

RETENTION THROUGH ENHANCED PERSONAL CONTACTS

Evidence-Based for Retention in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve retention in HIV care

Target Population

- HIV clinic patients who missed visits or were new clinic patients

Brief Description

Retention through Enhanced Personal Contacts (REPC) is an intervention in which the trained interventionist establishes a personal relationship with HIV clinic patients and remains in contact with patients. During brief face-to-face meetings at each HIV primary care visit and interim phone calls between care visits, interventionists provide positive affirming statements to patients for attending primary care appointments and respond to questions or concerns about appointments. Interventionists also make reminder calls 7 days and 2 days before the next scheduled HIV primary care appointment and a follow-up call within 24 hours after a missed HIV primary care appointment. Patients can also receive one-on-one training in personal organization skills, communication with providers, and problem-solving skills. As part of the skills component, interventionists assist patients with developing a plan to address unmet needs. They also help patients tap into personal strengths to identify problems and accomplish goals.

Intervention Duration

- Brief face-to-face meetings at each primary care appointment (initial meeting 25 – 45 minutes; subsequent meetings 10 – 20 minutes each) and phone calls (about 12 minutes each) over the course of 1 year*

Intervention Setting

- HIV care clinic, telephone

Deliverer

- Interventionists who received a 5-day training

INTERVENTION PACKAGE INFORMATION

For information on training and intervention-related materials, please visit [CDC's HIV Effective Interventions website](#).

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation was conducted in Boston, MA; Brooklyn, NY; Baltimore, MD; Birmingham, AL; Miami, FL; Houston, TX between 2010 and 2012.

Recruitment Setting

HIV clinics

Eligibility Criteria

Patients were eligible if they were HIV-positive, able to understand English or Spanish, 18 years of age or older (19 in Alabama due to consent laws), not planning to move out of the area for 12 months, had not given hospitalization or incarceration as the reason for a prior missed visit, missed one or more visits in the past 12 months, had a gap in care of at least 6 months in the previous year, or were considered a new patient.

Study Sample

The analytic study sample of 1,838 clinic patients living with HIV is characterized by the following:

- 68% black or African American, 16% Hispanic/Latino, 13% white, 3% other
- 63% male, 36% female, 1% transgender
- 11% 18-29 years old, 20% 30-39 years old, 34% 40-49 years old, 29% 50-59 years old, 7% over 60 years old
- 29% new clinic patients, 71% established patients
- 78% on antiretroviral therapy, 22% not on antiretroviral therapy
- 55% participants with undetectable HIV-1 RNA viral load (≤ 200 copies/mL); 42% participants with detectable HIV-1 RNA viral load (> 200 copies); 3% participants did not have viral load data*

Assignment Method

Participants (N = 1,838) were randomly assigned to one of three groups: Enhanced Contact (EC, n = 615), Enhance Contact plus Skills (EC + skills, n = 610) or a standard of care comparison (n = 613).

Comparison

The standard of care comparison group received appointment reminder calls that were automated or made by clinic staff.

Relevant Outcomes Measured

- Retention in Care defined as:
 - Visit constancy: kept at least 1 visit with an HIV primary care provider in three consecutive 4-month intervals over a 12-month period
 - Visit adherence percentage: total number of kept appointments divided by total number of scheduled appointments (excluding cancellations) over a 12-month period
 - Mean number of kept appointments over a 12-month period
 - Mean number of missed visits over a 12-month period

Significant Findings on Relevant Outcomes

- Participants receiving EC significantly outperformed the standard-of-care comparison participants on the following outcomes: visit constancy (55.8% vs. 45.7%, $RR = 1.22$, $95\% CI = 1.09 - 1.36$), visit adherence

percentage (72.5% vs. 67.2%, *RR*: 1.08, 95% *CI* = 1.05 – 1.11), the mean number of kept visits (4.12 vs. 3.59, *p* < 0.0001), and the mean number of missed visits (1.56 vs. 1.75, *p* < 0.01).

- Participants receiving EC + skills significantly outperformed the standard-of-care comparison participants on the following outcomes: visit constancy (55.6% vs. 45.7%, *RR* = 1.22, 95% *CI* = 1.09, 1.36), visit adherence percentage (70.9% vs. 67.2%, *RR*: 1.06, 95% *CI* = 1.02 – 1.09), and the mean number of kept visits (4.14 vs. 3.59, *p* < 0.0001).

Because there were no differences between the EC and the EC + skills arms on any outcomes, the two arms were combined and compared to the standard-of-care for the following:

- A significantly greater percentage of combined intervention participants reported visit constancy than comparison participants at the 12-month assessment (55.7% vs. 45.7%, *RR* = 1.22, 95% *CI* = 1.10 - 1.35).
 - Significant positive intervention effects were also seen in the following subgroups: males, females; patients aged ≥ 40; blacks or African Americans; established patients; patients who reported no unmet needs in previous 6 months; patients who reported no illicit drug use in previous 3 months; patients on antiretrovirals; patients with baseline CD4 counts ≥ 350; patients with baseline CD4 counts < 350; patients with suppressed viral load (≤ 200 copies/mL) at baseline; patients with non-suppressed viral load (>200 copies/mL) at baseline; patients on Medicare; patients on Medicaid.
- Combined intervention participants had a significantly higher visit adherence percentage than comparison participants at the 12-month assessment (71.7% vs. 67.2%, *RR* = 1.07, 95% *CI* = 1.04-1.10).
 - Significant positive intervention effects were also seen in the following subgroups: males, females; patients aged ≥ 40; blacks or African Americans; Hispanics/Latinos; new patients; established patients; patients who reported no unmet needs in previous 6 months; patients who reported no illicit drug use in previous 3 months; patients on antiretrovirals; patients with baseline CD4 counts ≥ 350; patients with baseline CD4 counts < 350; patients with suppressed viral load (≤ 200 copies/mL) at baseline; patients with non-suppressed viral load (>200 copies/mL) at baseline; patients on Medicare; patients on Medicaid.

Considerations

- Both EC and EC + skills interventions significantly performed better than the standard-of-care on retention outcomes; however, there were no differences between the two intervention arms suggesting that the addition of a brief patient-centered behavioral skills component may not improve outcomes further. Because the findings from the combined EC and EC + skills interventions are part of the evidence, the description of the Retention through Enhanced Personal Contacts (REPC) intervention consisted of the components for enhanced contacts and skills training.

*Information obtained from the author

REFERENCES AND CONTACT INFORMATION

Gardner, L. I., Giordano, T. P., Marks, G. Wilson, T. E., Craw, J. A., Drainoni, M. L., . . . Retention in Care Study Group. (2014). [Enhanced personal contact with HIV patients improves retention in primary care: A randomized trial in six US HIV clinics](#). *Clinical Infectious Diseases*, 59, 725-734.

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