



Intervention Using Motivational Interviewing Improves Retention in HIV Care



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PURPOSE

To pilot-test an intervention using Motivational Interviewing (MI) for feasibility, acceptability, and preliminary effectiveness in improving HIV Treatment Adherence: medication adherence and retention in care.

METHODS

Randomized controlled pilot study, assigning 50 participants to Intervention and 49 to Standard of Care (SOC).

Intervention consisted of:

Two face-to-face sessions to share basic HIV education; begin motivational interviewing (MI) rapport and goal-setting, share strategies using a video; and addressing behavioral skills through adherence reminder devices and training on how to improve provider communication

Followed by six telephone calls with tapering frequency involving MI and feedback, support and education with continued training in patient-provider communication

MI was provided by a Master's-prepared non-clinical educator, and random sessions were coded by an MI expert for improvement and reinforcement of skills.

RESULTS

Findings related to Retention in Care

Had a visit in all Thirds for the year on-study controlling for year prior HIV-care use						
Condition	Had a visit in each third year prior	Had a visit in each third on study	B	Lower 95% CI	Upper 95% CI	p
Control (n=49)	46% (21)	20% (10)	-.096	.329	2.509	.852
Intervention (n=50)	34% (18)	18% (9)				
NOT exposed to at least 3 intervention visits (n= 72)	42% (30)	15% (11)	-.898	.141	1.175	.096
Exposed to at least 3 intervention visits (n=27)	33% (9)	30% (8)				
Total number of thirds with an HIV-care visit for the year on study controlling for year prior HIV-care use						
Condition	Mean (SD) year prior	Mean (SD) year on study	F			p
Control (n=49)	2.14 (.88)	1.55 (1.06)	.104			.768
Intervention (n=50)	2.00 (.81)	1.58 (0.97)				
NOT exposed to at least 3 intervention visits (n= 72)	2.08 (.89)	1.42 (1.03)	6.409			.013
Exposed to at least 3 intervention visits (n=27)	2.04 (.81)	1.96 (.85)				

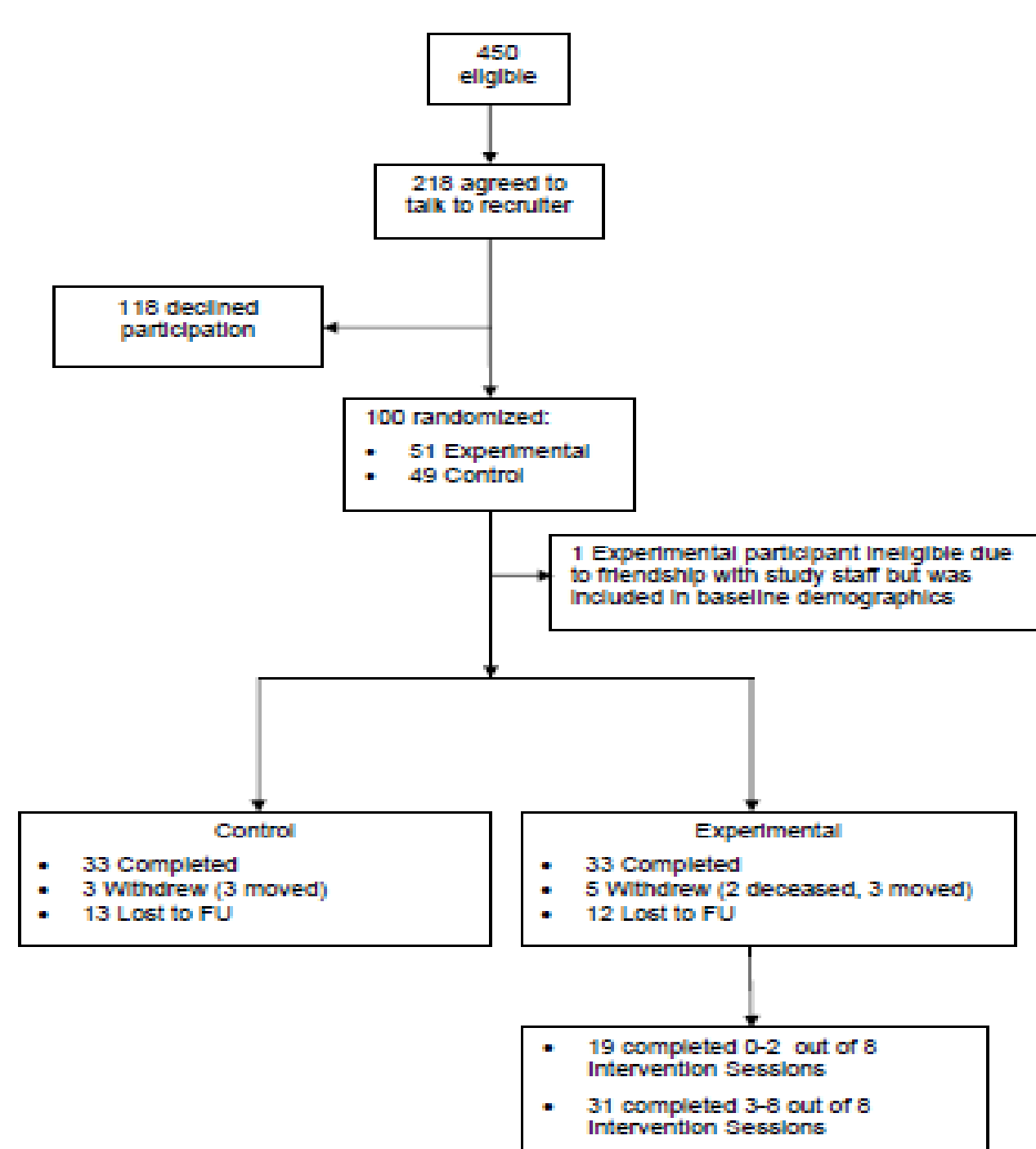
Findings related to Medication Adherence

VAS Medical Adherence Scores							
Condition	>=90% Adherence*			B	Lower 95% CI	Upper 95% CI	p
	Baseline	6 mo	12 mo				
Control (n=49)	71%	65%	64%	.387	-1.070	1.845	.602
Intervention (n=50)	60%	49%	58%				
NOT exposed to at least 3 intervention visits (n= 72)	63%	57%	61%	.068	-1.423	1.559	.929
Exposed to at least 3 intervention visits (n=27)	70%	54%	60%				

CONCLUSIONS

- Minimal intervention exposure (3 out of 8 intervention contacts) was associated with a stable proportion of about 30% of individuals who had 100% retention in care, compared to those who did not engage in at least 3 intervention contacts (low engagers) and who had significant declines in retention
- Both intervention and control groups had visits in an average of two 4-month periods of the year pre-study. Those who had minimum exposure to the intervention continued the same retention rate, whereas low-engagers declined to less than 2 quarters per year with a kept medical visit.
- No significant difference in medication adherence
- Younger men had less engagement in the intervention, suggesting that more tailoring for that group may be required.
- While a user-friendly intervention was intended that didn't require a large amount of participant time and travel, telephone contacts did not develop the same sense of client-centered connection with the participant in most cases. Outreach utilizing mobile and computer technological advances may give participants greater independence to engage in intervention contacts

SAMPLE DIAGRAM



SAMPLE CHARACTERISTICS

Baseline Values		Full Sample (99)	Control Arm (49)	Intervention Arm (50)	P	Less than 3 sessions (72)	3 or more sessions (27)	P
Gender	Female	52% (51)	53% (26)	50% (25)	.761	47% (34)	63% (17)	.163
	Male	48% (48)	47% (23)	50% (25)		53% (38)	37% (11)	
Age	Mean (SD)	37.44 (8.96)	37.92 (9.35)	36.98 (8.62)	.605	36.56 (9.01)	39.81 (8.52)	.11
Of Color	Yes	92% (91)	92% (45)	92% (46)	.100 ^a	92% (66)	93% (25)	1.00 ^a
	No	8% (8)	8% (4)	8% (4)		93% (6)	7% (2)	
Major Depression	Yes	29% (29)	31% (15)	28% (14)	.775	28% (20)	33% (9)	.589
	No	71% (70)	69% (34)	72% (36)		72% (52)	67% (18)	
Hazardous Drinking	Yes	42% (42)	45% (22)	40% (20)	.243	40% (29)	48% (13)	.480
	No	58% (57)	56% (26)	60% (30)		60% (43)	52% (14)	
Any reported drug use	Yes	35% (32)	48% (21)	32% (11)	.013	43% (29)	12% (3)	.006 ^a
	No	65% (60)	49% (20)	77% (37)		57% (38)	88% (22)	
Adherence by VAS	>=90	35% (33)	24% (10)	40% (20)	.256	37% (25)	30% (8)	.510
	<90	65% (62)	71% (32)	60% (30)		63% (43)	70% (19)	
HIV care in thirds in year prior to baseline	A visit in each third	39% (39)	47% (23)	32% (16)	.128	42% (30)	33% (9)	.450
	At least one third with no visit	61% (60)	53% (26)	66% (35)		58% (42)	67% (18)	
Number of thirds with an HIV care visit in year prior to baseline		2.07 (.85)	2.14 (.89)	2.02 (.82)	.405	2.08 (.89)	2.04 (.81)	.810

LIMITATIONS

- Limited uptake in the intervention, where 54% of those randomized to that condition engaged in a minimal level (3 out of 8 possible intervention contacts). 1/3 of experimental participants had 6-8 of the intended 8 intervention sessions, one-third had 2-5, and one-third had 0-1.
- Small sample size, in one large clinic

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