

The University of Texas
Rio Grande Valley[™]

UT Health RGV Multispecialty Clinic (Edinburg)

Report No. 23-AEN-02

January 8, 2024

Office of Audits & Consulting Services

EXECUTIVE SUMMARY

Overall Assessment:

The appointment scheduling process is effective and efficient. However, opportunities exist for improvement in the areas of referral management, appointment preparation, and monitoring for use of fictitious patient information to make appointment slots unavailable.

**Risk Levels
 Appendix I**

Priority
High
Medium
Low

We appreciate the courtesy and cooperation from the Clinical Affairs office throughout this audit.

Background: Patient scheduling is the process in which a patient can get an appointment to see a provider. Patient scheduling activities such as scheduling procedures, transcribing orders, order entry, and verifying patient coverage, are primarily performed within the Athena electronic health records (EHR) system.

Patients at the UT Health RGV Multispecialty Clinic can schedule an appointment through various methods such as:

- calling the Patient Call Center,
- contacting the clinic directly,
- completing an online appointment request form,
- requesting an appointment through the Athena Portal for established patients,
- requests sent through the Athena fax system from referring providers on their behalf (referrals).

Objective: To evaluate the effectiveness and efficiency of the appointment scheduling processes.

Scope/Period: Patient appointment scheduling activities at the clinic from October 1, 2022, through February 10, 2023, and any other relevant period for the Ear, Nose and Throat (ENT), Orthopedics, and Hearing Departments.

Risk	Observation Summary	
Medium	1.	Referrals received either had no appointment scheduled or the appointment was not scheduled within fifteen days of receipt per policy.
Medium	2.	Appointment schedules for ENT and Orthopedics departments showed that unconfirmed appointments are not canceled in accordance with stated policy. Additionally, patients for the Orthopedic and ENT departments remained on wait lists with no scheduled appointment since 2021.
Medium	3.	Appointment schedule for the ENT department showed an instance of a fictitious patient used to fill an appointment slot.

Observation Detail	Recommendation	Management Action Plan
<p>Referral Management Incoming referrals, which are faxed to the clinic, are assigned by the Athena system to the proper bucket to be managed by the assigned staff. The assigned staff review the referral, add it to the patient’s chart and schedule the appointment.</p> <p>We sampled thirty new patient referrals received through the Athena system, from the Orthopedic, Ear, Nose and Throat, and Hearing departments, to determine if these appointments were scheduled within fifteen days of receipt, in accordance with the appointment scheduling policy.</p> <p>1. (Condition) Four (13%) of the thirty referrals tested either had no appointment scheduled or the appointment was not scheduled within fifteen days of receiving the referral.</p> <p>(Criteria) UT Health RGV SOM Clinical Operations Appointment Scheduling Policy 13.12PC states, New patient appointments should be scheduled within fifteen days of appointment request.</p> <p>(Cause) Referrals assigned to staff buckets were closed prior to reviewing and scheduling an appointment.</p> <p>(Effect) Delays in care and potential revenue loss can result from referrals that do not receive timely attention.</p>	<ol style="list-style-type: none"> 1. Management should develop a process to monitor the turnaround time for appointment scheduling after a referral is received. 	<ol style="list-style-type: none"> 1. PSR shortages especially in ENT delayed the timelessness of responding to appointment inquires. In the last 4 weeks we have onboarded two PSR for ENT. The Senior Director of Clinical Admin. tasked the PSR supervisors to ensure the front office buckets are worked every day across all clinical sites by the PSRs. The following will be implemented and communicated with the PSRs – all requests for appointments will be completed in 10 – 15 business days or less. The PSR supervisors will routinely audit the buckets to ensure all referrals and appointment requests are responded to within 10 - 15 business days or less depending on urgency of the appointment request. Appointment requests will thoroughly be worked. Three attempts will be made to contact the patient or referring provider. Notes will be made with each attempt. After three attempts, the case will be closed if we are unable to reach the patient and or the referring provider. <p>Action Plan owner: Senior Director of Clinic Administration</p> <p>Implementation Date: February 29, 2024</p>

Observation Detail	Recommendation	Management Action Plan
<p>Appointment preparation</p> <p>Staff utilize eligibility and phone lists within the Athena system to perform appointment preparation, commonly known as scrubbing, 48 hours prior to appointment date. Appointment scrubbing consists of procedures, such as reviewing appointments for insurance eligibility, referrals, authorizations, and outstanding balances. Patients who have not confirmed their appointment at that point will be called one last time to attempt to get confirmation. Additionally, the Athena system will send a final email to patients with an email on file stating that if the appointment is not confirmed within two days of the appointment date, it will be canceled. Unconfirmed appointments at that point should be canceled and the waiting list should be utilized to fill canceled appointment slots.</p> <p>2. (Condition)</p> <p>A review of the appointment schedules for February 1, 2023, for the Orthopedic and ENT departments revealed that appointments not confirmed within two days of the appointment date were not canceled. Additionally, a review of the waiting lists for the Orthopedic and ENT departments revealed that patients remained on the waiting list with no scheduled appointments dating back to 2021.</p> <p>(Criteria)</p> <p>Stated Policy: Staff should perform appointment preparation 48 hours prior to appointment date. Patients who have not confirmed should be called one last time. Unconfirmed appointments remaining at that point should be canceled and the waitlist should be utilized to fill canceled appointment slots. An Athena system email sent as an</p>	<p>2. (a) Management should develop a clear and consistent policy regarding unconfirmed appointments.</p> <p>(b) Management should establish procedures to regularly evaluate how waiting lists are managed.</p>	<p>2. (a) Patient Access is actively engaged to reduce no shows and cancel all appointments that have not been confirmed by patients. The new process to cancel patients is as follows, patients receive 3 reminders from Athena to confirm or cancel their appointment, if they do not respond to the Atena reminders, the PSRs call the patients 72 to 48 hours prior to their appt., if the patient does not respond within 24 hours to our call the appointment is to be canceled. We have implemented this process at all clinical sites and with the addition of the two new ENT PSRs we are actively scrubbing the appointment schedule to ensure all of the appointments scheduled have been confirmed. Those that are not confirmed will be removed and a patient scheduled further out on the schedule list will be moved up to come in sooner. Will we place signage in the front office to remind patients as they leave, they must confirm, or we will cancel their appointment. The call center team will remind patients when they make their appointment, they must confirm their appointment, or their appointment will be canceled. Supervisors will routinely monitor the appointment lists to ensure all appointments scheduled are confirmed.</p> <p>(b) Supervisors will be instructed to clean</p>

Observation Detail	Recommendation	Management Action Plan
<p>appointment reminder state the following: “Please note that if you do not confirm your appointment within two days of your appointment date, we will cancel your appointment and you will need to reschedule in the future.”</p> <p>(Cause) Stated policy is not being followed.</p> <p>(Effect) Inefficient appointment preparation and waitlist management could result in underutilized appointment slots and potential revenue loss.</p>		<p>up and routinely monitor the wait lists and ensure patients are being scheduled directly from the wait list section in the Athena system.</p> <p>Action Plan owner: Senior Director of Clinic Administration</p> <p>Implementation Date: February 29, 2024</p>
<p>Use of Fictitious Patient Information</p> <p>3. (Condition) Management brought to our attention that there were instances of fictitious patient information used to block out appointment slots. Management stated that a review was conducted for fictitious patients’ information, and many were deleted prior to the start of this audit.</p> <p>However, a review of the appointment schedules appeared to show one instance of fictitious patient information used to fill an appointment slot.</p> <p>(Cause) Provider unavailable and/or the need to lighten workload.</p>	<p>3. Management should develop a formalized policy to prevent the use of fictitious patient information to make appointment slots unavailable.</p>	<p>3. Fictitious patients are not allowed. Most of the fictitious patients were deleted, only a handful of fictitious patients were kept for use in our test environment. Any new fictitious patient created or the use of a fictitious patient to “block” the schedule will result in a write-up. Repeated use will result in termination. Office Managers and supervisors will be reminded to audit the schedule routinely for the use of fictitious patients.</p> <p>Action Plan owner: Senior Director of Clinic Administration</p> <p>Implementation Date: Immediately</p>

Observation Detail	Recommendation	Management Action Plan
<p>(Criteria) UT Health RGV SOM Clinical Operations Provider Appointment Framework Policy 10.11MS states the following:</p> <p>Provider teams or practice partners are responsible for ensuring adequate coverage during all hours of clinical operations and providing effective and efficient care by reducing bottlenecks in workflow and maximizing patient access.</p> <p>(Effect) This practice may lead to a reduction in availability of appointments, skewed key performance indicators, patient dissatisfaction, and revenue loss.</p>		

APPENDIX I

Risk Classifications and Definitions

Priority	High probability of occurrence that would significantly impact UT System and/or UT Rio Grande Valley. Reported to UT System Audit, Compliance, and Risk Management Committee (ACRMC). Priority findings reported to the ACRMC are defined as <i>“an issue identified by an internal audit that, if not addressed timely, could directly impact achievement of a strategic or important operational objective of a UT institution or the UT System as a whole.”</i>
High	Risks are considered substantially undesirable and pose a significant level of exposure to UT Rio Grande Valley operations. Without appropriate controls, the risk will happen on a consistent basis. Immediate action is required by management in order to address the noted concern and reduce exposure to the organization.
Medium	Risks are considered undesirable and could moderately expose UT Rio Grande Valley. Without appropriate controls, the risk will occur some of the time. Action is needed by management in order to address the noted concern and reduce the risk exposure to a more desirable level.
Low	Low probability of various risk factors occurring. Even with no controls, the exposure to UT Rio Grande Valley will be minimal. Action should be taken by management to address the noted concern and reduce risk exposure to the organization.

APPENDIX II

Criteria & Methodology

Criteria

- UT Health RGV's Patient Services Representative Standard Operating Procedures
- UT Health RGV's School of Medicine Clinical Operations Policies and Procedures

Methodology

We conducted this audit in conformance with the Institute of Internal Auditor's International Standards for the Professional Practice of Internal Auditing. Additionally, we conducted this audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for findings and conclusions based on our audit objectives. The Office of Audits and Consulting Services is independent per both standards for internal auditors. These standards are also required by the Texas Internal Auditing Act.

To achieve our objective, we performed the following:

1. Reviewed policies, procedures, and other supporting documentation.
2. Interviewed management and staff to gain an understanding of the appointment scheduling process.
3. Reviewed appointment schedules within the Athena System.
4. Analyzed appointment scheduling monitoring reports.
5. Tested a sample of new patient appointments scheduled by incoming referrals.

APPENDIX III

Report Distribution & Audit Team

Report Distribution

Michael Patriarca, Executive Vice Dean of the School of Medicine, and Vice President of UT Health RGV
Kirk Stone, Assistant Vice President Revenue Cycle Operations
Morgan Barry, Assistant Vice President Ambulatory Operations
Marivel Barrera, Senior Director Clinical Administration
UTRGV Internal Audit Committee
UT System Audit Office
Governor's Office - Budget and Policy
State Auditor's Office
Legislative Budget Board

Audit Team

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