

COOPERATIVE RE-ENGAGEMENT CONTROLLED TRIAL (CoRECT): CONNECTICUT



[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

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 (25th-75th percentile, 32-52 years)

STRUCTURAL COMPONENTS

Access – HIV medical care

- Increased access to expedited 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, insurance, and food stamps

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 (51.2 % vs 41.9 %, respectively, $p = 0.02$).

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](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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