and costly phone calls and recalls by nursing personnel.

**HEALTH PROGRESS**

**JULY - AUGUST 1994**

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