

CDC must be ready for ...

Vaccinating a nation requires a world-class contact center - one that elevates the customer experience, provides omnichannel telephony, includes scalable labor and operations, and seamlessly integrates with back-end systems

Post implementation of VAMS, the CDC will be faced with new stakeholder demands. Is it prepared to respond to these demands?

LET'S ASSUME:



CLINICS

1,000 clinics @ 3 calls per initiation = 3,000 calls
 1,000 clinics @ 3 calls per week = 3,000 calls weekly



JURISDICTIONS

9 jurisdictions @ 5 calls per initiation = 45 calls
 (assumed to be daily for first 2 weeks of initiation)
 9 jurisdictions @ 5 calls per week = 45 calls weekly

This stakeholder population equates to 30-45 agent FTEs.



Other Systems (IIS and Oracle)

Our understanding is that IIS and Oracle are being handled elsewhere, but they could easily be plugged into the IVR system, with training and knowledge base added



VACCINE RECIPIENTS & EMPLOYERS

This model assumes that vaccine recipients and employer inquiries will be handled by jurisdictional contact centers/help desks; not the CDC

THIS REQUIRES:



Agents

The CDC contracts for Help Desk labor to support Clinic and Jurisdictional calls



Training & Knowledge Base

Development of materials including videos, scripts, and standard operating procedures to prepare the Help Desk agents



Automation & Chatbots

Simple FAQs to support end-users and reduce the number of calls and Tier 1 Help Desk agents required



Telephony & Infrastructure

Establishment of a new toll-free number and contact center infrastructure to support Clinic and Jurisdiction inquiries



Pre-launched Tiger Team

Establish a Tiger Team of agents to proactively support Clinics and Jurisdictions during implementation & set-up

How can the CDC organize around these core functions?

1 Agent Deployment

Recruit, hire and deploy 30-45 FTE agents; Develop forecasts and agent schedules for desired business operations; Facilitate agent credentialing and onboarding; Define agent training program based on a tiered-escalation process; Provide agent hyper-care support during go-live; Maintain levels of trained agents on an ongoing basis

2 Training & Knowledge Development

Facilitate a **2-day agent training leveraging the developed VAMS training materials;** Develop and facilitate an additional **1-day Help Desk training for tools, technologies and techniques** to resolve Clinic and Jurisdiction inquiries; Over 4 weeks, build a comprehensive knowledge management database including **100 articles;** **Post the 4-week period, publish 20 articles a week**

3 Automation & Chatbots

Develop **25 Intents in 4 weeks for Chatbots and FAQs;** Build call routing based on skills; Identify pain points experienced by callers when navigating menus to quickly react and improve; Monitor self-service usage and outcomes; **Establish an inquiry management and tiered escalation process**

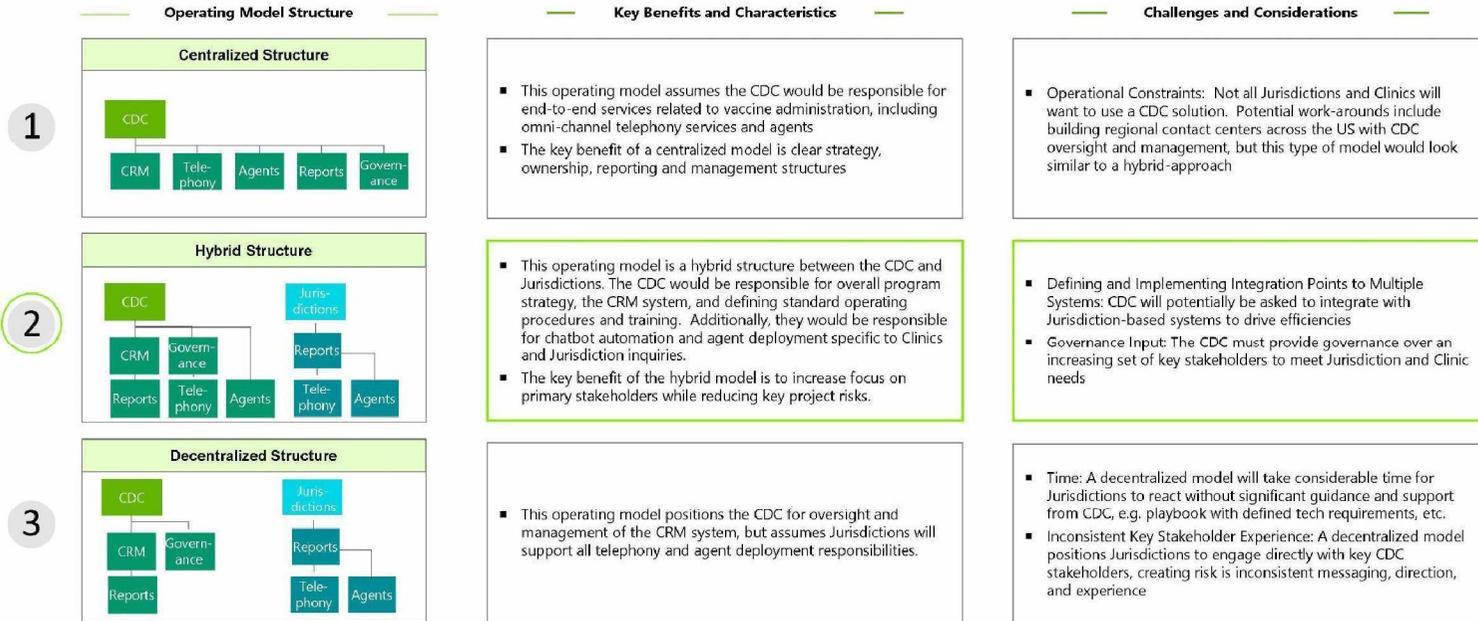
4 Telephony & Infrastructure

Establish a **new toll-free number;** **Establish IVR + ACD operations;** **Develop routing and queues assuming 90% Inbound and 10% Outbound;** Configure and evaluate chatbot and automation efficiencies; Optimize the network and traffic; Map agents to supervisors to support call volumes

5 Pre-launched Tiger Team

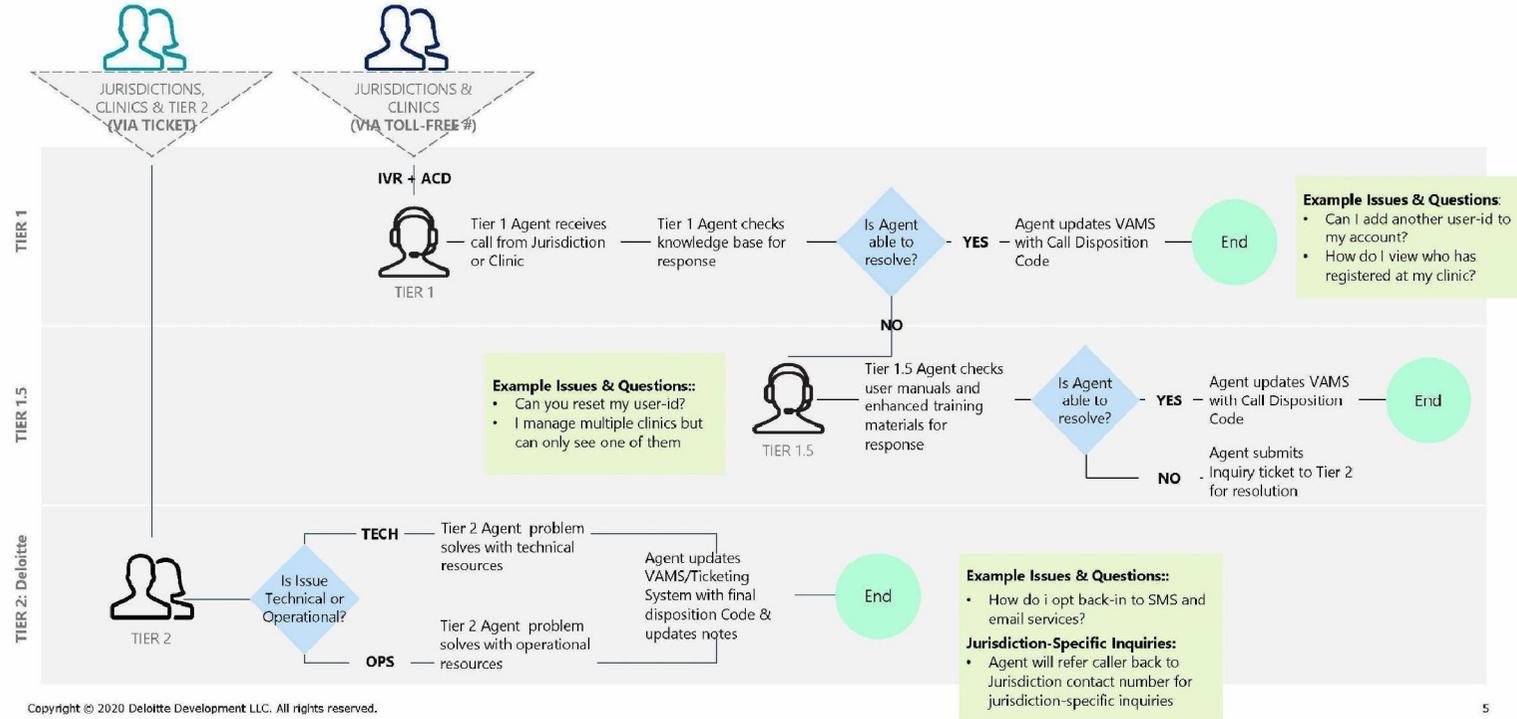
Pre-launch a **Tiger Team of resources to provide hands-on concierge support to Jurisdictions and Clinics during implementation and onboarding.** This team would eventually serve as the Help Desk Tier 1.5, but proactively make Outbound calls to support stakeholders during the critical go-live

Operating Model structural considerations¹



¹ Vaccine recipients and employers are not currently included in the three operating models depicted. In a centralized model, the CDC would own responsibility for interactions with all stakeholders; in a hybrid and decentralized model these stakeholders would likely fall under Jurisdictional responsibility.

Tiered Escalation Support Model





Approximate LOE and Assumptions

Recommended Services	Hourly Rate	Build	Operate	Agent Volume ¹
AGENT DEPLOYMENT ²	XXX			30-45 FTEs
TRAINING & KNOWLEDGE MANAGEMENT		XXX	XXX	
AUTOMATION & CHATBOTS		XXX	XXX	
TELEPHONY (TECHNOLOGY)		XXX	XXX	
CALL CENTER OPERATIONS		XXX	XXX	

Assumptions & Footnotes:

- Build period is 4 to 8 weeks
- Contact Center is open 12-hour days, 5 days a week
- VAMS will be used as the incident/ticketing system; additional workflow needed in VAMS for ticket escalation is not included
- 25 Intents in Chatbot build; no self-service in chatbot automation
- Integration with systems outside of VAMS, including jurisdiction-specific systems, is not included

¹ Higher or lower volumes of agents can result in different pricing

² The Hourly Rate includes Agents, Supervisors, Quality Assurance, Workforce Management, and equipment

Agent Calculation

Variables	Values Used
Call Volume	13,000
Period of Time	Month
Average Handle Time of Call	10 minutes
Shrinkage ¹	30%
Operating Hours	M-F * 12 hours



30-45 FTEs

We have included a range of FTEs needed due to the roughly estimated call volumes over a longer period of time, both of which make forecasting less precise

¹ Non-productive agent time due to illness, personal time off, holidays, etc. Thirty percent is the industry standard.

The variables are used in a widely-used contact center calculator (The Erlang Formula) to identify an estimated number of agents required. As operations are stood-up and the call distribution and traffic flow is better understood, agent staffing is adjusted to fit the specific needs of the operation.

The Erlang Formula:

$$P_w = \frac{\frac{A^N}{N!} \frac{N}{N-A}}{\left(\sum_{i=0}^{N-1} \frac{A^i}{i!}\right) + \frac{A^N}{N!} \frac{N}{N-A}}$$



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VAMS
Contact Center Approach
Overview