

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



[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
- Reduced time to viral suppression

## BRIEF DESCRIPTION

**CoRECT** is a collaborative data-to-care strategy that identifies newly out-of-care PWH through a reconciliation process from lists generated by clinics and health departments based on lack of laboratory results or missed appointments. The process includes:

- Monthly telephone case discussions for final decisions on a combined health department-clinic list
- Field epidemiologists who assist with:
  - appointment making and accompaniment
  - transportation
  - information and referral (e.g., HIV drug assistance program, alternate HIV care provider)
- Motivational interviewing
- Focus on initial contact within 30 days

**DURATION:** 0 – 90 days

**SETTING:** 9 clinics serving PWH (4 counties in Massachusetts)

**STUDY YEARS:** 2016 – 2018

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

**DELIVERERS:** Field epidemiologists functioning as Disease Intervention Specialists

**DELIVERY METHODS:** Appointment scheduling, Case management, Counseling, Field visits, Phone calls, Social media, Text messaging, Transportation

## STUDY SAMPLE

The baseline study sample of N = 630 (n = 317 Intervention group, n = 313 Comparison group) patients in Massachusetts was characterized by the following:

- 40% Black or African American persons
- 37% White persons
- 21% Hispanic, Latino, or Latina persons
- 2% persons who identify as another race/ethnicity
- 73% male persons, 1% transgender persons
- Median age = 47 years (Interquartile Interval [IQI] 36-54 years)

## STRUCTURAL COMPONENTS

### Access – HIV medical care

- Increased access to engagement in HIV medical care

### Social Determinants of Health – Survival

- Provided transportation to appointments

### 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 HIV care than comparison participants within 90 days of randomization (52.7% vs. 44.1%,  $p = 0.03$ )
- Among all participants with viral suppression (VS) during the 12-month follow up, the median time to VS after randomization was reduced for intervention participants compared to comparison participants (76 days [IQR = 36 – 155] vs. 95 days [IQR = 43 - 209],  $p < 0.02$ ).

## CONSIDERATIONS

- None reported

## 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](https://doi.org/10.1016/j.lana.2021.100057). *Lancet Regional Health-Americas*, 3, 100057.  
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**PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.**

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