



The CAHPS Ambulatory Care Improvement Guide

Practical Strategies for Improving Patient Experience

Section 6: Strategies for Improving Patient Experience with Ambulatory Care

6.Q. Standards for Customer Service

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November 2017 (updated)



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6.Q. STANDARDS FOR CUSTOMER SERVICE**6.Q.1. The Problem**

Achieving high levels of member satisfaction requires two ingredients:

- A deep knowledge of what constitutes high-quality service from the perspective of your members and patients.
- Service standards that clearly tell your staff what is expected of them in their interactions with members and patients.

However, while most of the accrediting organizations require such standards in their regulations, most health care organizations do not have a well-defined process for developing effective standards. One barrier is that setting standards takes time, although experts in this area argue that the absence of standards necessitates spending time on far more unpleasant activities, such as responding to complaints and managing unsatisfactory staff behavior.

Another problem with developing standards is that some of the behaviors are hard to describe. It can be challenging to describe what good and excellent service look like. Setting standards is also fundamentally about being accountable to high standards of service on a daily basis. That is a challenge in health care systems that are often deeply grounded in a culture of professional autonomy.

6.Q.2. The Intervention

Customer service standards are already embedded in many of the CAHPS survey questions. These questions were selected because they measure processes of care that patients and members use to define a “quality experience.” However, that does not mean it will be easy to translate the questions into standards that your staff can measure and evaluate.

In some respects, standards are similar to “service guarantees”—a concept that frightens many health care employees because they do not trust that the systems they need to meet “guarantees” are in place. Organizations that maintain their focus on service often find that the standards evolve over time. As the organization gets better and better at meeting the needs of its patients, the staff are willing to raise the standards they commit to and trust that they will be able to deliver.

Examples of standards that some plans or groups have implemented include the following:

- 90 percent of patients who call for an appointment will receive one for the same day.
- Patients will wait 10 minutes or less in the reception area before being placed in an exam room.

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- All telephone calls will be answered within three rings.
- All test results will be communicated in writing to the patient after an ambulatory care visit.

The box below provides an example of service standards for a pharmacy.

**Example of Service Standards for a Pharmacy Department:
Kaiser Permanente, Washington DC**

Our department will abide by the following standards to guarantee caring and quality service is provided to our members and in-house customers.

Service Standards for our Members

- We will greet our members in a courteous and professional manner.
- We will listen effectively to our members' requests and promptly take the necessary actions to assist them.
- We will keep our members informed of unexpected delays in service.
- We will not engage in personal conversations while providing service to our members.
- We will call our members by name and will verify identity by means of address and/or ID card.
- We will inform our members of specific departmental procedures (e.g., refill line, last refill, mail order) to help them maximize pharmacy services.
- We will finish our encounters with our members in a courteous and professional way.
- We will respect our members' privacy and will not discuss member-related information in public.

Service Standards for our In-House Customers

- We will interact with our co-workers and company staff in a courteous and professional way.
- We will not discuss staff, organizational policies, problems, or medical care in public areas.
- We will be considerate, and we will cooperate and assist co-workers, staff, and other departments to guarantee quality service.

Telephone Etiquette

- We will answer the phone within four rings.
- We will provide our center location, our name, and our department and politely ask: "How may I help you?"
- We will listen to the caller's request and assist accordingly.
- We will direct the call to the person, department, or service needed to assist the caller.
- We will obtain the caller's permission before placing the caller on hold.
- We will end the call in a courteous and professional way.
- We will omit personal phone calls while on duty.

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Leebov et al. describe a step-by step process to help set standards that everyone can abide by.¹ The steps are as follows:

- Work with staff and managers to resolve any mixed feelings or uncertainty about setting high standards and holding staff accountable.
- Help your team commit to aiming high and setting ambitious goals.
- Engage your customers and staff in identifying basic service behaviors that reflect impressive customer service.
- Use these guidelines to identify job-specific behaviors.
- Crystallize these behaviors into scripts and protocols. (Read about the use of talking points in the box below.)
- Design and institute measurable service standards that you expect your people to meet regularly.
- Set service targets—stretch goals—that will have a significant impact on customer satisfaction and that can become standards.
- Monitor performance.
- Hold yourself and your team accountable.

Although this process may require a big change in an organization's culture, it is very valuable. Without these kinds of standards in place, most organizations cannot sustain a meaningful focus on patient-centered improvements.

Learn more at: Leebov W, Scott G, Olson L. *Achieving impressive customer service: 7 strategies for the health care manager*. San Francisco: CreateSpace Independent Publishing Platform; 2012.

¹ Leebov W, Scott G, Olson L. *Achieving impressive customer service: 7 strategies for healthcare managers*. San Francisco: CreateSpace Independent Publishing Platform; 2012.

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Incorporating "Talking Points" Into Everyday Interactions

Talking points or scripts ensure that everyone in the organization is delivering a positive message in a consistent way to your members and patients. These messages make sure that you are meeting your service standards and build these behaviors into predictable, daily routines. Work with your staff to develop the talking points and to help them understand that scripts are not intended to turn your staff into robots. Rather, they are reminders of the minimum that staff can do to create a positive experience for members and patients.

Once people become familiar with the design and intent of talking points, they often realize how helpful they are when dealing with frightened or upset patients. Simply put, scripting:

- Conveys the message of your culture: “This is how we do business around here.”
- Puts words to your behaviors.
- Sets clear expectations for what is supposed to happen in encounters.

Here are some examples of how scripts can help to change communications:

<i>Instead of..</i>	<i>Say...</i>
“No, I don’t have the time.”	“Yes! I can help you in five minutes.”
“We’re short-staffed.”	“We may be busy, but we’re never too busy to help you!”
“I don’t know.”	“I think I can help you find the answer.”
“It’s the doctor’s fault and I can’t believe that happened.”	“I’m sorry that happened. What can I do to help?”

Adapted from Best Practice Series: Scripting, Baptist Healthcare Leadership Institute; 2003.

Other examples of common and powerful talking points are:

- “How can I help you? I have the time.”
- “How can I make this better for you?”
- “I’d like you to meet (Jane Doe), your doctor, nurse, etc. She will take excellent care of you.”

When staff are resistant to using scripting, remind them that their personalities will always come through, yet they will be delivering a consistent message that reflects your organization’s high standards. Reward employees who use scripting effectively and make it easy for people to remember the most common and important messages by putting them on the back of name badges or other convenient places.

Learn more: Best Practice Series: Scripting. Pensacola, FL: Baptist Healthcare Leadership Institute; 2003.

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6.Q.3. Case Study

Based on an analysis of CAHPS data as well as other data, Harvard Pilgrim Health Care designed a set of interventions aimed at improving telephone access as measured by Average Speed to Answer (ASA) and Call Abandonment Rates. Some of the interventions also improved the consistency, clarity, and timeliness of responses to member inquiries and the availability of written member materials.

The plan implemented two types of interventions.

Interventions aimed at increasing self-service options for members:

The purpose of these interventions was to improve access and reduce call volume to Customer Service Representatives.

- Installed an Interactive Voice Response (IVR) system to enable members to get quick answers to the most frequently asked questions and to place the most common requests (e.g., new identification (ID) card, change of address, change of primary care provider (PCP)) without the intervention of a service rep. This system operates all day, every day. Through focus groups, members helped to design the IVR, which has been evaluated and fine-tuned over time.
- Installed an after-hours voice-mailbox so that members could leave an inquiry in the evening or over a weekend and receive a call back from a Customer Service Representative in the morning of the following business day.
- Developed and implemented Web-based FAQ (frequently asked questions) materials, downloadable member materials (e.g., benefit plan descriptions), online service requests (new ID cards, address and PCP changes), and email inquiries. The materials and requests are available around the clock, with service and inquiry responses within 24 hours.
- Developed a broader range of self-service options (e.g., change own address or PCP, see claims status, view prescription history, etc.).
- Implemented financial incentive program for Customer Service Representatives to promote the self-service options to members.

Interventions aimed at increasing the efficiency and responsiveness of Customer Service Representatives:

- Simplified and standardized product offerings and benefit policies.
- Installed an intranet-based reference system for service representatives to assure quick and consistent responses to member inquiries: fine-tuned it over time to provide quick links to frequently viewed pages.
- Increased manager and staff training and improved and streamlined staff resource materials.

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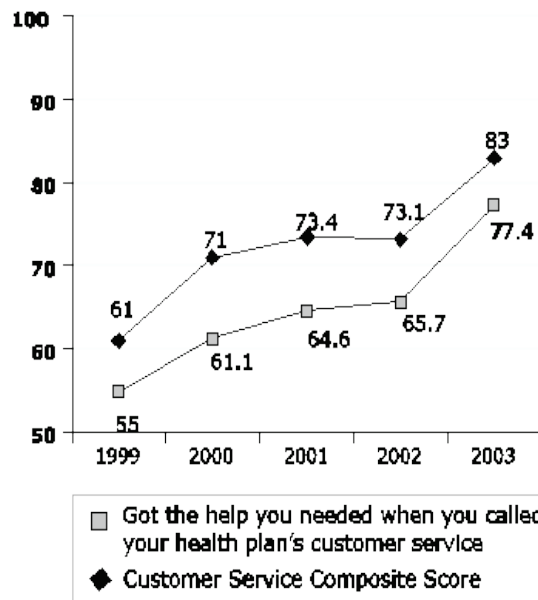
- Improved internal communication and workflow between Customer Service and Claims departments to resolve members' inquiries about claims.
- Expanded hours of operation to 7:30 PM on Mondays and Wednesdays (peak volume days).
- Implemented a series of performance incentive programs for Customer Service Representatives that were tied to the goals of reducing ASA and Call Abandonment Rates.

Table 6Q-1. Results of Interventions at Harvard Pilgrim: Performance on Internal Metrics

	Current Goal	Q4 2000	Q4 2001	Q4 2002
Average Speed to Answer	30 seconds or less	67 seconds	47 seconds	28 seconds
Call Abandonment Rate	3% or less	5.6%	2.8%	1.5%

Figure 6Q-1. Results of Interventions at Harvard Pilgrim: Performance on CAHPS Measures

Member Services Telephone Access Improvement 1999-2003



CAHPS Item (from Health Plan Survey 3.0): In the last 12 months, how much of a problem was it to get the help you needed when you called your health plan's customer service?