

CASE STUDY

TRANSFORMING CALL CENTER PERFORMANCE & PATIENT CONVERSION

BACKGROUND

Managing a clinic scheduling center requires more than just answering phones – it requires clear protocols, targeted training, and smart metrics to drive both performance and patient satisfaction. Without these, agents can feel lost, underperform, and ultimately cost the organization valuable revenue opportunities.

When a patient calls, it's a critical moment – a direct opportunity to drive revenue by initiating care. Yet many scheduling centers fall short not only in booking appointments, but in ensuring they're completed, often due to poor training and lack of accountability.

Recognizing the growing gap in their call center's performance, a major healthcare provider partnered with Business Integrity Services (BIS) to overhaul their scheduling operations.

The client's call center was facing:

- ⚠ *Long call wait times*
- ⚠ *High abandonment rates*
- ⚠ *Declining patient satisfaction*
- ⚠ *Missed revenue opportunities*

**NEW PATIENTS
COMPLETED
APPOINTMENTS
INCREASED BY**

36%

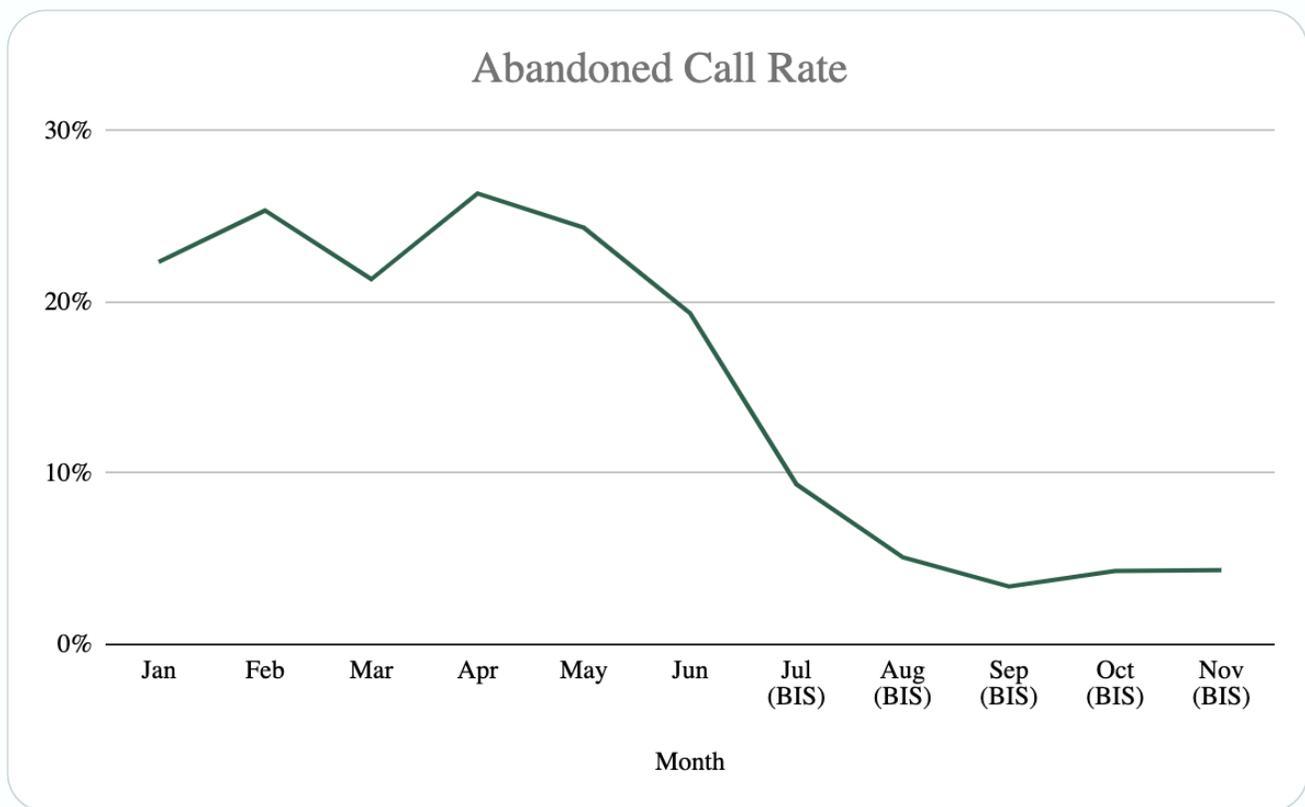
PROBLEM

Before partnering with BIS, the client's scheduling center regularly saw:

Average call wait times of
⚠️ 20-40 min

Abandonment rates exceeding
⚠️ 20%

These issues resulted in missed opportunities to convert inbound patient calls into booked appointments and ultimately completed care, directly impacting the clinic's bottom line.



After Business Integrity Services started working with the clinic's scheduling center, abandoned call rates dropped drastically.

DIAGNOSIS

BIS conducted a thorough analysis and was able to uncover the root causes:



INCONSISTENT REPORTING & LACK OF VISIBILITY

Leadership lacked clear, real-time reporting, making it difficult to oversee performance or spot call-center related issues early and at the source.



UNDEFINED SLAS AND KPIS

Service Level Agreements (SLAs) and Key Performance Indicators (KPIs) were either absent or loosely enforced, leading to inconsistent agent performance and no real accountability.



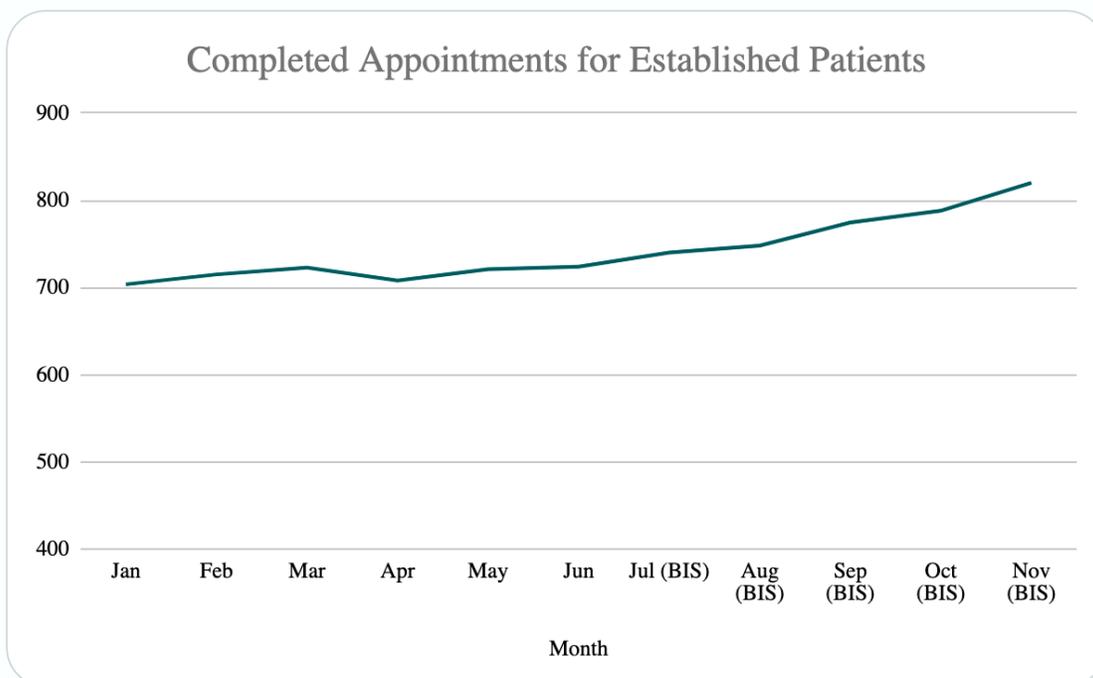
LIMITED AGENT FOCUS ON CONVERSION

Agents were not adequately trained to view each call as the beginning of the care journey, and lacked structured techniques to support patients from first contact through to completed appointments.

SOLUTION

After diagnosing the core issues, BIS implemented a **targeted three-pronged strategy** to turn the call center around. This approach focused on **operational enhancements**, a **conversion-centered training strategy**, and the **creation of a new performance tracking system** centered on Pace Per Day (PPD).

The scheduling center's operational inefficiencies weren't limited to new patients – they were also contributing to missed and incomplete appointments for established patients.



The full solution is outlined below:

RESULTS AT A GLANCE

ABANDONMENT RATE

Dropped from 20%+ to 9% in the first month, and stabilized between 3–5%, consistently outperforming industry benchmarks.

AVERAGE SPEED OF ANSWER (ASA)

Improved to under 30 seconds, month over month.

GROWTH IN APPOINTMENT PACING

The number of new patients completing appointments increased by 36%.

Completed appointments for established patients grew by over 12% month-over-month, showing sustained improvements in operational efficiency and patient retention.



ACTIONS TAKEN BY BIS

OPERATIONAL ENHANCEMENTS

The scheduling center was operating with a misaligned workforce—too few agents during peak hours and no dynamic adjustment to changing call volumes. This led to long wait times, overwhelmed staff, and missed opportunities. Without structured coaching or oversight, performance issues went unaddressed, and escalations became common.

FORECASTING

One of the first issues BIS identified was the lack of accurate call volume forecasting, which meant the clinic's call center was consistently understaffed during peak hours and overstaffed during slower times. This misalignment led to long wait times, high abandonment rates, and an overwhelmed scheduling team.

Using historical call data, BIS rebuilt forecasting models that accurately predicted call volume patterns and realigned scheduler coverage accordingly — ensuring the right number of agents were available at the right times. This foundational change alone helped stabilize call flow and significantly reduce wait times.

TRAINING

With proper coverage in place, BIS shifted focus to maximizing agent performance. They overhauled the call routing system, improving IVR logic to reduce delays and ensure patients were directed to the right agents faster. Agents were also cross-trained to handle a wider range of call types, increasing flexibility across the team.

To further support performance, BIS launched structured coaching and QA programs, as well as real-time support systems that empowered agents with immediate feedback and escalation guidance – creating a more consistent, responsive, and scalable scheduling operation.

As part of this effort, BIS also reduced the agent training duration from three weeks to just one, thanks to a dedicated trainer who developed customized training materials and collateral tailored to the client's systems and workflows, accelerating onboarding without compromising quality.

At a Glance:

- ✓ Rebuilt call volume forecasting models
- ✓ Realigned scheduler coverage to peak demand times
- ✓ Improved IVR routing to reduce delays
- ✓ Cross-trained agents for flexibility
- ✓ Launched structured coaching and QA
- ✓ Implemented real-time agent support systems

CONVERSION-CENTERED STRATEGY

The call center wasn't just battling wait times – it was losing revenue opportunities by failing to convert patient calls into scheduled and completed appointments. Agents were focused on answering calls quickly rather than driving outcomes; calls were seen as tasks rather than opportunities. With no structured approach to patient conversations, no clear scripting, and no strategies for overcoming objections, many opportunities for new and existing patient appointments were slipping away.

A CONVERSION-CENTERED MINDSET

BIS introduced a patient-centered, outcome-driven mindset across the scheduling team. Agents were trained to prioritize the quality of conversations, treating each call as a chance to help a patient complete their care journey. The objective shifted from simply answering calls to ensuring patients followed through – improving both care delivery and revenue realization.



TRAINING & TECHNIQUES

To support this new focus, BIS implemented structured scripting frameworks to guide agents through more effective patient conversations. Objection-handling playbooks were also created to help agents address common concerns and support patients in completing their care journey. These tools helped agents resolve issues more effectively on the first call, increasing the likelihood that patients followed through to completed appointments. At a glance, BIS...

- ✓ Trained agents to prioritize quality conversations over call quantity
- ✓ Introduced outcome-focused scripting frameworks
- ✓ Built objection-handling techniques to improve first-call resolution
- ✓ Reinforced a care-completion mindset through coaching and feedback



REPORTING & VISIBILITY

One of the major gaps BIS uncovered was the lack of consistent, actionable reporting within the scheduling center. The client relied heavily on total monthly appointment counts, a metric that was heavily skewed by the number of working days in each month. For example, February's performance might appear weaker than March's simply due to fewer business days — not because the team was underperforming. This variability masked true trends and made it difficult for leadership to assess performance accurately, forecast demand, or plan resources. To solve this, BIS introduced Pace Per Day (PPD) tracking — a normalized daily metric that offered a more reliable, apples-to-apples view of scheduling productivity across time.

TRACKING IMPROVEMENTS

BIS transitioned the client away from total monthly appointment tracking and introduced Pace Per Day (PPD) as the new core metric. This normalized daily output allowed leadership to measure and compare performance consistently, regardless of how many working days were in a given month.

OPERATIONAL VISIBILITY

In addition to changing the metric, BIS created custom dashboards with segmented reporting by patient type (new vs. established), making trends and problem areas easier to spot. Leadership gained real-time visibility into operational health at both the agent and management levels, enabling faster, smarter decision-making across the organization.

At a Glance:

- ✓ Transitioned from total monthly appointment tracking to Pace Per Day (PPD)
- ✓ Created real-time, custom dashboards segmented by patient type
- ✓ Enabled faster operational adjustments through improved visibility
- ✓ Strengthened forecasting and planning capabilities

OPERATIONAL VISIBILITY

In addition to changing the metric, BIS created custom dashboards with segmented reporting by patient type (new vs. established), making trends and problem areas easier to spot. Leadership gained real-time visibility into operational health at both the agent and management levels, enabling faster, smarter decision-making across the organization.

At a glance:

- ✓ Transitioned from total monthly appointment tracking to Pace Per Day (PPD)
- ✓ Created real-time, custom dashboards segmented by patient type
- ✓ Enabled faster operational adjustments through improved visibility
- ✓ Strengthened forecasting and planning capabilities

PACE PER DAY (PPD): WHY IT MATTERS

BIS introduced Pace Per Day (PPD) to solve the long-standing issue of unreliable monthly metrics. Traditional appointment totals can vary simply because some months have more working days than others, making it difficult to track true performance trends.

PPD normalizes results, measuring the average number of appointments scheduled each working day.

This allows leadership to:

- Compare performance month-over-month on a consistent basis
- Forecast staffing and scheduling needs more accurately
- Spot operational issues quickly and adjust in real-time

By using PPD, the client was able to shift from reactive reporting to proactive management – building a foundation for sustainable performance improvements.

FINAL TAKEAWAYS

APPOINTMENT CONVERSION

Appointment conversion improved significantly as a result of better call quality, conversion-first scripting, and stronger patient engagement techniques. Agents were trained not just to answer – but to convert. Each interaction was treated as a meaningful opportunity to connect patients with care.

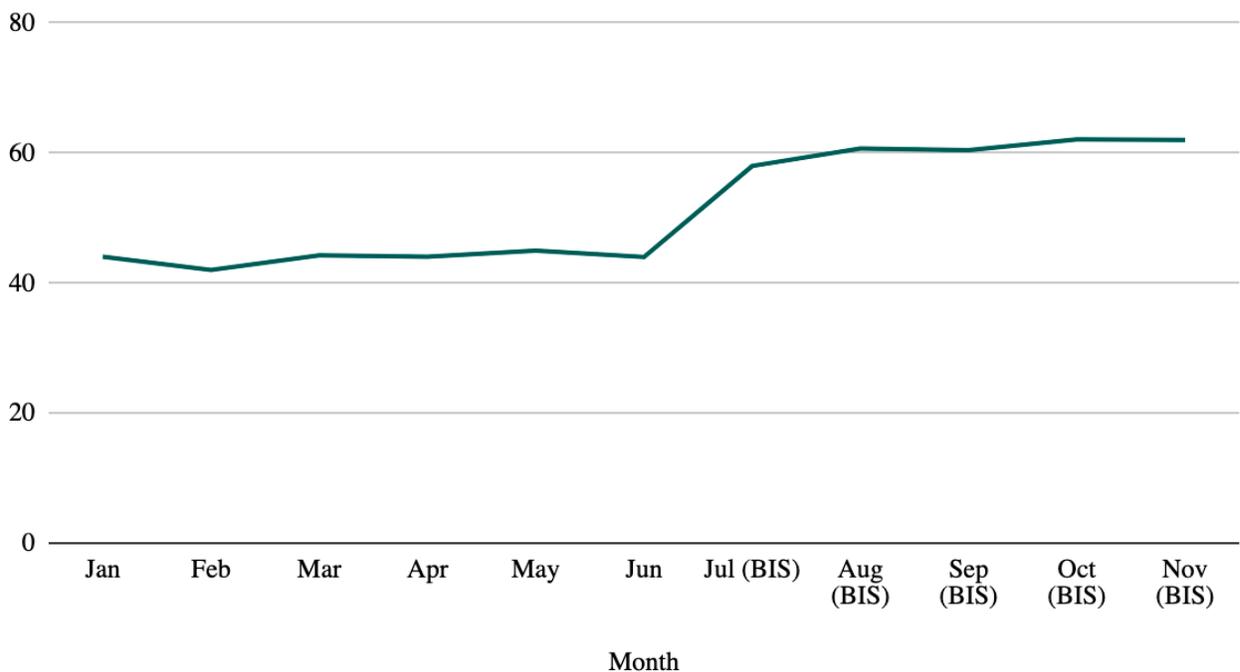
Increase in pace of completed new patient appointments

36%

ASA improved to under

30 sec
on average

Completed Appointments for New Patients



SCALABILITY & STABILITY

BIS delivered a solution that was not only effective but scalable across the organization. The result was greater operational stability, real-time visibility into team performance, and enhanced access to care for both new and returning patients.

Abandonment rates dropped from 20% to 3-5% month over month.

These improvements were the result of a deliberate balance between operational efficiency and strategic patient conversion. By equipping agents with the right tools, training, and performance standards, BIS helped the client shift from a reactive environment to a high-functioning, patient-centered system.

IN SUMMARY

BIS successfully transformed the client's scheduling operations — moving from a reactive, underperforming model to one that is proactive, data-driven, and focused on outcomes.

The introduction of Pace Per Day (PPD) enabled consistent performance tracking, smarter forecasting, and more confident decision-making.

This case not only showcases BIS's ability to stabilize operations, but also its capacity to drive measurable growth in patient access, satisfaction, and revenue.