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TELEPHONE SERVICE FOR CLINICAL CARE

1. PURPOSE: This Veterans Health Administration (VHA) Directive establishes policy for the provision of telephone service related to clinical care.

2. BACKGROUND

a. Providing access to telephone care 24 hours a day, 7 days a week (24/7) is a VHA Health Care Service Standard. VHA has provided telephone care policy since 1994, setting goals and standards for telephone care in an effort to continuously improve the service it provides.

b. **Goals.** Telephone service goals include:

(1) Providing 24/7 access to safe, timely, and clinically sound health care advice through coordinated telephone coverage,

(2) Ensuring telephone service is fully integrated with, and a component of, primary and ambulatory care, including Community-Based Outpatient Clinics (CBOCs), specialty clinics, and other clinical services,

(3) Providing ready access for appointment management and support of alternatives to face-to-face clinic visits in order to optimize utilization of available services and reduce waits and delays, and

(4) Enhancing veterans' ability to self-manage and problem solve.

c. Telephone service is an important part of health care and has been extensively studied. Benchmarks for telephone service have been identified; among those applicable to VHA are:

(1) **Kaiser Permanente California Call Centers.** These Centers established standards of having 90 percent of calls answered within 30 seconds and achieving an abandonment call rate of 3 percent or less.

(2) **URAC (formerly the "Utilization Review Accreditation Committee," now known only as URAC) Health Call Center Standards Version 4.0.** These standards include the standard that an organization achieves and maintains an:

(a) Average speed of answer by a live person within 30 seconds, and

(b) Abandonment rate of less than 5 percent. For this target URAC excludes calls abandoned within the first 30 seconds of when a live person could answer the call, which starts at the end of any pre-recorded opening statements.

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(3) Federal Consortium Benchmarks Study Report: Best Practices in Telephone Service. This report notes key quantitative measure used to predict customer satisfaction levels that include an average speed of answer less than 15 seconds; and an abandonment rate less than 2 percent.

***NOTE:** Achievement of these targets is not mandated by this Directive, but they are provided as background information to allow medical centers and Veteran Integrated Service Networks (VISNs) to benchmark their performance. However, those centers obtaining URAC accreditation need to meet standards set by that organization.*

d. Definitions

(1) Telephone Service for Clinical Care. Telephone service for clinical care is provided by VHA staff using the telephone for management of appointments, pharmacy issues, health care information, health care advice, patient education, and other concerns related to the clinical care being provided to the patient.

(2) Call Center. A Call Center provides telephone service, in which staff in the center is dedicated to answering calls, and in which communication technology is in place so that incoming calls are distributed among the staff present.

(a) A local Call Center provides service to one or more divisions of a facility.

(b) A VISN Call Center provides service to an entire VISN.

(c) A Regional Call Center provides services to facilities in more than one VISN.

(3) Clinic-based Telephone Service. Clinic-based telephone service is the provision of telephone assistance using clinic staff covering an outpatient clinic. ***NOTE:** This staff may be performing multiple other functions in addition to responding to telephone calls.*

(4) Clinical Decision Support Tool. Clinical Decision Support Tools are protocols, guidelines, or algorithms that assist in the clinical decision-making process.

(5) Weekend-Holiday-Every-Night (WHEN) Hours. WHEN hours represents “off duty” or “non-administrative” hours when full staffing and full services are not available.

(6) URAC. URAC is an independent nonprofit organization whose mission is to promote health care quality through accreditation and certification programs; it is currently the only accrediting body for medical telephone Call Centers.

3. POLICY: It is VHA policy that telephone services for clinical care must be made available to all veterans receiving care at VHA facilities and that these services include 24/7 telephone access to clinical staff trained to provide health care advice and information.

4. ACTION

a. **VISN Director.** The VISN Director is responsible for ensuring that VISN and Regional Call Centers receive accreditation by the URAC or another appropriate credentialing body.

b. **Facility Director.** The Facility Director is responsible for ensuring facility patients receive telephone service that meets the following standards:

(1) All Clinical Services

(a) Telephone service for clinical care needs to be available to all patients in the facility's service area using a toll free service.

(b) Calls for clinical concerns are managed by clinical staff who have direct access to patient records. The clinical staff must document these encounters in the Computerized Patient Records System (CPRS). These progress notes are shared with Primary Care and/or other providers responsible for the patient using mechanisms, such as requesting an additional signature on a progress note or CPRS alert.

(2) Primary Care

(a) All Primary Care patients must be provided a telephone number for services related to Primary Care.

(b) During regular working hours, this telephone number must connect the patient to staff who can address management of Primary Care appointments, medication issues appropriate for Primary Care, and clinical concerns. This service can be provided by:

1. Clinic-based telephone service, or

2. A Call Center. If a Call Center is used, the staff must have immediate access to scheduling management, and be able to communicate with, and provide access to the patient's Primary Care staff. **NOTE:** *First call resolution, whereby the patient's needs are addressed with their first call, is a key element of good telephone assistance.*

(c) During WHEN hours, telephone service for Primary Care must be provided by a VISN or Regional Call Center. Mechanisms must be in place for the smooth transition of calls to the Call Center from all Primary Care practice sites including CBOCs. **NOTE:** *Automatic forwarding is encouraged.*

(d) During WHEN hours, the covering Call Center must accept calls for the management of Primary Care appointments and Primary Care medication issues. **NOTE:** *These calls can be managed immediately by the Call Center staff themselves or by a system for communicating information back to the clinic or local Call Center staff for action during regular working hours.*

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(e) Staff who manage calls for clinical concerns (either during regular working or WHEN hours) are either:

1. Physicians and providers, such as Advanced Practice Nurses and Physician Assistants, who can manage clinical calls on the basis of their scope of practice or medical staff privileges; or

2. Registered Nurses who have:

a. Completed an orientation and training program on telephone service. The orientation and training program must include management of calls with patients with hearing, voice, language, vision, or other communication problems.

b. A scope of practice which includes the use of, and adherence to, written clinical decision support tools to manage symptom-related clinical calls.

(f) When Registered Nurses are managing symptom-related clinical calls using clinical decision support tools, these tools must:

1. Include protocols for mental health problems.

2. Be reviewed and approved by Medical Center and/or VISN Medical Staff Committee(s) and be reviewed, and updated on an annual basis.

(3) Specialty Care Services

(a) All services providing clinical care other than Primary Care, including medical and surgical specialties, mental health, care coordination, home telehealth programs, and ancillary clinical services must provide patients with an identified number for telephone services related to their respective care. **NOTE:** *Per memo from Deputy Under Secretary for Operations and Management (10N) titled "Mental Health Initiatives," dated June 1, 2007, veterans requesting or referred for mental health and/or substance abuse treatment will receive an initial evaluation within 24 hours, with follow-up within 14 days.*

(b) During regular working hours, veterans calling the telephone number must be connected to staff who can address management of appointments, medication issues related to that specialty care, and clinical concerns related to that specialty care. This service can be provided by clinic-based telephone service, or by a local, VISN, or Regional Call Center. If a Call Center is used, the staff at the Call Center must have immediate access to scheduling management, and must be able to communicate with, and provide access to, the specialty care staff. If the same call center providing primary care coverage is used, it is critical that appropriate staffing be in place to manage the additional volume of calls.

(c) WHEN hour coverage must be provided for all specialty care service telephone numbers. This does not require that specialists be available by phone, but that, at the very least, callers are connected to, or directed to, the VAMC's WHEN hour Call Center coverage. Patients calling

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with clinical concerns need to have their concerns addressed, regardless of the time of the call or the service they contact.

(4) **Pharmacy Services.** VHA pharmacies must provide patients with an identified telephone number to access pharmacy services. This telephone number must provide an option for connecting the veteran to automated telephone medication or supply refill services. **NOTE:** *Minimum standards for automated telephone refill systems are determined by Pharmacy Benefits Management Strategic Healthcare Group and posted on <http://vaww.pbm.va.gov/directive/Guidance%20for%20VHA%20Facilities%20Pharmacy%20Automated%20Telephone%20Refill%20Service.pdf>*

(a) During regular working hours this telephone number must connect to the veterans pharmacy staff who can address medication issues. The service can be provided by:

1. Pharmacy-based telephone service, or
2. Local, VISN, or Regional Call Center.

a. If a Call Center is used, the staff at the Call Center must include appropriate pharmacy staff with access to the VISTA pharmacy package and the staff needs to include, or have immediate access to, a licensed pharmacist, preferably with scope of practice.

b. If the same Call Center providing primary care coverage is used, it is critical that appropriate staffing be in place to manage the additional volume of calls.

(b) WHEN hour coverage must be provided for the pharmacy service telephon numbers. This does not require that pharmacists be available by phone, but that, at the very least, callers are connected to, or directed to, the VAMC's WHEN hour Call Center coverage. Patients calling with clinical concerns related to pharmacy need to have their concerns addressed regardless of the time of the call or the service they contact.

(5) **Monitoring**

(a) All primary care practice sites with more than 5,000 active primary care patients and all VISN and Regional Call Centers must implement call management software to collect on an ongoing basis the following measures:

1. Call Volume. The number of calls coming into a telephone system including distribution by time of day and day of week, and

2. Abandonment Rate. The percentage of calls coming into a telephone system that are terminated by the persons originating the call before answer by a staff person. **NOTE:** *To allow comparison across VA, Call Centers will collect abandonment rate for all calls coming into the Call Center, without excluding calls abandoned within a specified timeframe such as the first 15 or 30 seconds.*

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3. Average Speed of Answer. The average delay in seconds that inbound telephone calls encounter waiting in the telephone queue of a telephone service system before answer by a staff person.

NOTE: *At this time, collection of these measures are encouraged, but not required, for calls going to smaller primary care practices (of less than 5,000 patients), specialty care numbers, and pharmacy numbers.*

(b) This monitoring must be fully implemented by July 1, 2008. Contract clinics with more than 5,000 patients are not exempt from these requirements, but may be allowed to defer full implementation until the date of contract renewal, if their current contract expires after July 1, 2008.

(c) Collection of additional measures are encouraged, but not mandated. Examples of such measures are:

1. Staffing including Full-time Equivalent (FTE) employees covering telephone assistance,
2. Number of agents logged in with distribution by hour,
3. First call resolution,
4. Adherence to clinical decision support protocols,
5. Documentation of calls,
6. Patient satisfaction, and
7. Provider satisfaction. **NOTE:** *Collection of additional information, particularly regarding staffing, is of particular value to sites which are having difficulty achieving acceptable levels of service.*

5. REFERENCES

- a. URAC Health Call Center Standards version 4.0.
- b. General Accounting Office (GAO) report GAO/GDD-00-161, Human Capital Management at Selected Public and Private Call Centers, August 2000, available at <http://www.gao.gov/archive/2000/gg00161.pdf>
- c. Federal Consortium Benchmark Study, Serving the American Public: Best Practices in Telephone Service, February 1995, available at: <http://govinfo.library.unt.edu/npr/library/papers/benchmrk/phone.html>

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6. FOLLOW UP RESPONSIBILITY: The Chief Patient Care Services (11) is responsible for the contents of this directive. Questions may be directed to the Office of Primary Care at (202) 461-7182.

7. RECISSION: VHA Directive 2000-035 is rescinded. This VHA Directive expires on October 31, 2012.

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