

Introduction: Clinic Assessment Process

The Clinic Assessment Process is a two-part process. Clinics are required to 1) complete the online Clinic Self-Assessment Survey and then 2) receive Clinic Customer Service Assessment Calls (CC-SAC). The CC-SAC calls are completed by young people who reflect the potential clientele of the partner clinics and have been trained on the protocol for completing the calls. The goal of Clinic Customer Service Analysis Calls (CC-SAC) is to bring young people's voice and perspective into the assessment process. These calls serve two purposes:

1. Act as a second check for confidentiality of services, cost information, availability of services, and appointment policies.
2. Assess the teen-friendliness of the clinic; young people that complete the calls provide feedback on customer service and whether they would access services from this provider based on their experience with this call.

Each clinic participating in the CC-SAC process receives a series of three phone calls, ideally completed by 3 separate callers, on three separate days and at differing times of the day. Clinics that do not meet the CC-SAC inclusion criteria after this initial series of calls will be given an additional opportunity to "pass" by receiving an additional series of three calls.

Overview of the Clinic Customer Service Analysis Calls Process

In order to complete the CC-SAC portion of the assessment process, *MyClinic* contracts with partner organizations that have an existing group of young leaders with whom they work and/or have an ongoing relationship. Contract organizations are expected to complete the following deliverables:

1. Assign a CC-SAC Supervisor to train and support the peer leaders. Call supervisor will ensure successful completion of the documentation required by the contract.
2. Attend CC-SAC protocol training provided by *MyClinic*.
3. Recruit, train and supervise peer leaders on the CC-SAC protocol.
 - Identify 3-5 peer leaders who will be a part of the CC-SAC program.
 - Train peer leaders using materials provided by *MyClinic*.
 - Supervise calls made by CC-SAC callers.
 - Manage data collection on calling sheet provided by *MyClinic*.
 - Provide compensation for Peer Leaders in manner determined by clinic.
4. Conduct CC-SAC calls to assigned clinics (calls made by peer leaders).
 - *MyClinic* provides clinics information to partner organization.
 - Each assigned clinic should receive 3 separate calls from peer leaders, on at least 2 different days at differing times of the day. The goal is to make sure that all 3 calls are not made in quick succession, on the same day, and therefore only interacting with potentially one staff person taking calls.
 - Ideally, each call will be made by a different peer leader, but at the very least, 2 different peer leaders must call each clinic.
 - Calls should be completed and documentation returned to *MyClinic* staff within 2 weeks of the call assignments being made by *MyClinic*. The following supporting documentation is required for reimbursement.
 - Electronic copies of completed CC-SAC Call Logs, which includes schedule of calls completed (dates, time, Peer Leader assigned).

5. Participate in follow-up evaluation of CC-SAC process.
 - Participate in follow-up debrief meeting.

Roles and Responsibilities

MyClinic Staff

As providers complete the *MyClinic* Assessment tool, *MyClinic* staff will send clinic information to Call Supervisor at one of the CC-SAC partner organizations via the CC-SAC Call Log. This form will have all of the information necessary for Peer leader to make and document the calls.

Call Supervisor

Call Supervisor is responsible for identifying and training the CC-SAC Peer Leaders. In addition to the training, the Call Supervisor should **actively observe at least two** real-time call assessments conducted by trained Peer Leaders. (i.e. caller is put on speaker so both Peer Leader and Call Supervisor can hear the exchange).

- The Call Supervisor is responsible for assigning individual calls to their CC-SAC Peers along with a day and time.
- The calls are to be made from the community organization's office (not from Peer Leaders home, for example).
- Calls are made during different days of the week and different times of day over a **one week period**.
- The calls should be made during the provider's office hours.
- The Call Supervisor and Peer Leader should complete the Call Log together after the call electronically.
- Once the Peer Leader has completed the Call Log with Call Supervisor, the Call Supervisor should review this document to make sure that all of the questions are completed correctly. Call supervisor, along with the Peer Leaders, determine if the provider meets the CC-SAC inclusion criteria.
- Call Supervisor sends all three completed call logs to *MyClinic* Staff.

CC-SAC Peer Leaders

The CC-SAC Peer leaders are responsible for attending the CC-SAC Peer Educator training and any refresher trainings provided by the Call Supervisor. (Note: Training may be done as a group or individually with each Peer Leader). During calls, the Peer Leader must maintain anonymity and confidentiality while conducting calls and use discretion about provider call results.

Prior to any calls, the CC-SAC Peer should review the Call Log. This document will help the Peer prepare for the call script they have been assigned, provide answers to common questions a provider may ask, and help the Peer code the responses to questions. Peers should also take care to block the number they are calling from so that the provider they are calling does not know this is a CC-SAC call.

During the call, the CC-SAC Peer should complete CC-SAC Call Log. After the call is over, the Peer should complete the Call Log with the Call Supervisor in order to ensure that all items on the Call Log are completed.

CC-SAC Inclusion Criteria (what is needed to "pass")

Caller confirms:

- Adolescents can see a provider without a parent or guardian.
- Clinic has a way to accommodate adolescent clients needing free services.
- Clinic provides all forms of contraception - either prescribe and/or dispense.
- Clinic provides gonorrhea and chlamydia testing and treatment.
- Clinic provides pregnancy testing (and all options counseling).
- Clinic offers after school, evening and/or weekend hours for appointments. Must be able to make an appointment within 3 days.
- Young person making the CC-SAC calls reports they would go to the clinic.

This document was developed by Hennepin County Public Health.

Birth Control

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **15-year-old who wants to get on birth control**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was a week ago.

Clinic information:

Clinic name	
Phone	
Clinic hours	
Caller script	15 yr old – birth control
Notes:	

Caller Information:

Peer Leader name	
Peer organization	
Caller alias (first & last name)	
Caller Alias date of birth <i>month/day/year</i>	
Date of call	
Start time of call	
End time of call	

Call Validity:

Did you call during office hours?	<input type="radio"/> Yes <input type="radio"/> No
Was the call answered?	<input type="radio"/> Yes <input type="radio"/> No
Were you put on hold?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you put on hold?	<input type="radio"/> 1x <input type="radio"/> more than 1x
Were you ever on hold for an unusually long time?	<input type="radio"/> Yes <input type="radio"/> No approx. # of minutes:
Were you transferred to voicemail, asked to call back, or told to call another number?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you transferred?	<input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x
If you were told to call another number, what was the reason that the clinic gave?	
Other notes:	

Clinic Services:

What services were you calling about?	Birth control
<p>Services</p> <p>Can I get on birth control? Will I get the method that day? Will you do a pregnancy test? What will happen when I come?</p>	<p>Are you confident after this call that you can get the services you need?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p>	<p>Are you confident after this call that you could get confidential care at this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale?</p>	<p>Are you confident after this call that you could afford to go to this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p>	<p>Were you able to make an appointment within the next 3 days not during your school day?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If No, how many days between the phone call and the appointment?</p>

Peer Caller Evaluation:

<p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p>
<p>If you wanted to get on birth control, would you seek care at this clinic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p>
<p>How would you rate your overall experience with this phone call?</p>	<p>4 -----3-----2-----1 Excellent Poor</p>
<p>Other feedback/comments:</p>	

Call Supervisor Evaluation:

<p>Supervisor name</p>	
<p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p>	<p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p>
<p>Other feedback for clinic:</p>	

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Pregnancy Test

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **16 year-old wanting a pregnancy test**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was last week.

Clinic information:

Clinic name	
Phone	
Clinic hours	
Caller script	16 yr old – pregnancy test
Notes:	

Caller Information:

Peer Leader name	
Peer organization	
Caller alias (first & last name)	
Caller Alias date of birth <i>month/day/year</i>	
Date of call	
Start time of call	
End time of call	

Call Validity:

Did you call during office hours?	<input type="radio"/> Yes <input type="radio"/> No
Was the call answered?	<input type="radio"/> Yes <input type="radio"/> No
Were you put on hold?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you put on hold?	<input type="radio"/> 1x <input type="radio"/> more than 1x
Were you ever on hold for an unusually long time?	<input type="radio"/> Yes <input type="radio"/> No approx. # of minutes:
Were you transferred to voicemail, asked to call back, or told to call another number?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you transferred?	<input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x
If you were told to call another number, what was the reason that the clinic gave?	
Other notes:	

Clinic Services:

What services were you calling about?	Pregnancy Test
<p>Services</p> <p>Do you offer pregnancy tests? Will I get the results that day? What will happen when I come? Can I get on birth control?</p>	<p>Are you confident after this call that you can get the services you need at this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p>	<p>Are you confident after this call that you could get confidential services at this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale</p>	<p>Are you confident after this call that you could afford to go this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p>	<p>Were you able to make an appointment within the next 3 days not during your school day?</p> <p><input type="radio"/> Yes <input type="radio"/> No If NO, how many days between the phone call and the appointment?</p>

Peer Caller Evaluation:

<p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p>
<p>If you wanted to get on birth control, would you seek care at this clinic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p>
<p>How would you rate your overall experience with this phone call?</p>	<p>4 -----3-----2-----1 Excellent Poor</p>
<p>Other feedback/comments:</p>	

Call Supervisor Evaluation:

<p>Supervisor name</p>	
<p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p>	<p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p>
<p>Other feedback for clinic:</p>	

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STD test

Instructions:

- Please read through and familiarize yourself with this scenario prior to calling the clinic.
- You will need to choose a first and last name other than your own to use during the call;
- You will also need to choose a date of birth that matches the age of the caller script assigned below.
- During the call, follow the questions on this form and ask the questions as the conversation allows. *You MUST ask at least one question regarding each topic highlighted in blue. You do not need to ask all questions in each section.*
- After you complete the call, please complete this form as accurately and thoroughly as possible with your Call Supervisor.
- THANK YOU for participating in this important step in our clinic assessment process!! You are making a difference for young people in your community!

Caller scenario:

You will be calling the clinic listed below as a **17 year-old worried about having an STD**. You have been sexually active for 6 months and you don't always use a condom. You do not have any symptoms right now but your partner wants you to get tested.

Clinic information:

Clinic name	
Phone	
Clinic hours	
Caller script	16 yr old – pregnancy test
Notes:	

Caller Information:

Peer Leader name	
Peer organization	
Caller alias (first & last name)	
Caller Alias date of birth <i>month/day/year</i>	
Date of call	
Start time of call	
End time of call	

Call Validity:

Did you call during office hours?	<input type="radio"/> Yes <input type="radio"/> No
Was the call answered?	<input type="radio"/> Yes <input type="radio"/> No
Were you put on hold?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you put on hold?	<input type="radio"/> 1x <input type="radio"/> more than 1x
Were you ever on hold for an unusually long time?	<input type="radio"/> Yes <input type="radio"/> No approx. # of minutes:
Were you transferred to voicemail, asked to call back, or told to call another number?	<input type="radio"/> Yes <input type="radio"/> No
How many times were you transferred?	<input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x
If you were told to call another number, what was the reason that the clinic gave?	
Other notes:	

Clinic Services:

What services were you calling about?	STD Test
<p>Services</p> <p>What will happen when I come? Will you test me for everything? What is the test like, do I just pee in a cup? If I have an STD will you give me medicine when I am there? What do I need to do if my partner needs to get treated?</p>	<p>Are you confident after this call that you could get the services you need at this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Confidentiality</p> <p>Will my parents find out I was there? Will anyone else find out I was there?</p>	<p>Are you confident after this call that you can get confidential services?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Affordability</p> <p>How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale?</p>	<p>Are you confident after this call that you could afford to go this clinic?</p> <p><input type="radio"/> Yes <input type="radio"/> No If No, please explain:</p>
<p>Appointment</p> <p>Do I need an appointment? How soon can I get in? Can I just walk-in?</p>	<p>Were you able to make an appointment within the next 3 days not during your school day?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If NO, how many days between the phone call and the appointment?</p>

Peer Caller Evaluation:

<p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p>	<p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p> <p><input type="radio"/> Yes <input type="radio"/> No Please explain:</p>
<p>If you wanted to get on birth control, would you seek care at this clinic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Sure Please explain:</p>
<p>How would you rate your overall experience with this phone call?</p>	<p>4 -----3-----2-----1 Excellent Poor</p>
<p>Other feedback/comments:</p>	

Call Supervisor Evaluation:

<p>Supervisor name</p>	
<p>Did the call pass or fail based on validity criteria?</p> <p>Did the call pass or fail based on the peer caller's overall evaluation?</p>	<p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p><input type="radio"/> Pass <input type="radio"/> Fail</p> <p>Please explain:</p>
<p>Other feedback for clinic:</p>	

Pregnancy test summary (Sample)

Caller scenario:

You will be calling the clinic listed below as a **16 year-old wanting a pregnancy test**. You have been sexually active for 6 months and you don't always use a condom. You do not use any other form of birth control. The last time you had unprotected sex was last week.

Clinic information:

Clinic name	
Phone	
Clinic hours	
Caller script	16 yr old – pregnancy test
Notes:	

Caller Information:

Date of call	6/6/16
Start time of call	3:54
End time of call	3:59

Call Validity:

Did you call during office hours?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the call answered?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Were you put on hold?	<input type="radio"/> Yes <input checked="" type="radio"/> No
How many times were you put on hold?	<input type="radio"/> 1x <input type="radio"/> more than 1x
Were you ever on hold for an unusually long time?	<input type="radio"/> Yes <input type="radio"/> No approx. # of minutes:
Were you transferred to voicemail, asked to call back, or told to call another number?	<input type="radio"/> Yes <input checked="" type="radio"/> No
How many times were you transferred?	<input type="radio"/> 1x <input type="radio"/> 2x <input type="radio"/> more than 2x
If you were told to call another number, what was the reason that the clinic gave?	
Other notes:	

Clinic Services:

<p>What services were you calling about?</p>	<p>Pregnancy Test</p>
<p>Services Do you offer pregnancy tests? Will I get the results that day? What will happen when I come? Can I get on birth control?</p>	<p>Are you confident after this call that you can get the services you need at this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>I know that I could get the services there, I'm just not sure what would happen. He said that the volunteers do the pregnancy test, but he wouldn't really say much else about it. If I wanted to get BC I would have to make a separate appointment with the clinician.</i></p>
<p>Confidentiality Will my parents find out I was there? Will anyone else find out I was there?</p>	<p>Are you confident after this call that you could get confidential services at this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>He told me about the law that is implemented in Minnesota.</i></p>
<p>Affordability How much will it cost? If I can't pay anything can I still be seen? Do I have to use my insurance? What if I don't have insurance? Do I have to bring proof of my income for sliding fee scale</p>	<p>Are you confident after this call that you could afford to go this clinic? <input checked="" type="radio"/> Yes <input type="radio"/> No If No, please explain: <i>He told me I can sign up for the MFPP, and if I don't qualify or don't have insurance then it would be about \$12.</i></p>
<p>Appointment Do I need an appointment? How soon can I get in? Can I just walk-in?</p>	<p>Were you able to make an appointment within the next 3 days not during your school day? <input checked="" type="radio"/> Yes <input type="radio"/> No If NO, how many days between the phone call and the appointment? <i>The soonest I could get in not during the school day was Thursday at 4pm. When I asked if I could walk in he said that they prefer appointments.</i></p>

Peer Caller Evaluation:

<p>Did you feel respected during the call?</p> <p>Did you feel that the staff person understood your needs and concerns?</p> <p>Did you get the information you needed?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No Please explain: <i>It was a good conversation overall. He was able to give good information and he listened.</i></p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No Please explain: <i>He listened to me and he seemed nice.</i></p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No Please explain: <i>He couldn't really explain the process of a pregnancy test and never told me what would happen when I would be getting tested.</i></p>
<p>If you wanted to get on birth control, would you seek care at this clinic?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Sure Please explain: <i>I still don't know what would happen when I take it. I'm not sure how volunteers are trained and I think I would need more information.</i></p>

How would you rate your overall experience with this phone call?	4 -----3-----2-----1 Excellent Poor
Other feedback/comments:	<i>They could improve by making sure they provide better descriptions of what would happen at a visit. I know I could get the affordability and confidentiality here, I just still don't know the process. It would be nice if employees knew the process and could explain it in simple terms. If they did that I would have been way more confident in the phone call.</i>

Call Supervisor Evaluation:

Supervisor name	
Did the call pass or fail based on validity criteria?	<input checked="" type="radio"/> Pass <input type="radio"/> Fail
Did the call pass or fail based on the peer caller's overall evaluation?	<input checked="" type="radio"/> Pass <input type="radio"/> Fail
Other feedback for clinic:	<i>When asked what would happen during the appointment, the clinic rep. explained that volunteers do the pregnancy tests and that is the results are positive that they offer all-options counseling. The caller seemed frustrated that the person she was talking to was unable to explain the process of what would happen with the volunteer if she were to come in for a pregnancy test. Making sure that all staff answering phones are familiar with the processes of the different services offered would give callers a greater peace of mind about their visit, especially when it can be explained to them in a straight forward manner.</i>

This document was developed by Hennepin County Public Health.