

Appendix A - PEP Call Flow Worksheet

PEP Call Flow Worksheet

The goal of the call flow worksheet is to facilitate the process of scheduling an appointment in response to a PEP appointment request.

The call flow worksheet suggests different scenarios that may occur when a caller makes a PEP appointment request, and how a clinic may choose to respond to the request. Some scenarios may not apply to your clinic, but completing the worksheet will help you develop a call flow plan for your agency. Please see Appendix C for call flow diagrams that complement this worksheet.

REQUESTS FOR PEP

When a client calls the clinic number listed on the PDPH PrEP Provider Map:

Who will answer the call? (select all that apply)

- Call will connect to the front desk – **Complete PEP Scenario A – Front Desk**
- Call will connect to a centralized call center – **Complete PEP Scenario B – Call Center**
- Call will connect to a navigator/nurse – **Complete PEP Scenario C – Navigator/Nurse**

PEP Scenario A – Front Desk

A: The call connects directly to the front desk

A1.1) Which actions will the front desk take once a caller makes a request for PEP? (Select all that may apply)

- Route call to navigator/nurse – **Proceed to A1.2**
- Continue to speak to the caller to collect more information – **Proceed to A1.3**

A1.2) Which information should the front desk give to the caller before routing calls? (Select all that apply)

[Note: Although not specified in the PDPH PrEP Provider Map Expectations, we recommend front desk staff provide this information to the caller before call routing to encourage engagement in care.]

- Name of individual receiving call
- Job title of individual receiving call
- Reason for routing
- Inform caller that they may reach voicemail, but that call will be returned shortly if message is left
- Request for caller name and phone number for follow up (if follow up is going to be conducted)

If the front desk will not be collecting additional information, please proceed to A1.5 and remember to fill out PEP Scenario C.

A1.3) Which information will the front desk collect from/inform the caller? (Select all that apply)

- Physical location of caller
- Phone number
- Name
- Insurance type*
- Confirm that caller is requesting PEP*
- Exposure type and approximate time of exposure*
- Other (please specify): _____

**If selected, front desk staff will require training/guidance on collecting this information and the clinic's policy on the appropriate response.*

A1.4) Which actions should the front desk take once information has been collected from the caller? (Select all that apply)

- Schedule same day PEP appointment
- Inform caller of walk-in clinic hours
- Other (please specify): _____

PEP Scenario A – Front Desk (Continued)

A1.5) Which actions should the front desk take if the clinic cannot see the caller the same day? (Select all that may apply)

[Note: All of these recommended referral methods are examples of appropriate referrals in the PDPH PrEP Provider Expectations.]

- Provide referral information to PDPH Health Information Hotline (215-985-2437)
- Provide referral information of another internal clinic site with PEP services – **Proceed to A1.6**
- Provide referral information of another clinic with PEP services – **Proceed to A1.7**
- Provide referral information to Philadelphia Health Centers – **Proceed to A1.8**
- Provide referral information to an agency that provides after-hours PEP services – **Proceed to A1.9**
- Other (please specify): _____

A1.6) Please specify the contact information of another internal clinic site with PEP services.

Clinic name: _____

Clinic address: _____

Clinic phone number: _____

A1.7) Please specify the contact information of another clinic with PEP services.

For a list of clinics listed on the PDPH PrEP Providers List please click here:

<https://beta.phila.gov/posts/health/2017-10-18-where-to-get-pre-exposure-prophylaxis-prep-in-philadelphia/>

Clinic name: _____

Clinic address: _____

Clinic phone number: _____

A1.8) Please specify the contact information of the Philadelphia City Health Center that is closest to your site.

For a list of Philadelphia City Health Centers, please click here: <https://beta.phila.gov/services/mental-physical-health/city-health-centers/>

Philadelphia Health Center Name: _____

Philadelphia Health Center Address: _____

Philadelphia Health Center Phone Number: _____

A1.9) Please specify the contact information of an agency that provides after-hours PEP services.

[Note: The PDPH Prep Provider Expectations recommends referring to the PDPH Health Information Hotline (215-985-2437) or urgent care centers such as _____, or the ED (please keep in mind of high costs that the patient may incur).]

Agency name: _____

Agency address: _____

Agency phone number: _____

PEP Scenario B – Call Center

B1: The call connects directly to the centralized call center

B1.1) Which actions will the call center take once a caller makes a request for PEP? (Select all that may apply)

- Route call to navigator/nurse immediately – **Proceed to B1.2**
- Route call to clinic front desk – **Proceed to B1.2**
- Continue to speak to the caller to collect more information – **Proceed to B1.3**

B1.2) Which information should the call center give to the caller before routing calls? (select all that apply)

[Note: Although not specified in The PDPH Prep Provider Expectations, we recommend call center staff provide this information to the caller before call routing to encourage engagement in care.]

- Name of individual receiving call
- Job title of individual receiving call
- Reason for routing
- Inform caller that they may reach voicemail, but that the call will be returned shortly if message is left
- Request for caller name and phone number for follow up (if follow up is going to be conducted)

If the call center is not required to collect more information, please proceed to B1 v and remember to fill out PEP Scenario A and/or C (as required).

B1.3) Which information will the call center collect from/inform the caller? (select all that apply)

- Physical location of caller
- Phone number
- Name
- Insurance type*
- Confirm that caller is requesting PEP*
- Exposure type and approximate time of exposure*
- Other (please specify):

**If selected, call center staff will require training/guidance on collecting this information and the clinic's policy on the appropriate response.*

B1.4) Which actions should the call center take once information has been collected from the caller?

- Schedule same day PEP appointment
- Inform caller of walk-in clinic hours
- Other (please specify):

PEP Scenario B – Call Center (Continued)

B1.5) Which actions should the call center take if the clinic cannot see the caller the same day? (Select all that apply)

[Note: All of these recommended referral methods are examples of appropriate referrals in the PDPH PrEP Provider Expectations.]

- Provide referral information to PDPH Health Information Hotline (215-985-2437)
- Provide referral information of another internal clinic site with PEP services – **Proceed to B1.6**
- Provide referral information of another clinic with PEP services – **Proceed to B1.7**
- Provide referral information to Philadelphia City Health Centers – **Proceed to B1.8**
- Provide referral information to an agency that provides after-hour PEP service – **Proceed to B1.9**
- Other (please specify): _____

B1.6) Please specify the contact information of another internal clinic site with PEP services.

Clinic name: _____

Clinic address: _____

Clinic phone number: _____

B1.7) Please specify the contact information of another clinic with PEP services.

For a list of clinics listed on the PDPH PrEP Providers List please click here:

<https://beta.phila.gov/posts/health/2017-10-18-where-to-get-pre-exposure-prophylaxis-prep-in-philadelphia/>

Clinic name: _____

Clinic address: _____

Clinic phone number: _____

B1.8) Please specify the contact information of the Philadelphia City Health Center that is closest to your site.

For a list of Philadelphia City Health Centers, please click here: <https://beta.phila.gov/services/mental-physical-health/city-health-centers/>

Philadelphia Health Center Name: _____

Philadelphia Health Center Address: _____

Philadelphia Health Center Phone Number: _____

B1.9) Please specify the contact information of an agency that provides after-hours PEP services.

[Note: The PDPH Prep Provider Expectations recommends referring to the PDPH Health Information Hotline (215-985-2437) or urgent care centers such as _____, or the ED (please keep in mind of high costs that the patient may incur).]

Agency name: _____

Agency address: _____

Agency phone number: _____

PEP Scenario C - Navigator/Nurse

C1: The call connects directly to the navigator/nurse

C1.1) Which information will the navigator/nurse collect from the caller? (Select all that may apply)

- Physical location of caller
- Phone number
- Name
- Insurance type*
- Confirm that caller is requesting PEP*
- Exposure type and approximate time of exposure*
- Other (please specify): _____

**If selected, navigators/nurses will require training/guidance on collecting this information and the clinic's policy on the appropriate response.*

C2: The call connects to the voicemail (VM) of the navigator/nurse

C2.1) Which information will be included in the voicemail (VM) recording? (Select all that may apply)

[Note: The PrEP/PEP Health Map PDPH PrEP Provider Map Expectations recommends including all of this information in a voicemail recording.]

- Agency name
- Contact name and title
- Time frame for call back (< 90 mins)
- Request for caller name and phone number
- After-hours PEP information such as PDPH Health Information Hotline (215-985-2437)
- Other (please specify): _____

C2.2) Who will check the VM and with what frequency?

[Note: The PDPH PrEP Provider Map Expectations specify that PEP call requests should be returned in less than 90 minutes.]

Primary VM Point Person: _____ Title: _____

Secondary VM Point Person: _____ Title: _____

VM will be checked (please select one):

- Every 0-15 mins
- Every 16-30 mins
- Every 31-45 mins
- Every 46-60 mins
- Every 61-75 mins

C2.3) Which tracking system will be used to ensure PEP call requests are being returned within 90 minutes?

- Time of each call request and returned call are logged manually
- Other (please specify): _____

C2.4) Who will be responsible for the tracking system?

Name: _____ Title: _____ Phone Number: _____

C2.5) Which actions should the navigator/nurse take if the clinic cannot see the caller the same day? (Select all that may apply)

[Note: All of these recommended referral methods are examples of appropriate referrals in the PDPH PrEP Provider Map Expectations.]

- Provide referral information to PDPH Health Information Hotline (215-985-2437)
- Provide referral information of another internal clinic site with PEP services – **Proceed to C2.6**
- Provide referral information of another clinic with PEP services – **Proceed to C2.7**
- Provide referral information to Philadelphia Health Centers – **Proceed to C2.8**
- Provide referral information to an agency that provides after-hours PEP services – **Proceed to C2.9**
- Other (please specify): _____

C2.6) Please specify the contact information of another internal clinic site with PEP services.

Clinic name: _____

Clinic address: _____

Clinic phone number: _____

C2.7) Please specify the contact information of another clinic with PEP services.

For a list of clinics listed on the PDPH PrEP Providers List please click here:

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Clinic name: _____

Clinic address: _____

Clinic phone number: _____

C2.8) Please specify the contact information of the Philadelphia City Health Center that is closest to your site.

For a list of Philadelphia City Health Centers, please click here: <https://beta.phila.gov/services/mental-physical-health/city-health-centers/>

Philadelphia Health Center Name: _____

Philadelphia Health Center Address: _____

Philadelphia Health Center Phone Number: _____

C2.9) Please specify the contact information of an agency that provides after-hours PEP services.

[Note: The PDPH PrEP Provider Expectations recommends referring to the PDPH Health Information Hotline (215-985-2437) or urgent care centers such as _____, or the ED (please keep in mind of high costs that the patient may incur).]

Agency Name: _____

Agency Address (if applicable): _____

Agency phone number: _____