Is It Time to Say Goodbye to the Red Flag List?

By Jessica Levco

For many years, your call center agents have probably used a Red Flag List—a one-page PDF that lists high-risk symptoms like chest pain, seizure or coughing up blood. If a caller mentioned one of the symptoms on the list, your schedulers follow a workflow to either make an appointment or send the call to nurse triage.

But Scott Teplin, Clinical Services Manager at UCLA Patient Communication Center, saw that this process was getting cumbersome. Some of his schedulers printed this list and posted it on their cubicle. Others had it pulled up on their computers. Either way, they had to toggle between Epic and the PDF to get everything documented. It was a big headache. And he wanted to

Scott Teplin
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do something different.

At the **Healthcare Call and Contact Center's 32nd Annual Conference** in Atlanta from June 7-9 in Atlanta, he'll lead a presentation on June 8 called, "The Demise of the Red Flag List."

"So many people in our industry use Red Flag Lists because we haven't had anything better for so long," Teplin says. "But they've served their purpose. It's a one-page PDF that's stagnant; not dynamic. You need a tool that allows for more customization and more depth—something with multiple tiers and questions built into it."

He found his alternative to the Red Flag List with the SymptomScreen tool by ClearTriage. Instead of a one-page PDF, this is a dynamic, advanced tool with layers that allows schedulers to ask more detailed questions, routing patients to the appropriate next step.

Not only is it embedded into Epic, but it also corrects for misspellings and it has a list of synonyms. For example, if a caller says they have "vertigo," and the scheduler doesn't understand what that is, the SymptomScreen tool will let the scheduler know it's "dizziness."

UCLA Health averages 4.7 million calls each year, handled by 530 schedulers who support 200 clinics and 27 specialties. Because of SymptomScreen, Teplin says that the nurse triage line is getting 100 calls a week (about a 114 percent in call volume) they wouldn't normally receive.

"During the presentation, we're going to share the journey that we've been on, from where we started to where we are now," Teplin says. "I want attendees to know they don't always have to keep using the same tools or processes. With all this technology in healthcare, there are so many ways to move forward." ∎