BAIRD GROUP

Transforming the healthcare experience. Building loyalty.

THE POWER OF THE FIRST PHONE CALL | 2023

An assessment of pre and post-covid factors influencing patients' likelihood to return to a medical facility

ABSTRACT

Phone calls are often the first connection a consumer makes with a medical facility. While medical facilities can measure patient retention and patient satisfaction, it wasn't until 2016 that Baird Group first published a study to measure and understand the percentage of potential patients lost because of a less-than-positive first encounter. This is an update to that study.

While online scheduling is growing in popularity, phone calls still comprise a substantial number of initial contacts with medical facilities for information and scheduling. First impressions by phone happen within seconds and quickly determine if the caller will become a customer. Phone encounters are multifaceted events shaped by both the attendant's action and the caller's expectations and reaction. It is the combination of those elements that largely determine if a patient will return. This updated research dissects the phone encounter into individual elements and analyzes which of those elements are statistically associated with the dependent variable: the likelihood of returning for future care. It also delves deeper into the impact that COVID has had on the patient's telephone experience and whether there are differences between the Primary Care and Specialty Care telephone experience.

> This study found that the percentage of callers who report they are not likely to return to the facility based on their first call has increased from 35% to 38% since 2016.

Analysis of the data identified changes in specific empirical and attitudinal factors that determine the likeliness of returning for future care.

Although appointment access is a pressing concern throughout the industry it's important to keep in mind that several other factors determine a caller's likelihood of returning. Factors related to courtesy and friendliness (e.g., being considerate of callers time, using a tone that evidences an interest in caller needs), empathy and caring (e.g., patience and understanding), appointment access (e.g., when the appointment was available, how well the appointment met the caller's needs), inquiry (e.g., providing information the caller was asking for) and closing (e.g., warmth and friendliness, verbally offering assistance and thanking the caller at the end of the call), had a direct influence on the likelihood of returning. When comparing pre-COVID with post-COVID calls, and callers seeking Primary Care with those seeking Specialty Care, the determinants of the likelihood of returning for future care remain essentially the same, but the impact on that likelihood varies significantly in some elements.

Empathy and caring, the attendant's sincere interest in the caller's needs, and appointment access have the highest correlation to a patient's likelihood to return or recommend. The implication is that the attendant's ability to show interest, empathy and caring can leave the caller with a positive experience even when appointment access is limited. This benefit may be lost if organizations shift to a fully digital appointment scheduling process.

Understanding the factors that influence consumer impressions during a phone call holds important implications for training and ongoing quality assurance measures.

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THE POWER OF THE FIRST PHONE CALL:

Factors Influencing Patients' Likelihood to Return to a Medical Practice

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Much has been published on what makes for a great customer experience. Responsiveness, empathy, knowledge, professionalism, and personalization are all universally accepted as positive elements of a great experience. On the flip side, feeling ignored, having to repeat oneself, or slow or ineffective responsiveness are customer experience detractors. In healthcare, there has been a long-standing debate around the term patient vs customer. When considering the first encounter by phone, callers are neither. They are potential customers who are actively seeking services. They do not become a patient until they are actively engaged with the organization and still have the power to vote with their feet.

Do healthcare customers define their experiences in the same way as, say, a retail customer or a restaurant customer? The Institute of Medicine says, "Health care is not just another service industry. Its fundamental nature is characterized by people taking care of other people in times of need and stress." [1]

The Beryl Institute further refined the definition of a patient experience and defined four crucial themes for understanding that experience: personal interactions, an organization's culture, patient and family perceptions, and continuum of care. [2]

In our work with patient focus groups and mystery shoppers, Baird Group has identified people, process, and place as key elements in the patient experience.[3]

> **The question is:** Do these elements truly create or destroy customer loyalty, and if so, what characteristics or behaviors must be cultivated and maintained to build and retain a loyal customer base?

1. Institute of Medicine. Crossing the quality chasm: a new health system for the 21st century. 2019, https://www.ncbi.nlm.nih.gov/pubmed/25057539 (accessed 5/10/2023)
2. The Beryl Institute. Defining patient experience. 2020. https://www.theberylinstitute.org/page/DefiningPX (accessed 5/10/2023)
3. Baird, Kristin. People, Processes and Place: The 3 Ps That Impact the Patient Experience. People, Processes, and Place: The 3 Ps that impact the patient experience - Baird Group (baird-group.com) (accessed 5/10/2023)

Achieving and retaining customer loyalty is never the product of a single person or a single department. A customer's experience is defined by the totality of that experience and yet, at every step in that experience, there is an opportunity to build or lose customer loyalty.[4] Figure 1 presents a conceptual framework for understanding the patient experience as a journey into healthcare services.[5] Since the phone call is one of the first steps in the patient experience, this paper seeks to determine which facets of the telephone experience drive patient loyalty and if those factors have changed in a post-COVID environment.

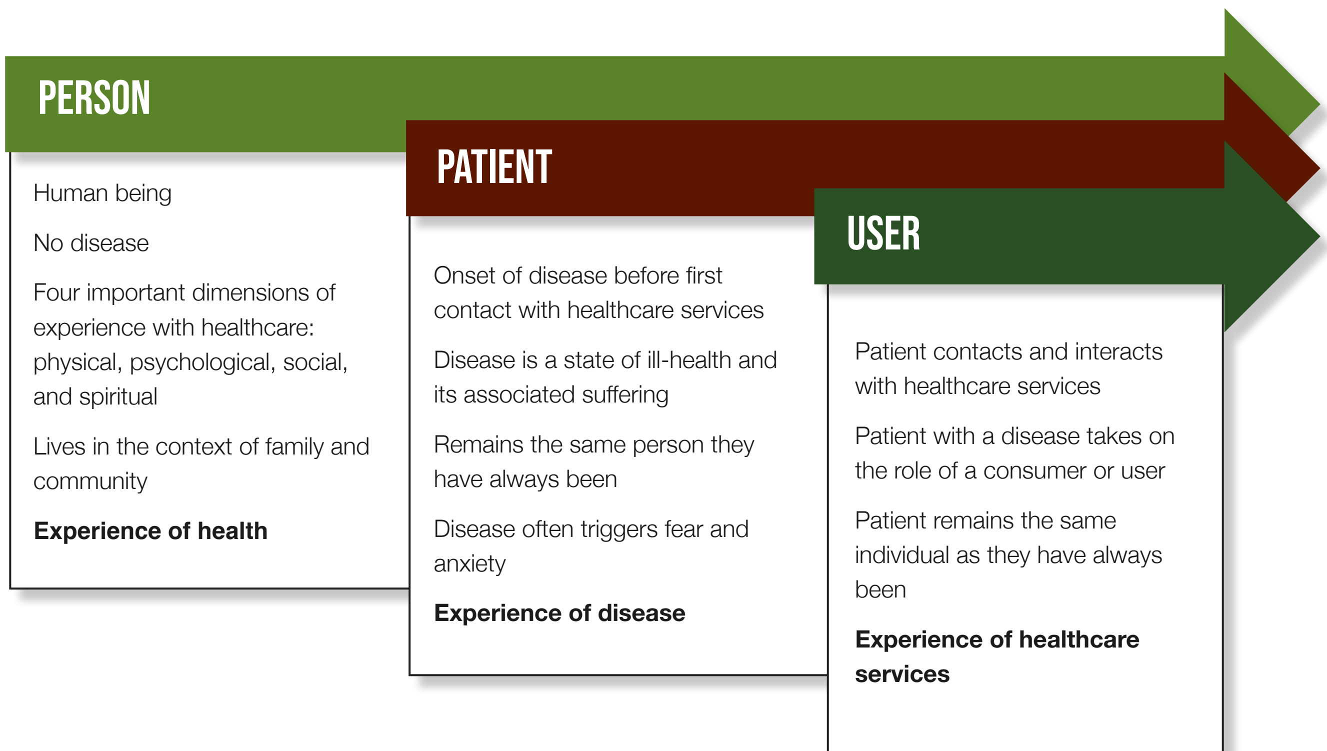


Figure 1. A conceptual framework for understanding the patient experience. The arrows indicate the direction patients take in their journey through health-care encounters, which is hypothetically to the right of the diagram. The person moves across the continuum, indicating that the patient or user of health-care services is the same unique human being they have always been. The arrow labeled "Patient" begins in the middle, indicating the person is not always a patient and becomes on with the onset of disease. The "User" arrow indicates that the person who has a disease only becomes a user of health-care services with their first interaction with the health-care system.

4. Zendesk. (2020). The Zendesk Customer Experience Trends Report 2020 (accessed 4/27/2023)

5. Oben, Patrick, MD. Understanding the Patient Experience: A Conceptual Framework. Journal of Patient Experience 202. Vol. 7(6)

ABOUT THE STUDY

RESEARCH QUESTIONS

We asked five research questions:
1) Which empirical phone elements are associated with individuals' likeliness to return?
2) Which attitudinal phone elements are associated with individuals' likeliness to return?
3) Are the empirical and attitudinal phone elements different pre- and post-COVID?
4) Are the empirical and attitudinal phone elements different if callers are seeking Primary Care or Specialty Care? And
5) Are the empirical and attitudinal phone elements different whether callers reach a call center or not?

ANALYTICAL SAMPLE

Data was gathered from the Baird Group database of more than 14,000 phone mystery shops from January 1, 2018, through December 31, 2022. For the purposes of this study, the analytical sample consisted only of complete cases. A case is considered complete if a response is documented for the key empirical and attitudinal variables selected. (The Baird Group employs a set of core questions assessing best practices but also works with healthcare clients to create customized supplemental items unique to the healthcare organization's standards and needs.) This results in an analytical sample of 13,245 cases, representing calls to 32 healthcare organizations across the U.S.

Mystery shoppers (respondents) were U.S citizens aged 18 and older who registered on Baird Group's online system and completed a required review of the survey tool and the Baird methodology. All respondents called healthcare facilities that had contracted with the Baird Group to understand and improve their patients' experiences. Respondents were phone certified by Baird Group and instructed to act and think like potential patients of the healthcare organization they were calling. Respondents were local to the facility contacted and were given predetermined scenarios to use while calling clinics that were designed to represent the typical calls received at the practice. All scenarios were pre-approved by the client. The survey was Web-based.

ANALYTICAL APPROACH

The data was appended, cleaned, and coded using Excel. Data analysis was conducted using SPSS Statistics Version 29).

For Research Question 1, a multinomial logistic regression was run to identify which empirical elements of a phone encounter influenced patients' and potential patients' likelihood to return.

For Research Question 2, a multinomial logistic regression was run to identify which attitudinal elements of a phone encounter influenced patients' and potential patients' likelihood to return.

For Research Question 3, two multinomial logistic regressions were run to identify which attitudinal elements of a phone encounter influenced patients' and potential patients' likelihood to return. The first data set contained calls made between January 1, 2018, and March 31, 2020 (pre-COVID) and the second for calls made between October 1, 2021, and December 31, 2022. The results were compared with each other and with regression output from Research Questions 1 and 2 to identify any statistically significant differences in the findings.

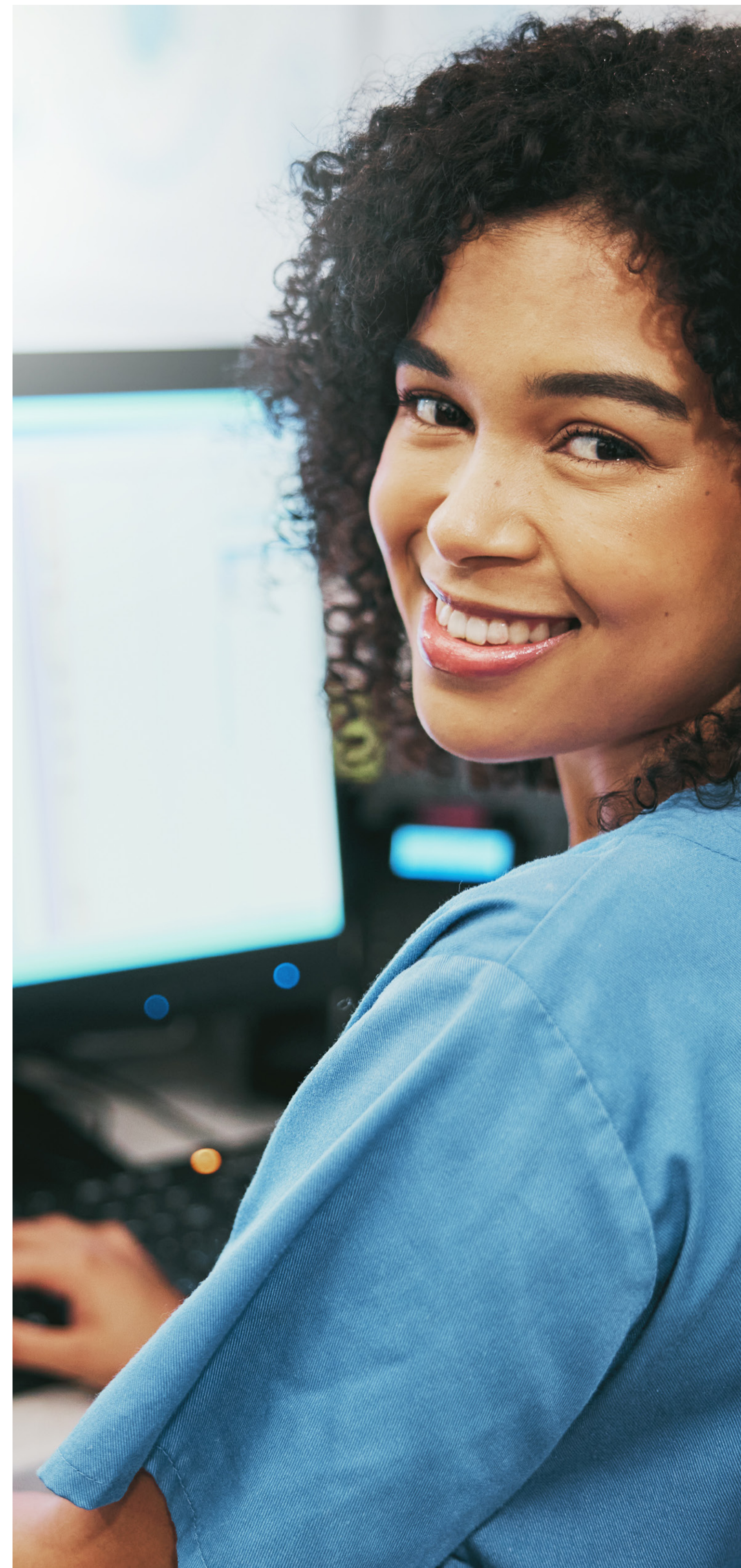
For Research Question 4, two multinomial logistic regressions were run to determine which attitudinal elements of a phone encounter influenced patients' and potential patients' likelihood to return. The first data set contained calls made to Primary Care locations, and the second set contained calls made to Specialty Care locations (e.g., Orthopedics, OB/GYN, Urology.) The results were compared with each other and with regression output from Research Questions 1 through 3 to identify any statistically significant differences in the findings.

For Research Question 5, two multinomial logistic regressions were run to determine which attitudinal elements of a phone encounter influenced patients' and potential patients' likelihood to return. The first data set contained calls handled by a call center, and the second set contained calls that were not handled in a call center. The results were compared with each other and with regression output from Research Questions 1 through 4 to identify any statistically significant differences in the findings.

Results are shown as odds ratios (OR) for ease of interpretation. Two-tailed significance tests were used. The traditional $p < .05$ was used as a threshold for statistical significance.

MEASURE: DEPENDENT VARIABLE

Respondents were asked: "Based on this call experience, how likely are you to seek future medical care with this facility?" The original variable's response options ranged from 1, signifying "very likely" to 5, indicating "very unlikely." Original response options were "very likely" (41%); "somewhat likely" (21%); "neither likely nor unlikely" (15%); "somewhat unlikely" (9%); and "very unlikely" (14%). Because the variable was not normally distributed, and due to relatively small cell sizes for some response options, the graduated variable was recoded into a dichotomous variable: likely to return and not likely to return. Likely to return (62%) encompasses those who responded, "very likely" and "somewhat likely." Not likely to return (38%) denotes those who responded, "neither likely nor unlikely," "somewhat unlikely" and "very unlikely." This dichotomy is often referred to as the "zone of affection" and the "zone of defection," respectively.



ANALYSIS

The purpose of this research is to identify the characteristics or behaviors that must be cultivated and maintained when tending to patient needs over the phone to build and retain a loyal patient base. For statistical analysis purposes, empirical and attitudinal data were separated. The data reveals that key drivers across both spectra are similar and therefore will be analyzed together.

Phone access – The ability to reach a live attendant is a consistent driver, both pre- and post- COVID, regardless of the type of care being sought. A caller who rates the ability to reach a live attendant as good/very good is 2.0 – 2.5 times as likely to seek future care than are those who rate that ability as fair, poor, or very poor.

Staffing shortages are more of a reality in healthcare than ever before. One strategy for dealing with staff shortages is to move away from live phone answering. Pre- and Post-COVID data supports this statement. Pre-COVID, 71% of callers reached an auto-attendant. Post-COVID, 84% did. Pre-COVID, 92.5% of callers reached a live attendant.

> Post-COVID, the number of callers who reached a live attendant dropped to 86%.

The practice of relying more on auto-attendants may be having an impact on the facets of a telephone experience that drive loyalty.

The percentage of callers who reported that their call was answered in three rings or less has remained relatively constant. In our last analysis, callers who reported that their phones had been answered within three rings or less were 1.7 times more likely to seek care in the future. Today, the number of times the phone rings has no statistical impact on the likelihood that a caller will return to the facility for care in the future. Many auto-attendant systems offer a pre-recorded greeting for individual attendants. When the system routes a call to an attendant, the caller hears a greeting that the attendant pre-recorded. Once the greeting plays, the attendant connects with the caller. In our last analysis, when attendants used a three-part greeting (salutation, introduction, and an offer of assistance), callers were 1.7 – 2.2 times more likely to return. Today, the elements of a greeting have no statistical impact on the likelihood that the caller will return for care in the future, even though the absence or presence of each element has remained relatively stable over time.

Courtesy and Friendliness –

> The friendliness of the person answering the phone is a consistent driver, both pre-and post-COVID, regardless of the type of care being sought.

Callers who agree that the person answering the phone is friendly are 2.1 – 4.4 times as likely to seek future care than are those who do not agree. The impact of friendliness is strongest in callers seeking primary care appointments, particularly post-COVID. Callers seeking primary care appointments who agreed that the person answering the phone was friendly were 3.4 times as likely to return to the facility for care pre-COVID and 4.4 times as likely post-COVID.

Analysis of the aggregate data suggests that callers who felt that the attendant was considerate of their time were more likely to seek care at the facility in the future. Further analysis revealed that this is only true for callers seeking Primary Care appointments and not for callers seeking specialty care appointments.

> Those seeking primary care appointments who felt that the attendant was considerate of their time were 15 times as likely to return for care pre-COVID and 17 times as likely to seek future care post-COVID.

Empathy and Caring - Callers who felt that the attendant was empathetic, asked questions to learn more about the callers' needs, showed an interest in the callers' needs through words and tone, and was patient and understanding, were more likely to return to the facility for care in the future. The degree to which each of these elements determined callers' likelihood to return varied based on the comparison groups analyzed.

For all callers, empathy had a higher impact on likelihood to return post-COVID. This was especially true for callers seeking specialty care appointments. That group was 5.7 times as likely to seek future care when the attendant was empathetic as compared with callers seeking primary care appointments, who were only 2.7 times as likely to seek future care. The same pattern is seen when the caller felt that the attendant used words and tone to show interest in the caller's needs. Callers seeking specialty care appointments post-COVID were 5.3 times as likely to seek future care, while callers seeking primary care during the same time were only 3.4 times as likely to return for care in the future.

Analysis of callers' feelings about the attendant's patience and understanding reveal a different pattern when comparing pre and post COVID by primary care and specialty care. For patients seeking primary care, the impact of the attendant's patience and understanding fell from 3.4 times as likely to return pre-COVID to 1.4 times as likely to return post-COVID.

> For patients seeking specialty care, the impact of patience and understanding rose from 3.1 times pre-COVID to 5.3 times post-COVID.

Inquiry – There is an art to asking questions that get to what the caller needs and then meeting that need. Being sincere when learning about the caller's needs has an impact on the caller's likelihood to seek future care at the facility. This is true regardless of the timeframe or type of care being sought. Callers are 4.2 – 5.8 times as likely to seek future care when the attendant is sincerely interested in learning about the caller's needs. The impact of being provided the information the caller was inquiring about has risen post-COVID and dramatically so for callers seeking care at a specialty clinic. Pre-COVID, specialty care callers were 1.8 times as likely to seek future care when they received the information they were inquiring about. Post-COVID, that number jumps to 8.2.

Appointment Access –

Before COVID, 53% of callers were offered appointments in less than two weeks. Post-COVID, that number has fallen to 36%. This shift has caused a change in callers' expectations. Pre-COVID, 36% of all callers felt that an appointment that was available in less than two weeks was better than they had expected, and 16% felt that it was about what they expected. Post-COVID, only 28% of callers felt that an appointment offered in less than two weeks was better than expected, and only 7% felt that it was about what they expected. Although fewer callers are being offered appointments in less than two weeks, receiving an appointment within that time frame still determines a caller's likelihood to seek care in the future.

> When callers were seeking a primary care appointment pre-COVID, they were 9.2 times as likely to return if they were offered an appointment in less than two weeks.

Post-COVID, that number falls to 4.2 times. For callers seeking specialty care, pre-COVID they were 5.5 times as likely to return if they received an appointment in less than two weeks. Post-COVD, they are 7.5 times as likely to return. Pre-COVID, when callers seeking primary care received appointments that were better than expected, they were 7.7 times as likely to return for care in the future. Post-COVID, this number jumps to 14.5. Interestingly, the opposite is true for callers seeking specialty care. Pre-COVD, these callers were 9.7 times as likely to return for future care when the appointment offered was better than expected. Post-COVID, there is virtually no response that statistically predicts the likelihood that the call will seek care at the facility in the future. This has resulted in a shift in the impact of receiving an appointment.

Closing – How the call is concluded is a consistent driver of likelihood to seek care in the future regardless of time frame or type of care being sought. A warm closing results in a caller being 2.6 to 4.3 times as likely to seek care in the future. Closing with a final offer to assist and a sincere thank you contribute to the warmth of a closing.

The percentage of people who would likely return to the facility for care in the future pre- to post-COVID varies depending on the type of care being sought and where the call is being handled. For patients seeking primary care appointments, the percentage is virtually unchanged (75.4% of patients would return pre-COVID, 75.3% would return post-COVID.) For patients seeking specialty care appointments, the percentage of patients who would return for care in the future dropped from 79.1% pre-COVID to 73.0% post-COVID. The biggest drop occurred when the call was handled in a call center, falling to 74.5% post-COVID from a high of 86% pre-COVID. When the call was not handled in a call center, there is an increase in the percent of patients who would seek care at the facility in the future, from 72.6% pre-COVID to 76.2% post-COVID.

What changed, based on key drivers, that would explain the drop in patients' likelihood of returning post-COVID when calls were handled in a call center? The biggest empirical change in call centers was the availability of appointments. Pre-COVID, 63.6% of patients were able to get an appointment in less than 2 weeks. Post-COVID, that number dropped to 27.3%. There was a related drop in the percentage of patients who felt that the appointment met their needs better than they expected, from 40.8% to 28.7%, and a drop in the patients' perception of the appointment availability, from 63.6% to 48.7%. It's interesting that call centers were better able to get appointments in less than two weeks pre-COVID than non-call centers. Let's talk about why that might be.

> Attendants at call centers demonstrated less empathy and were not as warm when closing the call post-COVID as well.

Direct empathy percentages dropped from 91.5% to 85.5% post-COVID. Indirect measures of empathy, such as being sincerely interested in a caller's needs dropped from 88.8% to 70.3%. Direct measures of closing warmth dropped from 95.4% to 84.5%. Indirect measures of closing warmth, such as asking if the attendant could help the caller with anything else as part of the closing, fell from 57.9% to 39.0%.

With call center turnover rates at a historic high of 38% [6], call center leaders may not feel they have the luxury to hire only people with key characteristics such as warmth and empathy. As healthcare calls shift to call centers, overwhelmed and under-qualified agents may no longer be willing or able to go the extra mile to get callers an appointment any sooner than what their systems say is next available.

6. https://finance.yahoo.com/news/call-center-attrition-rate-now-121800604.html

LIMITATIONS

This study's findings should be considered within its limitations. First, the survey design is cross-sectional, and therefore causal claims cannot be concluded definitively. Second, respondents are certified shoppers. While these shoppers were trained to put themselves in the shoes of a patient/potential patient, the results do not represent the interactions of actual patients/potential patients. Shoppers were using predetermined scenarios, and in most cases, the scenarios were fictitious though plausible representations of those likely to be used by potential patients. It is possible that these circumstances affect the findings' results. However, by using mystery shoppers, much more rich data was captured. Unlike prior studies, this study was able to capture both customer satisfaction by asking questions about customers' opinions and attitudes in combination with quantifiable assessments of phone encounters and empirical employee behaviors.

An additional limitation is that we can control only for employee behaviors observable over the phone to the customer. We cannot control for other employee and facility-based characteristics, such as facility structure or culture (e.g., volume of calls, staffing and other workflow issues), that may influence customers' satisfaction and healthcare choices.

DISCUSSION

Analysis revealed that specific elements of a call continue to be significantly and independently associated with potential patients' likelihood to return to a medical practice. From a people perspective, this research supports Oben's theory that "(t)he human experience is… central to the overall conceptual understanding of the patient experience." [7] Attendants who are courteous, friendly, considerate of the caller's time, patient and understanding, and who show and interest in the caller's needs are more likely to develop and retain loyal patients. When designing processes associated with interacting with patients over the phone, facilities that make it easy to get appointment information and that set expectations that attendants ask questions to learn more about the caller's needs, provide callers with requested information, and close the call with a thank you and an offer of further assistance are more likely to develop and retain loyal patients. From a system perspective, providing appointments in less than two weeks not only best meets callers' needs, it will also more likely develop and retain loyal patients.

Post-COVID, the percentage of patients who are likely to seek future care in the facility based on their telephone experience has settled at the mid-70s range, regardless of the type of care being sought or the environment in which the call was handled. Call centers enjoyed a higher percentage (86%) pre-COVID due to a decline in some of the key drivers identified in this study. In dealing with staffing shortages, call centers are handling higher volumes than ever before. Call centers are traditionally lower wage, higher turnover [8] work environments where it is difficult to attract and retain employees who have mastered the "human" elements of the call experience.

Although there have been many studies that analyze patient satisfaction, few studies have evaluated satisfaction rates among patients and potential patients before they set foot in the doctor's office.

This study and other research in customer service phone skills have implications for hiring, training and coaching of staff who are responsible for the vital first impression. It establishes best practices for healthcare attendants.

7. https://finance.yahoo.com/news/call-center-attrition-rate-now-121800604.html

8. Oben, Patrick, MD. Understanding the Patient Experience: A Conceptual Framework. Journal of Patient Experience 202. Vol. 7(6)

IMPLICATIONS

> "One of the essential qualities of the clinician is interest in humanity, for the secret of the care of the patient is in caring for the patient."
>
> – Francis W. Peabody, MD

Telephone attendants are often among the lowest compensated staff members in a healthcare organization, and their positions have some of the highest turnover. Despite this, they are responsible for potential patients' first impressions, determining whether an inquiry becomes the first step in a long-term relationship or a dead end. If you agree with Peabody, then we must help telephone attendants tap into their ability to connect with the caller as a person and to convey that we care for them as people.[9]

This research demonstrates that there are several implications for healthcare organizations related to phone encounters. The Baird Group, after working with hundreds of organizations to enhance the patient experience both by phone and in person, has created a comprehensive approach for establishing a warm and professional phone experience through both assessment and training.

The following are elements that every healthcare organization will benefit from in helping to ensure the most positive outcomes for their phone encounters.

Set Standards

Setting specific phone standards helps establish and guide key behaviors. This is essential for helping staff understand and live up to the brand promise. Standards are particularly helpful in greeting, closure and transfers but are also beneficial in empathy statements and service recovery practices. Baird helps organizations set the standards for the phone experience, including custom scripts to support the brand.

Train

- Train staff on the standards and build service skills including handling difficult situations.
- Train managers to monitor and coach for the standards in order to maintain quality.

Monitor

- Managers must consistently monitor calls and attendant performance through regular audits and provide the necessary coaching.
- Managers must consistently monitor how appointments are being offered to patients and whether or not the caller is given options (appointment access) through regular audits, either in person or through mystery shopping.

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9. Boissy, Adrienne, Getting to Patient-Centered Care in a Post-COVID-19 Digital World: A Proposal for Novel Surveys, Methodology, and Patient Experience Maturity Assessment; NEJM Catalyst, July 14, 2020

THE BAIRD GROUP SOLUTION

Baird Group offers a comprehensive package for ensuring the best possible phone encounters. In addition to assisting an organization in creating standards, Baird Group offers training for both the frontline staff and managers. Our phone training course is designed to enhance skills of phone attendants while building structure and support for the managers who oversee them. The training is designed to support your brand strategy by creating consistently positive phone encounters.

Train staff with our comprehensive phone skill development course

You'll have them at Hello: Essential Phone Skills for Healthcare includes:

1. Best practices for positive phone encounters
2. Handling Difficult Calls - skills for managing difficult situations with confidence
3. Maintaining Quality: The Manager's Guide for Coaching and Monitoring Standards

Monitor for Quality Assurance via Routine Mystery Shopping

Baird Group's mystery shopping provides a solid baseline and measures progress over time. Using the Baird Group proprietary methodology provides an objective assessment of the calls, employing benchmark data from a database of thousands of medical mystery shopping calls.

Mystery shopping can be conducted in periodic "snapshots" or as an ongoing monitoring process. Baird Group conducts studies on hospital switchboards, call centers, medical practices and individual hospital departments that routinely take outside calls.

RESEARCH RESULTS

RESEARCH QUESTION 1

Research Question 1 sought to identify which empirical elements of a phone encounter are associated with potential patients' likelihood to return to the facility contacted. Table 1 displays results for key quantifiable assessments of the phone encounter and empirical employee behavior variables.

Table 1: List of Empirical Elements That Drive Likelihood to Return

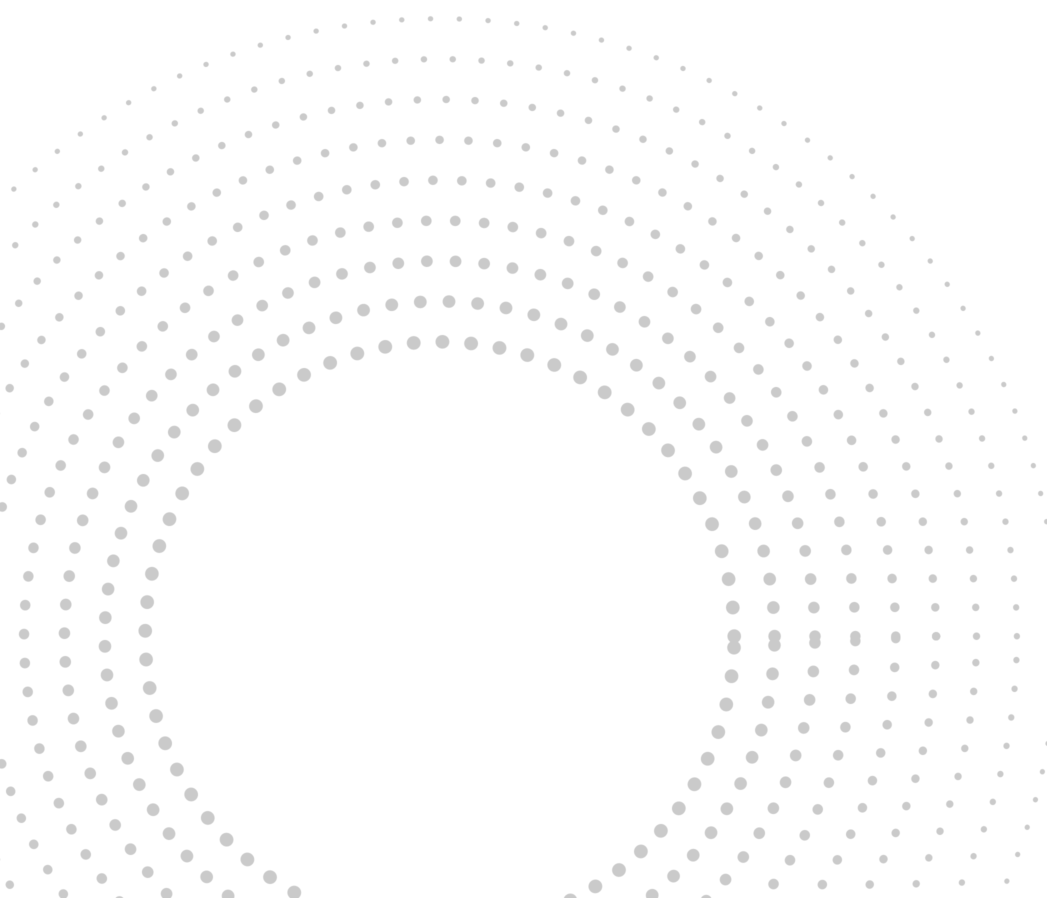
		Sig.	Odds Ratio
Phone Access	Call was not placed in a holding queue	0.003	0.822
Courtesy/Friendliness	Attendant was considerate of caller's time	0.000	3.123
Empathy/Caring	Attendant's words/tone showed interest in caller's needs	0.000	2.991
Empathy/Caring	Attendant was patient and understanding	0.000	2.739
Inquiry	Attendant asked questions to learn more about your needs	0.012	1.228
Inquiry	Attendant was sincerely interested in learning about your needs	0.000	4.468
Appointment Access	An appointment was available in less than two weeks	0.000	6.052
Knowledge	Attendant provided information being inquired about	0.000	3.150
Closing	In closing, the attendant asked if there was anything else they could help with	0.000	1.660
Closing	In closing, attendant thanked the caller	0.000	1.726
Transfer	Call was transferred	0.000	0.666

RESEARCH QUESTION 2

Research Question 2 sought to identify attitudinal elements of a phone encounter associated with potential patients' likelihood to return to the facility contacted. Table 2 reveals results for key quantitative attitudinal variables and how callers rated certain aspects of the phone encounter.

Table 2: List of Attitudinal Elements That Drive Likelihood to Return

		Sig.	Odds Ratio
Phone Access	Ability to reach a live attendant rated very/good	0.000	2.179
Courtesy/Friendliness	Strongly/agree that attendant was friendly	0.000	2.651
Empathy/Caring	Attendant's ability to provide empathy and caring rated good/ very good	0.000	3.349
Appointment Access	How well an appointment met the caller's needs: better than expected	0.000	2.266
Appointment Access	Ease of obtaining an appointment information rated good/very good	0.000	1.429
Closing	Warmth of closing rated good/very good	0.000	2.897



RESEARCH QUESTION 3

Research Question 3 sought to identify any differences that have emerged post-COVID in either empirical or attitudinal elements of a phone encounter associated with potential patients' likelihood to return to the facility contacted. Tables 3 and 4 reveal results for key quantifiable empirical and attitudinal variables of the phone encounter.

Table 3: List of Empirical Elements That Drive Likelihood to Return, Pre- and Post-COVID

		Pre-COVID		Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Call was not placed in holding queue	0.000	0.721		
Courtesy / Friendliness	Attendant was considerate of caller's time	0.000	3.678	0.009	2.721
Empathy/Caring	Attendant's words/tone showed interest in caller's needs	0.000	2.231	0.000	4.314
Empathy/Caring	Attendant was patient and understanding	0.000	3.152	0.002	2.383
Appointment Access	An appointment was available in less than two weeks	0.000	6.538	0.000	5.181
Inquiry	Attendant asked questions to learn more about caller			0.000	1.712
Inquiry	Attendant was sincerely interested in learning about caller's needs	0.000	4.805	0.000	4.466
Inquiry	Attendant provided caller with information inquired about	0.002	2.362	0.000	4.734
Closing	In closing, attendant asked if there was anything else they could help with	0.001	1.479	0.000	1.958
Closing	In closing, attendant thanked the caller	0.000	1.678	0.000	1.784

Table 4: List of Attitudinal Elements That Drive Likelihood to Return, Pre- and Post-COVID

		Pre-COVID		Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Ability to reach a live attendant rated good/very good	0.000	2.088	0.000	2.325
Courtesy / Friendliness	Strongly/agree that attendant was friendly	0.000	2.393	0.000	2.858
Empathy / Caring	Attendant's ability to provide empathy and caring rated good/very good	0.000	3.038	0.000	4.244
Appointment Access	How well appointment met caller's needs: better than expected	0.000	8.999		
Appointment Access	How well appointment met caller's needs: about what was expected	0.000	4.372		
Appointment Access	Appointment availability rated good/very good	0.000	2.923	0.013	1.601
Appointment Access	Ease of experience in obtaining appointment information rated good/very good	0.019	1.350	0.000	1.721
Closing	Closing rated good/very good for warmth	0.000	3.292	0.000	3.195

RESEARCH QUESTION 4

Research Question 4 sought to identify any differences in either empirical or attitudinal elements of a phone encounter associated with potential patients' likelihood to return to the facility contacted whether patients are seeking primary or specialty care, pre- and post-COVID. Tables 5, 6, 7, and 8 reveal results for key quantifiable empirical and attitudinal variables of the phone encounter for patients seeding primary or specialty care, pre- and post-COVID.

Table 5: List of Empirical Elements That Drive Likelihood to Return Among Callers Seeking Primary Care Appointments, Pre- and Post-COVID

		Primary Care Pre-COVID		Primary Care Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Encountered an automated call system	0.019	1.436		
Phone Access	Reached a recorded message			0.013	0.499
Courtesy / Friendliness	Attendant considerate of caller's time	0.000	14.957	0.000	17.115
Empathy / Caring	Attendant's words/tone showed interest in caller's needs	0.025	1.952	0.000	3.441
Empathy / Caring	Attendant was patient and understanding	0.002	3.396	0.019	1.573
Appointment Access	An appointment was available in less than two weeks	0.000	9.181	0.000	4.179
Inquiry	Attendant asked questions to learn more about caller's needs			0.001	2.052
Inquiry	Attendant was sincerely interested in learning about caller's needs	0.000	5.887	0.000	5.200
Knowledge	Attendant provided caller with information inquired about	0.024	2.468	0.001	3.933
Closing	In closing, the attendant asked if there was anything else they could help with			0.001	1.809
Closing	In closing, attendant thanked the caller	0.001	1.645	0.004	1.679
Transfer	Call was transferred	0.006	0.531		

Table 6: List of Empirical Elements That Drive Likelihood to Return Among Callers Seeking Specialty Care Appointments, Pre- and Post-COVID

		Specialty Care Pre-COVID		Specialty Care Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Encountered an automated call system	0.033	0.724		
Phone Access	Call placed into a holding queue	0.009	0.731	0.005	0.649
Courtesy / Friendliness	Attendant was considerate of caller's time			0.045	0.286
Empathy / Caring	Attendant's words/tone showed interest in caller's needs	0.000	2.576	0.000	5.343
Empathy / Caring	Attendant was patient and understanding	0.000	3.083	0.000	5.272
Appointment Access	An appointment was available in less than two weeks	0.000	5.479	0.000	7.493
Inquiry	Attendant asked questions to learn more about caller's needs				
Inquiry	Attendant was sincerely interested in learning about caller's needs	0.000	4.135	0.000	4.355
Inquiry	Attendant provided caller with information inquired about			0.000	8.195
Closing	In closing, the attendant asked if there was anything else they could help with	0.001	1.613	0.000	2.155
Closing	In closing, attendant thanked the caller	0.000	1.691	0.000	1.959

Table 7: List of Attitudinal Elements That Drive Likelihood to Return Pre- & Post-COVID for Primary Care

		Primary Care Pre-COVID		Primary Care Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Ability to reach a live attendant rated good/ very good	0.000	2.452	0.000	2.431
Greeting	Greeting rated good/very good for warmth and friendliness			0.026	0.548
Courtesy / Friendliness	Strongly/agree that attendant was friendly	0.002	3.380	0.000	4.417
Empathy / Caring	Attendant's ability to provide empathy and caring rated very/good			0.000	2.656
Appointment Access	How well did the appointment meet your needs: better than expected	0.000	7.699	0.000	14.154
Appointment Access	How well did the appointment meet your needs: about what was expected	0.000	4.044	0.000	4.398
Appointment Access	Appointment availability rated good/very good	0.000	3.555		
Appointment Access	Access to appointment information rated good/very good			0.002	1.800
Closing	Closing rated good/very good for warmth	0.000	3.559	0.000	4.274

Table 8: List of Attitudinal Elements That Drive Likelihood to Return for Specialty Care, Pre- & Post-COVID

		Specialty Care Pre-COVID		Specialty Care Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Ability to reach a live attendant rated good/ very good	0.000	1.854	0.000	2.276
Courtesy / Friendliness	Strongly/agree that attendant's speech was easy to understand			0.012	2.732
Courtesy / Friendliness	Strongly/agree that attendant used words, phrases and terms that were easy to understand			0.025	0.212
Courtesy / Friendliness	Strongly/agree that attendant was friendly	0.015	2.062	0.015	2.190
Empathy / Caring	Attendant's ability to provide empathy and caring rated very/good	0.000	4.054	0.000	5.718
Appointment Access	How well did the appointment meet your needs: better than expected	0.000	9.717	0.035	1.734
Appointment Access	How well did the appointment meet your needs: about what was expected	0.000	4.597		
Appointment Access	Appointment availability rated good/very good	0.000	2.721		
Appointment Access	Access to appointment information rated good/very good			0.009	1.625
Closing	Closing rated good/very good for warmth	0.000	3.133	0.000	2.660

As was the case in Research Question 3, the empirical and attitudinal elements that determine a potential patient's likelihood to return to the facility contacted are essentially the same as previously reported. The differences found are related to the impact of each element when the patient is seeking primary care.

RESEARCH QUESTION 5

Research Question 5 sought to identify any differences in either empirical or attitudinal elements of a phone encounter associated with potential patients' likelihood to return to the facility contacted, whether or not the call was handled by a call center, pre- and post-COVID. Tables 9, 10, 11, and 12 reveal results for key quantifiable empirical and attitudinal variables of the phone encounter,whether or not handled by a call center, pre- and post-COVID.

Table 9: List of Empirical Elements That Drive Likelihood to Return for Calls Handled by a Call Center, Pre- and Post-COVID

		Call Center Pre-COVID		Call Center Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Courtesy / Friendliness	Attendant was considerate of caller's time	0.000	7.068		
Empathy / Caring	Attendant's words/tone showed interest in caller's needs			0.000	5.839
Empathy / Caring	Attendant was patient and understanding	0.019	3.068	0.023	4.809
Inquiry	Attendant was sincerely interested in learning about caller's needs	0.000	4.745	0.000	5.563
Knowledge	Attendant provided caller with information inquired about			0.001	13.335
Appointment Access	An appointment was available in less than two weeks	0.000	6.247	0.000	9.139
Closing	In closing, attendant thanked the caller	0.025	1.643	0.012	1.776
Closing	In closing, the attendant asked if there was anything else they could help with			0.000	2.730

Table 10: List of Empirical Elements That Drive Likelihood To Return For Call Not Handled by a Call Center, Pre- and Post-COVID

		No Call Center Pre-COVID		No Call Center Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Courtesy / Friendliness	Attendant was considerate of caller's time	0.023	2.507	0.005	3.196
Empathy / Caring	Attendant's words/tone showed interest in caller's needs	0.000	2.363	0.000	3.981
Empathy / Caring	Attendant was patient and understanding	0.000	3.272	0.025	2.052
Appointment Access	An appointment was available in less than two weeks	0.000	6.499	0.000	4.482
Inquiry	Attendant asked questions to learn more about caller needs			0.001	1.674
Inquiry	Attendant was sincerely interested in learning about caller's needs	0.000	4.767	0.000	4.198
Knowledge	Attendant provided the information caller asked about	0.007	2.310	0.000	3.620
Closing	In closing, attendant thanked the caller	0.000	1.628	0.000	1.842
Closing	In closing, attendant asked if there was anything else they could help with	0.010	1.476	0.000	1.722
Transfer	Call was transferred			0.031	0.586

Table 11:
List of Attitudinal Elements That Drive Likelihood To Return Pre- & Post-COVID Call Center

		Call Center Pre-COVID		Call Center Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Ability to reach live attendant rated good/ very good	0.026	1.727	0.029	1.850
Phone Access	Ability to use call routing system rated good/ very good	0.035	1.754		
Greeting	Greeting rated good/very good for warmth and friendliness	0.024	0.407		
Clarity	Strongly/agree that attendant's speech was easy to understand			0.020	3.088
Courtesy / Friendliness	Strongly/agree that attendant was friendly	0.015	3.198		
Empathy	Attendant's empathy and caring rated good/ very good	0.000	3.000	0.000	4.936
Appointment Access	How well did the appointment meet your needs: better than expected	0.000	13.514	0.000	9.610
Appointment Access	How well did the appointment meet your needs: about what was expected	0.000	6.860	0.000	4.703
Appointment Access	Appointment availability rated good/very good			0.004	2.637
Appointment Access	Experience in obtaining appointment information rated good/very good	0.049	1.496		
Closing	Closing rated good/very good for warmth	0.000	4.111	0.000	3.415

Table 12: List of Attitudinal Elements That Drive Likelihood to Return, Pre- & Post-COVID, Not at a Call Center

		Non-Call Center Pre-COVID		Non-Call Center Post-COVID	
		Sig.	Odds Ratio	Sig.	Odds Ratio
Phone Access	Ability to reach live attendant rated good/ very good	0.000	2.307	0.000	2.526
Courtesy / Friendliness	Strongly/agree that attendant was friendly	0.001	2.512	0.000	3.709
Empathy / Caring	Attendant's ability to provide empathy and caring rated good/very good	0.000	3.029	0.000	3.956
Appointment Access	How well did the appointment meet your needs: better than expected	0.000	8.070	0.000	15.788
Appointment Access	How well did the appointment meet your needs: about what was expected	0.000	4.115	0.000	4.668
Appointment Access	Appointment availability rated good/very good	0.000	2.982		
Appointment Access	Experience in obtaining appointment information rated good/very good			0.000	1.890
Closing	Closing rated very/good for warmth	0.000	2.965	0.000	3.091

As was the case in Research Questions 3 and 4, the empirical and attitudinal elements that determine a potential patient's likelihood to return to the facility contacted are essentially the same as previously reported. The differences found are related to the impact of each element when the call was handled in or outside a call center environment.

CONTACT

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