

“STCHealth? I want to lodge a complaint about your helpful customer service!”

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Everyday Heroics & The Art of Helping by Dale Dauten, Syndicated Columnist Special for the IINews

Everyone who works is helping someone. Said another way, every job is to be a helper. The luckiest of those are the ones whose work pulls them into the most critical circle of helping, the one that saves lives.

“If I still had my uterus, I would name my unborn child after you!”

That sentence came at the end of a helpline conversation, an outburst of gratitude for... well, for being helped. The exchange was with the folks at STCHealth’s Provider Support, the help desk for users of its vax data systems. We sat down with two of the leaders of that team to see what we could learn about the everyday heroics of assisting people who work with vaccine data, as well as helping consumers/patients use their personal vax info at MyIR Mobile. Said another way, we wanted to see what we could learn about the art of helping.

We’ve all heard those stories where people at a helpline mock their customers, those calls where the user is angry because their computer won’t work only to discover via some questioning that the user forgot to plug in the computer. We read one sad lament, “I used to be a sympathetic human being until I started working at a call center.” And we had to smile at Randy Glasbergen’s idea for a helpline re-recording: “Thank you for calling customer service. If you’re calm and rational, press 1. If you’re a whiner, press 2. If you’re a hot-head, press 3.”

But we wanted to go deeper and learn something about *the circle of helping* with vaccinations, the one that starts at a biomedical lab and seems to end at an arm getting an injection...but no, no, it doesn’t stop there... there is so much to learn from the data generated by millions of arms getting injected that it keeps the circle of helping going, right back to the labs and the policy makers and the vaccines and programs to come.

We sought out Asad Tufail for his wisdom. His title at STHealth is VP of Customer Success and that title alone tells you how he and the company feel about helping. We began by asking him to talk about a day in the life of those whose job it is to help the helpers; that is, to assist those providers who use the state immunization registries. “I started out in Customer Support,” he told us. “All day on the phone. It’s exhausting, mentally and physically, to concentrate that hard for that long. *But*, because I’m someone who *loves trouble-shooting*, I found it rewarding. For me, it’s about serving others to make their lives better, however big or small. This applies to customer service and leadership alike!”

From the Provider Desk, a call taken by STHealth’s David Pineda:

David: Good morning, thank you for calling the Help Desk. How can I assist you today?

Provider: One of my employees has an account and needs to log in but couldn’t remember her login info.

David: Can you please provide me her name and email address and I’ll email her the credentials?

Provider: Oh gosh, I don’t even know what name she’s under anymore – she’s been married so many times in the last few years. So I’ll just give you all the last names she has gone by and her email.

David: No problem, I’ll look up her account and email her the username.

Talking with Asad reminded me of a quote by author Betsy Sanders: “Service, in short, is not what you do, but who you are. It’s a way of living that you need to bring to everything you do if you’re to bring it to your customer interactions.”



Asad Tufail

(Speaking of “who you are”: Among those who know him, Asad is famous for his voice. That can come into play when handling service calls. He recalled, “For me it’s a bit different because I have an accent. I once had a group of nurses from Tennessee gather around a speakerphone just to hear me talk.” I asked him how he describes his accent, which I would have simply called “British,” but he specified as “South-west London.” He added, “Thanks to my schooling, it’s a bit prim and proper.”)

We found the same elevated sense of service when we talked with one of Asad’s key team members, Hrvojka (pronounced “ha-VOY-ka”) Vlasic and asked her about her work. “Last year was crazy,” she recalled, “because we had so many new providers, many who had never used an immunization registry. But, at the end of day, we felt we were part of something big. We were helping them order vaccines or administer vaccines.” We can all remember the excitement around the rollout of the COVID-19 vaccines – something big, indeed.



Hrvojka Vlastic

The Provider Support team has been collecting stories from their calls as part of their feedback loop. Plus, the calls allow users to leave comments and suggestions.

CALL RECORD: “I am trying to use this program in Maryland. I can’t get past the birthdate entry. I get a calendar that moves one month per tap, but I am 80 years old so I may not live long enough to tap 80X12 times.”

Hrvojka tells us that 97% of the feedback is positive, and that answers one of the things we’ve always wondered about working in Customer Service – the percentage of calls that are hostile. Given that unhappy callers seem to be more likely to leave comments, that puts the number of angry callers at, say, one in fifty. Not bad, especially given that many of the calls are from people under pressure. Asad recalled the time when Singapore decided that it would only allow entry to the country to people with their special vaccine QR code. There were callers who’d spent thousands of dollars on flights to Singapore who suddenly faced being turned away. “There was one gentleman who was headed to Singapore as part of bringing business to his state,” Asad remembered. “He needed his state registry to provide that QR code and offered to get the governor involved. But we managed to solve that problem.”

The team meets every week to discuss feedback with team trainers who audit tickets and who create a newsletter that includes tips for the team. Some of those are quite specific. For instance, the Indiana registry is called CHIRP (Children & Hoosiers Immunization Registry Program) and that led to this call with STChealth’s Paola Gutierrez:

Paola: Good afternoon, thank you for calling the CHIRP Help Desk. How

can I assist you today?

Caller: I need assistance with my wheel.

Paola: ????

Caller: I’ve ordered a wheel from you and it’s not working. This is a horrible product; I need a new one.

Paola: Sir, this is the Indiana Immunization Registry Help Desk, we don’t sell wheels.

Caller: Oh I see...Can you please transfer my call to the right number?

Paola:???

And here’s the tip: Turns out, there’s product called Chirp Wheel that you roll your back on.



Asad summed up working in support this way: “We get to resolve most problems.” And you’ll recall that Asad said he sought out the work in Customer Service because he loves troubleshooting. Don’t you love that term “troubleshooting”? Here comes trouble -- let’s take a shot. And that’s how you protect the circle of helping.

Vax Stats of the Month

When Medicare Dollars Travel: The Top Medicare Magnet Cities

By Bill Davenhall, Geomedicine Analyst

In the five-year period of 2015-2020, Medicare spending for hospitalized beneficiaries increased more than 200 billion dollars. **Where** Medicare paid for hospital care is, however, largely determined by *where beneficiaries actually received their care* -- and it's not always in the same zip code where those beneficiaries reside. That means that every residential zip code in the United States has either an increasing or decreasing share of the economic value of the Medicare dollar. It will not always be the closest hospital that delivers and gets paid for their care. Sound like a confusing analysis to perform.

To the rescue: Medicare (CMS) provides a free public datafile each year called the [Hospital Market Area File](#) that provides the ability to perform such an analysis. I like to call this type of analysis a "patient origin and resident destination" study – a way to know specifically where Medicare spending was affected by either the volume of patients served or where the service was provided – despite how far away it might have been from where they usually live. As you will learn if you decide to look at this data, people do choose to get their care in other locations, either by their own choice or that of a referring physician, far from where they typically reside. This means that where Medicare beneficiaries choose to live, as well as where they decide to have their hospital services delivered, are the major drivers of the economic "swings" communities will be seeing. *Many hospitals will want to be magnets for seniors who want their care delivered, especially elective, in better weather!* See if this is not true in your area by examining this data.

Here is just one fact that I gleaned from the latest data (2020) – 86 residential zip codes **each** saw the economic value of their Medicare beneficiaries **increase by more than \$100 million** over the five-year period (2015-2020). **Together, more than 10 billion dollars of increased value** to hospitals and the communities the hospitals are located - somewhere in the United States.

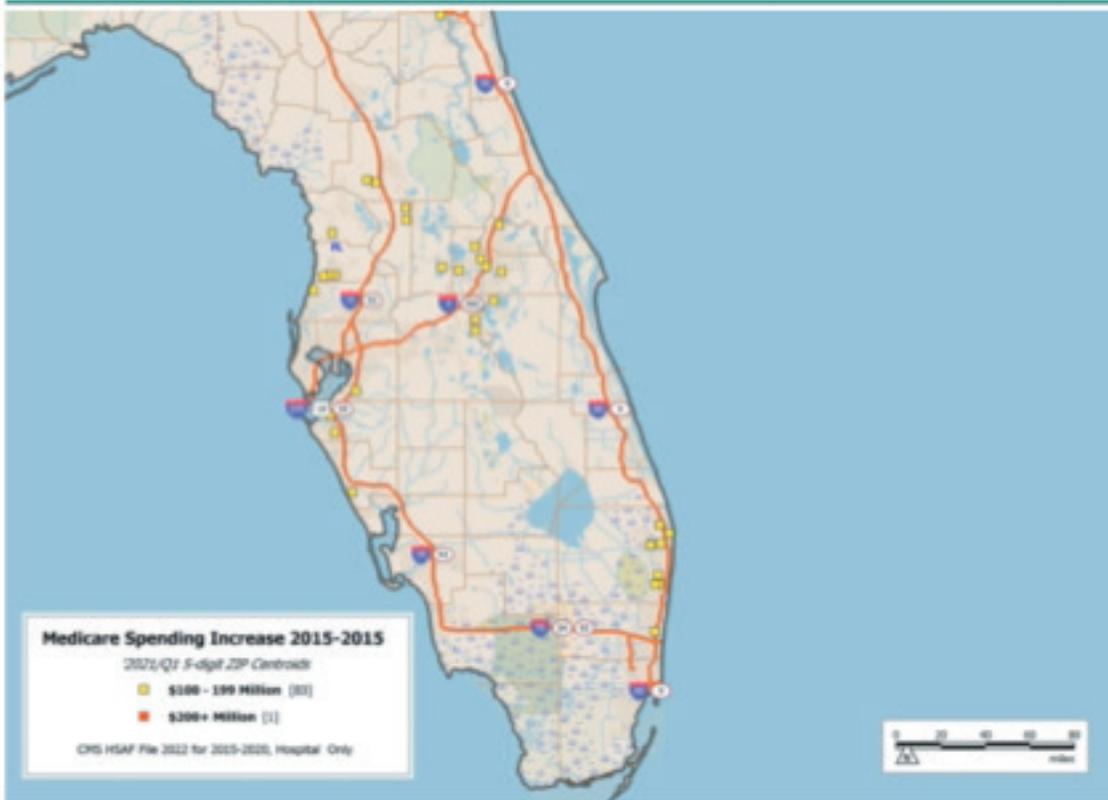
Interestingly, most of the **increased value clustered around three very distinct geographical areas – Las Vegas, Orlando, and Manhattan, New York.** (See examples in the maps below.) A future analysis will examine those 86 zip codes and identify what hospitals, in which communities benefited the most from the increased value of beneficiary migration.

I would encourage you take a peek, as I recently did at this file, and discover for yourself what is happening in your own area of interest. Let me know what you think of this file and if you need assistance in getting started- let me know!

As always, I appreciate a 2nd opinion!

Medicare Spending Increase of \$100+ million by Zipcode of Patient (2015-2020)

STHealth Analytics



04/15/2022
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