

COOPERATIVE RE-ENGAGEMENT CONTROLLED TRIAL (CoRECT): MASSACHUSETTS



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

POPULATION

- People 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
- Commitment to make 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 Standard of care 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

Policy/Procedure—Institutional procedure

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

Social Determinants of Health – Survival

- Provided transportation to appointments

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

- A greater percentage of intervention participants than comparison participants were re-engaged in HIV care within 90 days of randomization (52.7% vs. 44.1%, respectively, $p = 0.03$).
- 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], $p < 0.02$), respectively.

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](#). *Lancet Regional Health-Americas*, 3, 100057.
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PLEASE CONTACT STUDY AUTHOR FOR TRAINING AND INTERVENTION MATERIALS.

Contact information

R. N. Fanfair, MD, MPH

Mail Stop US8-5
1600 Clifton Rd. NE
Atlanta, GA 30329

Email: iyo5@cdc.gov