

PATIENT-CENTERED PHONE CALL BY A CLINICAL OFFICER AT TIME OF HIV TESTING

Evidence-Based for Engagement in HIV Care

INTERVENTION DESCRIPTION

Goal of Intervention

- Improve engagement in HIV care

Target Population

- Newly HIV diagnosed persons
- Persons with HIV who have never been linked to care or dropped out of HIV care for more than six months

Brief Description

The *Patient-Centered Phone Call* is an intervention to improve engagement in HIV care among newly diagnosed persons with HIV and previously diagnosed persons with HIV who have been out of care for more than six months. This intervention is nested within the larger SEARCH intervention that includes HIV mobile testing at community health campaigns or home-based HIV testing for campaign non-attendees. After HIV testing, all participants receive standard post-test HIV counseling and a transport voucher redeemable at engagement. For the intervention group, during the one-hour of post-test counseling, the study staff call the clinical officer and give the participant's name, age, sex, and engagement in care status prior to the participant speaking with the clinical officer. The clinical officer then engages in a structured conversation with the participant that assesses the participant's state of mind and provides information about HIV and the benefits of treatment and engagement in HIV care. The clinical officer also assesses the participant's readiness to engage in HIV care and identifies barriers and solutions to engagement in care. Additionally, the clinical officer describes the patient-centered care model offered at clinics and highlights flexibility in visiting hours, reduced waiting times, visit frequency, and appointment reminders. The participant is provided with clinic options including staff names to ensure personalized service.

Theoretical Basis

- Social Cognitive Theory (SCT)

Intervention Duration

- One phone call that included a 3-to-5-minute discussion between the study staff and clinical officer, and a 7-to-15-minute discussion between the clinical officer and participant

Intervention Setting

- Study phone used at locations where mobile HIV testing was conducted (i.e., community health campaign linkage stations or participants residences)

Deliverer

- Clinical officer (holder of diploma in medicine)

Delivery Methods

- Counseling

Structural Components

- None reported

INTERVENTION PACKAGE INFORMATION

An intervention package is not available at this time. Please contact **James Ayieko**, P.O. Box 614-40100, Agoi Road, Kisumu, Kenya.

Email: jimayieko@gmail.com for details on intervention materials.

EVALUATION STUDY AND RESULTS

Study Location Information

The original evaluation study was conducted in rural Kenya between August and December 2016.

Key Intervention Effects

- Improved engagement in HIV care

Recruitment Settings

- Community health welcome stations and participants’ residences

Eligibility Criteria

Participants were eligible if they were at least 15 years old, newly diagnosed with HIV who have never been linked to HIV care, or persons with HIV who have not been engaged in care for more than six months at the time of the study.

Study Sample

The baseline study sample of 130 participants is characterized by the following:

- *73% female, 27% male*
- *21% 15-24 years, 42% 25-34 years, 21% 35-49 years, 10% ≥50 years*
- *68% newly diagnosed with HIV, 32% prior HIV diagnosis, but never engaged in HIV care or dropped out of care > 6 months before study enrollment*
- *75% completed primary school, 18% completed secondary or above, 6% none*
- *80% employed, 20% unemployed*

Assignment Method

The study used a 2-arm randomized control trial (RCT) design. Patients diagnosed with HIV (N=130) were individually randomized to 1 of 2 study arms: Intervention (N=68) or a standard of care comparison (N=62).

Comparison

The comparison was standard of care where participants received standardized HIV counseling and a transport voucher redeemable at the linkage appointment.

Relevant Outcomes Measured

- Engagement in HIV care was measured as:
 - Engaged in HIV care at any ART clinic within 30 days of testing
 - Engaged in HIV care at any ART clinic within 7 days of testing

Participant Retention

Because participant retention is not a criterion for the Linkage to, Retention in and Re-engagement in HIV Care (LRC) chapter, the Prevention Research Synthesis project does not evaluate that information.

Significant Findings on Relevant Outcomes

- A significantly greater proportion of intervention participants were engaged in care within 30 days than the standard-of-care participants (28/68 [41%] vs 15/62 [24%], $p = 0.04$).
- A significantly greater proportion of intervention participants were engaged in care within 7 days than the standard-of-care comparison participants (24/68 [35%] vs 12/62 [19%], $p = 0.04$).

Strengths

- None identified

Considerations

Because the study combined newly and previously diagnosed participants, the outcome of linkage to care at 30 days and 7 days after testing is identified as engagement in HIV care according to PRS.

Additional significant positive findings on non-relevant outcomes

- None reported

Non-significant findings on relevant outcomes

- None reported

Negative findings

- None reported

Other related findings

- When adjusted for community, persons younger than 35 years old were less likely to engage in HIV care within 30 days of testing compared to persons 35 and older (adjusted odds ratio [OR]= 0.32; 95% CI, 0.12 – 0.88, $p = 0.027$).
- When adjusted for community, persons from households that did not have anyone else in HIV care were less likely to engage in HIV care compared to persons from households that did have someone else in HIV care (adjusted OR = 0.33; 95% CI, 0.11 – 0.97, $p = 0.045$).

Implementation research-related findings

- None reported

Process/study execution-related findings

- The clinical officers received training on principles of patient-centered care, problem-solving by role play of different scenarios to reflect the cultural context of the region.
- A phone call checklist was used to ensure consistency and fidelity to the intervention.

Adverse events

- None reported

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REFERENCES AND CONTACT INFORMATION

Ayieko, J., Petersen, M. L., van Rie, A., Wafula, E., Opudo, W., Clark, T. D., . . . Havlir, D. V. (2018). [Effect of a patient-centered phone call by a clinical officer at time of HIV testing on linkage to care in rural Kenya](#). *Open Forum Infectious Diseases*, 5(6), ofy126.

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