New England HIV Implementation Science Network
Work Group Meetings & Workshop
Held on February 27, 2015 at Sturbridge, MA

Summary of Technology and Social Media Breakout Meeting

Trace Kershaw (Chair)
Gai Doran (CIRA Staff Support)

Attended by:

Martha Akstin	AIDS Project Worcester
Tashuna Albritton	The Consultation Center
Stephen Cadby	AIDS Project New Haven
Alberto Cifuentes, Jr.	School of Social Work, University of Connecticut
Deborah Cornman	Center for Health, Intervention, and Prevention, University of Connecticut
Daniel Davidson	University of Connecticut
Eva Jennifer Edelman	Yale School of Medicine
Lynn Fiellin	Yale School of Medicine
Kristi Garamel	Brown University
Elizabeth Kinnard	School of Public Health, Brown University
M. Barton Laws	School of Public Health, Brown University
Garlete Parker	Executive Office of Health & Human Services, Ryan White IV Provision of Care
Aadia Rana	Brown University
Ismael Rivera	JRI Health
Roberta Stewart	AIDS Project Greater Danbury

The Technology and Social Media Work Group supports implementation science projects that examine how to implement interventions that are generally believed to be effective, in areas where they have been difficult to implement. The hybrid models might be the best approach for the technology and social media group.

Discussion: Adherence/Care

Linkage to care and retention – problem with follow-up.

- If you get tested at RI free sites, you are instantly linked to care. However, if you get tested somewhere else, or move to another state, you are hard to track and may be lost to care. If a provider is enrolled in CurrentCare, individuals are referred to care automatically. CurrentCare is a free service developed by the RI healthcare community, based on a secure electronic network that gives authorized medical professionals access to their enrolled patients' most up-to-date protected health information from multiple sources in one place.

- Lynn Fiellin suggested automated txt message reminders for appointments similar to those used by dentist offices.
- Aadia Rana described an intervention used in her study where she found that txt message reminders helped individuals feel more connected to the clinic.

Coordination across systems.

- If we know that certain interventions work, how do we implement across different levels of systems? What population are we targeting? People in/out of care. Newly diagnosed? Combination of high risk groups as a model? Any one person can be in any of those groups at any time – fluid. People who are at risk/high risk groups.

How do we develop systems and processes that are sustainable?

Primary research questions around linkage to care:

1. If we improve engagement in care, will we improve health outcomes, therapeutic alliance, decreasing transmission, improving medical adherence?
2. What's the most cost effective tool?

Ideas for apps – what would we want to see?

- A multi-function app to support people who are diagnosed with HIV to refer and retain them in care.
- Ability to provide services to urban areas to look at adherence and for people at risk, out of care, where transportation issues may be preventing them from getting to appointments.
- Treatment reminders.
- Group board (chat room) where members could speak anonymously with each other.
- A support group with a clinical component, where the medical record is available to the provider when someone is having a particular issue so that targeted messages can be provided.
- Young people, particularly young black people (29 and under), have their own unique issues, regardless of their risk group. How do we involve them in the development of the app and how they would use that app?
- What's the buy-in process for all of the stakeholders?
- Does an app already exist? How is it being implemented?

The majority of apps have not been evaluated. It may be more cost effective to evaluate an existing app. There may be an existing app that does some/all of the things we want.

SUMMARY: Conduct an implementation science study, with evaluation and implementation components, using some of the more high tech technology, like Natural Language (e.g. Siri) (as described by Bart Laws).

http://www.nsf.gov/funding/pgm_summ.jsp?pims_id=504739

Discussion: Primary Prevention

- Can we send out txt blasts with prevention messages? Example given by Roberta Stewart about registering to vote linked to prizes.
- How do we reach different populations, anonymously, following which they would self-identify? Facebook has been successful at getting people to sign up however there are high costs associated with obtaining contact lists.
- Can we use technology to approach primary prevention to increase PrEP use and linkage among MSM and to promote testing?
- Hook-up sites – how to combine impersonal, on-line social media and linkage with interpersonal relationships. More/less effective?
- To be cost-effective and epidemiologically effective, you have to target the right people.
- If people are already on PrEP, you have to be concerned about adherence.
- Social network, peer leadership strategy – disseminating information to those who would benefit from being on PrEP through those already on PrEP.
- Ways to promote positive messages about sex to young gay men could help young men evaluate how they choose to have sex. E.g. develop a game that informs strategies and educates about risks, and evaluate whether they get tested, get into care. Positive and affirming for all LGB communities, but if you have some of the risks associated with HIV, they are also getting at those strategies/tools. Stigma and negative messages may result in people disengaging from the providers.