

# The use of OR and AI for workforce planning in call centers and health care



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# In honor of Arnoud de Bruin

- Aerospace engineer, specialized in process optimization
- Policy advisor (“beleidsadviseur”) @ VUmc
- Initiator of PICA
- Found his vocation in fighting cybercrime @ police
- Currently fighting ALS...



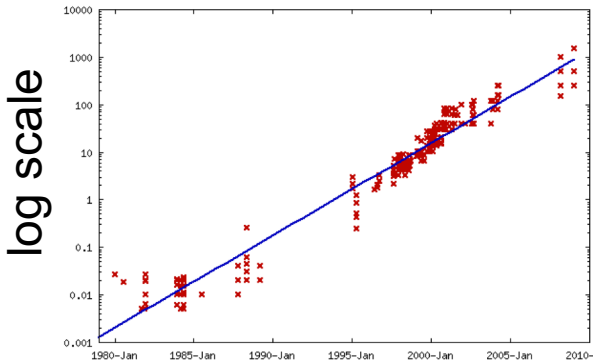
# Quality & quantity



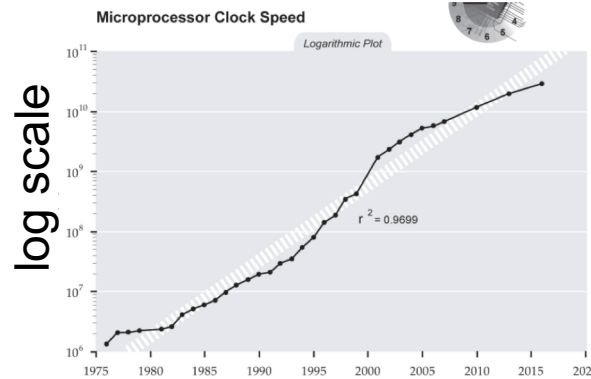
- Customers & patients value good service more than good process
  - Especially in call centers & curative health care (“cure”)
  - Process is more important in (long-term) care
- But: “the best service is no service” (Price & Jaffe 2008)
  - Good product not needing service/prevention
  - Good self-service
- How does AI impact both quality/self-service & quantity/process?

# The AI revolution

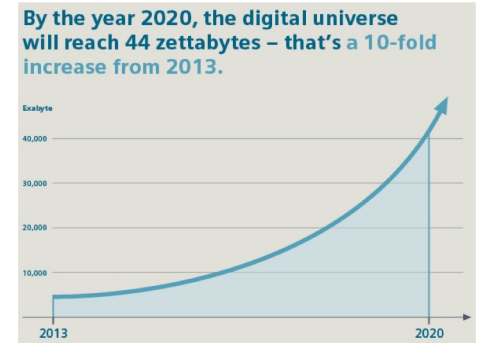
- Moore's law: more **data** and more computing **power**



data capacity laptop



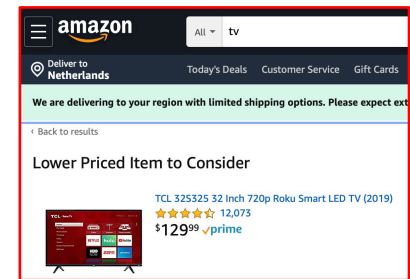
clock speed computers



total data stored

- Availability of **data** has grown in 2 dimensions

- more **data points**
- more **attributes**



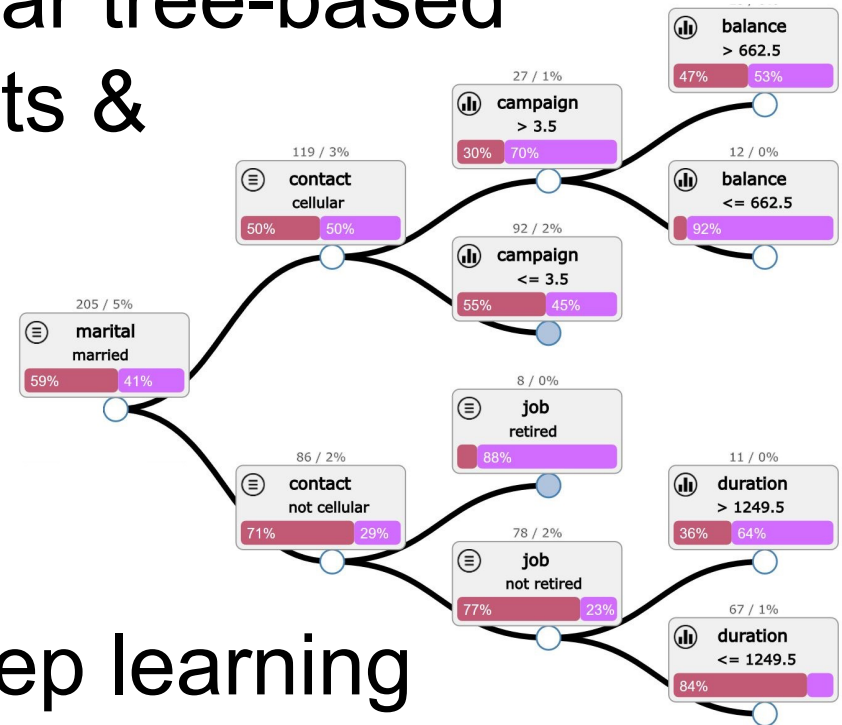
- Use data to obtain information or make decisions
- New algorithms that utilize this abundance: **machine learning**

# Machine learning algorithms



- **Games:** Monte Carlo tree search
- **Tabular data:** non-linear tree-based models (random forests & gradient boosting)

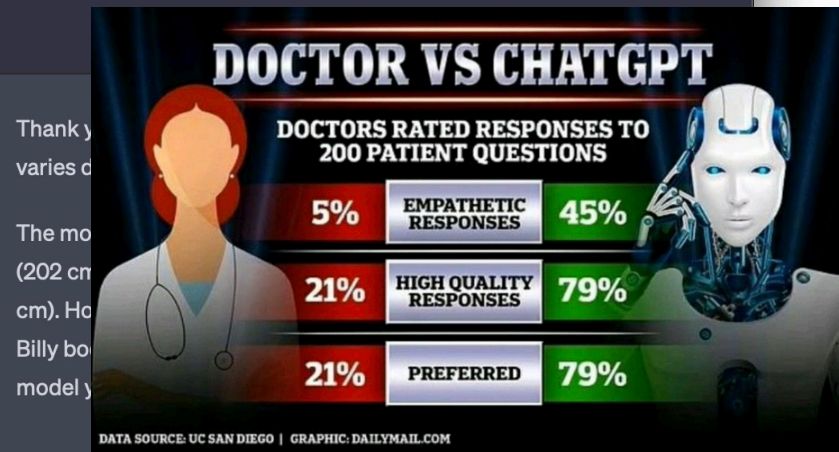
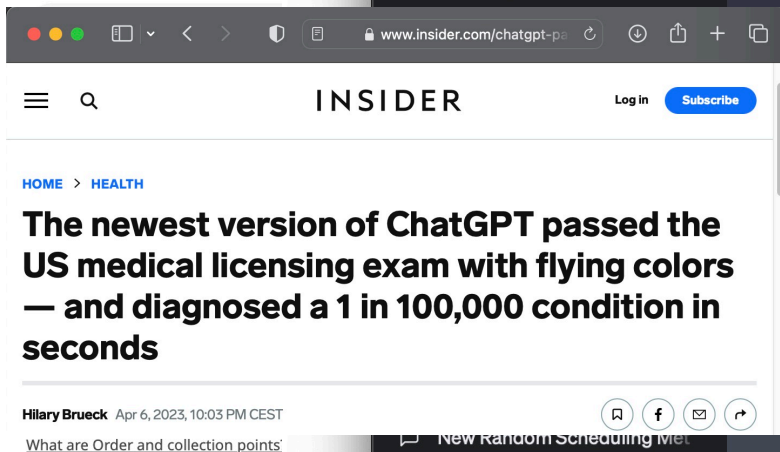
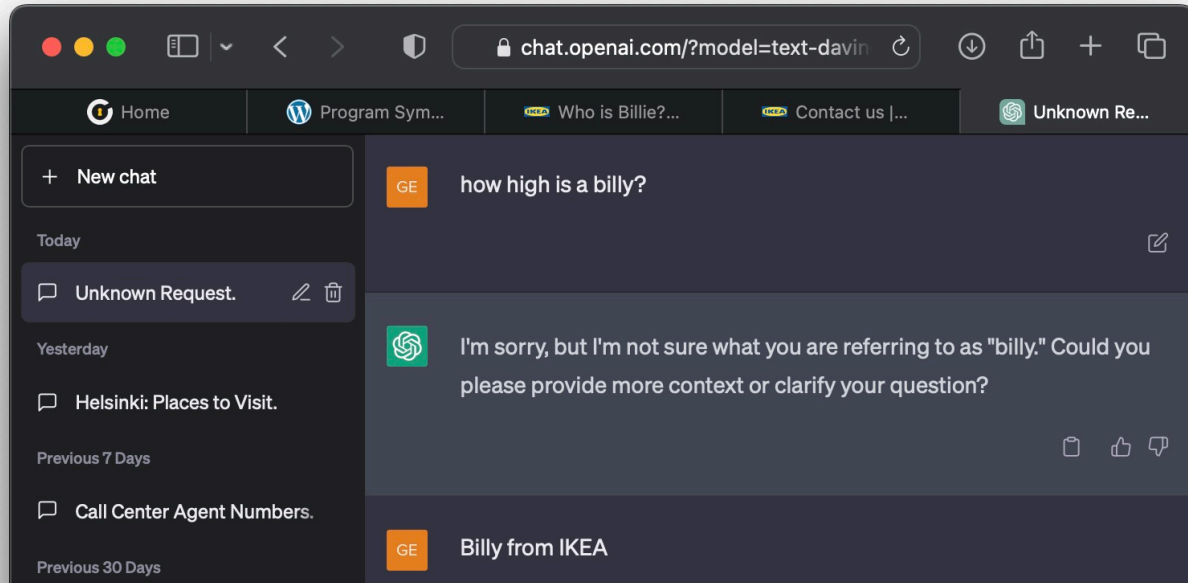
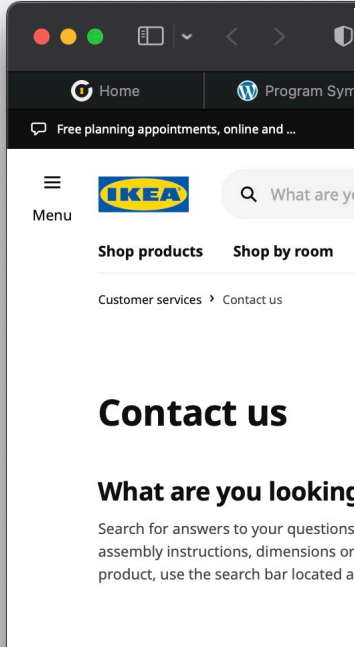
– Useful for planning



- **Unstructured data:** deep learning (artificial neural networks)

– Useful for self-service

# Self-service in UX & HC



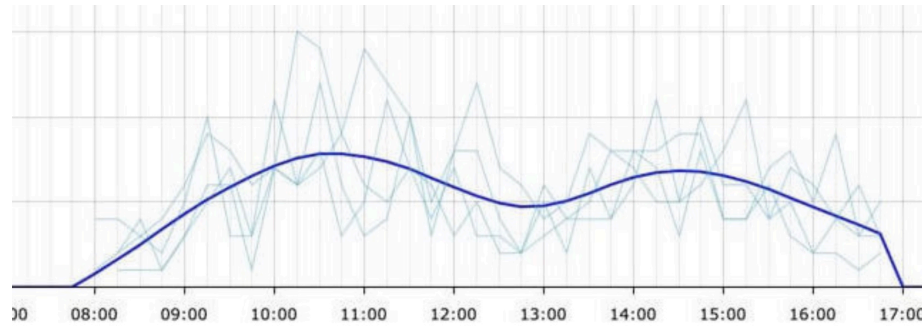
# Observations on *AI in OR* VU

- How does supervised ML work?
  - It finds non-linear relations
  - Generalizes badly to “far away” data points
  - Is not original (and surely not intelligent) in contrast with Linear Programming or Reinforcement Learning
- ML cannot replace OR planning methods
  - Can be helpful in certain steps



# Steps in call center planning

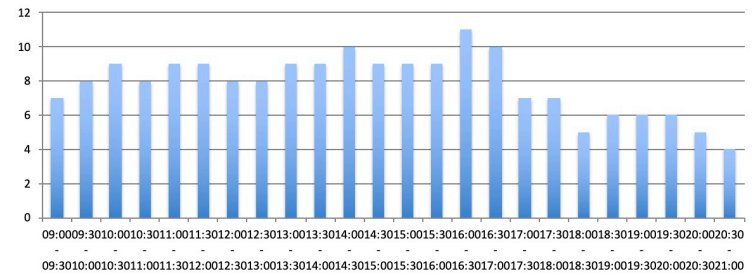
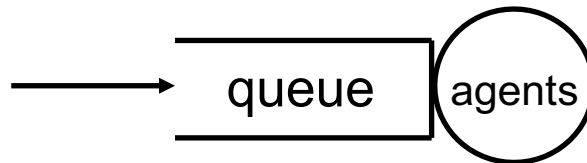
forecasting



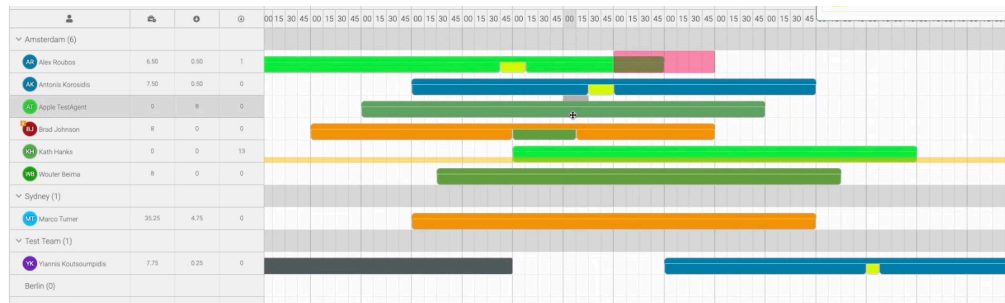
Erlang C/A

SLA, e.g. 80%/20s

safety staffing



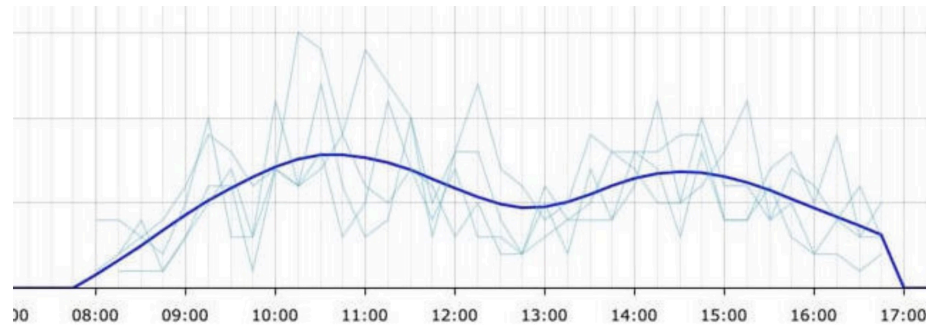
scheduling





# ML for forecasting

forecasting



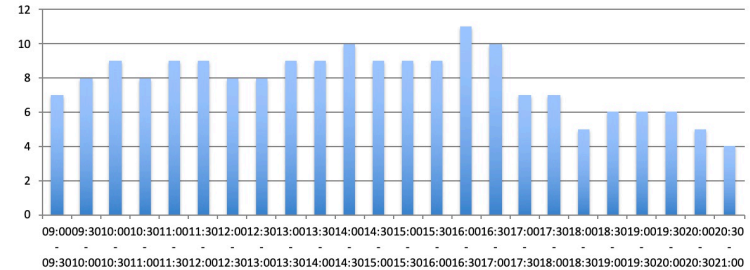
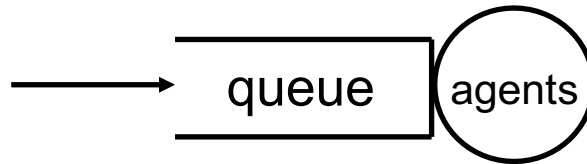
- Many statistical methods
  - Often strong assumptions (stationarity, ...)
  - Not flexible (1 form of seasonality, ...)
- ML: more flexible & precise
- But: Linear regression (with many dummy variables) works also very well
  - And gives insight

# ML for safety staffing

Erlang C/A

SLA, e.g. 80%/20s

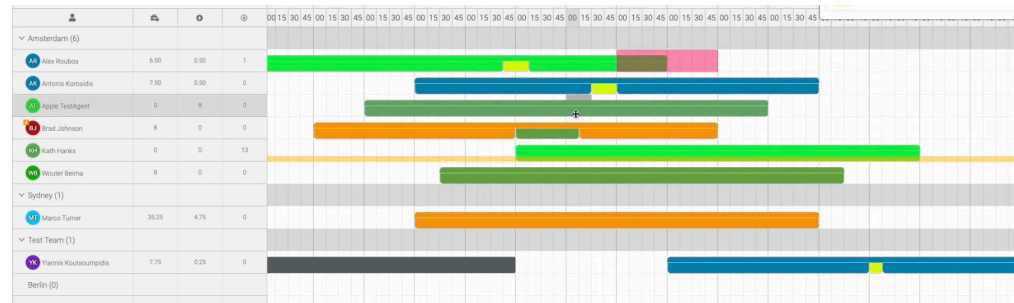
safety  
staffing



- Queueing models do not capture all aspects
  - E.g., breaks
  - Systematic error
- Black-box ML can discover its own “features”
  - E.g., the 10:00 coffee break that everybody takes
- Hybrid methods?

# ML for multi-skill scheduling

scheduling



- **Simulation optimization:**
  - for fixed schedule simulation of full week in cc
  - local search in “schedule space”
- **Problems:**
  - simulation is **slow**
  - simulation has **random** outcomes
- **Solution:**
  - fit ML model to simulation using **gradient boosting**
  - **optimize** over ML prediction

# Conclusion



- "White box modeling" can be augmented by supervised ML
- Especially in:
  - Parameter estimation
  - Fitting outcomes of simulation or optimization
- Abundance of data makes non-linear regression methods better than "old" linear models

# How about health care?



- Less advanced planning technology
  - Although covid gave it a boost
- Some stakeholders block innovation
  - The inmates are running the asylum
- Heading towards a crisis
  - Ageing population
  - More technological possibilities
  - Costs
  - Lack of personnel
- Is ChatGPT (or another LLM) the game changer?

