Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

VHA DIRECTIVE 1090
Transmittal Sheet
September 20, 2023

TELEPHONE ACCESS FOR CLINICAL CARE

1. SUMMARY OF MAJOR CHANGES: This directive states updated standards regarding telephone access for clinical care.

2. RELATED ISSUES: VHA Directive 1006.04(1), Clinical Contact Centers, dated May 16, 2022.

3. POLICY OWNER: The Office of Integrated Veteran Care (IVC) (16) is responsible for the content of this directive. Questions may be addressed to IVC at VHA16IVCSupportStaff@va.gov.

4. RESCISSIONS: VHA Directive 2007-033, Telephone Service for Clinical Care, dated October 11, 2007, is rescinded.

5. RECERTIFICATION: This Veterans Health Administration (VHA) directive is scheduled for recertification on or before the last working day of September 2028. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

6. IMPLEMENTATION SCHEDULE: This directive is effective upon publication.

BY DIRECTION OF THE OFFICE OF THE UNDER SECRETARY FOR HEALTH:

/s/ Miguel H. LaPuz, MD
Assistant Under Secretary for Health
for Integrated Veteran Care

NOTE: *All references herein to Department of Veterans Affairs (VA) and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

DISTRIBUTION: Emailed to the VHA Publications Distribution List on September 20, 2023.

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1. POLICY

It is Veterans Health Administration (VHA) policy that Veterans and other VHA patients receive telephone care for management of appointments, pharmacy, health care information, health care delivery, patient education and other concerns related to the clinical care being provided to the patient through the standardization of the Interactive Voice Response (IVR) system in order to foster a positive patient experience and optimize utilization of available services to reduce wait times and delays in care. All VHA entities are affected by this directive. **AUTHORITY:** 38 U.S.C. § 7301(b).

2. RESPONSIBILITIES

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Integrated Veteran Care.** The Assistant Under Secretary for Health for Integrated Veteran Care is responsible for:

(1) Supporting the Office of Integrated Veteran Care (IVC) with implementation and oversight of this directive.

(2) Collaborating and providing guidance to the Assistant Under Secretary for Health for Operations to ensure compliance with this directive.

c. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Services Networks (VISNs).

(2) Assisting VISN Directors to resolve implementation and compliance challenges in all Department of Veterans Affairs (VA) medical facilities within that VISN.

(3) Providing oversight of VISNs to ensure compliance with this directive and its effectiveness.

d. **Executive Director, Office of Integrated Veteran Care.** The Executive Director, IVC is responsible for providing oversight for VISN and VA medical facility compliance with this directive and ensuring that corrective action is taken when non-compliance is identified.

e. **Veterans Integrated Services Network Director.** The VISN Director is responsible for:

(1) Ensuring that all VA medical facilities within the VISN comply with this directive and informing leadership when barriers to compliance are identified.

(2) Ensuring telephone service for clinical care is available to all patients in the VISN's service area. This applies to all service lines providing clinical care within the VISN. For example, VISN Directors use existing tools such as Clinical Contact Center (CCC) for additional services outside of core services, which are offered 24 hours a day, 7 days a week, including holidays. *NOTE: For VHA policy on CCCs, see VHA Directive 1006.04(1), Clinical Contact Centers, dated May 16, 2022.*

(3) Ensuring qualified, trained VISN staff members are available to receive incoming clinical care concerns from the IVR system. *NOTE: VISN staff provide clinical care through VA Health Connect.*

(4) Ensuring all patients have access to a toll-free VISN telephone number which connects them to the IVR system to contact for clinical services.

(5) Ensuring all service lines collect and analyze the performance metrics in paragraph 3 on an ongoing basis to identify opportunities for improvement.

(6) Ensuring local IVR secondary prompts or sub-menus, outlined in paragraph 4, are used in accordance with VISN IVR requirements to support First Contact Resolution (FCR).

(7) Ensuring call monitoring procedures and guidelines are followed in accordance with the Calabrio Use Guidelines found at: https://dvagov.sharepoint.com/sites/VHACIinContacts/Library%20Documents/Forms/VAHC%20Newsletters.aspx?id=%2Fsites%2FVHACIinContacts%2FLibrary%20Documents%2FQuality%20Management&p=true&ga=1. *NOTE: This is an internal VA website that is not available to the public.*

f. **VA Medical Facility Director.** The VA medical facility Director is responsible for:

(1) Ensuring overall VA medical facility compliance with this directive and appropriate corrective action is taken if non-compliance is identified.

(2) Ensuring qualified, trained clinical and administrative staff members who have direct access to patient records are available to receive and answer incoming clinical care concerns to the VA medical facility. *NOTE: New staff who manage calls for concerns (either during regular working or Weekend, Holiday, Evening, Night (WHEN) Hours) must also receive appropriate training during orientation and follow VISN CCC and IVC procedures for core and non-core CCC hours, as appropriate. FCR, whereby the patient's needs are addressed with their first call, is a key element of good telephone assistance. For further information on FCR, see VHA Directive 1006.04(1).*

(3) Ensuring all patients are provided a VA medical facility toll-free telephone number for clinical services which also connects them to the IVR system.

(4) Collaborating with other VA medical facility Directors within the VISN, ensuring that the local IVR menus are standardized amongst other VA medical facilities and Community-Based Outpatient Clinics (CBOCs) as outlined in paragraph 4.

3. TELEPHONE ACCESS PERFORMANCE METRICS

VISNs, VA medical facilities and CCCs telecommunication platforms must collect ongoing performance metrics of calls answered by staff which are reported to leadership, and must follow standards which ensure patients have the same access regardless of geographical location. Metrics are retrievable on an ongoing basis and provide foundational analytical quality management context when telephone access issues arise. VISN and VA medical facility leadership may use the metrics for process improvement implementation. ***NOTE:*** *For the full list of standard metrics captured for each CCC, see the Data and Metrics Guidance at* [*https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FOperational%20and%20Clinical%20Guidance%2FData%20and%20Metrics%20Guidance&p=true&ga=1*](https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FOperational%20and%20Clinical%20Guidance%2FData%20and%20Metrics%20Guidance&p=true&ga=1)*. This is an internal VA website that is not available to the public.* The performance metrics include, at a minimum:

a. <u>**Call Volume.**</u> The number of calls coming into a telephone system including distribution by time of day and day of week.

b. <u>**Abandonment Rate.**</u> 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, VISNs and VA medical facilities must collect abandonment rate for all incoming calls, without excluding calls abandoned within a specified timeframe such as the first 15 or 30 seconds.*

c. <u>**Average Speed of Answer.**</u> The average delay in seconds that inbound telephone calls encounter waiting in the telephone queue of a telephone service system before the call is answered by a staff person.

d. <u>**Service Level.**</u> The service answering a percentage of calls within a specified timeframe (e.g., non-nursing staff answers 80% of calls within 30 seconds; nursing staff answers 80% of calls within 120 seconds).

4. INTERACTIVE VOICE RESPONSE STANDARDIZATION

The IVR system is a telecommunication tool made up of menus and sub-menus that help Veterans navigate access to services when using the telephone. Qualified, trained VISN staff receive the incoming call from the IVR system once the patient selects one of the automated options below. It is required that all VA medical facilities and CBOCs within a VISN share the same primary, secondary and tertiary IVR menu options. However, exact scripting for each option is not standardized by this directive. Acts of Congress mandating IVR prompts or pre-menu announcements supersede requirements in this directive. The following VISN IVR primary options are required, at a minimum:

a. <u>**Press 1 for Pharmacy.**</u> This option routes the caller to the pharmacy VISN CCC core service, as outlined in VHA Directive 1006.04(1).

b. **Press 2 for Appointments.** This option routes the caller to the scheduling and administration VISN CCC core service, as outlined in VHA Directive 1006.04(1).

c. **Press 3 for Symptoms.** This option routes the caller to the clinical triage CCC core service, as outlined in VHA Directive 1006.04(1).

5. TRAINING

There are no formal training requirements associated with this directive.

6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive must be managed as required by the National Archives and Records Administration (NARA) approved records schedules found in VHA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Officer.

7. BACKGROUND

a. Providing access to care and services 24 hours a day, 7 days a week is a VHA health care service standard. VHA has provided telephone care policy since 1994, setting goals and standards for telephone care and new modalities to continuously improve the service it provides.

b. VHA telephone service goals include:

(1) Providing access 24 hours a day, 7 days a week, including holidays, to safe, timely and clinically sound health care advice through coordinated coverage.

(2) Ensuring telephone services are a component of all service lines.

(3) Providing ready access for appointment management, pharmacy, eligibility information, health care information (non-clinical information), health care delivery, patient education and other concerns related to the clinical care being provided to the patient in order to optimize utilization of available services to reduce wait-times and delays in care.

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

c. A CCC, also known as VA Health Connect, refers to a coordinated system of diverse, dedicated and VISN-aligned administrative and clinical professionals. These professionals are aligned under the VA Health Connect organizational chart. VHA enterprise-wide standardized processes, uniform technologies and strategies provide patients dedicated access to care and services virtually (e.g., via telephone, video, chat, email and other non-face-to-face contact mediums). Unlike traditional call centers, CCCs provide access to dedicated administrative and clinical staff to deliver a range of health care services 24 hours a day, 7 days a week. VA Health Connect aim to achieve

meaningful FCR of patients' needs whenever possible through the provision of scheduling and administrative support, clinical triage, virtual clinic visits and clinical pharmacy services. CCCs serve as an extension of VA medical facility-based health care teams and work collaboratively to ensure continuity and care coordination utilizing clinical decision support tools. *NOTE: A call center provides telephone services to a VA medical facility where staff are dedicated to answering calls and communication technology is in place so that incoming calls are distributed among the staff present.*

8. DEFINITIONS

a. **First Contact Resolution.** FCR is the satisfaction of a patient's concerns during their initial contact with a VA health care system. Clinically meaningful FCR specifically refers to care during which staff have satisfied and managed the patient's health needs in a clinically appropriate manner. *NOTE: For further information on FCR within VA Health Connect, please refer to the VA Health Connect Guidebook at https://dvagov.sharepoint.com/sites/VHAClinContacts/Library Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FVA%20Health%20Connect%20Guidebook%20and%20New%20Employee%20Toolkit&p=true&ga=1. This is an internal VA website that is not available to the public.*

b. **Interactive Voice Response.** IVR is software that allows patients to use the telephone keypad to access VA staff who can meet their needs.

c. **Weekend, Holiday, Evening, Nights Hours.** WHEN Hours are a period of the day outside of normal administrative hours. *NOTE: CCCs must follow core and non-core hour guidance found in the VA Health Connect Guidebook at https://dvagov.sharepoint.com/sites/VHAClinContacts/Library Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FVA%20Health%20Connect%20Guidebook%20and%20New%20Employee%20Toolkit&p=true&ga=1. This is an internal VA website that is not available to the public.*

9. REFERENCES

a. 38 U.S.C. § 7301(b).

b. VHA Directive 1006.04(1), Clinical Contact Centers, dated May 16, 2022.

c. VA Health Connect Guidebook: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FVA%20Health%20Connect%20Guidebook%20and%20New%20Employee%20Toolkit&p=true&ga=1. *NOTE: This is an internal VA website that is not available to the public.*

d. Calabrio Use Guidelines: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library_Documents/Forms/VAHC

Newsletters.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FQuality%20Management&p=true&ga=1. ***NOTE:*** *This is an internal VA website that is not available to the public.*

  e. Data and Metrics Guidance: https://dvagov.sharepoint.com/sites/VHAClinContacts/Library%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FVHAClinContacts%2FLibrary%20Documents%2FOperational%20and%20Clinical%20Guidance%2FData%20and%20Metrics%20Guidance&p=true&ga=1. ***NOTE:*** *This is an internal VA website that is not available to the public.*