Five9®
The Intelligent CX Platform

How AI Drives Value in Healthcare Communication

A practical guide to improve the patient experience, workflow efficiency, and overall success through AI-powered self-service.

In this e-guide, we help you set expectations for creating a new digital communications channel, with advice based on real customer experiences and verified data rather than AI hype. The data presented here is the collected experiences gathered from more than 60 Five9 Intelligent Virtual Agent (IVA) healthcare customers that span the provider, payer, pharma, and supplier ecosystem. Each of them invested in improving their operations and patient/member experiences. We include their metrics, timelines, and perceptions — and, naturally, for privacy reasons, we disguise identities.

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Healthcare Industry Use of Virtual Agents

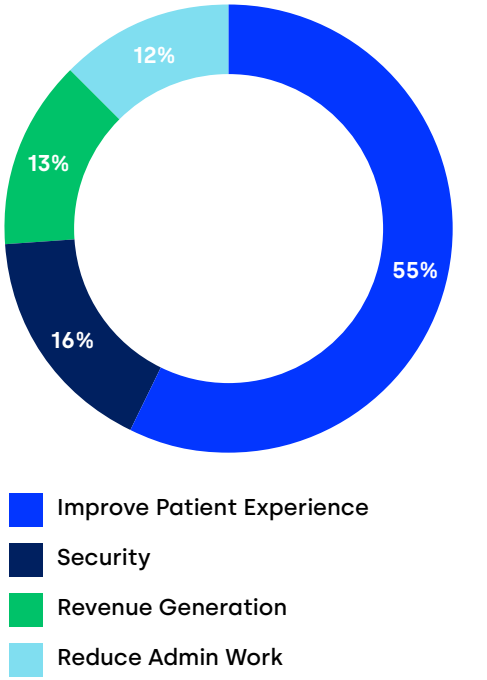


Figure 1: Healthcare Industry Use of IVAs

Healthcare organizations everywhere are adapting new methods to improve their relationships with customers, members, and patients. One way to accomplish that is to embrace chatbots, voicebots, or virtual agents. By streamlining communication, everybody benefits — from the organization's support staff to end users.

Intelligent virtual agents (IVAs) use automation and self-service to provide people with information efficiently and conveniently. Callers reach the right person at the right time, which minimizes frustration and encourages loyalty. And the organization likely saves money too.

Plus, these services are expected nowadays. What's not to like?

Healthcare organizations have extra reason to be attracted to these online tools. Customer relationships evolve in any industry, particularly in healthcare, and savvy organizations respond to those changes. Your organization might attract consumers. But it has to encourage them to become customers, and then transform those customers into patients. Once they are patients, the healthcare organization must satisfy and exceed the patient's experience to build loyalty.

Trustworthy communication is an essential element in that process. When it fails, the competition is only a mouse click away.

Healthcare organizations also need to facilitate internal processes. When you use a virtual agent to automate mundane work, you can repurpose your people to do more critical work. By reducing workload, they can devote more time to callers who deserve personal attention. And, whether the job title for those live agents is patient access coordinator, care navigator, or member enrollment specialist, the available labor pool is shrinking.

From our research, this is exactly how healthcare organizations are deploying virtual agents today. The most common uses include:

- **Communication,** which includes call steering, queue callback, SMS follow-up, and digital chatbots (for communication through websites).
- **Security,** which includes authenticating the caller, user activation/deactivation, and password resets.

Top Priorities for Contact Centers

59%
Enhancing self-service systems

59%
Improving the customer experience

* Source: DMG Consulting, 2024

- **Revenue-generating activities,** which include appointment scheduling, prescription refills, order processing, and bill payment.
- **Administrative uses,** which include status checks, FAQs, and general information collection needed to change an address.

Our research aligns with industry analysts' observations. According to a 2024 report from DMG Consulting, 59% of contact centers rank enhancing self-service systems as a top priority, equaled only by the goal of improving the customer experience (also 59%). Other top concerns are improving productivity, reducing operating costs, and improving employee engagement — all of which can benefit healthcare organizations. In 2024, 52% of the contact centers that DMG Consulting surveyed were investing in these self-service solutions.

Those goals may resonate with your own organization's wish list, whether you provide healthcare directly, are a payer, deal in pharmaceuticals, work with healthcare providers, or participate in the healthcare supply ecosystem. You need a road map — and, here, we provide one for you.

We expect that you are mapping a workflow to use AI technology to improve efficiency, and that your project probably encompasses an intelligent virtual agent (IVA). You want to know what to expect before you move forward. What's it like to deploy such a project? What are the project phases? How typical is your planned project, and how can you know if your situation has unusual or exceptional needs?

Our goal is to help both healthcare business managers and technologists prepare AI and automation, using IVAs as a part of that strategy. We explain how IVAs help businesses run more efficiently, improve patient experiences, and produce better decision-making data. We back it up with data relevant to CFOs and CIOs about tech investments, such as expected timeframes, what the potential return on investment (ROI) is, and how soon benefits are realized.

We share the typical motivations and use cases in healthcare organizations, what's involved in planning an IVA project, what deployment looks like, and how organizations like yours measure success. We hope to inspire you to discover IVA's possibilities, and to explore ways to leverage it that had not previously occurred to you.

Diagnosing the Communication Problem

Your organization may already have some sort of IVR system. It probably doesn't do everything you need, and it almost certainly frustrates the people who are actively trying to get in touch with you. That existing system is also contributing extra work to the healthcare workforce, increasing their burnout rate. Technology cannot always provide a true solution, but here, it can do so.

IVA can reduce and potentially eliminate tedious, time-consuming tasks — ones with clearly defined processes. The result is that live agents can focus on caring for people with more complex situations. Let the IVA answer the most common questions, authenticate callers, minimize voicemails, and steer calls to the right department with skilled professionals — reaching the right person the first time.

Virtual agents are available in many forms. In this e-guide, IVAs are voice AI agents. Digital chatbots can operate across all digital channels, including web chat, SMS/text, email, messaging applications (such as WhatsApp), and social channels (such as Facebook or Instagram).

Healthcare providers can ease frustrations by improving the patient experience. Here's what it offers to each stakeholder.

IVA Serves End Users: Consumers, Patients, Members, and Customers

Everybody appreciates a convenient automated system that works well. Nobody wastes their time, useful information is imparted without delay, and the task at hand — checking on an order, making an appointment — is resolved immediately. At any hour of the day or night.

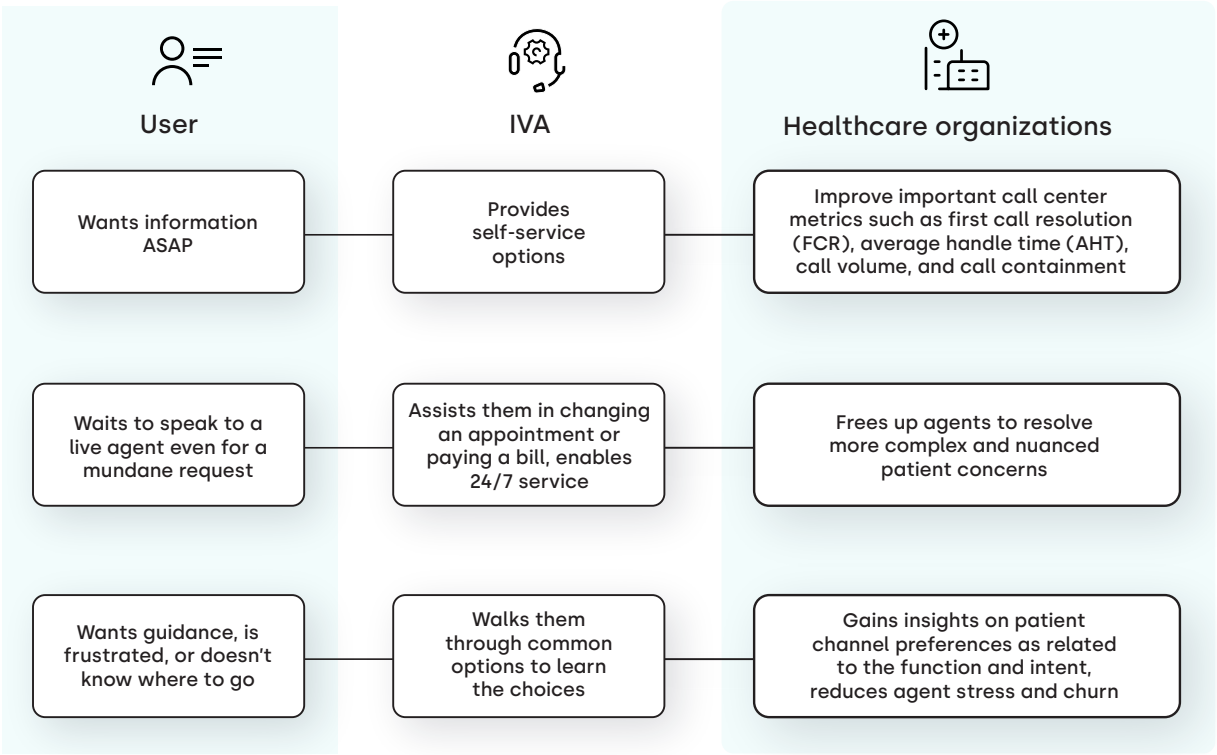
Treating customers well turns them into loyal patients. It also benefits the organization because the IVA collects data that helps to better serve the clientele.

Eyes on the Prize

A vision benefits company struggled with a legacy system that frustrated live call agents and millions of customers worldwide. Worse, it was both difficult and expensive to maintain. By installing IVAs that integrated with its Salesforce tracking system, the organization reduced its technical stack — making it easier for internal support staff to maintain. Even more importantly, the new system is far more flexible. The line-of-business managers can change recordings without asking for IT support. And customers get their answers faster.

The ROI made the executives blink: The IVA saved $500,000 per year in third-party support costs alone.

For example… IVA is a win-win all around.



IVA Serves Healthcare Organizations

Happy customers are a top priority. But organizations also want to generate revenue, save money, and use their resources wisely. They also want their staff to be satisfied, whether those people work in the call center, the nursing department, or manufacturing.

They're adopting IVA systems to achieve these goals — and accomplishing them.

This Saved a Company Nearly $1 Million

After one large wholesale medical supplies and equipment company deployed IVA, it repurposed 40 agents for more complex tasks. Now the company is deploying more IVAs for other business lines.

Save steps. An IVA can identify and authenticate callers before they speak to a person. Integration with a customer relationship management system (CRM), electronic health records (EHR), and other databases reduces both human and digital entry redundancy.

For example, an IVA can collect a few pieces of identifying data about the caller, such as a membership number, ZIP Code, or keyword without anybody waiting on the phone. With the data collected up front, the patient doesn't have to repeat their name or date of birth several times. When the IVA transfers the call, the live agent doesn't have to ask for the information the patient already provided, so they can give and get answers faster. Similarly, an IVA can look up test results and orders without human intervention.

Make life more rewarding for healthcare workers and live agents. An IVA can ease the burden on staff who are stressed about the number of people in the queue. It can minimize wait times, especially during high call volume times such as Monday mornings or during insurance open enrollment periods.

Calls are shortened because the IVA does the housekeeping, such as authenticating the patient and retrieving their history. The live agent can review the situation on a single dashboard, making it faster to discover what's going on and to respond.

The best part of this is that the agent can provide real care when compassion matters, without a rush. And, of course, it enhances the caller experience, which improves loyalty, patient satisfaction, and revenue.

Make or save money. A common motive for an IVA deployment is to reduce the number of full-time agents required or to give them more relevant, rewarding work. Improving efficiency also affects the bottom line and makes the agent's job easier, reducing turnover.

It's time to implement IVA to reach those goals.

> **"On average, companies are saving about $4.3 million a year just in staffing compensation — nothing else, just staffing."**
>
> **— Metrigy: AI in the Contact Center: A Roadmap to Success and Transformation 2024**

How Healthcare Organizations Use IVA Today

So far, we've described healthcare organizations as if they're all the same. But despite the commonalities, the priorities of a healthcare clinic are different from those of a payer, supplier, or pharmaceutical company. For example, a payer's top concern is signing up members — whether it's from employer-sponsored health plans or individuals using the insurance open market. In contrast, a clinic interacts directly with patients, some of whom need urgent medical attention. That influences the reasons people contact them and the complexity of the communication path.

Naturally, the differences between these types of healthcare organizations affect their IVA requirements, goals, and usage. They all want improved communication, security, revenue generation, and administrative enhancements, as this overview chart demonstrates. But the features they care about and deploy can be quite different.

As a result, IVA use among industry segments varies significantly. While the sample size among each customer group is small (they are subsets of interviews with about 60 organizations, after all), the real-world adoption data should help you sketch out your plan and highlight your organization's more pressing needs.

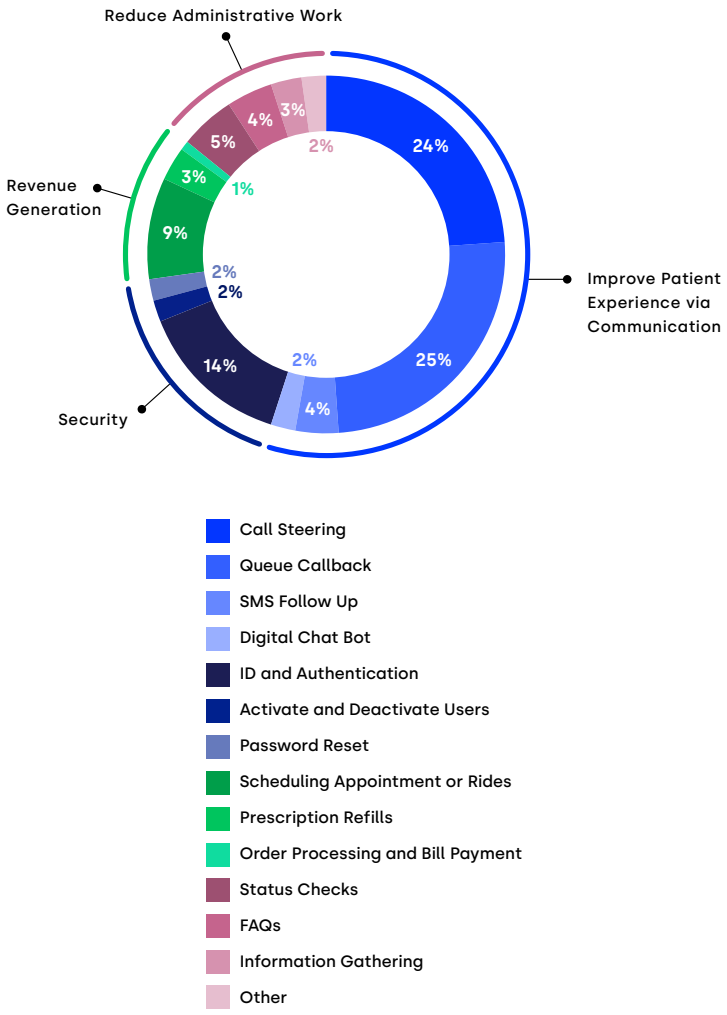


Figure 2: Reasons to Implement IVA (overall)

A Tale of Two Cities and 29 Counties

One Midwest community mental health clinic serves patients in 29 counties in its state. Each month, its call center received 20,000–30,000 phone calls, which overloaded its system and its personnel. Because the staff could never respond to all the calls, the abandonment rate was high. Patients left at least 25 voicemails each day for a staff member to return.

With an IVA in place, the call volume their agents handle now has dropped to 13,000–15,000 calls per month. Voicemails are cut in half. Patient survey scores are going up, and the staff is happier too!

Healthcare providers rely on IVA primarily to aid them in call steering (35%), appointment handling (20%), and identification and authentication (15%). This means callers often can take care of their own issues, first by identifying themselves and then arranging their appointment schedules — without human intervention. These organizations adopt IVAs for a wide range of needs (including SMS follow-up and prescription refills), but those tasks are secondary.

Compare that to smaller provider clinics, which tend to be specialized, such as radiology specialists or dermatologists. They use IVA for a limited number of functions, with queue callbacks (67%) at the top of the list because their staff aren't tethered to the phone all day. Adoption for call steering (17%), appointment scheduling (6%), SMS follow-up (5%), identification and authentication (2%), digital chatbots (2%), and FAQs (2%) are far in the background.

Payers using IVA today rely on it primarily for identification and authentication (37%). Their secondary needs are in call steering (16%), benefit information (11%), and status checks (11%).

In other words, a primary motivation for payers is its ability to determine who's calling, so that the individual can be directed to the right person or department to handle their issue. When the caller reaches that person, the information that the IVA has collected is ready for the live agent.

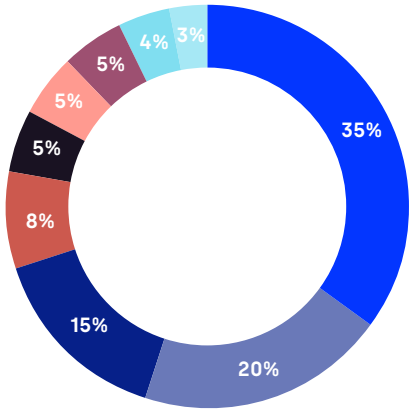


Figure 3: Larger Healthcare Provider Use of IVAs

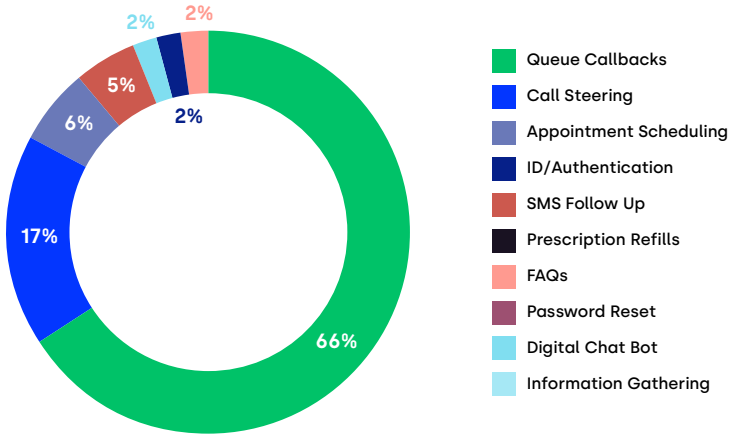


Figure 4: Smaller Healthcare Provider (Clinics) Use of IVAs

Healthcare suppliers employ IVA for more use cases. The most common are call steering (26% use IVA for this purpose), identification and authentication (18%), and status checks (12%). However, the suppliers also use IVA for scheduling (transportation or order pickups), password resets, FAQs, and several more IVA use cases.

With an IVA system in place, each of these healthcare organizations enjoys the benefits of serving patients and customers more efficiently. Naturally, the call volume range may be huge. An enormous national healthcare provider gets millions of calls per month, compared to a few thousand in a local clinic. Yet across the community, abandonment rates are low (6% to 15% is common), queue time stays under one minute on average, and only about half the calls require an agent's attention.

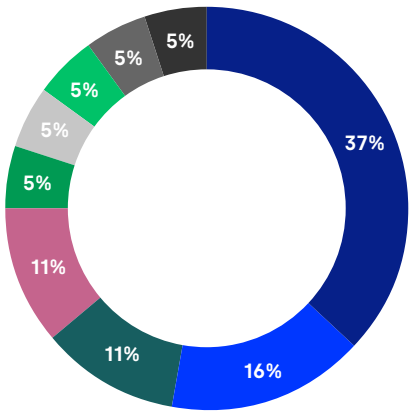
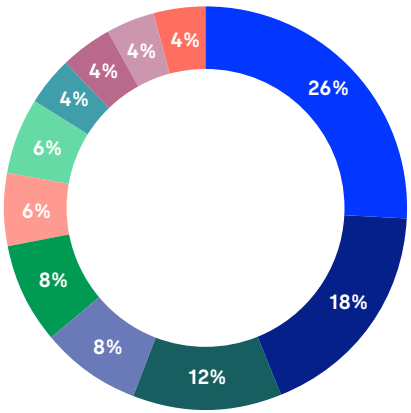


Figure 5: Healthcare Payer's Use of Five9 IVAs



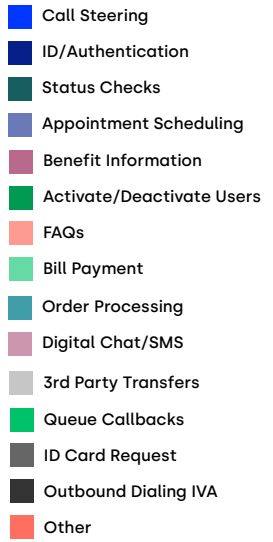


Figure 6: Healthcare Suppliers' Use of Five9 IVAs

Planning an IVA Project

Armed with use cases that could help your organization, understanding how they are deployed is the next step. We now walk you through the process to minimize surprises, identify the people whose help you need, and plan for a joyful outcome.

Before You Get Started

Set your goals carefully before you get underway. Many non-technical people will be involved, such as finance executives and live agents, so spend time articulating the project vision in terms they'll understand as well as conveying the information you'll need from them.

As with most such IT projects, that begins by asking oneself, "What does success look like?" You can define the ideal outcome in emotional terms, such as, "We won't hear a patient say, 'Their chatbot is designed to frustrate callers and make them go away.'"

However, useful goal setting also suggests looking for performance indicators the organization cares about, such as shorter queue times, lower abandonment rates, or higher patient experience scores. Ask each stakeholder for their success metrics; the customer success manager is apt to have a different answer from the chief financial officer (who always wants to map projects to ROI somehow).

Then you can turn those goals into metrics you'll use to find out if the system delivers on those goals. This may be as simple as sketching what should show up on a dashboard and determining what data you need to collect to fill in the blanks.

Create your project team. For a small project, that may be one or two individuals. The minimum is a technical resource who understands (or learns) the workflow and uses a vendor-supplied template to create the material; an assistant might take care of the details.

For an extensive endeavor, you need more people or at least a few people who are ready to divvy up the tasks. This list of roles may sound daunting, but it doesn't need to be. Just make sure someone has raised their hand and said, "I'll take care of that." Roles include:

- A program manager who owns overall project success
- An automation engineer who is responsible for technical success: requirements gathering, building the application, testing, and system tuning
- A conversation designer to own the voice/text user interface (not always needed)

Baby Steps

One medical equipment company started small by launching its IVA only in the mother-and-baby department. This department's pain point was the increasing call volume from expectant mothers about the status of breast pump deliveries, and the company's desire not to cause any additional stress on these mothers.

The mother-and-baby department's user base is relatively small, so implementing IVA built trust inside the company. It showed the decision-makers that the IVA usage data was effective, accurate, and useful. That made the company ready to tweak the IVA for use in other departments, which it's now doing.

- A data scientist or natural language analyst, depending on the project complexity
- The vendor's technical and administrative contacts

Once you have a core team put together, decide who in your organization should be responsible for the IVA design and who should review it. You don't need a project stakeholder in every meeting, but if they aren't happy with the IVA system's performance, nobody will be.

Prioritize your wish list. With your overarching goals in mind, map the needs to the skills you want to use in the IVA. A subset can include:

- Human language support (Spanish? Vietnamese?)
- Call steering (such as routing to a department, adding to a queue, and scheduling callbacks)
- Integration with other databases and health record systems
- Intent recognition natural language processing (recognizing and responding to common phrases, including identifying those keywords and phrases)
- Payment processing

That may be an extensive list.

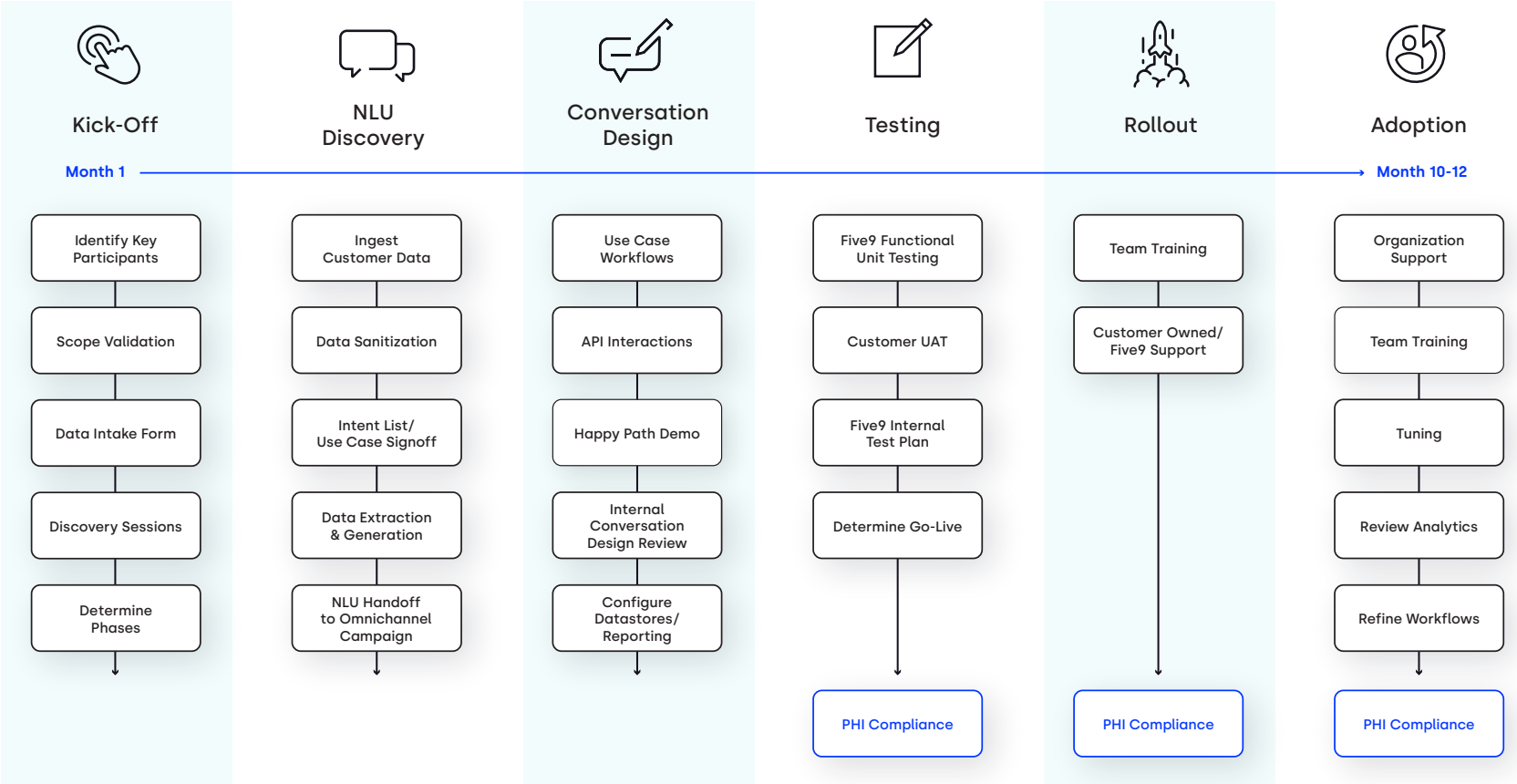
IVA systems can do a lot, but you don't need all the functionality — at least, not all at once.

Most customers start with one straightforward use case and expand from there. Consider implementing IVA in only a single department to begin with. Apply widely after you discover and resolve any stumbling blocks. With proven KPI or ROI success from one deployment, it's easier to use IVA in other departments, and you'll encounter less internal political pushback.

Plan for Each Project Phase

As with any project, development happens in phases. Identify what needs to happen at each stage and when it's time to move to the next.

This list is not meant to be an in-depth tutorial. It's meant primarily to familiarize you with the sort of tasks you'll take on. And, importantly, this is a time to turn to your IVA vendor for guidance. After all, they've deployed these systems hundreds or thousands of times, and they know the right questions to ask.



"Another area in which AI is proving its merit is call deflection, reducing the volume of customer interactions landing within a live agent queue. AI is already involved in resolving 44.5% of transactions today, and that percentage is expected to increase to 60.9% by 2025."

— **Metrigy:** **AI in the Contact Center: A Roadmap to Success and Transformation, 2024**

Requirements, Analysis, and Architecture Design

In the initial discovery phase, the goal is to identify the empty spots in your knowledge base — and to resolve how to fill them.

Establish the project scope and its business goals. Get familiar with the IVA features that might let you achieve them. Discover how feasible they are for your time and budget constraints. Is this a "need to have" or a "neat to have"?

If necessary, break up the project into different use cases. What will you include in the first round, and what will you do in another round? Are you ready to take on more complicated use cases, such as appointment scheduling? Or should you start with IVAs for simplistic applications? Aim high.

Consider the technical requirements for your proposed solution. Your IVA may need to integrate with back-end systems, such as in-house databases, patient records systems (such as electronic health records (EHR) systems), customer relationship management (CRM) tools, or other important point product solutions in place today. Some connections are easy ("It was easier to integrate with Salesforce than anticipated," said one Five9 customer), others less so. The sooner you identify the nature and number of integrations, the sooner you can get them working — or decide which features to move into the next iteration.

Identify the tech skills you need to know or acquire. Your staff may not need programming skills, but they should learn tools to create dialog flows. For instance, several Five9 IVA users recommend spending time designing IVA call workflows, even this early in the requirements phase, to get comfortable with the tools.

Depending on the system you design, the call center staff may need assistance. If anyone needs training, start that early.

Consider the role of AI in your solution. AI technologies are evolving quickly. Its advances are influencing nearly every business project across the healthcare industry — and virtual agents are no exception. According to the 2024 Gartner CIO and Technology Executive Survey, organizations in life sciences are investing heavily in AI. In fact, 92% of these executives expect to implement AI solutions by 2026, and Gartner deems it the top game-changing technology. Additionally, four in five life sciences executives expect to adopt generative AI in the next two years.

Which technologies are most likely to be implemented by 2026?

92%
Artificial Intelligence and Machine Learning

79%
Generative AI

79%
Low-code/no-code development platform

75%
Enterprise environmental, social, and governance software

72%
Distributed cloud

Source: The 2024 Gartner CIO and Technology Executive Survey, used with permission

Figure 7: Gartner's Top Technology Investments for Life Sciences Organizations

This is admittedly early days. Despite what AI can accomplish now, we all know that its features will continually improve. So, design your project and your wish lists so that it can adapt as the AI technologies do, and you can use it to improve the customer experience.

For example, generative AI can do remarkable things by offering useful information based on the data with which an organization trains it. Or it soon will be able to do so itself. Consider how it might help:

- The IVA can respond to callers seamlessly and conversationally and transition from self-service to live support.
- Live agents can use generative AI to create post-call summaries, with transcriptions stored in the organization's database.
- AI can help live agents dredge up knowledge management sources to assist callers with better answers. If you've used ChatGPT or other public Large Language Models, they draw from general data in the cloud.
- An IVA use might include language translations (a Vietnamese patient interacts with the bot natively and is then transferred to a live chat agent while the chat is translated).

Generative AI algorithms may use data consolidation and capture for analysis to understand where to improve or change an IVA's flow of information. Is one live agent better at resolving certain call types than another? Why do the largest percentage of callers hang up about this one topic?

Using AI raises privacy and compliance questions for healthcare organizations, which already must be cognizant of information that can be collected, stored, used, and shared. You may need to consult with your legal counsel before getting fancy with this feature set.

What's Normal?

One typical scenario was a project that took eight months to initial IVA launch. The customer was a professional services firm providing flexible employer-sponsored health and benefits solutions. It took less than 12 weeks to deploy IVA to 50 countries — with great success. Immediately, the healthcare organization reported, 64% began using the IVA system, compared to the 32% who'd used only IVR systems before. And AHT immediately dropped by 8% because of the IVA.

Estimate the project timeframe. Every project is different, and its schedule depends on a host of variables, including team preparedness, the IVA features included, Large Language Model technology needed, and the data required.

This chart, all for large organizations, may help you plan extensive projects, including the time required to roll out to worldwide geographies and smaller organizations too.

Customer	Deployment	Notes
National healthcare provider	5 months	Started rolling out IVAs on smaller projects in 3 months
National health services management company	5 months	Once they started rolling IVAs out, they did so in 20% increments
Pharmaceutical company	7 months	60 days to realize efficiencies
Medical equipment provider	9 months	IVA/IVR integration was messy in the beginning, but once IVAs went live, benefits were quickly realized
Biotech company in molecular diagnostics	15 months	Measurable benefits in 90 days; dialog flows were more complicated than they'd envisioned

Figure 8: Sample IVA Deployment Times

Design, Build, and Test the IVA System

At this point, the project becomes like most other technical projects, with a team working through development and testing, though it might include new tools and design processes. These tips can ease the learning process.

Design

The success of any project is whether the design addresses the end-users' needs. Simplify and streamline. Time spent up front truly pays off.

User-Centric Design Makes a Difference

Listen to the users — literally. "We took time on our own to review 300 live calls," explained one new IVA user. "We listened to the first part of every call to capture the reason for their call. Right up front, that provided a pretty solid list faster, which put us ahead in the implementation."

- **Draw a road map**. Start by creating interaction flows that define how people traverse the system.
- **Create a logical diagram — not a technical one, to begin with.** Get sign-off from internal teams as well as from the vendor contact's conversation designers.
- **Think through the decision tree in the dialog flow.** For example, what can happen in your system without authentication? Most providers need to identify and authenticate callers. But patients shouldn't need authentication if they want to know what time a clinic opens. Similarly, consider the caller's role. If you implement a verification process, it should include whether the caller is calling for themselves or on behalf of someone else (such as a parent) to determine what information can be shared.
- **Get the essentials working first.** Focus on making your system maintainable. You'll be adding to it.
- **Design the system for change.** You can't "set it and forget it." Chatbots are agents that often need to be updated. Rules change, notices change, so the chatbot must be updated regularly. That's especially true with natural language systems that learn from the callers' utterances and then add to or refine the intents programmed into the IVA.

Simplify

One healthcare organization wanted to simplify things for users. The IVR system they'd been using had an exhausting multistep process for callers to endure. It included (take a deep breath) a welcome message and an "ambush" message (such as announcing system outages or weather-related closures), then user authentication, then up to seven options from which to choose, then an SMS opt-in request — all before the caller reached the main menu, where more choices had to be made!

With IVA, the organization streamlined the workflow significantly. Now it has a welcome message, an ambush message, and authentication. There's a one-time SMS opt-in that goes away the next time the caller calls. The options are reduced to three choices, from which the IVA routes callers to either a specialist agent or to a generalist agent. If that doesn't work, the caller is asked, "Tell us why you are calling today," which routes the user to the right queue. With fewer steps, everyone is happier.

Speaking of Language...

If you're implementing Natural language understanding (NLU), collect and share your existing data with your vendor early in the design process to ensure optimal accuracy. You need a data scientist for this; depending on your contract, the vendor may supply one. Experienced designers suggest you acquire recordings of NLU utterances (for transcription), text (chat) transcripts, and recordings of entire agent/customer conversations. During this phase, you and the data scientist resolve issues, such as what the system should do when an interaction bails out of the IVA to humans.

- **Discuss and resolve data retention issues.** This conversation may have HIPAA and other compliance implications.
- **Consider user personas.** Your dialogs and design trees should respond to communication preferences, such as generational differences. Older people often want to speak to a live person; Millennials likely want a text message. Consider preferences for human voices, male versus female, and speaking cadence.
- **Operator, please!** Always give people the ability to opt out of an IVA and talk to a human if they prefer. Don't force them to use the system. You can always phase out the opt-in option later.

Build and Test

Work with the tool set to put all your plans into place. Then extend the system to functional completeness including integrations with CRMs.

- **Create (and run) functional test cases.** These should represent how the system will be used, including reporting data. This is another chance to identify misalignment.
- **Plan for vendor-supplied training and user acceptance testing.** Your vendor should provide a series of sessions to demonstrate the execution of the solution, review application design, train you and your staff on ongoing tuning needs, and transition ownership. Expect the vendor to perform a full pass of the solution test plan created in the Build phase to confirm that you got what you paid for.
- **Optimize the workflows and tune the system.** Prepare your people to tune the IVA. The chatbot learns from its users — such as new keywords and intents. Keep an eye on it. You won't have a "setup and leave" scenario. An IVA system learns — but it can learn bad things. Make sure someone is assigned to work with the system long-term.

Implementation

Time to party! It's live!

Defining and Measuring Success

Ultimately, the thing that matters in an IVA project is how well it achieves its goals, and how you measure progress toward your vision.

Connect Your Goals to Measurable Numbers

Ideally, during the design process, you identified metrics that reflect the goals set by the IVA project team and its advisors. Include the critical numbers on the IVA dashboard and other reports so the people who track success can see changes immediately and respond appropriately.

Spend time designing the presentation of the IVA systems' trends. You may need different dashboards and reports for call center operations than for company management. Different departments need different information, after all, with different granularity.

Think about ways to turn performance metrics into numbers that measure ROI. Those metrics serve the business and its investments, and not just the customer experience level. For example, one healthcare organization explained that its IVA had "saved call time equivalent to 30 agents," thus it could assert that it had a 60-day ROI. If you set your success criteria with a goal of deflecting 50% of calls away from agents, you can swagger through the office when, as was the case for one pharmaceutical distributor, over 70% of the calls are handled by the IVA.

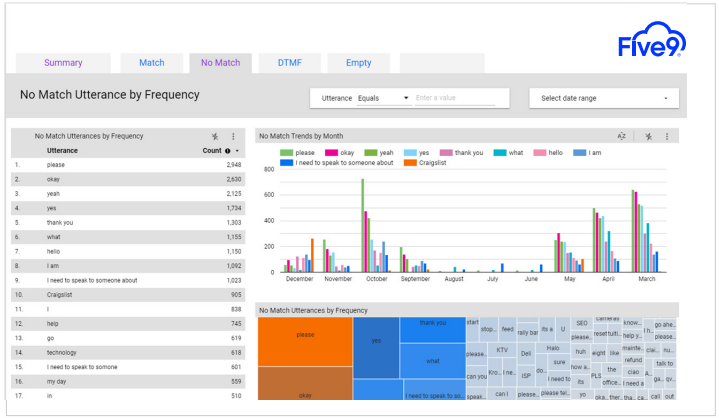


Figure 9: A Sample IVA Dashboard

Present the Numbers in Terms of Achievements

One medical device company wanted IVA to increase the number of self-service options, permitting patients to check on their test results. With 8 million inbound calls per year, the convenience benefit — and money saved on labor costs — from call deflection was considerable. It took only 60 days to realize efficiencies including:

- Queue wait time dropped by 84%.
- Call duration time dropped by 31%.
- Abandon call rate dropped from 15%–35% to 5%–7%.

Turn Your "Pain Point" into a Success Metric

One healthcare organization set a project goal: "Get callers to the right place immediately instead of many transfers." To turn that goal into a measurable KPI, the organization consulted its quarterly customer satisfaction surveys. If users were happy, they knew it was working.

Similarly, when one organization wanted to reduce the call volume for its support staff, it measured the number of voicemails that customers left. If they cut the number of voicemails in half, which was the case for that organization, they were meeting the goal.

In another case, the criteria for success was that 50% of calls in the queue did not go to a live agent. That, too, can be measured.

What should those numbers include? Here's a starting point.

Typical Measurements

While your IVA solution may make it easy to gather data in dozens of categories, don't feel compelled to look at all of it. Ideally, every number you track should help someone make a better decision. You'll soon determine the best measurements for your organization, such as labor realignment, money saved, and the ability to respond efficiently.

The data should incorporate both internal numbers (such as the number of calls the IVA handles) and external statistics. Internal results gathered from live agent feedback may be different from the opinions acquired from customer satisfaction scales. Or to put it another way, the call center employee might be satisfied, but that doesn't mean the customer is.

Useful internal metrics include:

- **Time spent in Self-Service.** This should reduce as a happy symptom of efficient interaction-flow design.
- **Authentication.** The percentage of customers or patients who successfully authenticated their identity before speaking with an agent.
- **Containment.** What number or percentage resolved their issue through self-service without speaking with an agent? That's a win.
- **Abandonment rates.** This number should decrease because people often give up on the "hold queue" and hang up. For example, by using queue callback, the abandonment rate of one insurance company's service desk fell from 28% to 13%.
- **Third-party transfers.** The IVA routes the caller to the right person, including someone outside the organization.
- **Average call duration.** In some cases, this number is expected to decrease over time. In others, however, the agent talk time per call will go up slightly. That could mean the agent is taking more time on each call because the IVA has handled the routine issues, leaving the agents to handle the more complex calls — as designed.
- **No-match results.** Ideally, the automated system covers every typical question someone might ask. You want this number to be as low as possible.

There's plenty more — but that's a starting point.

Common external metrics include:

- **Customer satisfaction survey results.** Many organizations conduct quarterly customer surveys, collecting standard metrics such as the Net Promoter Score. If patients and customers are less frustrated with their ability to communicate with you, the survey will reflect that improvement. For instance, one healthcare provider's satisfaction rating increased from 24% to 45% in less than a year.
- **Queue time waiting for a live agent.** Nobody likes to be put on hold.
- **Reduction in repeat calls.** If people can't get a helpful answer or they don't reach the right person, they're apt to call back again.

Illustrating IVA Containment in a Typical Journey

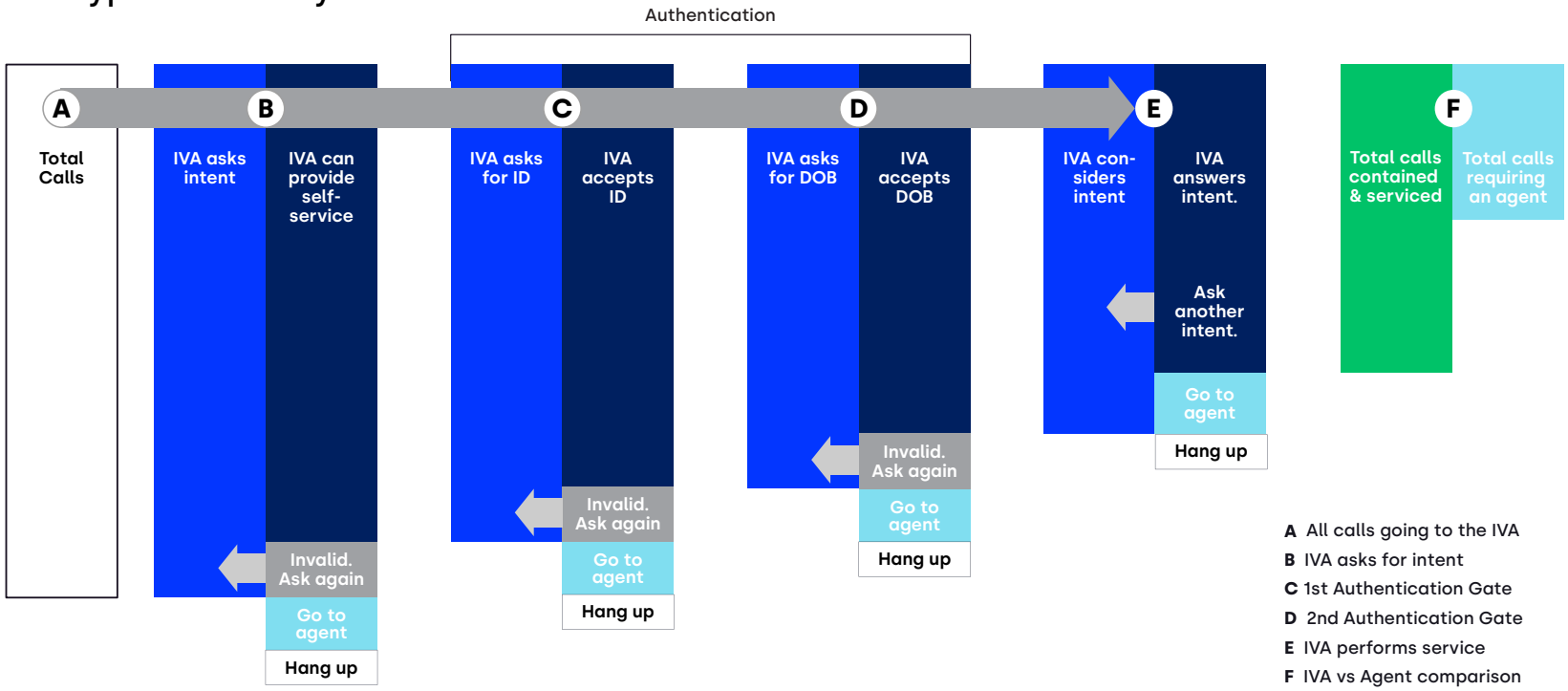


Figure 10: Common Metrics Tracked

"HCLS organizations continue to accelerate the use of digital touchpoints for consumer engagement. These member, patient, provider, and clinical trial participant journeys yield vast amounts of information that can be used to construct and analyze the consumer's experience. Consumer journey analytics enable HCLS CIOs to analyze and optimize consumer experiences across engagement touchpoints."

— Gartner, 2023, Hype Cycle for Healthcare Data, Analytics, and AI

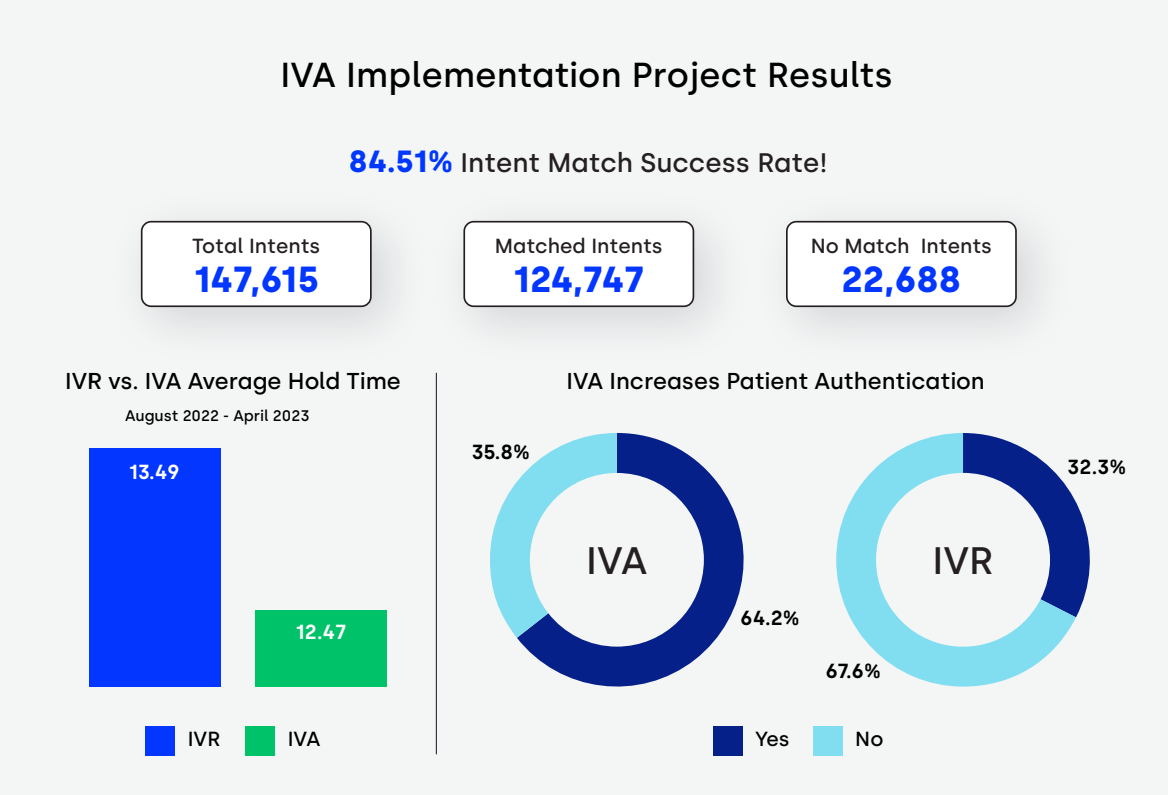


Figure 11: One Healthcare Provider's Project Results

Most system metrics give you a snapshot of what's happening today. But consider how you can use the data you gather to help you plan. If there's an uptick in questions about one product line or a certain type of medical procedure, that may be an early-warning system for business initiatives.

For more depth on this topic, see the Five 9 Mastering Contact Center Metrics blog post.

Where to Go from Here

It can be daunting to tackle a large project that's outside your usual specialty. Certainly, it helps to know how others have solved the same problem, what the typical experiences are, and to learn from people who have gone through the same process. In this e-guide, we've shown how dozens of healthcare organizations have approached their IVA projects and the lessons learned.

It's time for you to get started on your own project. You can help healthcare workers and contact center agents respond empathetically to the complex, subtle, and important matters that require their expertise. And you can do so in a manner that benefits your organization, both in efficiency and finances.

And Five9 is ready to help. Call us at 1-800-553-8159 for a demonstration.

These additional resources offer insights into the advantages of applying Five9 IVA as a critical part of your Healthcare automation strategy:

Download our Payer Solution Brief that highlights how Payers are using automation today

Download our Provider Solution Brief that highlights how Providers are using automation today

Watch this video to learn how Five9 IVA improves the patient experience

Find out more by going to the Five9 website for healthcare

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About Five9

The Five9 Intelligent CX Platform provides a comprehensive suite of solutions to engage with customers across their channel of choice, empower managers with insights and intelligence into contact center performance, and elevate your business to deliver better business outcomes and Bring Joy to CX™. Our cloud-native, scalable, and secure platform includes contact center; omnichannel engagement; Workforce Engagement Management; extensibility through more than 1,400 partners; and innovative, practical AI, automation, and journey analytics that are embedded as part of the platform. Five9 brings the power of people, technology, and partners to more than 2,500 organizations worldwide.

For more information, visit **www.five9.com**.