

10 | RED CARPET INITIATIVE

Category: Clinic Flow

Agency: Roper St. Francis Healthcare Wellness Center

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Subpopulation: MSM of Color

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Regional Group: South Carolina

Evidence of Improvement: Yes

Other Data: N/A

Intervention: Launched "Red Carpet" initiative to expedite the intake process for newly diagnosed patients.

Change Ideas:

- Allowed providers to choose when newly diagnosed patients were scheduled in order to more effectively intake new patients and triage them accordingly
- Patients seen with or without labs
- Combined case management and medical visits on same day to minimize number of physical visits and appointments
- Partnered with local health departments in order to expedite referral processes

Intervention Description:

Red Carpet services were launched with the aim of expediting the intake process for new patients. The Red Carpet concept was floated in March 2018 and the initiative was formalized and rolled out between April and May 2018. As part of this initiative, providers were able to choose when newly diagnosed patients were scheduled to more effectively intake new patients and triage them accordingly. This allowed providers to better manage their schedule versus the front desk making those determinations. The number of physical visits and appointments were minimized by combining case management and medical visits on the same day. In the past, patients were enrolled by case management prior to establishing medical care. Through this initiative, patients were worked into the clinic schedule while they were present if there was an available clinic slot. These newly co-located services included case management, peer navigation, and mental health, among others. Patients could be seen with or without labs as they could be ordered on the day of the first visit and be reviewed during a follow-up appointment. The Wellness Center at Roper St. Francis Healthcare partnered with local health departments to expedite the referral process. As a result of this, they obtained a very engaged health department medical director, who is quality-focused, and works closely with them to ensure rapid linkage to care. The medical director has helped improve their relationship with the health department as well. Same-day antiretroviral (ARV) medication access was initiated simultaneously. Red Carpet access and same-day ARV led to rapid viral suppression among young MSM of color within weeks rather than months. Ninety-nine percent of those started on medication were virally suppressed by the second or third visit. Viral suppression for the MSM of color subpopulation increased from 82.6% (161/195) to 91.6% (186/203) during this intervention.

<p><i>Do you have measurable data to demonstrate the effectiveness of this intervention?</i></p> <p>Yes</p>	<p><i>How effective was this intervention to increase viral suppression or reduce HIV disparities? (Scale from 1-4)</i></p> <p>4-Highly Effective</p>	<p><i>What are the start and end data points for the intervention to indicate the measurable impact?</i></p> <p>Ongoing</p>	<p><i>Was this intervention tested/implemented during the Collaborative?</i></p> <p>Yes</p>
<p><i>Is this intervention replicable across other HIV subpopulations of the Collaborative?</i></p> <p>Yes</p>	<p><i>How do you rate the ease of replication of the intervention by other HIV providers? (Scale from 1-4)</i></p> <p>3-Easy to Replicate</p>	<p><i>How much financial support do you estimate was necessary to test your intervention per patient? (\$-No Additional Agency Costs; \$\$-1 to 49 US Dollars; \$\$\$-50-99 US Dollars or more; \$\$\$-100 or more US Dollars; Don't Know)</i></p> <p>\$-No Additional Costs</p>	