

Preliminary results from a text messaging outreach initiative to re-engage people lost to HIV care

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BACKGROUND

- Our current re-engagement strategy involves initial outreach phone calls, which strains the limited resources in our Ryan White-funded outpatient HIV clinic.
- Changing the sequence to an initial text message outreach may reduce resource strain, but the effectiveness of this approach is unknown.
- We aimed to compare the effectiveness of an initial text message outreach with an initial phone call outreach to re-engage men who have sex with men (MSM) who were lost to HIV care in an Ending the HIV Epidemic (EHE) priority area.

METHODS

Data source

- We used electronic health records (EHR) data for patients receiving outpatient HIV care and linked it to our institutional HIV Care and Outcomes Registry (HIVCOR).

Eligibility criteria

- Patients identified as MSM ≥ 18 years who were lost to HIV care from July 30, 2021 to April 30, 2022.

Intervention

- Text \rightarrow call \rightarrow mail

Comparison

- Call \rightarrow text \rightarrow mail

Outcomes

- Risk of successful contact within 30 days of initial contact.
- Risk of re-engagement within 60 days of initial contact.
 - Defined as a completed medical visit or lab within 60 days of initial contact

Data analysis

- We emulated a single-arm trial with historical comparison.
- We used G-computation to estimate the average treatment effect as risk differences (RDs) and 95% confidence limits (CLs).

A re-engagement strategy with initial text message outreach may increase re-linkage to care and reduce resource strain

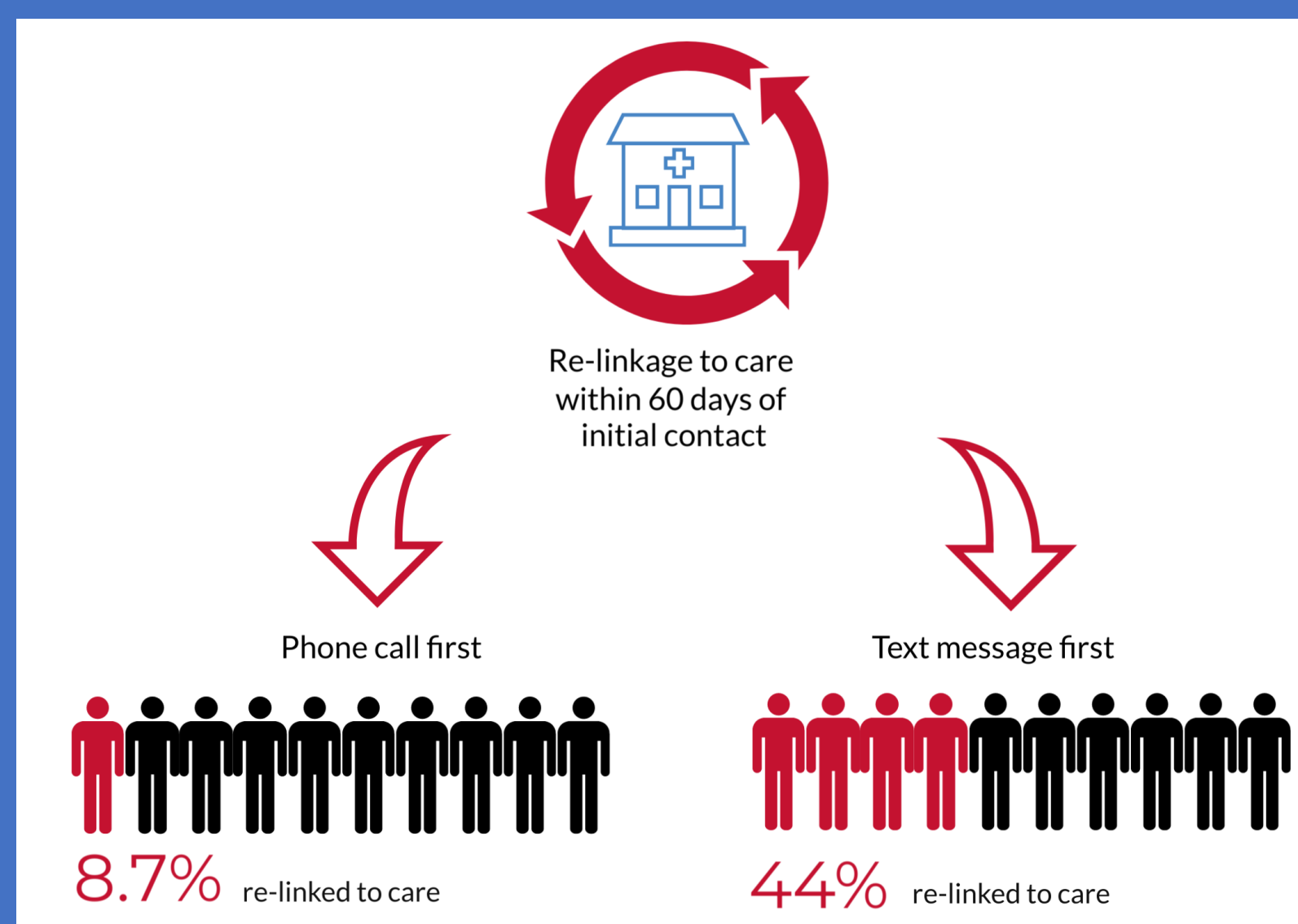


Figure 1. Effect of change in engagement strategy sequence on re-linkage to care within 60 days.

RESULTS

Table 1. Characteristics of study population

Characteristic	Phone call first n=40	Text message first n=83
Age (years), median (IQR)	33 (32 – 47)	38 (32 – 50)
Race/ethnicity; n(%)	--	--
Non-Hispanic Black	23 (58)	36 (43)
Non-Hispanic White	13 (32)	26 (31)
Hispanic	4 (10)	20 (24)
Other	0 (0)	1 (1.2)
Homeless; n (%)	--	--
Yes	5 (13)	12 (14)
No	35 (87)	71 (85)
Ryan White coverage; n (%)	--	--
Yes	32 (80)	66 (80)
No	8 (20)	17 (20)

Abbreviations: IQR: Interquartile range

Table 2. Effect of Change in Engagement Strategy Sequence on Outcomes

Successful contact within 30 days ^a Risk (95% CL) Phone call first	Successful contact within 30 days ^a Risk (95% CL) Text message first	RD (95% CL)
51% (49%, 52%)	47% (45%, 49%)	-3.8% (-6.5%, -1.1%)
Re-linkage to care within 60 days ^b Risk (95% CL) Phone call first	Re-linkage to care within 60 days ^b Risk (95% CL) Text message first	RD (95% CL)
8.7% (7.1%, 10%)	44% (41%, 46%)	35% (32%, 38%)

^aAdjusted for age, race, homeless status. ^bAdjusted for age, race, homeless status, Ryan White coverage. Abbreviations: CL: confidence limit; RD: risk difference

CONCLUSION & KEY LESSONS

- Our results suggest modestly lower successful contact but substantially higher re-linkage to care using a text-call-mail sequence for outreach to re-engage MSM with HIV who were lost to care.
- Importance of adapting practices to reduce resource strain by automating parts of the outreach effort,
- Importance of continuous evaluation of practice changes to ensure effectiveness.

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