Poor IVR Will Make Your Customers Talk (Not in a Good Way)

Subpar design is bad for everyone

Ralph's pharmacy in Southern California (part of the Kroger Company family of pharmacies) recently switched its phone system from dual-tone multi-frequency (DTMF) to interactive voice response (IVR).

Having had experience using both of its systems, I was at the right place at the right time to listen to a conversation between a hairdresser and her client, both of whom had very big feelings about Ralph's new IVR.

Keeping in mind that customers are generally calling the pharmacy after hours to refill a prescription or leave a voicemail, only limited information is required. Here's how the DTMF call flow went:

> "The pharmacy is closed. To refill a prescription, press one."
> [Caller presses 1]
> "Please enter the prescription number, followed by the pound key."
> [Caller enters prescription number and # key]
> "You entered [prescription number]. If this is correct, press one."
> [Caller presses 1]
> "Please enter the last four digits of your phone number."
> [Caller enters the four digits]
> "You entered [four digits]. Is that correct?"
> [Caller presses 1]
> "Thank you. Your prescription has been verified. To refill another prescription, press one"

The brilliance of the DTMF was its simplicity. With the patient's prescription number and the last four digits of his phone number, the system was able to identify the patient, the prescription the caller wished to refill, and whether the prescription was eligible for a refill. It should be noted that typically '1' means 'yes', and '2', 'no,' whether it's pressing keys on a keypad or counting eye blinks of someone who is nonverbal.

Here's the new and "improved" IVR:

> "How can I help you today? You can say things like "refill a prescription," "order status," or even tell me the name of the department you're trying to reach. Go ahead."
> [Caller presses 1]
> "The pharmacy is currently closed. Would you like to leave a voicemail?"
> [Caller presses 2]
> "If you'd like to do anything else, say 'main menu.' If you're done, just hang up."
> [Caller presses 1]
> "Okay, what else can I help you with?"
> [Caller presses 1]
> "Sorry, please tell me again what you're calling about today."
> [Caller presses 1]
> "Let's try this a different way. The pharmacy is currently closed. Would you like to leave a voicemail?"

> [Caller presses 2]
> "Okay. One moment please. [pause] After the tone, please leave your…" [sends the caller to voicemail]

Second try:

> "How can I help you today? You can say things like 'refill a prescription,' 'order status,' or even tell me the name of the department you're trying to reach. Go ahead."
> [Caller presses 1]
> "Sorry. Please tell me again what you're calling about today."
> [Caller presses 1]
> "Just tell me which department you need or say something like 'order a cake' or 'what's your address.' So, what do you need?"
> [Caller presses 1]
> "Let's try this a different way. Which option are you calling about? Say 'prescription refill,' 'prescription status,' 'what's your address,' 'what are your hours,' 'talk to the pharmacy,' 'transfer me to the store,' or say 'it's something else.'"
> [Caller presses 1]
> "What's the prescription number or say 'I don't know.'"
> [Caller enters prescription number]
> "That's [prescription number], right?"
> [Caller presses 1]
> "Thank you. We'll be looking at prescriptions for [Name]."

Here, the IVR announces a patient name, making it less private. It asks callers if they would like to speak with a pharmacist, even though the pharmacy is closed. It asks people who are calling a pharmacy if they would like to order a cake.

How is this a better solution than the DTMF?

We can't design user-friendly systems without recognizing the neurodiversity that exists among the multitude of individuals who will be calling in to the system. Callers, and ultimately the business, are better served when this accessibility challenge is addressed in the system design.

Back at the salon, these women didn't just agree; they bonded over their mutual disdain for the system, particularly when one woman said, "Or when it says, 'Let's try this a different way,' and then it says…" The second woman joined in unison: "…the same exact thing!"

The hairdresser said she would never again call when the pharmacy was closed, even though it meant she could only call during business hours and would have to hold for a live person. Or she would switch pharmacies.

The moral of the story: People don't talk to bad IVR. They talk *about* bad IVR. ⊠

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