Case Study

TeamHealth Medical Call Center nurse triage partnership results in annual ROI of $2M

The Client’s Challenge
The benefit of hospital community lines is often substantiated in "soft" returns like community perception and satisfaction. However, for a community nurse line to be a sustainable option for a hospital or health system, the return must include a more concrete return on investment (ROI). TeamHealth Medical Call Center (THMCC) was challenged with validating the value of one of the hospital's community lines.

Our Solution
The client hospital system offered a centralized scheduling office that was available to THMCC for post triage appointment setting. THMCC built directives and tracking mechanisms that capture which patients were eligible for transfer to the appointment center. A priority line was established to ensure a speedy and efficient “warm” transfer from the triage nurse to the appointment scheduler. Only 10 percent of callers declined the offer to transfer due to already having an established primary care provider (PCP) relationship, and some patients were ineligible for transfer due to the urgent nature of their current symptoms. Those patients were referred to emergency care, and 38 percent of patients indicated they would seek care at an in-system emergency department (ED). (RNs included competing hospitals in the list of location options for patients to choose preferred locations.) Other reasons why a caller was ineligible for transfer included insurance concerns, transportation issues, and distance. The client received monthly transfer reporting via one of the comprehensive dashboards, allowing the system to build solutions that could eliminate barriers to care.

Our IMPACT
The streamlined process resulted in many benefits, such as enhanced caller satisfaction because callers achieved one-call resolution to their healthcare needs. The financial ROI continued as appointments and urgent caller ED referrals provided significant revenue to the system. At the close of the triage, 27 percent of eligible patients were warm transferred immediately to the appointment scheduling office for appointments. If the centralized scheduling office were available to THMCC 24/7, 59 percent of eligible callers would have been transferred. With modest revenue assumptions of $75 per office visit and $900 per ED visit, the system ROI topped $2 million annually from the community line. The principle of reciprocity holds true for hospital systems exploring ways to give back to their community—in return the community gives back to them, both in visits and more satisfied patients.