Introduction

For federally funded research programs such as the Cooperative Human Tissue Network (CHTN), providing superior customer service and increasing productivity is a challenging feat. The CHTN Western Division (CHTN-WD) found the solution to be implementation of a customer relationship management (CRM) program, a strategy that has yet to be applied in a bio-repository or for prospective collection services. CRM enables CHTN to improve efficiency and response time, increase customer satisfaction, capture metrics and data, and create responsibility and ownership of issues within each division.

Before CRM, all CHTN divisions communicated using a LISTSERV. Use of a LISTSERV did not allow for data capture or metrics tracking. The CRM allows investigators to submit requests through the central CHTN website, using an easy navigable customer portal. These requests are delegated to the appropriate individual responsible for that specific task, and are handled in a timely manner. Data monitoring will bring awareness to recurring issues and will provide the information necessary for the realization of specific root causes.

Materials and Methods

CHTN is comprised of six institutions and is funded by the National Cancer Institute (NCI). The divisions are located across the United States and manage tissue requests based on the investigators’ geographical location. Each CHTN division works closely with investigators and other divisions to fulfill requests through a shared, web-based application, CHTN Investigator System. The shared database was not intended to house extensive communications between divisions and investigators. NCI managed a LISTSERV as an inter-divisional tool for communication but it lacks the reporting and data capturing functions necessary for business analytics (BA).

The CRM is a direct result of the innovative nature of the Lean Six Sigma (LSS) model of operations. The LSS model is currently being deployed at CHTN-WD, leading to further analysis of the current system and subsequent improvements. There are many different CRM applications available with different pricing structures, delivery models, ease of use, software functionality, and reporting capabilities. The Zoho platform, which is a Software as a Service (SaaS), was chosen based on the combined operating procedures of all CHTN divisions.

Benefits & Implementation of Zoho

1. Implementation at all CHTN sites, regardless of varying computer platforms (Mac or PC)
2. Cloudbased deployment would allow for faster implementation
3. The total cost of ownership at $40.00 USD/user is significantly lower than other systems
4. Low implementation time and low risk of failure due to the systems Internet intuitive navigations
5. The ability to alter the pricing scheme depending on the number of users
6. A month-to-month service option allowing CHTN system testing for 3-6 months without a substantial monetary investment

Webinars and recorded standard operating procedures (SOPs), accessible through the CHTN portal, were used as references and for training purposes.

The CRM system will be deployed in stages with each phase introducing a new concept or operation:

- Phase 1: Web to Case submission by Investigator with an inquiry or request about a service provided using the customer portal.
- Phase 2: Phone or Email to Case entails CHTN personnel submitting requests for investigators received via phone or email.
- Phase 3: Integration of Lead generation from CHTN website, Twitter and Facebook accounts, or from scientific meetings. These leads, based on the investigator’s geographical location, will be automatically assigned to a particular division.
- Phase 4: Assessment of marketing strategies.

Results

Through the use of this software, CHTN-WD was able to change the workflow associated with meeting the needs of our investigators by simplifying both the accessibility to the CHTN, and the organization of customer needs, questions, complaints, and resolutions. Not only has CRM changed how investigator requests are organized, it has also transformed communication with investigators, improved divisional accountability, and supplied the needed metrics to locate issues and obtain gains in service standards.

CHTN workflow/outcome example before implementation of Zoho

CRM removes active participation of the investigator. After the request is filed the CRM system works with the responsible division to not only complete the task, but to also notify the investigator of request status and generate solutions in a timely manner. If a division neglects a request, CRM tracks time points and sends notification e-mails creating a built-in accountability system.

Conclusion

The antiquated reliance of a LISTSERV does not allow for data management or metrics documentation, which is needed for analysis, corrective actions and increasing investigator satisfaction. Utilizing the tools and strategies that have been in existence to increase satisfaction and profit in the business and manufacturing world should be leveraged to allow federally funded projects to operate smoothly and efficiently. The ability to view trending data and incidents will make evident the root causes of significant issues, which in turn decreases excess spending and increases customer satisfaction. In the 2 months that the CRM portal has been active on the National CHTN website, there have been 3 leads that have progressed to active investigators (3 of 20 submissions). There have been over 100 requests captured and metrics obtained to produce a FAQ and Solutions Database. This type of data collection and reporting would not have been possible using only the LISTSERV, thus providing evidence that a CRM can fit the purpose of a federally funded repository.

Discussion

How important is the shift to a CRM system in the bio-banking community and how can we benefit all operations for both current and potential investigators and their chosen repository? How can a CRM system be improved upon and customized to meet the needs of different types of repositories?

Acknowledgements

We thank the CHTN-VUMC staff for their efforts and support: Erik Brooks, Sarah Feyas, Emma Judd, Bojana Zivkovic, Ellen Heinmann-Nichols, Dana Reeves, Marie Jacobovitz, Chelsea Taylor, Irwin Walker, Jennifer Earheart. We thank National CHTN division coordinators Nicole Bollinger, Kathy Sexton, Laurie Johnson, Dee McIverly, Craig Rumpel, and Laura Monovich, and NCI/IMS/NIH webmasters and Ryan Brown. This project is supported by NCI/NIH 2U01CA091664-08.

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