

Background

Call centers are one of the primary interfaces at which pharmaceutical companies interact with their customers regularly. Customer service, pharmacovigilance, product complaints, and medical information are all areas that are serviced by call centers.¹ When responding to this diverse set of customer inquiries, different practices may be utilized in handling them resulting in varying call center efficiencies and ultimately consumer satisfaction.

Much research has been done on product and medical information inquiry call centers in the prescription drug sector of the pharmaceutical industry.² However characteristics of responses by consumer healthcare call centers exclusively is not as well understood. Generally, inquiries at consumer call centers vary widely from ingredient and allergy information to complex medical inquiries requiring escalation.

Escalation is the process by which a customer's case is presented to a more senior company representative, and is an integral part of call center operations. It is more efficient for call centers to reduce escalations as much as possible.³ The gold-standard for turning around a response is 24 hours, however typically it can be up to 7 or more days.⁴

Objectives

- To compare processes and characteristics of responses to product inquiries among Consumer Healthcare call centers in the United States.
- To measure and compare the efficiency of Consumer Healthcare call centers in the United States.
- To compare processes and characteristics of standard responses to medical inquiries among Consumer Healthcare call centers in the United States.

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Methods

This study protocol was reviewed and approved by the Rutgers University Institutional Review Board.

Study Phase I (N=11): Consumer healthcare call centers were called and the IRB approved consent form was read verbally. If consent to participate in the survey was obtained, the calling investigator asked the call center agent a series of questions regarding the following parameters:

- Educational background of call center agent
- In-house vs. Contracted call center
- Resource used to answer inquiries
- Handling of Adverse Events
- Handling of Product Quality Complaints
- Use of Interactive Voice Response (IVR)
- Complexity of Interactive Voice Response (number of options)
- Handling of disease state inquiry
- Handling of dietary restriction inquiry
- Escalation Threshold

Study Phase II (N=11): The healthcare professional line for the consumer healthcare call centers were called with an IRB approved consent script. If verbal consent was obtained, the calling investigator verbally submitted a medical information inquiry to the call center agent for medical information regarding one of the company's products via email, provided an email address to send the response to, and recorded the following information:

- Time of call
- Time of submitting inquiry

After submitting the inquiry, the time to receive the response via email was calculated using the time of submission and the time of receipt.

Escalation Threshold:

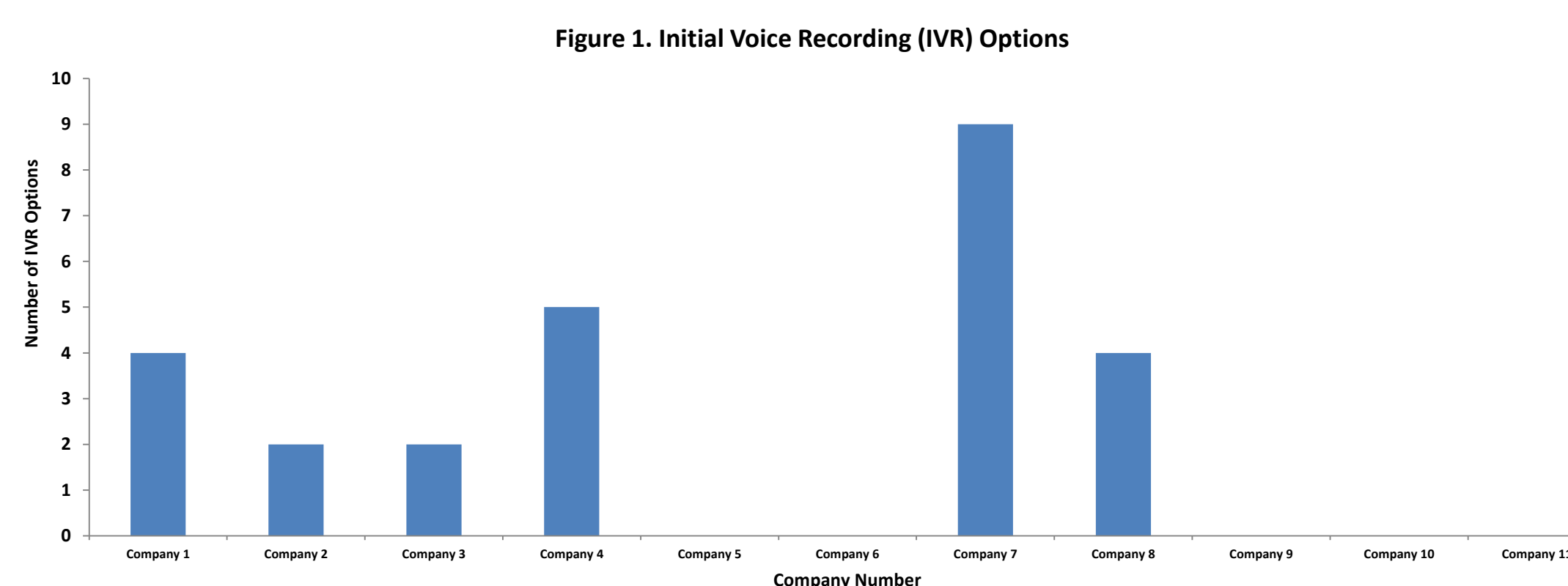
The 5-point Escalation Threshold was calculated by scoring the following parameters (0 points if escalated; 1 point if not escalated):

- Handling of Adverse Events (0/1)
- Handling of Product Quality Complaints (0/1)
- Handling of Off-Label Medical Inquiry (0/1)
- Handling of disease state inquiry (0/1)
- Handling of dietary restriction inquiry (0/1)

Results

Out of the 11 consumer healthcare call centers that were surveyed in this study, the response rate was 0 (0%). Most call center agents that responded via phone declined to participate providing several reasons including: requiring permission from management, survey response not within scope of abilities, and having insufficient resources to participate.

Of the 11 companies that were included in this study, all of the consumer healthcare companies utilized Interactive Voice Responses (IVR) for their call-flow. The complexity, portrayed as the number of options, of each companies IVR is shown by Figure 1.



Limitations

- As there are only a few consumer healthcare companies, the number of call centers included in the study was low.
- As the response rate for survey studies is low, there was a risk that only few call centers would complete the full survey and also substantial conclusions cannot be drawn nor generalized to all consumer healthcare companies.
- This study only addressed U.S. companies and as medical and legal policies vary by country, results of this study do not apply globally.
- The survey responses may only reflect the opinions of the call center agents and not the actual company process.
- As the survey was administered verbally, the consent script used a significant amount of call time, thereby limiting call center agent availability for response.

Conclusions

Out of 11 surveyed call centers, 0 chose to participate. As such, no substantial conclusion could be drawn regarding call center characteristics, efficiency, nor medical inquiry responses. The variation in number of IVR options in call-flows may indicate that some companies are more efficient in their call center process than others. Further studies are needed to understand the characteristics of consumer call center responses.

References

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Disclosures

All authors are affiliated with Rutgers, The State University of New Jersey.