



ASPIRE Retention Overview

**MTN Annual Meeting
Feb 10, 2013**

Factors of Retention & How They are Addressed

Who is enrolled in the trial?

- Extensive locator information and pre-screening
- Is this participant the right fit??

Is the clinic a place where ppts want to be?

- Suggestion boxes
- I-on-I check in with CHWs
- Friendly environment

Reminder systems

- Participant Tracking Database
- Site-specific systems (SMS, diaries)
- Multiple staff cadres participating

Factors of Retention & How They are Addressed

Accommodate participants who work or go to school

- Saturday clinics, early mornings, later evenings offered as needed

Off-site visits?

- MRC, Cape Town, Uganda, and eThekweni are approved to conduct these

Tools for Retention

- Retention report and retention graphs on Atlas (updated daily)
- Missed visit report (monthly distribution to sites)
- Participant tracking database
- Site-specific tools/trackers
- ‘Retention Check-in’ as a counseling component

Missed Visit Report

- A cumulative summary of all visits missed at the CRS, by PTID
- Draws attention to chronic defaulters, as well as those who miss intermittently/periodically
- Sent monthly to sites; followed up via priority emails and implementation calls

So how are things looking?

Current Retention Rates

As of Feb 6, 2013:

Month 1: 98%; range (93-100%)

Month 2: 96%; range (90-100%)

Month 3: 97%; range (90-100%)

Month 4: 97%; range (83-100%)

Month 5: 100%

Reasons for Missed Visits

(n=19 per Jan 15th Missed Visit Report)

- Visiting family/partner for holidays and/or relocation (6)- some remain unresolved
- Work challenges (5)- since resolved
- Partner challenges (2)- since resolved
- Planned extended leave (2)- product was provided in advance

Reasons for Missed Visits

- Associated ring use with bladder infection and does not want to participate (1)- unresolved
- Did not want to come due to blood draws (1)- since resolved
- General reluctance (1)- since resolved with counseling
- Studying (1)- since resolved

We know participants may miss a visit...

The key questions are:

1. Are they in the clinic for the following visit, or is it missed again?
2. Do they have access to study product when they miss a visit?

Access to study product is **KEY**

As of 6 Feb: 52 missed visits in
ASPIRE, 9 participants had extra
product with them (17%)

Product availability is critical- but in many cases requires foresight that the participant *might* not be able to come back- can this be increased so more participants are provided with extra product ahead of time?

Retention is not the job of outreach teams alone

- At eThekweni there are daily meetings held with IoR, SC, retention team and data team to review reports and discuss retention activities for the day
- At Cape Town the pharmacist plays a role in tracking visits, along with the SC and outreach team
- With the utilization of the tracking database, the data team should be intimately involved in the process
- ALL site staff influence the participant's willingness to return to the clinic