Project Title: High Inbound Scheduling Call Volume

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Institution: Tennesee Oncology

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Team members

- Casey Chollet MD, Executive VP, Physician Services (Project Sponsor)
- Rachel Mitchell, MD (Team Lead)
- Derek Holland, MD
- Susan Bingham, Director, Patient Services
- Larry Bilbrey, SR Director, Digital Innovation & AI
- Kelly Boyd, Operations Manager
- Angela Hill, Operations Manager
- Shawntaye Reagan, Care Communication Operator Manager

Problem Statement

Between January 20, 2025 and February 14, 2005, 57% of incoming calls for Tennessee Oncology Midtown and Med Park clinics were related to scheduling needs. This high call volume places a considerable operational burden on the clinics and adversely affects the overall patient experience.

Outcome Measure
# Baseline data
Med Park and Midtown Scheduling Related Calls

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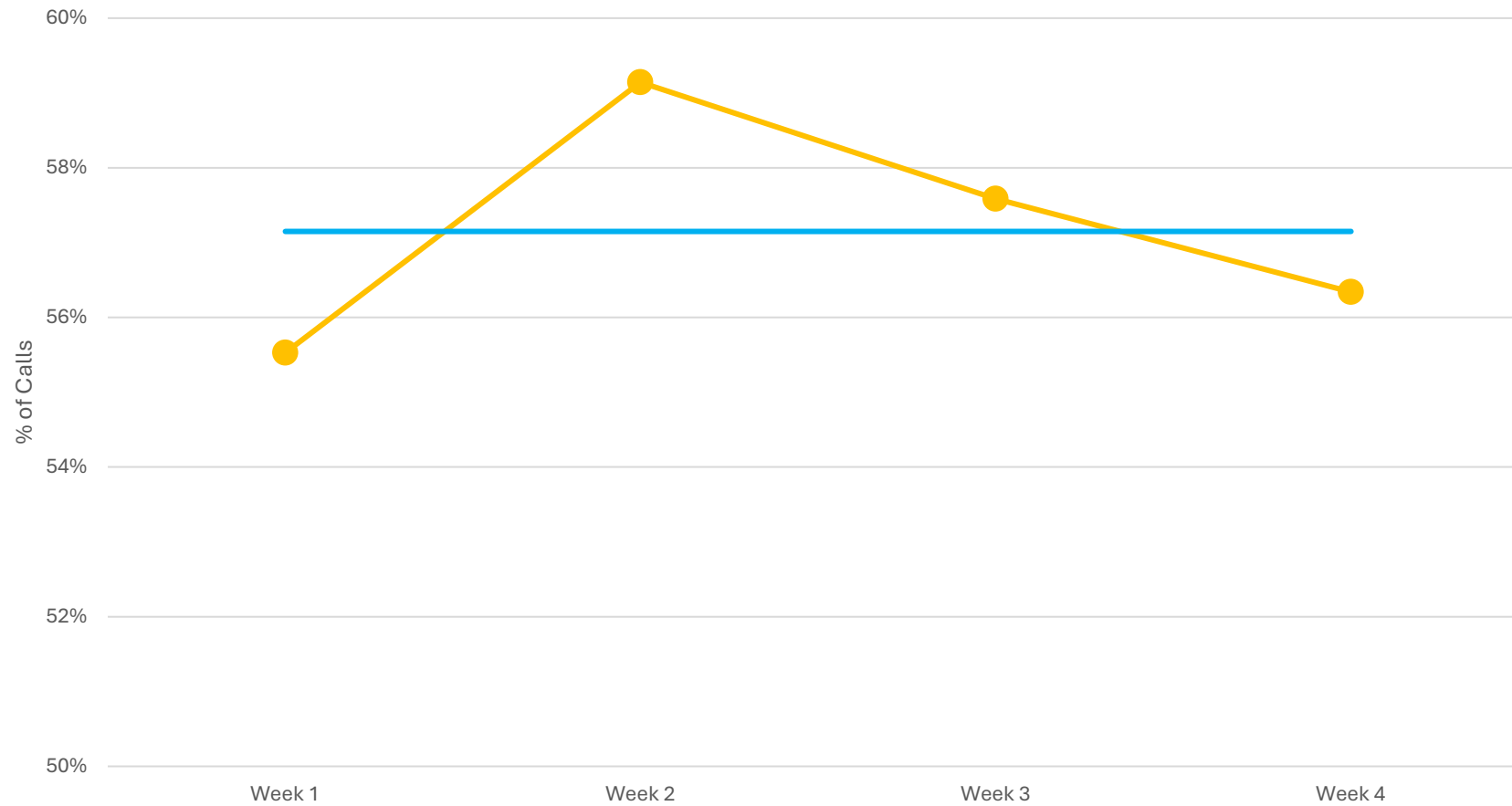
Baseline data summary

| Item	Description
Measure:	Total number of incoming calls and number of incoming calls related to scheduling needs to the Tennessee Oncology Midtown and Med Park clinic is continuous data.
Patient population:	All oncology and hematology patients who called the Tennessee Oncology Midtown and Med Park clinic.
Calculation methodology:	Total number of incoming calls and call reason from January 20, 2025 to February 14, 2025, were counted, as recorded in our telephony platform. Num = scheduling/ Den = all call types.
Data source:	The data was collected electronically via our in-house phone system.
Data collection timeframe:	January 20, 2025 – February 14, 2025
Data limitations:	There are two potential limitations in our data: a small volume of duplicate calls due to the way our phone system routes calls in waves, and the inclusion of after-hours calls in the total call volume.

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Aim Statement

By June 2025 we will reduce the number of incoming scheduling related calls by 10%, thereby improving the patient care experience and decreasing operational burden.

Process map
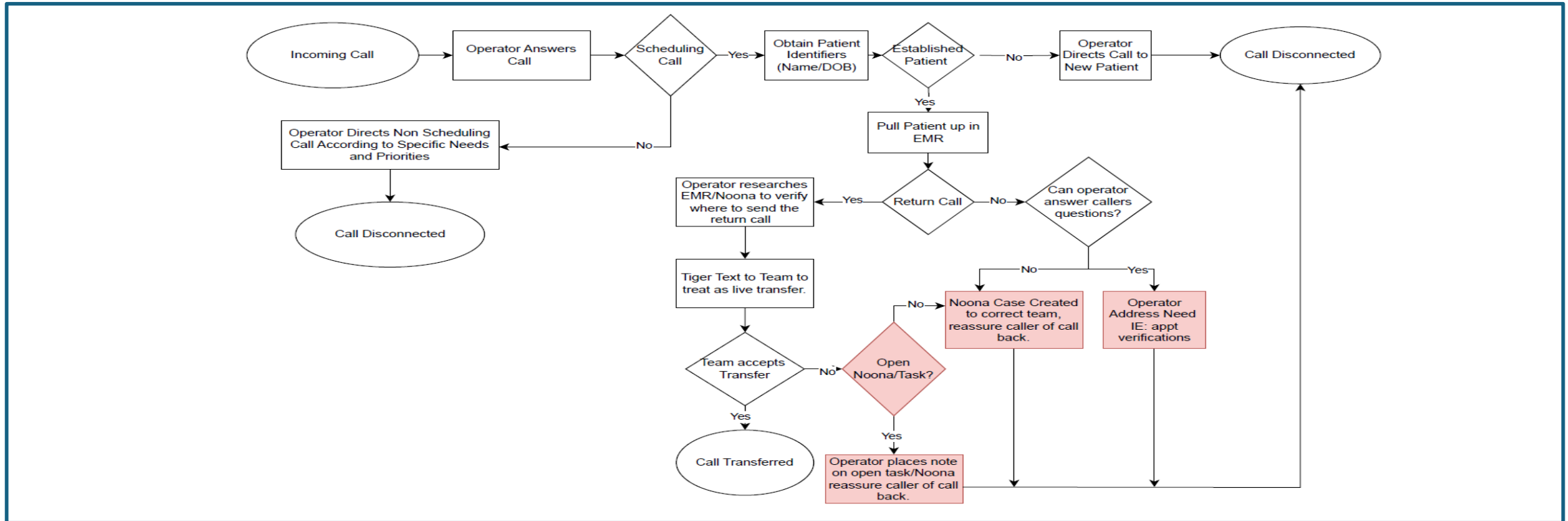
- The current workflow does not allow direct access to the team for immediate scheduling needs, leading to additional calls for a single issue. As a result, the process delays response times for patients and increases the workload on two already lean teams.
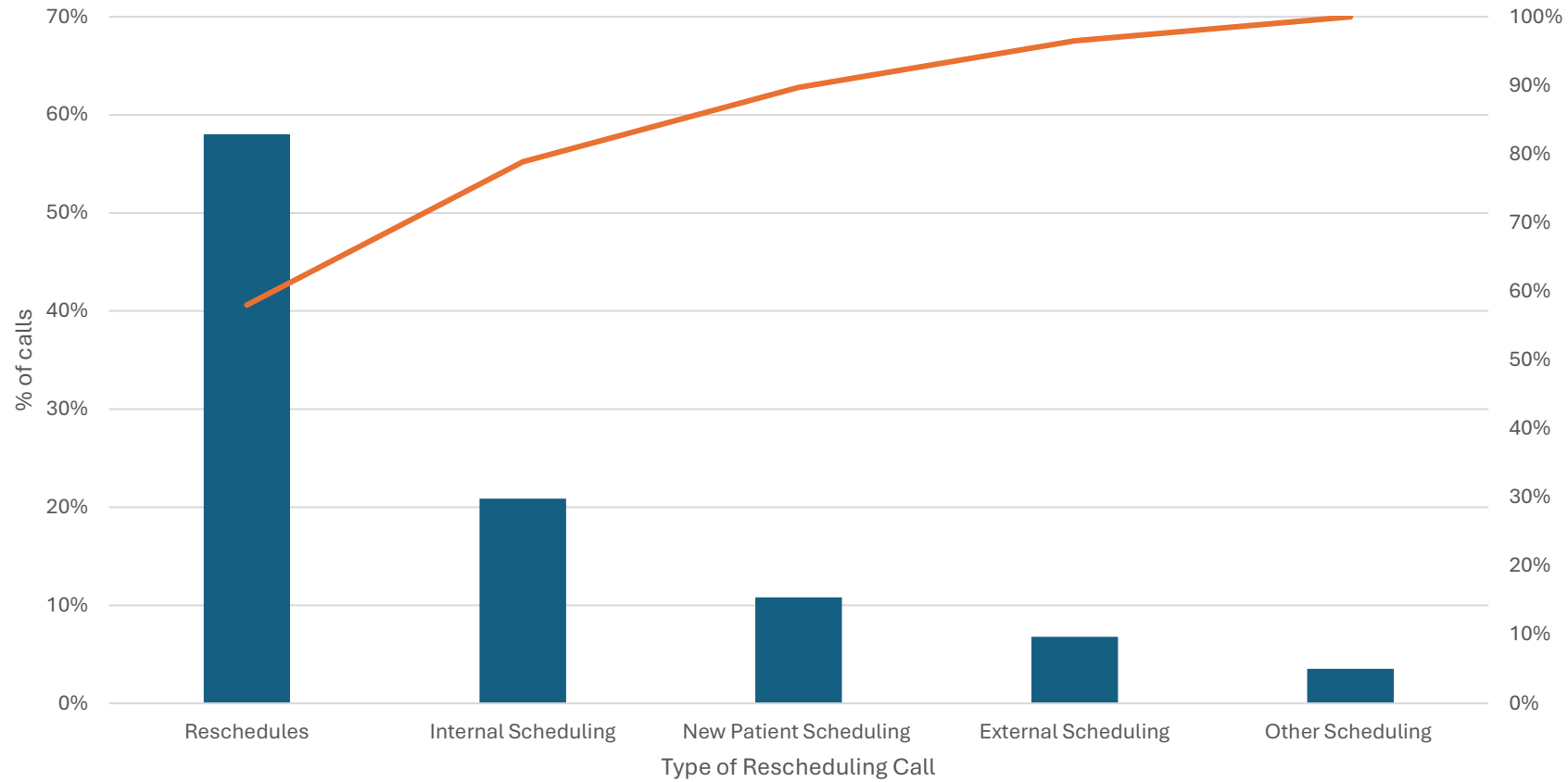
Cause and Effect diagram
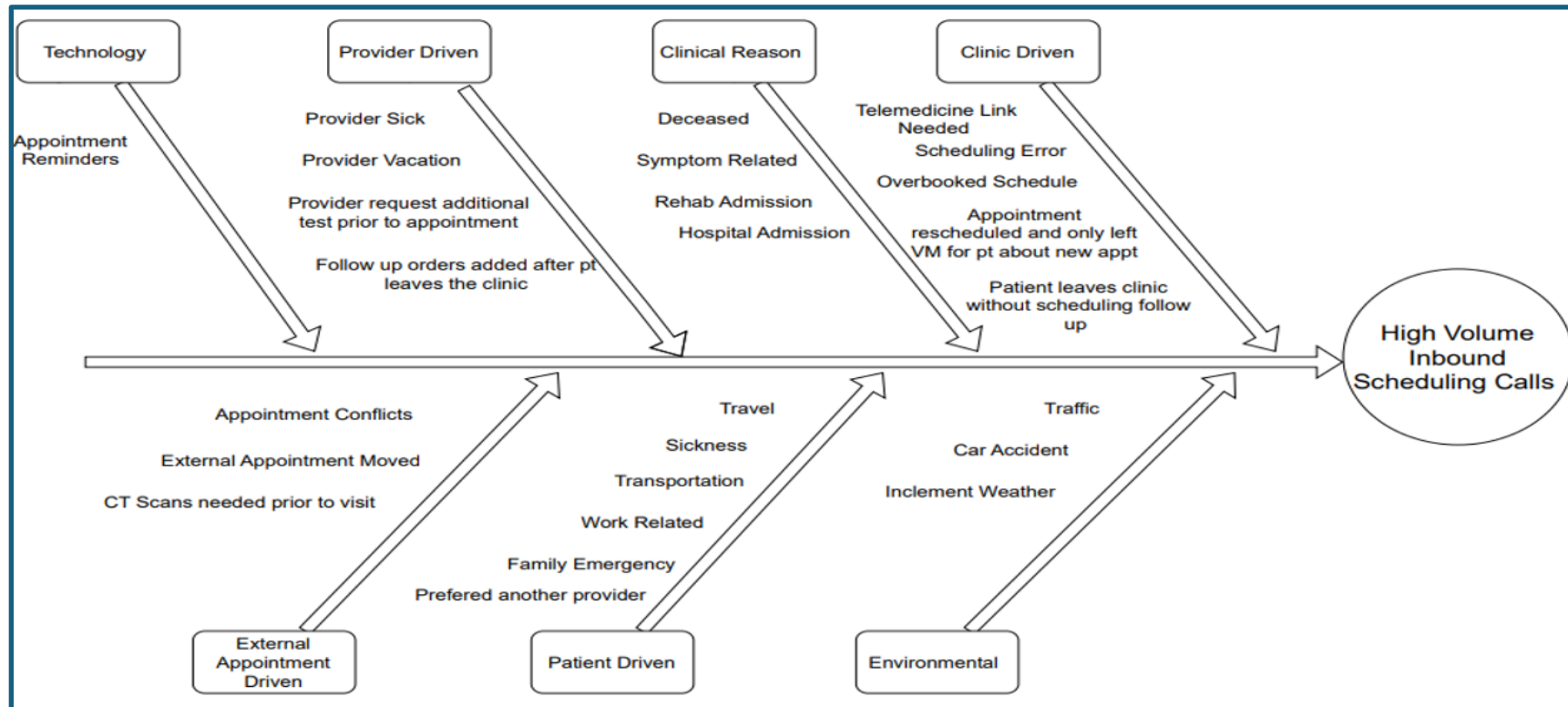
- When comparing two large clinics, overall call volumes were similar; however, the reasons for scheduling-related calls varied significantly. In both clinics, a high volume of calls was driven by technology-related issues and patient-initiated needs.

Process Measure
Diagnostic Data
Scheduling Call Type

Diagnostic Data summary

Item	Description
Measure:	The AI analysis of the reason for call and scheduling sub-category data is discrete.
Patient population:	Patients who made an incoming call to the Midtown and Med Park Main Line, for which we were able to match a transcript with call log data, and who indicated a reason for a schedule change.
Calculation methodology:	100% matched patients, AI-categorized, filtered down to a rescheduling category, with manual data analyze to find reason for rescheduling sub-categories and percentages for each sub-category. Num = reason to reschedule / Den = all scheduling sub-categories.
Data source:	Call system recording and transcript data were collected via a REST API and stored in a data warehouse. The data was processed using the proprietary Llama 3.2 70B LLM, with custom training, prompts, and output aggregation through the warehouse.
Data collection timeframe:	January 20, 2025 – February 14, 2025
Data limitations:	While AI language models (LLMs) may exhibit some degree of error, this model was trained through multiple prompt iterations and human validation of its outputs. Validation results demonstrated an accuracy rate of nearly 99%. Some constraints included calls with multiple reasons, the need for manual data review to categorize subtopics, and the quality of call transcripts provided by the phone service provider.

Countermeasures

	Easy	**Difficult**
High	• Encourage Portal Engagement for appointment verification. • Repurpose Operator for in the moment scheduling calls.	• Use MAs to schedule. • Change outbound number for appointment reminders to clinic number. • Treatment Room PSC scheduler. • Pt driven self scheduling.
Low	• Turn on overhead lights. • Sign to direct patients to check out. • Highlight appointments on reminder sheet.	• MAs to walk patients to check out.

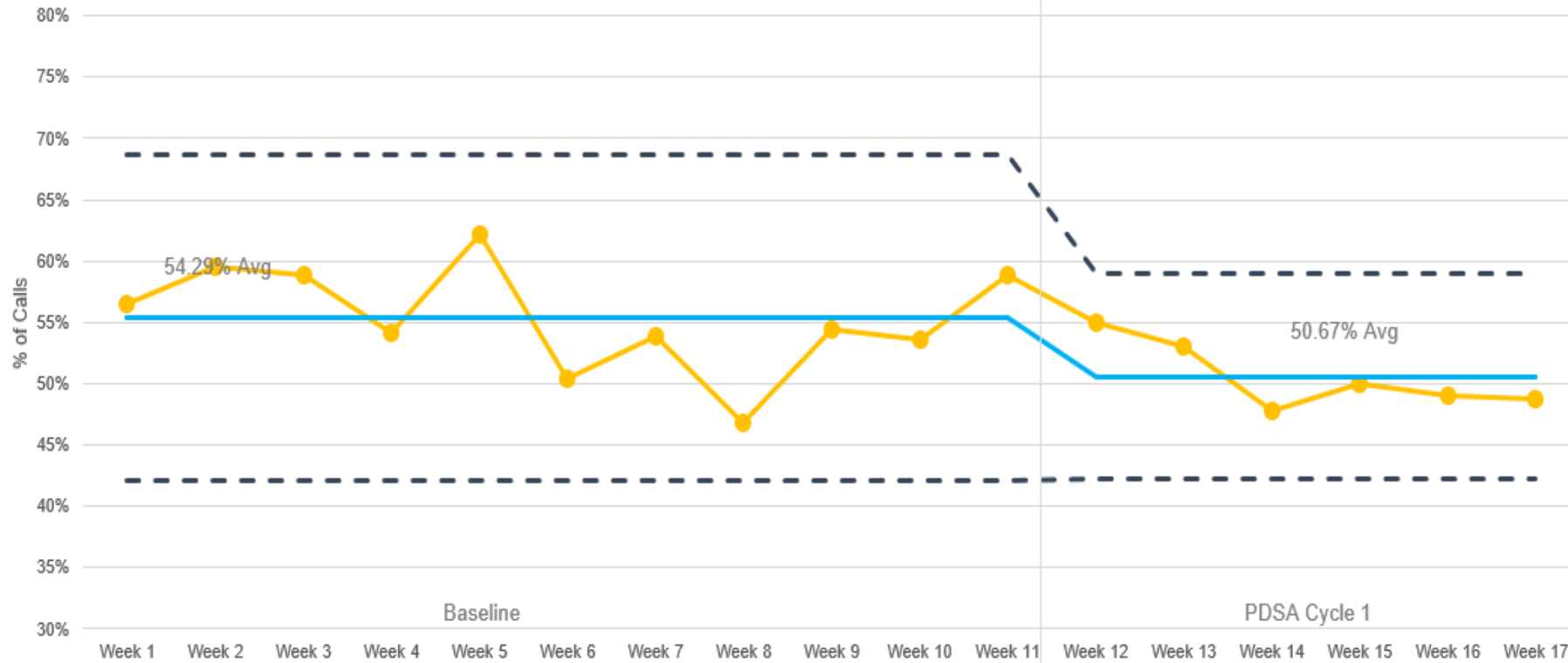**Impact** (vertical axis), **Ease of Implementation** (horizontal axis)

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PDSA Plan

Date of PDSA Cycle	Description of Intervention	Results
• April 9, 2025 – May 18, 2025 (ongoing)	• Assign a remote team member to manage real-time simple scheduling calls directly, rather than routing them through Noona or Tiger to patient-facing team members.	• Weekly data monitoring during this PDSA cycle showed a 3.62% decrease in overall rescheduling calls, along with a 10% reduction in upper control limits, indicating improved control over the process. • Feedback from the operator team indicated a noticeable reduction in the volume of rescheduling calls, along with improved accessibility in reaching someone promptly to assist patients, resulting in fewer delays in response times. • The in-clinic teams reported a decrease in the backlog of follow-up calls to patients, as well as fewer interruptions throughout the day, allowing them to focus more effectively on caring for patients in the clinic.
• April 21, 2025 – May 18, 2025 (ongoing)	• Patient Services team engaged with patients at both check in and check out to assist then in accessing the patient portal, encouraging them to verify appointments without needing to call the office.	• Weekly data monitoring during this PDSA cycle showed a 2.95% decrease in overall rescheduling calls. • There was a substantial increase in patient portal engagement and enrollment. • The patient services team noted that attempting portal enrollment at check-out often slowed down scheduling, leading to a backlog of patients waiting and, during high-volume times, the task was frequently set aside. • In contrast, PSCs at check-in found it easier to incorporate portal enrollment into their workflow. Patients generally appeared engaged when approached, though many indicated they would complete the setup after leaving the clinic.

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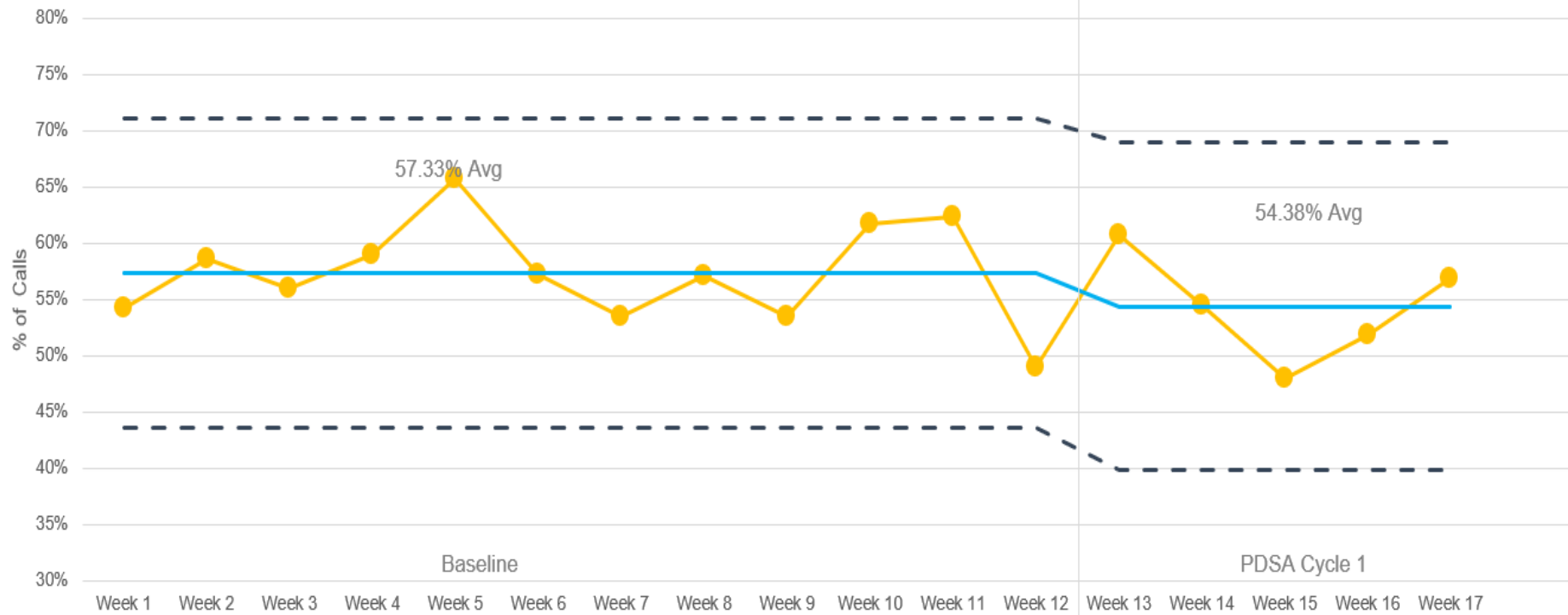
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Change Data

Midtown Scheduling Call Volume
SPC PDSA Cycle 1

Change Data

Med Park Scheduling Call Volume
SPC PDSA Cycle 2

Sustainability Plan

Next Steps	Owner
• Establish a Remote Patient Services Assistant role to support our clinics with live scheduling calls and task management. This position will play a vital role in improving patient access and overall clinic efficiency, with a specific focus on non–patient-facing tasks. As part of the planning process, assess current operator staffing to determine whether a few existing team members can be repurposed for this role, with the potential to add a few additional FTEs as needed.	Susan Bingham (Patient Services, Director), Shawntaye Reagan (Care Communications Operator Manger), Angela Hill (Midtown Operations Manager)
• Create a company-wide workflow for our Patient Services team to assist patients with accessing and engaging with their patient portal. The workflow should also include the distribution of an educational pamphlet that patients can use as a resource after leaving the clinic.	Susan Bingham (Patient Services, Director), Christy Schneider (Enterprise Project Management Director), Kelly Boyd (Med Park Operations Manager)

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Conclusion

- AI was key in identifying drivers of scheduling-related calls, enabling faster issue detection and improving real-time process monitoring.

- Assigning a non–patient-facing team member to handle rescheduling calls improved the patient experience both in-clinic and by phone. While we didn't fully reach the 10% call reduction goal, rescheduling calls dropped notably at the Midtown clinic, where a significant decrease in upper control limits showed better process control.

- Direct patient communication about portal use was more effective than passive methods, leading to better understanding and higher usage. While we didn't fully reach the 10% call reduction goal, did see a reduction in calls.

- Though some rescheduling is unavoidable, offering easier access to verify appointments or direct support to reschedule reduced delays and backlogs, improving the experience for patients and staff alike.

- Next steps include reassessing FTE needs, monitoring call volume trends, and adjusting staffing, through retraining or new roles, to meet demand efficiently and reduce unnecessary workload.