

# STAY CONNECTED

## Evidence-Informed for Retention in HIV Care

### INTERVENTION DESCRIPTION

#### Goal of Intervention

- Improve retention in HIV care

#### Target Population

- HIV clinic patients

#### Brief Description

*Stay Connected* is a clinic-wide intervention that provided brochures to patients, placed posters in examination and waiting rooms, and gave patients brief verbal messages about the importance of staying in care. The brochures contained statements emphasizing the importance of staying in care, messages to encourage retention in HIV care, such as ‘take control of your health’, and clinical contact information. Posters communicated the research finding that better patient clinical status follows regular HIV care. Messages delivered by brochures, health care providers, and clinic staff include information about the health benefits of maintaining appointments and positive reinforcement for kept appointments.

#### Intervention Duration

- On-going

#### Intervention Setting

- HIV clinic

#### Deliverer

- Brochures, posters, providers and clinic staff

### INTERVENTION PACKAGE INFORMATION

Intervention materials and training are available from the AIDS Education and Training Center: <http://www.aidsetc.org/resource/low-effort-clinic-wide-intervention-improves-attendance-hiv-primary-care-publication-and>.

## EVALUATION STUDY AND RESULTS

### Study Location Information

The original evaluation was conducted in Baltimore, MD; Birmingham, AL; Boston, MA; Brooklyn, NY; Houston, TX; Miami, FL from the first phase of a CDC-HRSA jointly funded project.

### Recruitment Settings

HIV clinics

### Eligibility Criteria

Men and women were eligible if they were patients at one of the six participating clinics and had at least one scheduled appointment after their initial “anchor” visit in 2008.

### Study Sample

The Stay Connected intervention period participants (n = 11,039) are characterized by the following:

- 64% black or African American, 16% white, 18% Hispanic/Latino, 1% other
- 65% male, 35% female
- 6% 16 – 29 years, 18% 30 – 39 years, 38% 40 – 49 years, 39% 50 – 85 years
- 50% heterosexual, 28% MSM, 13% IDU, 2% MSM plus IDU, 8% other
- 86% active patients (had HIV care visit within 12 months prior to anchor visit), 11% new clinic patients, 3% re-engaging patients
- 69% with undetectable viral load ( $\leq 400$  copies/mL)

### Comparison

Data from the *Stay Connected* intervention period between 2009 and 2010 were compared to data from the pre-implementation period between 2008 and 2009 (n = 10,018).

### Relevant Outcomes Measured

- Retention in HIV care is defined as:
  - keeping at least 2 consecutive visits within 12 months after the anchor visit
  - proportion of all kept scheduled HIV primary care visits within 12 months after the anchor visit

### Significant Findings on Relevant Outcomes

- A significantly greater percentage of participants from the *Stay Connected* period kept 2 consecutive visits within 12 months after the anchor visit than participants from the pre-intervention period (52.7% vs. 49.3%; adjusted % relative improvement: 7%,  $p < 0.001$ ).
  - Significant positive intervention effects were also seen in the following subgroups: new or re-engaging patients; active patients; patients with undetectable viral loads; patients with detectable viral loads; CD4 cell counts  $< 350$ ; CD4 cell counts  $\geq 350$ ; patients with 2-3 scheduled visits; patients with 4-6 scheduled visits; patients with  $\geq 7$  scheduled visits; male patients; female patients; 16-29 year olds; 30-39 year olds; 40-49 year olds; 50-85 year olds; black or African Americans; whites; Hispanic/Latinos; those who identified as “other race;” heterosexuals; injection drug users; other HIV risk groups; Medicare patients; Medicaid patients; patients with private insurance; and patients with other or no insurance (all  $p$ 's  $< 0.05$ ).

- Participants from the *Stay Connected* period showed a significantly greater mean proportion of all HIV primary care visits kept than participants from the pre-intervention period (0.699 vs. 0.679, adjusted % relative improvement: 3%,  $p < 0.001$ ).
  - Significant positive intervention effects were also seen in the following subgroups: new or re-engaging patients; active patients; patients with undetectable viral loads; patients with detectable viral loads; CD4 cell counts  $< 350$ ; CD4 cell counts  $\geq 350$ ; patients with 1-3 scheduled visits; patients with 4-6 scheduled visits; male patients; female patients; 16-29 year olds; 40-49 year olds; 50-85 year olds; black or African Americans; whites; Hispanic/Latinos; MSM; heterosexuals; injection drug users; other HIV risk groups; Medicare patients; Medicaid patients; and patients with other or no insurance.

### Considerations

- Among active patients, one clinic (clinic D) had a significantly lower percentage of participants who kept 2 consecutive visits within 12 months after the anchor visit than participants from the pre-intervention period (relative improvement: -7%,  $p = 0.015$ ). This may have been due to structural and institutional changes occurring at this specific clinic during the intervention year such as suspending the waivers of insurance co-pays, restricting use of free bus tokens, and requiring more frequent insurance eligibility determinations (before the patient could be seen) in an office that was not co-located with the clinic.
- Intervention did not show evidence for improving keeping 2 consecutive visits after the anchor visit for MSM or MSM who were injection drug users.
- Intervention did not show evidence for increasing the mean proportion of all HIV primary care visits kept among patients with  $\geq 7$  scheduled visits; those who identified as “other race;” MSM who were injection drug users; or patients with private insurance.

## REFERENCES AND CONTACT INFORMATION

Gardner, L. I., Marks, G., Craw, J. A., Wilson, T. E., Drainoni, M. L., Moore, R. D., . . . Retention in Care Study Group. (2012). [A low-effort, clinic-wide intervention improves attendance for HIV primary care](#). *Clinical Infectious Diseases*, 55, 1124-1134.

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