



Module 2: The Red Carpet Entry (RCE) Visit

Module Overview

1. Learning Objectives
2. Overview of the RCE Visit
3. Scheduling the RCE Visit
4. Warm Handoffs
5. Delivering the RCE Visit
6. Next Steps





Learning Objectives



After taking this training module, you should be able to...

1. Identify the **core components** of RCE
2. Conduct and recognize **warm handoffs** and how to improve handoffs
3. Educate colleagues about the **importance of warm handoffs** and how to perform a warm handoff
4. Understand how to **respond to different client scenarios** (such as a client does not have insurance)
5. Create a plan to **integrate the RCE** into your clinic workflow
6. Complete the **RCE Readiness Worksheet**



Who Should Take This Training Module?



RCE
Champions



RCE
Concierges



Organization
Staff
who want to learn
more about RCE



Red Carpet Entry



What is Red Carpet Entry?

Red Carpet Entry links newly HIV diagnosed and returning-to-care clients to HIV primary care at your clinic.

RCE clients should feel that...

They are welcomed by staff

They are a top priority

They have the support and resources they need

Accessing HIV care is easy and efficient



Benefits of RCE



- Access additional resources to support your clients' needs



- Increase access to resources your clients need to get into and stay in care
- Improve your clients' health through antiretroviral therapy (ART) and consistent care



- Improve the rates of linkage to care and retention in care



- Increase the rate of viral suppression
- Reduce the incidence of new HIV infections
- Increase the number of people with an HIV diagnosis who are receiving care



The RCE Client Journey

After receiving an HIV diagnosis...

Clients may feel...

- Afraid
- Overwhelmed
- Stigmatized
- Hopeless
- Uncertain
- Denial
- Ashamed or guilty

Clients may need...

- Reassurance
- Hope
- Understanding
- Information
- To feel in control
- To know their HIV diagnosis doesn't define them



The RCE Client Journey (cont.)

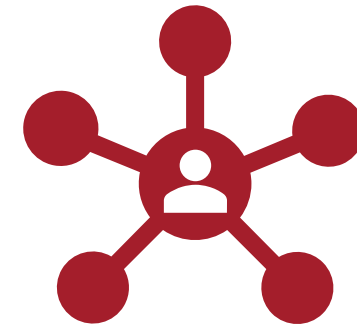
RCE helps address these challenges by:



Empowering clients to manage their HIV and stay in care



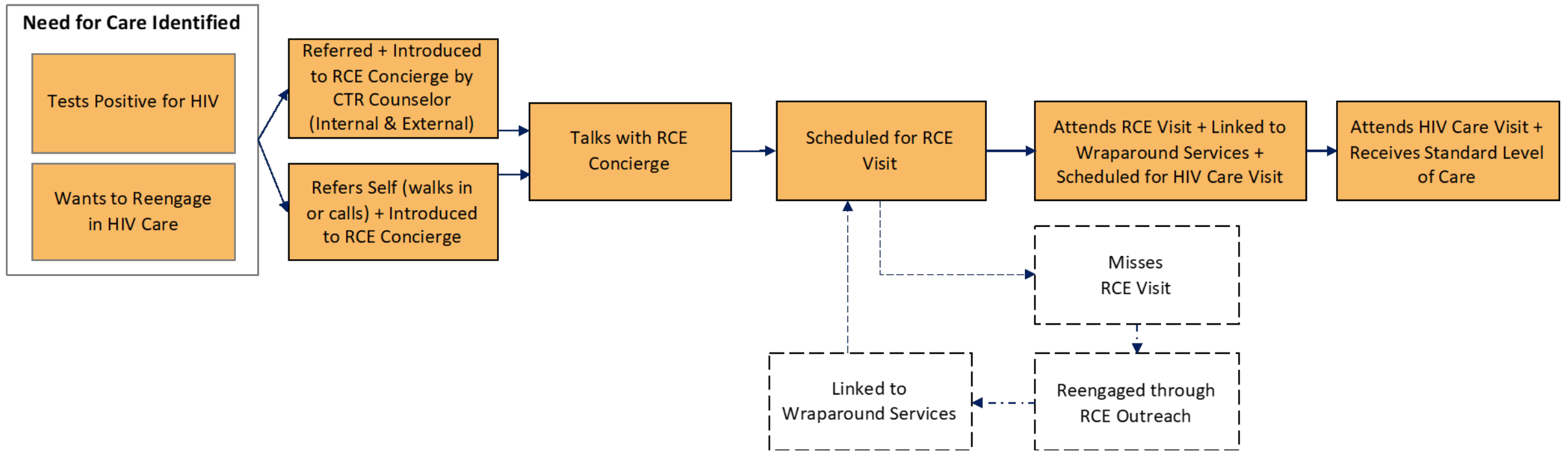
Opening the door to care, facilitating personal connections with the care team, and demonstrating how easy and supportive care can be



Connecting patients to wraparound services to support their entry into care and their ability to stay in treatment



The RCE Client Journey (cont.)





RCE's Patient-Centered Approach

Active Client Engagement (ACE)

ACE is a patient-centered approach to care that...

- Shows the client that **they matter**
- **Empowers** the client to take control of their health by staying engaged in care
- Can be practiced and applied outside of RCE

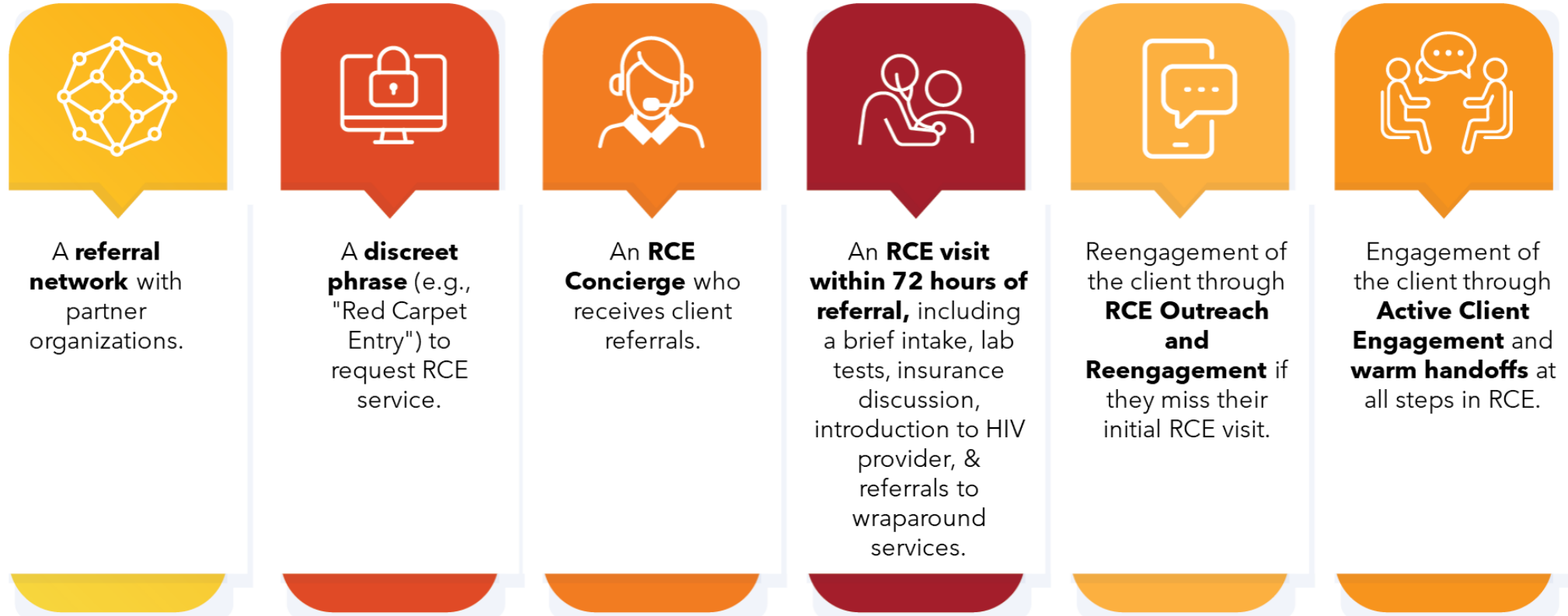
Warm Handoffs

A warm handoff is a purposeful exchange between staff members and the client to...

- Support the client as an active participant in their care
- Establish a connection between client and staff
- Lay a foundation for trust
- Allow the client to ask questions



RCE Core Components





Active Client Engagement



Active Client Engagement Components

ACE should be used throughout the RCE by...

Engaging the client in a collaborative relationship with the health care team

Affirming the client's experience by giving ample opportunities to ask questions

Listening to the client actively

Being highly responsive to the client's needs



Warm Handoffs



Warm Handoff Components

- A **warm handoff** should be used whenever you introduce the RCE client to another staff member.
- A warm handoff includes...
 - A caring greeting (such as a smile and a handshake)
 - Exchanging names
 - A description of the staff member's role at the clinic
 - An overview of how the staff member will assist the client and interact with the client in the future



Importance of Warm Handoffs

Warm handoffs are a key component to RCE for both implementation and non-implementation staff.

A warm handoff...

Establishes a connection between the client and clinic staff

Supports engagement that lays a foundation for trust

Allows space for the client to ask questions

Makes the client an active participant in their care

Prevents possible medical errors caused by miscommunication

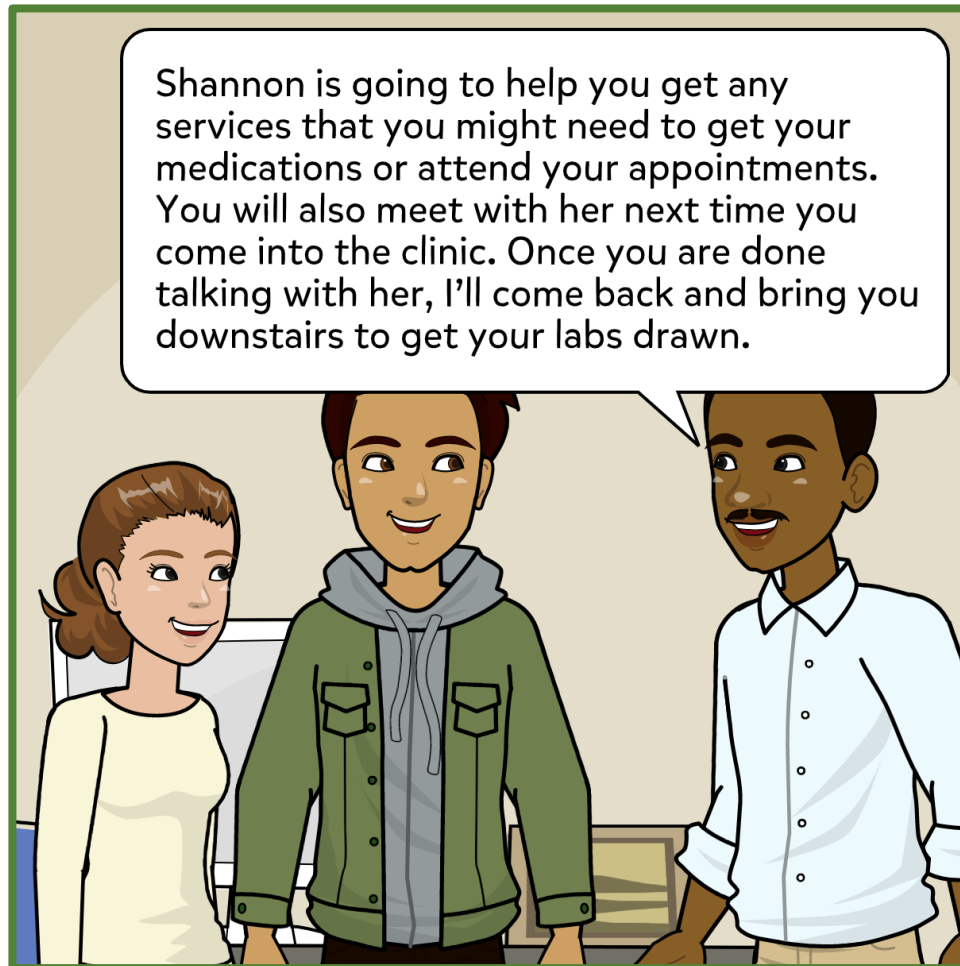
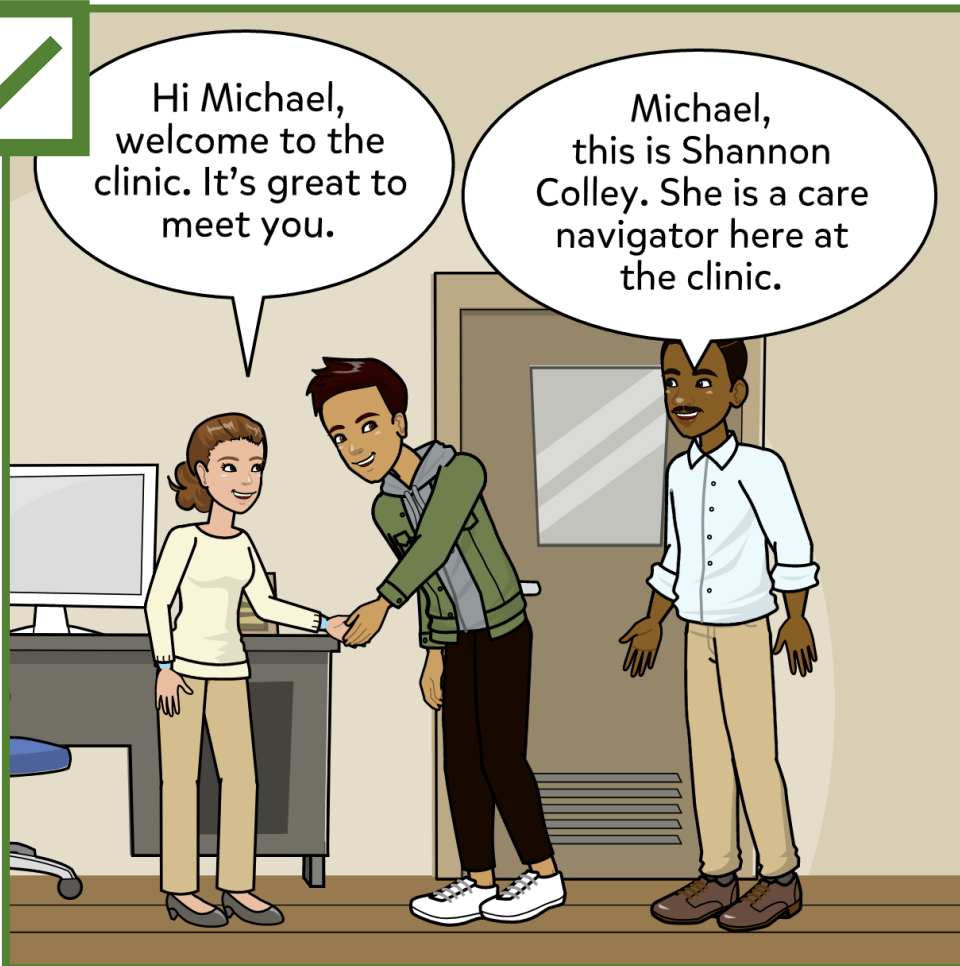


The Difference a Warm Handoff Makes





The Difference a Warm Handoff Makes



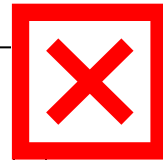


Key Words and Phrases

- Which words or phrases would be good to use during a warm handoff?
- What words or phrases should you avoid using during a warm handoff?



Words or phrases to use



Words or phrases to avoid



Teaching Others about Warm Handoffs

All staff who interact with RCE clients should be trained on conducting warm handoffs so that clients always feel **welcomed** and **supported**.

To teach others about warm handoffs...

1. Describe the five components of the warm handoff
2. Model the difference between a warm handoff and a cool handoff
3. Have staff practice warm handoffs with other staff members



Reflect

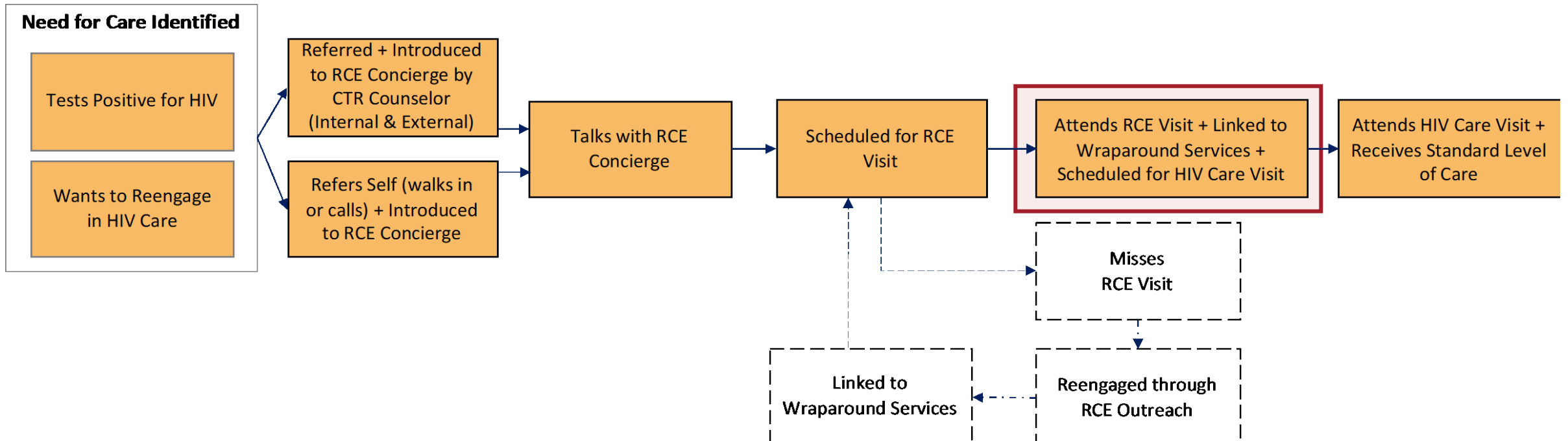
1. Do you already use any of the elements of a warm handoff in your interactions with clients?
2. What are some opportunities that you can use to teach other staff about warm handoffs?



RCE Visit Overview



RCE Visit





Key Staff for the RCE Visit

Clinic Champion

- **Oversees** preparation
- **Secures** leadership buy-in
- **Reviews** RCE procedures
- **Monitors** program fidelity
- **Supports** RCE staff
- **Troubleshoots** problems with the RCE team

RCE Concierge

- **Receives referrals** from the CTR Counselor and self-referrals
- **Facilitates** the RCE Visit
- **Conducts outreach** to clients who missed their RCE Visit

HIV Specialist

- **Introduces** themselves to the client in a warm manner
- **Answers the client's questions** about HIV primary care



Key Staff for the RCE Visit

HIV Navigator

- **Assesses and provides referrals for** wraparound services
- **Can be fulfilled** by the RCE Concierge, a social worker, or a case manager

Insurance Navigator

- **Discusses financial assistance programs or payment plan options** to help clients pay for their HIV care
- **Can be fulfilled** by the RCE Concierge, a social worker, or a case manager



Screening for RCE Implementation Study



Screening for RCE Implementation Study

The RCE Concierge screens potential clients to determine RCE eligibility.

When to screen for RCE:

CTR Referrals

- Following the initial warm handoff from the CTR Counselor
- Prior to scheduling the RCE Visit

Self-Referrals

- Following initial introductions
- Prior to scheduling the RCE Visit



Screening for RCE Implementation Study (cont.)

- Use the screener in the **RCE Implementation Manual** (Appendix D) to identify clients who are eligible to enter care through RCE and those who are also eligible for the Implementation Study.
- If the client is not eligible for the Implementation Study, they should still be provided with medical care through RCE.



Scheduling the RCE Visit



Scheduling the RCE Visit

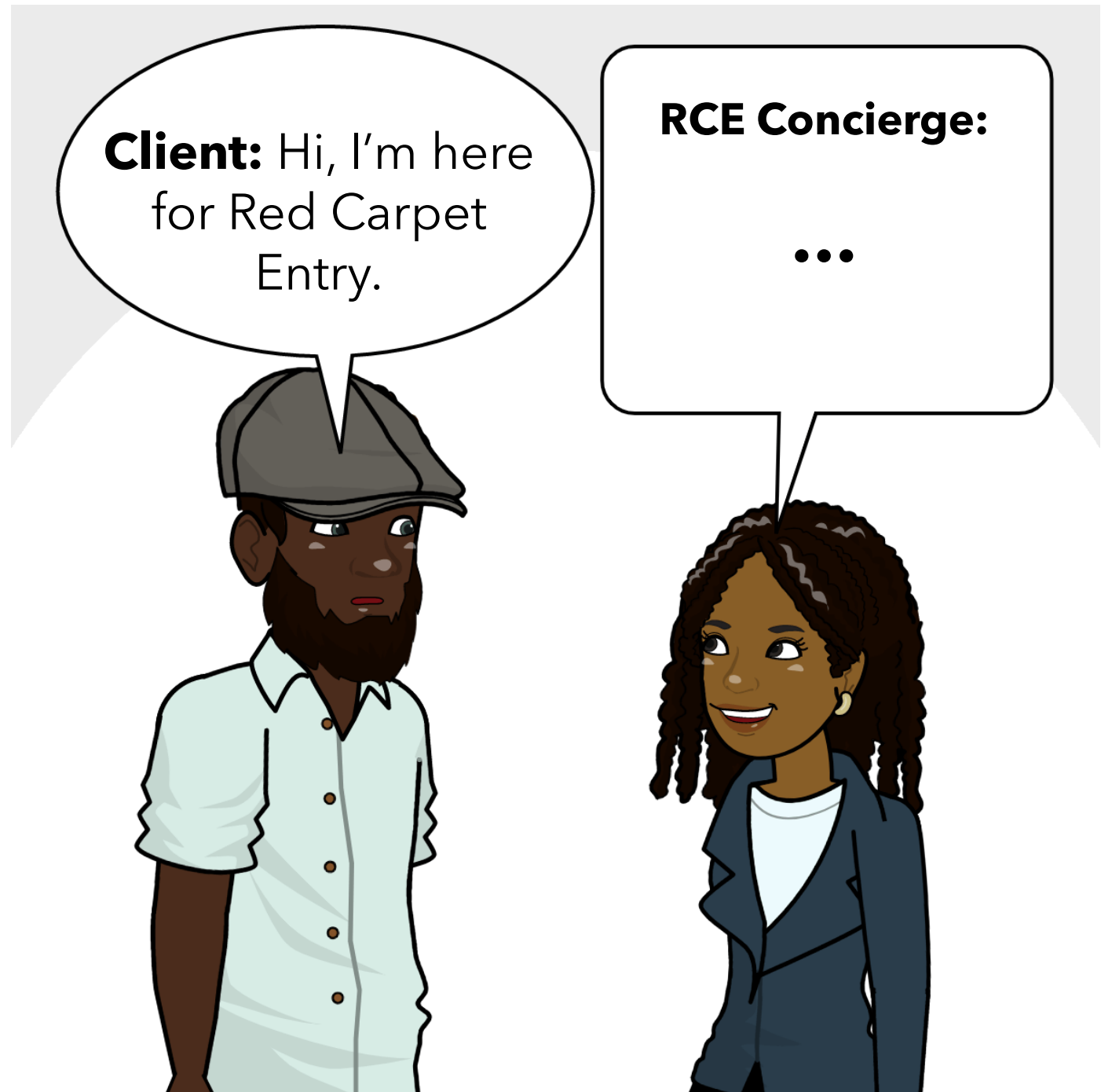
- RCE clients should be seen within **72 hours** of referral.
- If the client cannot be seen within 72 hours, they should be seen as soon as possible.
- RCE Visits should take place in a private space.
- A full medical visit is not required.

Try it!

A client enters the clinic and uses the phrase "Red Carpet Entry." As the RCE Concierge, you confirm that there is no medical appointment availability with the HIV Specialist in the next 24 hours.

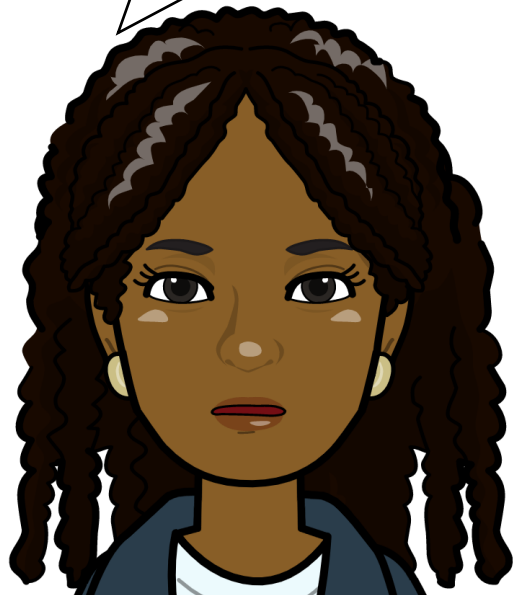
What do you do next?

Write down your answer.





I'm sorry, but we do not have an available appointment for you today. Can I schedule you for later this week?



Great! We will start your RCE Visit right away. As part of your visit today, we will introduce you to your HIV Specialist. At the end of your visit, we will schedule a follow-up appointment with the HIV Specialist for your full medical visit.





Potential Strategies for Accommodating RCE Visits

- Extend appointment hours to include nights and/or weekends.
- Add additional staff members to accommodate new RCE clients.
- Have providers dedicate time blocks for RCE clients.



Reflect

1. What challenges might your clinic encounter that would prevent you from seeing patients within 72 hours?
2. How might you address these challenges?



Delivering the RCE Visit



Client Journey Through their RCE Visit



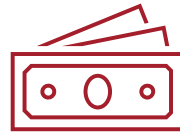
Introduction to the RCE Concierge



Brief intake



Assessment for wraparound services



Financial assistance/ benefits discussion



Introduction to their HIV Specialist



Laboratory tests



Visit wrap up



RCE Visit Goals

- Make clients feel welcomed, supported, and empowered.
- Limit the amount of time the client spends at the clinic.
- Limit the number of people with whom the client interacts.
- Minimize waiting time, including time spent alone or in the waiting room.



Pop Quiz

What are the four goals of the RCE Visit?

Write down your answer.

1.

3.

2.

4.



Check Your Answer

What are the four goals of the RCE Visit?

Answers

1. Make clients feel welcomed, supported, and empowered

2. Limit the amount of time the client spends at the clinic

3. Limit the number of people with whom the client interacts

4. Minimize waiting time (spent alone or in waiting room)



Orientation with the RCE Concierge

The RCE Concierge should introduce:

Yourself	Red Carpet Entry	The Clinic	The Implementation Study
<ul style="list-style-type: none"> • Reiterate your name and role • Describe your future involvement in the client's care 	<ul style="list-style-type: none"> • What to expect at the RCE Visit, including scheduling the next visit • The benefits of RCE and what it means to be an RCE client • Provide the RCE palm card with the RCE Concierge's name and phone number 	<ul style="list-style-type: none"> • Ask if the client had any issues with parking or finding the clinic • Provide a brief orientation to the clinic • Describe the care team and the roles of each member 	<ul style="list-style-type: none"> • Briefly introduce the Implementation Study • Let clients know that they can learn more about this voluntary opportunity at the end of their RCE Visit



Brief Intake

- The brief intake should take **less than 30 minutes.**
- Only collect the most important information necessary for entry into care.
- Other information can be collected at the next appointment.



Reflect

1. What information is essential for your clinic to collect during the first interaction with an RCE client?
2. Will your clinic need to adapt any forms or processes to reduce the amount of time the process takes?



Wraparound Services

Clients should be screened and referred to the following services, if appropriate:

- Patient navigator services
- AIDS Drug Assistance Program
- Medical and social insurance assistance
- Adherence counseling
- Medical case management services
- Mental health services
- Substance use services
 - Nutritional assistance
 - Medical transportation services
 - Housing support
 - Childcare
 - Employment assistance



Reflect

1. What services or referrals does your clinic currently provide?
2. How does your clinic currently screen patients for wraparound services? Who will handle screening during the RCE Visit?



Financial Assistance/Benefits Discussion

- A Financial Counselor/Insurance Navigator* should meet briefly with the client to confirm their insurance information:
 - Consult with the client on how to apply for insurance coverage.
 - Notify the client of any financial assistance programs or payment plans options they may qualify for to help them pay for their HIV care.
- Clients without insurance should be reminded that their initial RCE Visit and lab work are **free** and that **insurance is not required** to participate in RCE.

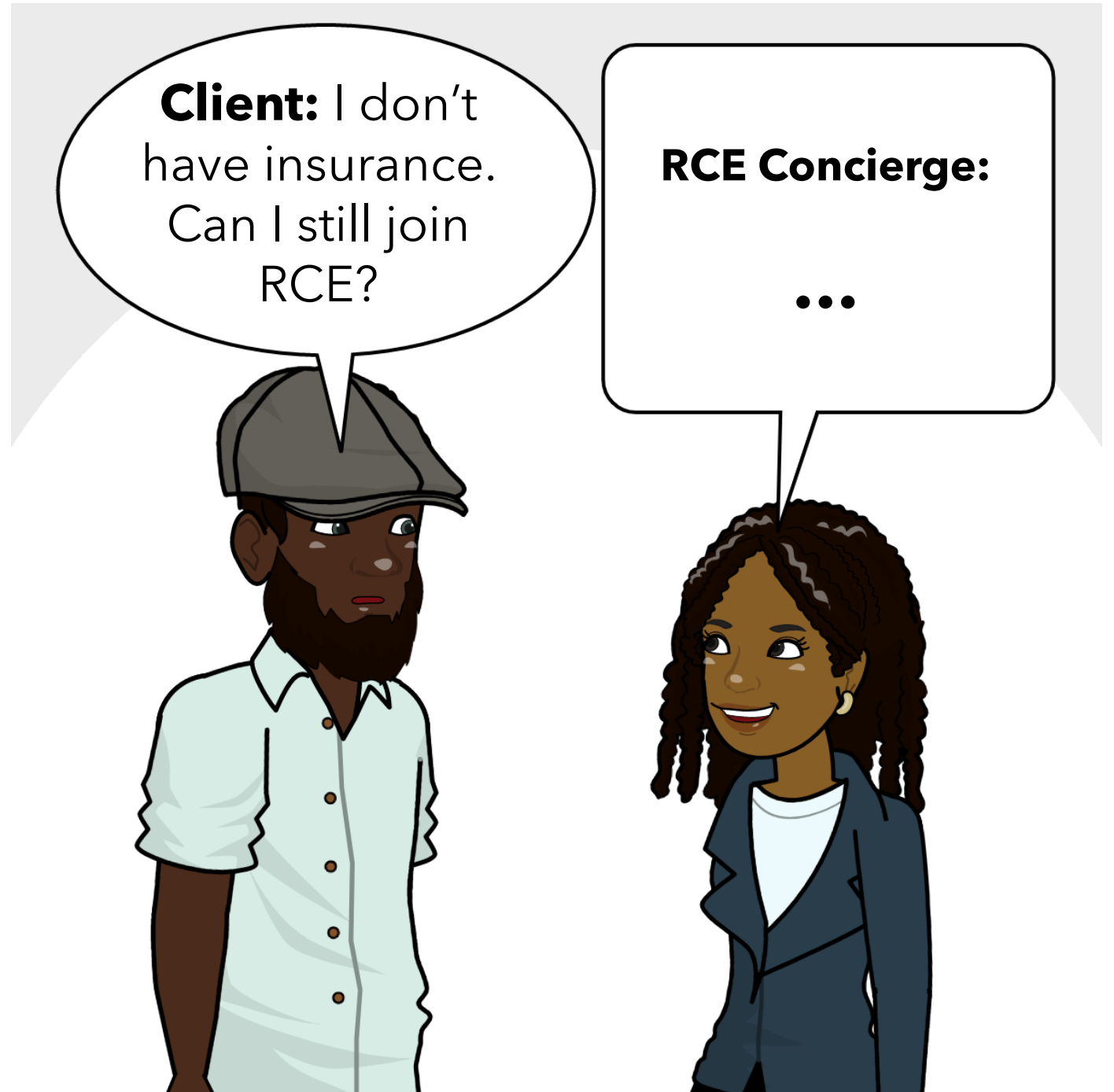
*If needed, this role can be filled by the RCE Concierge, a social worker, or a case manager.

Try it!

At their first RCE Visit, a client tells you (the RCE Concierge) that they do not have insurance.

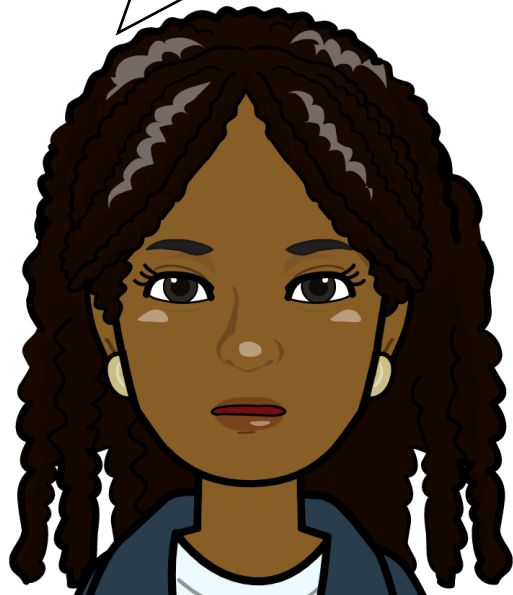
How do you respond?

Write down your answer.

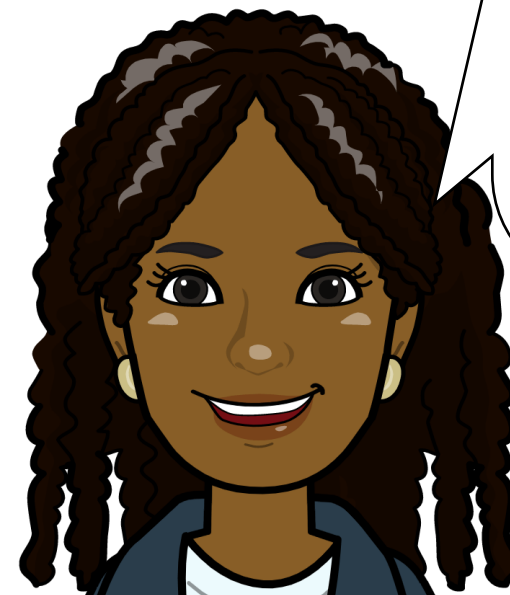




No problem! You can still join RCE.



Thank you for letting me know! You can still join RCE, and we will connect you with Eric, our Insurance Navigator. He will talk with you today about signing up for insurance coverage and about any financial assistance programs that you may qualify for.





Meeting with an HIV Specialist

At minimum, the client should be greeted by an HIV primary care provider, such as a physician, nurse practitioner, or physician assistant:

- The provider does *not* need to become their primary provider
- The client should have the opportunity to ask the provider questions
- The purpose of this introduction is to make the client more comfortable interacting with a primary care provider



Laboratory Tests

All clients should receive confirmatory viral load testing and any other lab tests necessary to assess their medical status.

- Clients should receive lab tests **regardless of insurance status**. All lab work conducted during the initial RCE Visit is free for the client.
- Clients should be **encouraged to attend their next appointment** to receive their test results and discuss next steps with their care.



Visit Wrap Up

1. The client should be allowed time to ask the RCE Concierge **any remaining questions** about their HIV diagnosis, next steps, and clinic services.
2. The RCE Concierge should confirm with the client the time and date of their **next appointment** and who the client will be interacting at that time.



Visit Wrap Up—Study Consenting

- The RCE Concierge should return to the topic of **enrollment in the RCE evaluation**, making sure to...
 1. Review the purpose of the evaluation.
 2. Provide an overview of what the client's involvement would entail.
 3. Remind the client that participation in the evaluation is **not necessary** to receive HIV care through RCE.
 4. Review consent and HIPAA authorization forms (available in Spanish) and obtain the client's signature if interested.
 5. Provide the client with a \$25 gift card upon completion of enrollment.
 6. Record the date and time of consent in the clinic's Access Database.



Summary



Core Components of RCE

1. A referral network with partner organizations
2. A discreet phrase to request RCE service
3. An RCE Concierge who receives referrals
4. An RCE Visit within 72 hours of the client's referral
5. RCE Outreach and Reengagement
6. Active Client Engagement and warm handoffs



Warm Handoffs

Warm handoffs should be used throughout RCE to introduce clients to staff members, whether the staff member is present or not.

They include:

- A caring greeting (such as a smile and a handshake)
- Exchanging names
- A description of the staff member's role at the clinic
- An overview of how the staff member will assist the client and interact with the client in the future
- The current status of the client's care and what will happen next



Educating Colleagues About Warm Handoffs

1. Describe the five components of the warm handoff
2. Model the difference between a warm handoff and a cool handoff
3. Have staff practice warm handoffs with other staff members



The RCE Visit

Scheduling

- RCE Clients should be seen within 72 hours of referral
- If the client is not available, schedule the visit as soon as possible
- A full medical visit is not required

Delivering the RCE Visit

All visits should be conducted in a private space and include...

- Introduction to the RCE Concierge
- Brief intake
- Assessment for wraparound services
- Discussion of financial assistance and benefits
- Introduction to their HIV specialist
- Laboratory tests
- Visit wrap up



Next Steps



Integrating RCE into the Clinic Workflow

Determine how the RCE Visit will fit into your clinic's workflow:

- How will your clinic accommodate RCE Visits into your schedule?
- How will your clinic absorb or be reimbursed for the costs of the confirmatory viral load tests for clients without insurance at the time of the RCE Visit?
- Does your clinic need to identify additional resources for wraparound services?
- Do you need to obtain leadership support or approvals to acquire resources or make policy changes?



Complete the Readiness Worksheet

The **RCE Readiness Worksheet** assesses your clinic's capacity for implementing RCE and helps identify changes that may need to be made.

The RCE Readiness Worksheet assesses:

- Organizational motivation
- Clinic capacity
- Client population
- External environment



Complete the Readiness Worksheet



Part 1: Organizational Motivation

Prior to answering the questions in this section, work with your team to brainstorm and come up with a shared understanding of WHY your clinic is motivated to make changes to your HIV linkage to care and care delivery.

My clinic is motivated to make changes to our HIV linkage to care and care delivery because...

Questions	Yes	No	Comments/Next Steps
Leadership Support			
Do you have support for RCE from senior clinic management and/or health system leadership?			
Do you have a senior clinical staff person who can serve as the RCE champion?			
Do you have support from key staff who will be involved, such as HIV specialists, Counseling Testing, and Referral (CTR) counselors, case managers, and nurses?			

Instructions: Consider each question below and indicate (Yes/No) whether your clinic meets these indicators for organizational readiness. If you answer no to any of the questions, decide on concrete actions you can take to change your answer to yes and write those actions in the Comments/Next Steps column. Refer to the RCE Implementation Manual for suggested effective strategies.



To Learn More

More information about scheduling and delivering the RCE Visit can be found in Chapter 3 of the **RCE Implementation Manual**.



Questions