Simply Stated...

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Teen Experiences in Scheduling Appointments for Reproductive Health Care

Over 40% of South Carolina high school students are sexually active, but only 22% of these students reported using birth control pills or Depo-Provera shots the last time they had sex[i]. **Free or low cost clinics** are a primary source of sexual health services, including contraception, for many low-income teens who seek to prevent pregnancy. The South Carolina Campaign to Prevent Teen Pregnancy (SC Campaign) recently conducted an assessment of the **appointment scheduling process** of a statewide, publicly funded health system using adolescent "mystery callers" who attempted to make appointments. This health system serves over 15,000 females under 20 years old and is estimated to meet 37% of the need for contraceptive services among low income women of all ages in the state[ii]. This assessment found that mystery callers often experienced **long wait times** for appointments, navigated complex or **multi-step scheduling procedures**, and received **limited information** from scheduling staff. However, most clinics did schedule appointments for teen mystery callers, and most mystery callers who scheduled appointments held **positive views** of the scheduling process and staff.

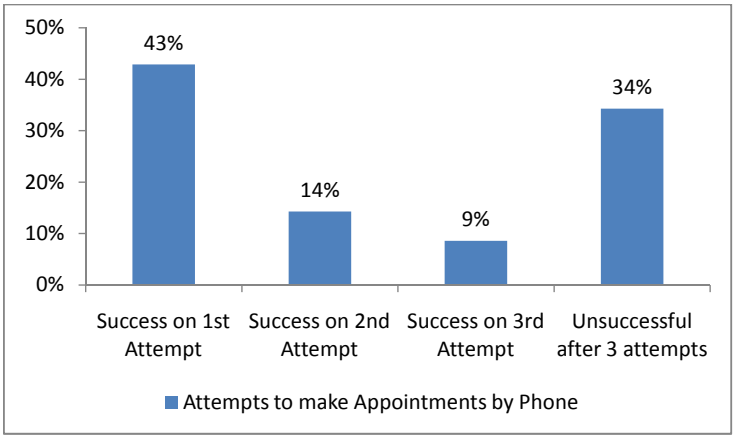
METHODS

This study built on a similar project conducted by the New York City Department of Health and Mental Hygiene[iii]. Five adolescent females served as "mystery callers". They were given fictional identities and trained on the protocol for making appointments and the tools* used to track attempts to make appointments during June of 2011. Managers of the health system approved assessment instruments and protocols, which included calling the clinic number listed on the health system's website even if the clinic used a centralized appointment phone number. Appointments were attempted by telephone at 70 clinics and online at 28 clinics. Mystery callers made up to three attempts to schedule by phone and up to two attempts to schedule online. More information about the methods and protocols involved in the assessment is available upon request.

RESULTS OF APPOINTMENT REQUESTS

Overall, mystery callers were able to make appointments at 66% of clinics contacted by phone and 82% of clinics contacted online. Charts 1 and 2

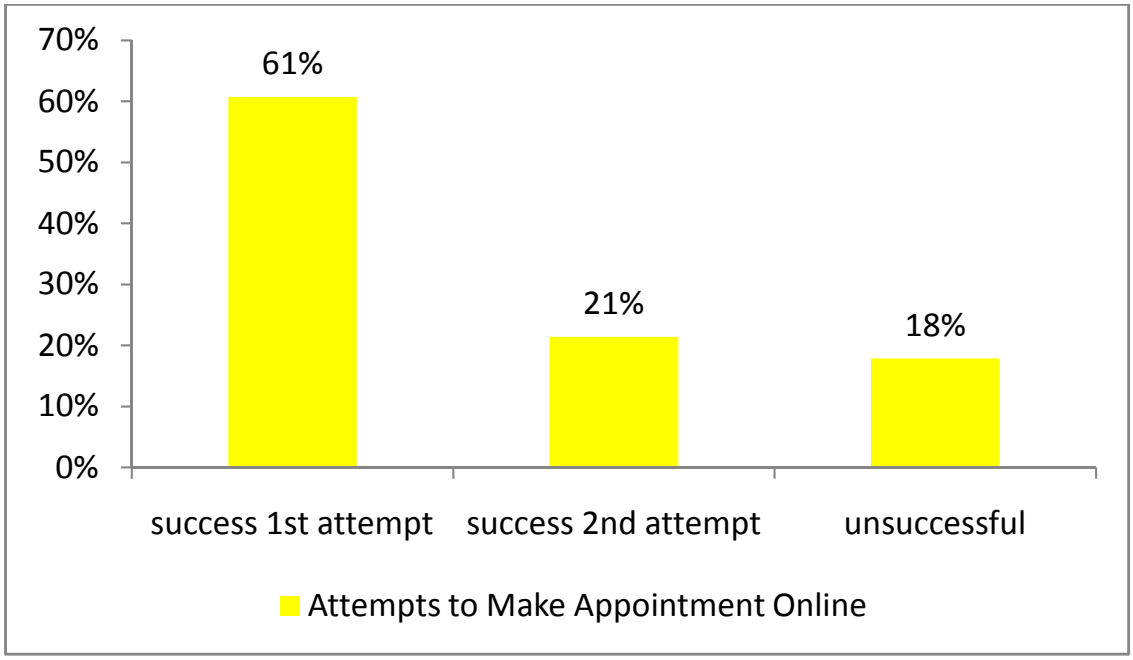
Chart 1. Results of Telephone Scheduling Attempts by Clinic (n=70)



*Survey tool was based on instrument developed by the New York City Department of Health and Mental Hygiene.

depict the stage at which each clinic scheduled (or did not schedule) appointments by phone (Chart 1) and online (Chart 2). Of the 46 appointments made by telephone, 57% were made through calling the clinics directly and 43% were made through a centralized scheduling system that mystery callers were referred to by clinic staff.

Chart 2. Results of Online Scheduling Attempts by Clinic (n=28)



For both telephone and online appointment requests, the most frequent reason that mystery callers were not able to schedule an appointment was not being able to connect to clinic staff, either because no working phone number could be located, phones were not answered or were directed to voicemail, lengthy hold times that resulted in calls being terminated, or clinics did not respond to requests. Some clinics stated that appointments were not available at that clinic or that clinic policies restricted how appointments could be scheduled, and some presented other barriers such as requiring a pap smear before scheduling a family planning appointment.

KEY FINDINGS

Scheduling appointments often required multiple steps for mystery callers.

Overall, 46% of clinics in the online portion of the assessment and 67% of clinics in the telephone portion of the assessment required more than one attempt to schedule appointments (Charts 1 & 2). In this assessment, mystery callers were often not able to connect to staff of the health system because phones were not answered or emails were not returned. When mystery callers did connect to staff, they were often required to take additional steps such as calling other numbers or calling back at different times before appointments could be scheduled. Although assessment protocol required mystery callers to make up to three attempts to schedule appointments, an initial attempt that does not result in an appointment may discourage teens from contacting the health system again. Prior unsuccessful attempts to schedule appointments may be a barrier that prevents teens from accessing reproductive health care through this health system.

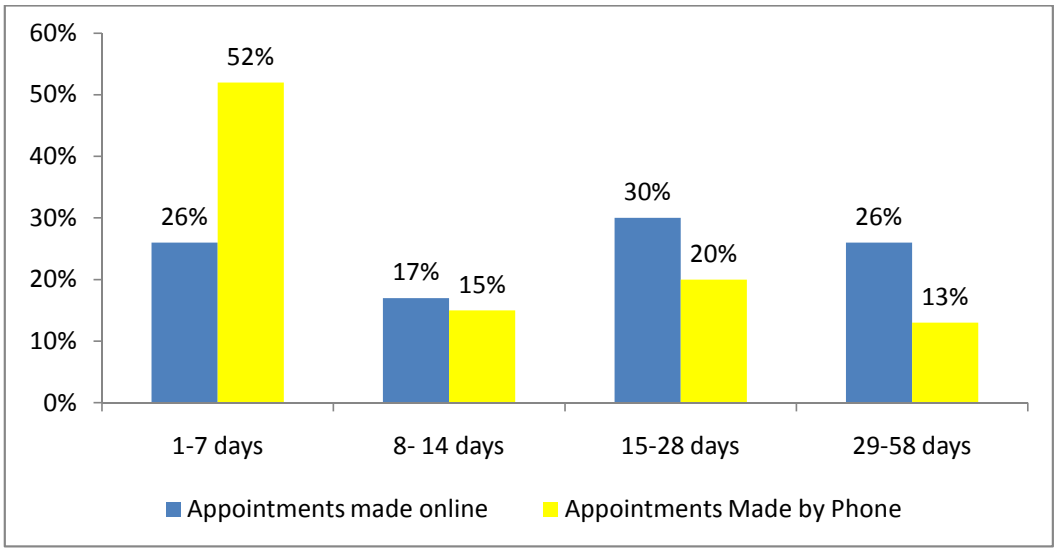
The time between an appointment request and the appointment date often exceeded standards.

In this assessment, mystery callers accepted any appointment time offered. As Chart 3 shows, the length of time from the date of the appointment request to the date of the scheduled appointment varied from 0 to 58 days.

Scheduling appointments within 14 days of the request is a standard set by the health system and is in accordance with Title X of the Public Health Service Act, which requires that adolescents receive appointments "as soon as possible."[v] Of the appointments made, 33% of appointments made by phone and 56% of appointments made online were scheduled for more than 14 days from the appointment request.

Teens who are not able to receive sexual health services within 14 days of their request for an appointment may not receive services when they need them, and may not be able to keep appointments scheduled in the future.

Chart 3. Length of Time from Appointment Request to Appointment Date



Mystery callers who were able to make appointments had positive views of the health system staff with whom they interacted.

Mystery callers who were able to make appointments at clinics were asked several questions about the appointment process and staff of the health system after each appointment that they were able to make. Of the appointments that were able to be scheduled, mystery callers indicated the process of scheduling an appointment was 'very easy' (78% of appointments scheduled). Of the appointment scheduled after speaking to health system staff on the phone, mystery callers typically assessed staff as 'very' friendly (69% of appointments scheduled), 'very' knowledgeable (73% of appointments scheduled), and 'very' supportive (67% of appointments scheduled).

Mystery Callers typically received little information other than the appointment time.

Staff of the SC Campaign identified several types of information that could be relevant when scheduling an appointment; these were not protocols of the health system but reflected concerns that SC Campaign staff thought many teens might have. Mystery callers were instructed to record whether the information was volunteered to them, and whether it was offered when teens specifically asked about it. Most mystery callers were told that they needed to bring a birth certificate or photo ID (a required document at the time). However, mystery callers were rarely told whether a parent needed to attend the appointment or given information about confidentiality, the cost of services, or a Medicaid program designed to help low income women afford family planning.

Cost of services may be a significant barrier to women accessing health services, but this was an area where few mystery callers received information. Although mystery callers felt they would be seen whether or not they could pay for services in 86% of appointments scheduled, only about a third actually received information related to cost or the Medicaid program. Many mystery callers were told to bring proof of income to the appointment, but may not have understood how this was connected to the cost of the service.

Information about these topics was available online, and health system staff typically gave mystery callers the information when asked directly. However, offering information without prompting or pointing all who request appointments to the online sources could reduce misconceptions that may be barriers to teens receiving reproductive health care.

RECOMMENDATIONS FOR THE HEALTH SYSTEM

1. Make it easy for teens to schedule appointments by reducing the number of steps required to schedule an appointment and ensure that every teen who contacts the health system receives a response.
2. Scheduling an appointment is only the first step. Teens who have positive experiences with the scheduling process, few unanswered questions, and receive appointments that fit their needs may be more likely to keep appointments.
3. Provide teens options to communicate with health system staff and schedule appointments through teen-friendly methods: requiring teens to use multiple or inconvenient methods of communication may discourage them from seeking care.
4. Ensure that teens have easy access to information that may reduce misconceptions about the health system and that the information is consistent across the health system.
5. Greater exploration of the barriers that prevent teens from requesting and keeping appointments for sexual health services is needed.

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ABOUT THE SC CAMPAIGN

The mission of the SC Campaign is to improve the health and economic well being of individuals, communities, and the state of South Carolina by preventing teen pregnancy. To achieve its mission, the SC Campaign works with a variety of programs - public, private, school and community-based - in each of the state's 46 counties.

REFERENCES

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