

## 19-112 Call Center

We have completed our audit of the UT Physicians (UTP) call centers. This audit was performed at the request of the UTHealth Audit Committee and was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing*.

### BACKGROUND

Call centers are often the consumer's first point of contact with an organization. UTP call centers receive approximately 1.5 million phone calls annually from patients seeking information and appointments. The individual call centers within UTP include Neurology, Nurse Triage, Ob/Gyn, Orthopedic, and Patient Access Center (PAC). Call center agents are responsible for scheduling appointments with providers, notating patient accounts with updates, answering questions from patients, and directing calls to other departments as needed. Additional responsibilities for Nurse Triage include performing triage over the phone to patients who request assistance with symptoms they may be experiencing.

### OBJECTIVES

The objective of this audit was to determine whether the controls around call center processes are adequate and functioning as intended.

### SCOPE PERIOD

The scope period was September 1, 2018 through September 30, 2019.

### METHODOLOGY

The following procedures were performed for each call center:

- Obtained performance reports and compared various metrics (number of calls answered, average talk time, aux time and abandoned call rate) by day of the week noting any trends or anomalies.
- Selected a sample of call center employees and verified the existence of training records and that a review of employee performance against defined metrics was performed.
- Selected a sample of phone calls and verified accuracy and completeness of account notation by comparing the information gathered during the phone call to the information in the respective patient's account, whether in GECB or Allscripts.
- Selected a sample of phone calls (Nurse Triage and PAC) and verified patient identification was performed by the employee, and an evaluation of the recording was performed by call center leadership.
- Selected a sample of patient complaints and verified each was properly documented, escalated (if applicable), and appropriately resolved.
- Selected a sample of bumped appointments and verified documented procedures were followed. Compared the appointment date to the date the patient was notified of the bumped appointment. Determined whether the patient rescheduled their appointment and, if so, compared original appointment date to the new appointment date.

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- Selected a sample of cancelled patient appointments by provider and reviewed their patient history to determine reason for cancellation.
- Obtained a copy of the Business Associate Agreement for Calabrio (Call Recording System) and verified it was properly executed with the respective call centers.
- Selected a sample of current call center employees and verified access to GE Centricity Business (GECB) and Allscripts was properly authorized and reviewed all terminated call center employees and verified user access was disabled timely.

**AUDIT RESULTS**

A&AS identified the following areas for improvement:

- Updating Patient Accounts
- Performance Measures
- User Access
- Patient Complaints
- Call Recording System

**NUMBER OF PRIORITY FINDINGS REPORTED TO UT SYSTEM**

None

We would like to thank the staff and management within each of the call centers who assisted us during our review.



Daniel G. Sherman, MBA, CPA, CIA  
Associate Vice President & Chief Audit Officer

**MAPPING TO FY 2019 RISK ASSESSMENT**

<b>Risk (Rating)</b>	Patient dissatisfaction may occur when a patient calls in with a question about their bill and does not receive good help. (Medium)  Call center may not track or log intake calls. (Medium)  Escalation process for patient calls may not be working efficiently. (Medium)
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**DATA ANALYTICS UTILIZED**

<b>Data Analytic #1</b>	Not Applicable
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**AUDITING & ADVISORY SERVICES ENGAGEMENT TEAM**

<b>AVP/CAO</b>	Daniel G. Sherman, MBA, CPA, CIA
<b>Audit Manager</b>	Nathaniel Gruesen, MBA, CIA, CISA, CFE
<b>Auditor Assigned</b>	Casandra Wiley

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<b>End of Fieldwork Date</b>	February 6, 2020
<b>Issue Date</b>	June 3, 2020

**Copies to:**

Audit Committee

Andrew Casas

Rossana Gonzalez-Ayala

Rita Willis

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<p><b>Issue #1</b></p>	<p>According to UTP <i>Patient Registration Policy 100.021</i> (Registration Policy), its stated purpose is, “To obtain complete and accurate patient demographic and insurance information in order to facilitate timely processing of patient treatment operations and claims.”</p> <p>The Registration Policy further states, “All required information must be captured in order to process a patient encounter.”</p> <p>We compared the GECB fields listed in call center training materials to the Registration Policy and noted several differences, including Marital Status, Special Needs, Race, Email, PCP, and Employment Status and Employer.</p> <p>In addition, we noted some call centers are following a previous version of a UT Physicians’ policy rather than the current version of the policy. A&amp;AS was provided UT Physicians’ Patient Portal Policy effective September 30, 2016. This policy states patient identity is confirmed through at least three forms of patient identifiers. However, the current UT Physicians’ Patient Portal Policy (effective January 1, 2019) references the Use of Two Identifiers policy, which states to confirm patient identity through two forms of criteria. Additionally, the types of criteria differ between the two policies.</p>
<p><b>Recommendation #1</b></p>	<p>We recommend call center management:</p> <ul style="list-style-type: none"> <li>• Update the call center training materials to reflect the Registration Policy, as well as the Patient Portal Policy to reflect current practices.</li> <li>• Conduct refresher training to ensure all required fields are captured during appointment calls.</li> </ul>
<p><b>Rating</b></p>	<p>Medium</p>
<p><b>Management Response</b></p>	<p>Call Center management will review the UTP Patient Registration policy and coordinate with Central Training to ensure information in both sources match, and will update as appropriate. Call Center management will conduct refresher training for current employees to ensure all required fields are captured, and the current UTP Patient Portal Policy is followed.</p>
<p><b>Responsible Party</b></p>	<p>Tony Lovett, Director, Patient Access Center</p>
<p><b>Implementation Date</b></p>	<p>June 1, 2020</p>

<p><b>Issue #2</b></p>	<p>The Utilization Review Accreditation Commission (URAC) Health Call Center Accreditation requires call centers to: “Adhere to defined telephone performance thresholds such as average speed of answer by a live person within 30 seconds, average abandonment rate of 5% or less, and call backs within an average of 30 minutes”. Although the call centers are not required to follow the URAC requirements, these elements are considered best practice.</p> <p>Call center management has adopted metrics to evaluate the performance of each call center and its employees. An abandoned call is defined as a phone call initiated to a call center that is disconnected before the caller is connected with a live agent. Aux time is when an agent is unavailable to answer incoming phone calls, and is used for lunch and two 15-minute breaks.</p> <p>During our testing, we noted the metrics used to evaluate call center performance are not consistent across the call centers. The table below indicates which metrics are currently reviewed by call center management, as well as the specific expectations:</p> <table border="1" data-bbox="431 768 1446 1121"> <thead> <tr> <th></th> <th><u>Abandoned Call Rate</u></th> <th><u>Average Talk Time</u></th> <th><u>Aux Time</u></th> <th><u>No. of Answered Calls</u></th> <th><u>Percent Accuracy</u></th> </tr> </thead> <tbody> <tr> <td><u>Neurology</u></td> <td>5%</td> <td>2 mins 30 secs</td> <td>1.5 hrs</td> <td>80-100</td> <td>No Standard</td> </tr> <tr> <td><u>Ob/Gyn</u></td> <td>5%</td> <td>No Standard</td> <td>1.5 hrs</td> <td>100</td> <td>No Standard</td> </tr> <tr> <td><u>Orthopedic</u></td> <td>3%</td> <td>No Standard</td> <td>No Standard</td> <td>No Standard</td> <td>No Standard</td> </tr> <tr> <td><u>PAC</u></td> <td>5%</td> <td>3 mins</td> <td>1.25 hrs</td> <td>100</td> <td>95%</td> </tr> </tbody> </table> <p><b>NOTE:</b> The Nurse Triage Call Center schedules appointments as well as provides patient care over the phone and uses different metrics to evaluate performance including Quality of Work, Job Knowledge, Personal Effectiveness and Accountability, Average Call Handle Time, and Abandoned Call Rate.</p>		<u>Abandoned Call Rate</u>	<u>Average Talk Time</u>	<u>Aux Time</u>	<u>No. of Answered Calls</u>	<u>Percent Accuracy</u>	<u>Neurology</u>	5%	2 mins 30 secs	1.5 hrs	80-100	No Standard	<u>Ob/Gyn</u>	5%	No Standard	1.5 hrs	100	No Standard	<u>Orthopedic</u>	3%	No Standard	No Standard	No Standard	No Standard	<u>PAC</u>	5%	3 mins	1.25 hrs	100	95%
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<p><b>Recommendation #2</b></p>	<p>We recommend call center management:</p> <ul style="list-style-type: none"> <li>• Develop and implement metrics for those call centers that have not established performance metrics.</li> </ul>																														
<p><b>Rating</b></p>	<p>Medium</p>																														
<p><b>Management Response</b></p>	<p>Call Center management will develop and implement performance metrics for those areas without metrics.</p>																														
<p><b>Responsible Party</b></p>	<p>Tony Lovett, Director, Patient Access Center</p>																														
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<p><b>Issue #3</b></p>	<p>ITPOL-004 <i>Access Control Policy</i> (ITPOL-004) requires a user's access authorization to be appropriately modified or removed when the user's employment or job responsibilities within the agency change.</p> <p>A&amp;AS reviewed user access to Allscripts, GE Centricity Business (GECB), and the LVM applications and noted the following issues:</p> <ul style="list-style-type: none"> <li>• The Active Directory (AD) credentials of one former Neurology call center employee and one former Orthopedic call center employee were disabled upon termination; however, their access within Allscripts was not disabled.</li> <li>• The AD credentials of one former Orthopedic call center employee was disabled upon termination; however, their access within GECB was not disabled.</li> </ul>
<p><b>Recommendation #3</b></p>	<p>We recommend call center management establish procedures for granting, terminating, and monitoring user access to ensure compliance with ITPOL-004. Evidence of the periodic user access review performed by the call center should be documented and retained.</p>
<p><b>Rating</b></p>	<p>Medium</p>
<p><b>Management Response</b></p>	<p>UTP Call Center Management will enter a HEAT ticket requesting, terminating or modifying access for any user needing access, termination of access or access modification for GECB, Allscripts, LVM and EPIC. The request for that access, termination or modification will result in a confirmation email from Information Technology Security. That email confirmation will be filed and kept for a minimum of 5 years at the department level.</p>
<p><b>Responsible Party</b></p>	<p>Tony Lovett, Director, Patient Access Center</p>
<p><b>Implementation Date</b></p>	<p>June 1, 2020</p>

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<p><b>Issue #4</b></p>	<p>The URAC Health Call Center Accreditation requires call centers to implement a formal process to handle customer complaints, which must include:</p> <ul style="list-style-type: none"> <li>• A system that provides for a prompt response to complaints</li> <li>• Notice of final resolution with an explanation</li> <li>• Documentation that the organization is meeting its time frames for resolution of complaints</li> <li>• A mechanism to report to the organization’s QM committee on complaints and appeals</li> </ul> <p>Although the call centers are not required to follow the URAC requirements, these elements are considered best practice.</p> <p>A&amp;AS noted there is no process to ensure patient complaints are recorded, documented, escalated when necessary, receive management oversight, and are adequately resolved.</p>
<p><b>Recommendation #4</b></p>	<p>We recommend call center management:</p> <ul style="list-style-type: none"> <li>• Develop and implement a process to ensure patient complaints are documented by the call centers that do not have an established process.</li> <li>• Policies should also be developed to formalize this process.</li> </ul>
<p><b>Rating</b></p>	<p>Medium</p>
<p><b>Management Response</b></p>	<p>All patient complaints that are forwarded or received by a UTP Call Center will be routed to the UT Physicians Patient Experience, GM <a href="mailto:PatientExperience@uth.tmc.edu">PatientExperience@uth.tmc.edu</a> Email address for logging, updates and records documentation. All initial complaints as well as complaint updates and final resolution will be forwarded to the Patient Experience team via this email address. Due to the PHI involved with clinical call received within the Nurse Triage line, complaints received through this department will be maintained on a restricted intranet file facilitated by Nurse Triage Clinical management.</p>
<p><b>Responsible Party</b></p>	<p>Tony Lovett, Director, Patient Access Center</p>
<p><b>Implementation Date</b></p>	<p>June 1, 2020</p>

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<p><b>Issue #5</b></p>	<p>Calabrio is a recording system that allows individuals to record and monitor active phone calls in order to optimize the customer experience and evaluate customer interactions.</p> <p>For two of the call centers, designated team leaders and supervisors routinely review past phone calls to evaluate agent’s performance and ensure exceptional customer service is provided. In the event of a complaint, supervisors are able to extract the recording of the call to review the conversation and verify the details of the complaint.</p> <p>At the time of our audit, we noted this system was utilized at two of the five call centers. However, during fieldwork, an additional two call centers adopted this system, leaving one call center without a recording system in place. Although the two call centers have adopted the system, they have not established processes to routinely review past phone calls.</p> <p>Failure to make use of this system could potentially prevent team leaders and supervisors from providing personalized feedback to employees. In addition, management cannot verify patient care issues are resolved, or patient complaints are handled appropriately.</p>
<p><b>Recommendation #5</b></p>	<p>We recommend call center management implement Calabrio at all call centers and establish processes for routinely reviewing phone calls to evaluate agent performance.</p>
<p><b>Rating</b></p>	<p>Low</p>
<p><b>Management Response</b></p>	<p>All UTP Call Centers who currently lack this tool and have the available funding to fund the tool will adopt. Tony Lovett will assist with implementation in conjunction with telecommunications and procurement.</p>
<p><b>Responsible Party</b></p>	<p>Tony Lovett, Director, Patient Access Center</p>
<p><b>Implementation Date</b></p>	<p>June 1, 2020</p>