Medical Information Contact Centers: Challenges and Best Practices

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Abstract
Today’s medical information contact centers face a number of complex challenges. A recent survey of the DIA Medical Communications Special Interest Area Community (SIAC) members indicated that budgetary pressures, employee training, preparing for product launches, and ensuring business continuity are all concerns for the majority of contact centers. Additionally, more than one third of contact centers mentioned mergers and acquisitions. This article will review the results of the survey and discuss best practices for addressing the 3 most common topics noted in the survey: budget, training, and supporting product launches. The article is intended as a resource for contact center managers and to help encourage the sharing of best practices within the industry.

Keywords
contact center, medical information department, challenges, best practices

Introduction
The numerous challenges facing the pharmaceutical industry today are well documented. From the “patent cliff” to the increased role of emerging markets to decreased research and development productivity, the challenges have been thoroughly analyzed by the industry and the general media. The biggest impact of these challenges is budgetary. For contact center managers, the result is flat or decreased budgets, even though the volume and complexity of the work continue to increase. These budgetary pressures add an extra level of complexity to operational challenges such as staff training, product launch preparation, and business continuity plans. Additionally, financial pressures on the industry contribute to the continuing trend of mergers and acquisitions.

This article will focus on the 3 most commonly reported concerns in an August 2012 survey distributed to the DIA Medical Communications Special Interest Area Community (SIAC): addressing budget pressures, training employees, and preparing for product launches. Each of these topics also was analyzed at the 2012 DIA Medical Communications Workshop or during the June 2012 DIA Medical Communications SIAC call. This article will share best practices on these 3 topics that were identified in these forums.

Survey Findings
A 2012 DIA survey of medical information contact managers (Table 1) confirmed the challenges facing the industry. Contact center managers were asked to rate the top challenges facing contact centers and indicate whether these are major or minor concerns. Almost 95% of the 59 respondents indicated that budgetary pressures were a concern to their company’s contact center. Training and product launches were identified as the next 2 most significant challenges, with 81% and 85% of respondents, respectively, reporting these topics as concerns for their contact center. Business continuity preparations and merger or acquisition of the contact center were reported as the next most common concerns, with 79% and 39% of respondents indicating that these were concerns for their contact center. Only 5% of respondents reported an “other” concern. These comments are listed in Table 1.

Participants in the survey represented a wide variety of levels within their individual organizations. More than three quarters of respondents identified themselves as management, with over 50% representing supervisor- and director-level positions.

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Portions of these data were presented at the DIA Medical Communications Workshop (March 2012) and at the DIA Medical Communications All-SIAC (Special Interest Area Community) call (June 2012).

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One of the first considerations when starting and maintaining a contact center is the associated expense. It is often difficult to explain the value of a medical information contact center given the non–revenue-generating aspect of the activity. With this challenge in mind, several aspects should be closely scrutinized to ensure that the dollars spent are maximized, the customer’s expectations are being met, and the service provided is in line with company goals. The solutions discussed below were identified by participants at the 2012 DIA Medical Communications Workshop.

In larger companies, multiple contact centers are sometimes employed. This can lead to inefficiencies. Customer service, pharmacovigilance, product complaints, and medical information all are areas that are serviced by contact centers. Patel et al. surveyed 19 industry representatives and found that in most circumstances, calls were routed to a single contact center rather than transferred to multiple areas. One of the first steps in optimizing the budget is to understand if there is already an established call center in your company. If so, explore this as the first solution. Building upon an existing call center will reduce time and expense in a number of areas including software platforms, knowledge management and training, and staffing as well as quality control.

Operator credentials are important to consider. In complex medical or pharmacovigilance contact centers, operators may need to have a clinical/scientific background and/or licensure, such as a PharmD, RN, or MD, and have experience in the product or disease process being supported. Guillot and Fung reported on 3 benchmarking surveys and indicated that between 2004 and 2008, medical information contact centers reported using pharmacists (100%), nurses (81%), and physicians (6%). Some centers reported using nonclinician staff for on-label requests for information. Depending upon the contact center size and type of products and questions, a mix of nonclinician and clinician staff should be considered to optimize the budget. It may not be cost-effective to have a doctoral-prepared individual answering calls from patients. The mix of staffing should be considered at least annually to determine if the nature of customer requests has evolved or if the expectations of the company have changed.

The ratio between leadership and staff is an area to scrutinize when assessing the budget of a contact center. At the beginning of a program, there is typically a need to have a higher management-to-staff ratio. The implementation of a new program is resource intensive and requires additional management time to oversee the development of processes as well as conduct quality monitoring, such as listening to recorded calls and reviewing documentation. As a program becomes more established, and the staff has experience with the customer base, a reduction in the management-to-staff ratio should be considered. However, before making this type of adjustment, it is important to fully understand the impact of reducing leadership oversight.

Service levels are an underrecognized factor in the expense of a contact center. Many contact centers maintain data related to how many calls are answered in how much time. For example, one industry standard is to answer 70% of the calls within 30 seconds. Another common standard is answering 80% of calls within 20 seconds. This would be referred to as a 70/30 or 80/20 service level, respectively. Adjusting service levels requires an expert-level understanding of customer expectations and the nature of the calls. Call centers that support products used commonly in trauma, surgery, or emergency settings may require a high level of service, such as 90% of the calls answered within 10 seconds. This level of service will require additional staff and resources to be able to manage unusual spikes in activity. Medications that treat chronic diseases do not require as high a service level. Along these lines, it is important to understand the tolerance level of the company’s customers. Some professionals who work in high-stress environments may have less tolerance for holding on the telephone than a population under lesser time demands.

It may sound counterintuitive to suggest that customer satisfaction may not be reduced by lowering the service level. However, rapid the telephone is answered may be less of a satisfier than may be initially thought. Some call center experts recommend focusing on removing the obstacles that customers face once they are connected to the contact center. This may be where the biggest value is realized in a limited budget. According to this approach, more significant than a high service level would be the ability to resolve a customer’s request on the first call. The need to call back a customer is perceived as an obstacle and may significantly reduce satisfaction. Empowering the contact center to resolve a request on the first call is heavily dependent

<table>
<thead>
<tr>
<th>Major Concern</th>
<th>Minor Concern</th>
<th>Not a Concern</th>
<th>Total No. of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgetary pressures</td>
<td>31 (52.5)</td>
<td>25 (42.4)</td>
<td>3 (5.1)</td>
</tr>
<tr>
<td>Training</td>
<td>22 (37.9)</td>
<td>27 (46.6)</td>
<td>9 (15.5)</td>
</tr>
<tr>
<td>Preparing for a product launch</td>
<td>23 (39.7)</td>
<td>24 (41.4)</td>
<td>11 (19.0)</td>
</tr>
<tr>
<td>Business continuity</td>
<td>16 (27.6)</td>
<td>30 (51.7)</td>
<td>12 (20.7)</td>
</tr>
<tr>
<td>Merger or acquisition</td>
<td>7 (12.3)</td>
<td>15 (26.3)</td>
<td>35 (61.4)</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Values are expressed as n (%) unless otherwise indicated.

*The following comments were received: (1) Multiple database interface and general information management for consistent responses. (2) I would not call these challenges; they are just things we need to plan for, part of the job. (3) Recall/crisis management.

Table 1. Ratings of the Challenges Facing a Company’s Medical Information Contact Center.
on its training/knowledge management capabilities as well as the customer resource management applications that the contact center uses. Although up-front costs may be necessary to equip the contact center appropriately, the dollars spent may result in an overall larger impact on satisfaction.

Hours of operation also affect the cost associated with maintaining a contact center. Business-, extended-, and after-hours service should be considered. If the nature of the population served is prone to emergencies and requires rapid, accurate responses, the availability of the call center to the customer outside of normal business hours may be a necessary expense. However, the frequency and types of calls should be monitored over time to continue to justify this added cost.

The pattern of call arrival times should be analyzed to determine when the contact center experiences peak-time activity. Optimizing staffing during the peak times and reducing staff during times of low volume should be considered. Furthermore, seasonality throughout the year may provide opportunities for adjusting staffing levels. For example, requests for information surrounding the influenza vaccine will be lower through most of the year with a significant spike in activity as the flu and cold season approaches.

With many levers to pull to account for budget sensitivities, this barrier is one that can be mitigated. Consolidating call centers, establishing appropriate operator credentials, reducing management-to-staff ratios, decreasing service levels, and removing obstacles for customers are all options to be evaluated when optimizing the budget while maintaining a highly satisfactory customer experience.

Training

Delivering effective and up-to-date training, while maintaining audit-ready documentation, is a critical part of pharmaceutical contact center operations. Effective training is necessary to ensure the delivery of accurate and complete information, compliance with procedures and regulations, and the delivery of appropriate customer service. Training has become increasingly important as customer expectations grow, pharmaceutical products become more complex, and regulatory and compliance standards continue to expand. Solutions identified by the DIA Medical Communications SIAC Contact Center Subgroup and shared during the June 2012 DIA Medical Communications SIAC call will be discussed below.

One of the first steps in creating effective contact center training is establishing the content that will be covered in the training. In addition to corporate training required by the company, medical information contact centers typically include product information and procedures in their training.

A key type of training that the contact center should not overlook is customer service training. This training is important for establishing consistency and standards for communication with internal and external customers. Customer service training also provides call center staff with the skills needed to handle difficult callers and challenging inquiries. This training typically includes guidance on greeting and ending calls, placing callers on hold, and dealing with difficult behaviors, such as abusive callers.

After the content of the training is determined, call center managers should evaluate how the training is to be delivered. Training should be delivered in multiple formats (eg, self-study, classroom, online, and listening to recorded calls) in recognition of the fact that adults learn better using a multitude of learning styles; some individuals are visual learners, while others learn better through verbal and kinesthetic methods. Appealing to multiple learning styles is a significant factor in today’s learning environment due to an increase in the use of self-directed training. It is also important to incorporate different types of media and interaction modalities in training such as videos, pictures, and chat surveys to keep learners of all ages involved.

As part of the learning process, training should include practical application of the skills and information learned. For example, during contact center database training, staff can practice entering caller demographics into the database and looking up information to respond to frequently asked questions. At the end of the initial training period, trainees should simultaneously practice all aspects of the call-handling process (technology, procedure, information, etc) by participating in simulated or “mock” calls. These can be as informal as role playing with a mentor or as formal as having the trainee demonstrate his or her mastery of training via test calls. This allows the trainee to assimilate the training in a controlled environment and to gain confidence before interacting with customers. Additionally, as a final step before an employee works independently, many contact centers practice “nesting” in which the trainee takes live calls with an experienced agent listening to the call and assisting as needed.

Another best practice is making the training fun and engaging for the trainee. An example of this is using humor in training and including competitive games to reinforce important concepts. This approach can motivate and engage trainees by presenting information in memorable ways.

One important thing to keep in mind with every training program is the importance of being audit ready. There are specific things that nearly every auditor will look for when auditing a contact center:

- a documented process (Do you have standard operating procedures?);
- a gap analysis process (Has required training been completed?);
- training curricula for management and the staff taking calls;
- a training maintenance process (How do you review and revise your training to keep it current?).

Auditors will review these items, looking for key things such as compliance with standards (process and curriculum), good documentation practices for any hard-copy documentation, and inconsistencies and trends across people, positions, and locations. Auditors also may expect to see evidence that employees have mastered the information that was presented (e.g., passing written quizzes). One of the best ways to prepare for an actual audit is to conduct an internal assessment of your training documentation.

A final best practice is to monitor calls and other work to ensure that training is effective and that there are no gaps in the training. This monitoring can identify individuals who need retraining on certain topics and ways to improve training efficiency as well as trends within the entire contact center. Table 2 summarizes the best practices for contact center training.

### Product Launches

The budgetary pressures facing the pharmaceutical industry also have meant that successful product launches have become increasingly important to the pharmaceutical industry. These launches can be particularly difficult for the contact center when they involve a first-in-class medication or a new therapeutic area for the company. Establishing the expertise needed to answer questions along with the difficulty of estimating and managing the surge in volume that accompanies a product launch are difficult even for experienced contact center managers. The solutions discussed below were identified by participants at the 2012 DIA Medical Communications Workshop.

For the contact center, preparation for product launches should begin up to a year before the anticipated launch, whenever possible. Initial planning should include high-level actions and timelines to address information resources and staffing needs. Information resources required for a product launch typically consist of standard response documents and frequently asked questions. Development of these resources should begin at least 3 to 6 months before the anticipated approval date. In addition to reviewing questions that arose during clinical trials, managers should attempt to obtain information on questions that surfaced during the launches of similar products. This is important because the types of questions that are asked about a product may change significantly when a product moves from the clinical trial setting to its broader use and availability as a marketed product. For example, there may be more questions about the technical nature of the product (e.g., storage, stability, and ingredients) after the product is approved and available outside of the controlled clinical trial environment.

Evaluating the staffing needs of a launch includes determining the appropriate type of staff and the number of staff needed. Contact center managers should evaluate the product and therapeutic areas to determine whether special experience is required for their staff. For example, if the product is a chemotherapeutic, is oncology experience required or preferred?

One of the most difficult aspects of preparing for a product launch is forecasting the volume and building a flexible resource model that adds resources for the launch and reassigns them if there is a significant decrease in volume after the launch ends. Additionally, plans need to allow for differences (positive or negative) from the forecast. The use of temporary staff within the contact center should be considered as a tool to provide flexibility in managing the unknown and changing volume of inquiries from product launches. See Table 3 for a summary of best practices for product launches.

### Conclusion

Medical information contact centers face a diverse set of challenges. Expertly managing these challenges is difficult even for...
the most experienced contact center manager. Budgetary concerns are the most common challenge reported by contact center managers and affect their ability to address other challenges as well. Training employees, preparing for product launches, and maintaining business continuity also are challenges for the majority of contact center managers, while less than one half of contact centers report mergers or acquisitions as a challenge.

The 3 most common challenges of the industry were described as a concern for more than 80% of contact centers, with nearly all respondents mentioning budgetary pressures. This consistency provides a great opportunity within the industry to share best practices and learn from each other. This article is intended to serve as a resource and to encourage this sharing within the industry.

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