

COOPERATIVE RE-ENGAGEMENT CONTROLLED TRIAL (CoRECT): PHILADELPHIA



[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
- Improved retention in HIV care
- Reduced time to viral suppression

BRIEF DESCRIPTION

CoRECT is a collaborative data-to-care strategy that identified newly out-of-care PWH through a reconciliation process between clinic and health department lists. The clinic generated list consists of all patients who had an HIV medical visit with a provider with prescribing privileges in the previous 12 months. Lists were compared to HIV surveillance data. The reconciliation process also includes monthly in-person case conferences.

- Disease Intervention Specialists (DIS) assist newly out-of-care PWH with:
 - Appointments, transportation, attending clinic visit, linking to services (e.g., insurance, food stamps)
- Antiretroviral Treatment and Access to Services (ARTAS)
 - Up to five brief strengths-based case management sessions

DURATION: 0 to 90 days

SETTING: 8 clinics (Philadelphia, PA)

STUDY YEARS: 2016 – 2018

STUDY DESIGN: Randomized controlled trial (RCT)

DELIVERERS: Disease Intervention Specialists

DELIVERY METHODS: Appointment scheduling, Case management, Counseling, Transportation

STUDY SAMPLE

The baseline study sample of N = 609 patients (n = 309 Intervention group, n = 300 Standard of Care group) in Philadelphia was characterized by the following:

- 65% Black or African American persons
- 19% White persons
- 12% Hispanic, Latino, or Latina persons
- 3% persons who identify as another race/ethnicity
- 74% male persons, 3% transgender persons
- Median age = 41.0 years (Interquartile interval [IQI]: 32-52 years)

STRUCTURAL COMPONENTS

Access – HIV medical care

- Increased access to 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 (61.2% vs. 40.3%, $p < 0.0001$)
- A greater percentage of intervention participants were retained in care than comparison participants within 12 months of randomization (56.6 % vs. 41.3 %, $p = 0.0002$)
- 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 (64 days [IQI = 20 – 138] vs. 102 days [IQI = 50 – 198], $p < 0.0001$).

CONSIDERATIONS

- None reported

ADVERSE EVENTS

- The author did not report adverse events.

FUNDING

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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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