

# COOPERATIVE RE-ENGAGEMENT CONTROLLED TRIAL (CoRECT): CONNECTICUT



[Evidence-Based for the Structural Intervention Chapter](#)

[Evidence-Based for the Linking and Retention in HIV Care Chapter](#)

## POPULATION

- Persons with HIV (PWH) who are newly out of care

## KEY INTERVENTION EFFECTS

- Improved re-engagement in HIV care

## BRIEF DESCRIPTION

**CoRECT** is a collaborative data-to-care strategy that identifies newly out-of-care PWH through a reconciliation process with clinics from a list generated by the health department. The intervention includes:

- A reconciliation process that involves:
  - Case conferences with clinic staff
  - Central review of out-of-care lists by surveillance staff
- Data sharing to locate and contact out-of-care PWH
- Re-engaging PWH within 30 days
- Disease Intervention Specialists (DIS) who assist out-of-care PWH with:
  - Appointments, transportation, attending clinic visits, linking to services (e.g., insurance, food stamps) using texts, phone calls, and in-person visits
- Modified Antiretroviral Treatment and Access to Services (ARTAS) intervention
  - Up to three brief, strengths-based case management sessions

**DURATION:** 30 days or until re-engaged in care

**SETTING:** 23 HIV specialty clinics (4 counties in Connecticut)

**STUDY YEARS:** 2016 – 2018

**STUDY DESIGN:** Randomized controlled trial (RCT)

**DELIVERERS:** Disease intervention specialists

**DELIVERY METHODS:** Appointment scheduling, Case management, Counseling, In-person visits, Phone calls, Texting, Transportation

## STUDY SAMPLE

The baseline study sample of N = 654 (n = 332 Intervention group, n = 322 Standard of Care group) was characterized by the following:

- 40% Black or African American persons
- 21% White persons
- 37% Hispanic, Latino, or Latina persons
- 2% persons who identify as another race/ethnicity
- 62% male persons, <1% transgender persons
- Median age = 47 years (25<sup>th</sup>-75<sup>th</sup> percentile, 32-52 years)

## STRUCTURAL COMPONENTS

### Access – HIV medical care

- Increased access to expedited engagement in HIV medical care

### Social Determinants of Health – Survival

- Provided transportation to appointments, insurance, and food stamps

### Policy/Procedure—Institutional procedure

- Partnership between health departments and HIV clinical care sites was established

## KEY INTERVENTION EFFECTS (see **Primary Study** for all outcomes)

- A greater percentage of intervention participants were re-engaged in care than comparison participants within 90 days of randomization (51.2 % vs 41.9 %,  $p = 0.02$ ).

## CONSIDERATIONS

- While retention in HIV care over 12 months improved overall, it did not improve at the Connecticut site.
- Among all participants with viral suppression (VS) during the 12-month follow up, the median time to VS reduced overall, but not for the Connecticut site.

## ADVERSE EVENTS

- The author did not report adverse events.

## FUNDING

- Centers for Disease Control and Prevention (NCT02693145)

## PRIMARY STUDY

Fanfair, R. N., Khalil, G., Williams, T., Brady, K., DeMaria, A., Villanueva, M., Randall, L. M., Jenkins, H., Altice, F. L., Camp, N., Lucas, C., Buchelli, M., Samandari, T., & Weidle, P. J. (2021). [The Cooperative Re-Engagement Controlled Trial \(CoRECT\): A randomised trial to assess a collaborative data to care model to improve HIV care continuum outcomes](#). *Lancet Regional Health-Americas*, 3, 100057.

<https://doi.org/10.1016/j.lana.2021.100057>

**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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