

## USING CELL PHONES FOR COUNSELING INTERVENTIONS: A PILOT STUDY

Sheila M. Bunting, PhD, RN, Professor (sbunting@mcg.edu), Rosalind Jones, MSN, RN, Assistant Professor, Deborah Ivins, BS, Patient Educator, Medical College of Georgia, Augusta, GA

Key Words: Cell Phones, HIV, Adherence

**Background:** Whereas antiretroviral therapy (ART) has increased rates of survival and quality of life for persons living with HIV/AIDS, adherence to medications in this population continues to be a challenge. Studies have indicated that health care providers' ongoing communication with patients has a positive effect on medication adherence, but communication with patients is sometimes problematic, with phone numbers changing and being disconnected, appointments being skipped, and patients being lost to follow-up. This study was undertaken as a result of the loss of follow-up data experienced in a controlled trial using nurse-administered telephone interventions. We hoped to help participants, many of whom were poor and lived in rural areas, improve their medication adherence.

**Purpose:** The purpose of this poster is to describe a study of the feasibility, strategies, costs, pitfalls, and advantages of providing cell phones to participants in a telephone intervention study.

**Method:** Cell phones were initiated in the hope that this mode of communication would help the nurses to be able to contact the participants. In order to make it attractive for participants to keep the phone charged and with them, they were provided with free minutes each month to use as they chose. This feasibility study was done with a small sample (seven randomly selected participants from an outpatient clinic serving persons living with HIV/AIDS).

Wireless cell phone companies were contacted and interviewed. The chief criterion for selection of the cell phone was the ability for the investigators to add minutes from a remote place. This characteristic was required in order for the investigators to have control of the maximum number of minutes used. Other considerations were cost and convenience of the phone service.

The study, which had been reviewed and approved by the IRB, was explained to the participants who read and signed an informed consent. Medication adherence was measured by a self-report instrument, and by a Medical Electronic Mentoring System (MEMS) that recorded the time the medication bottle was opened. Participants were monitored for one month before receiving their phones. They were then called once weekly by the intervention nurse who delivered the tailored adherence intervention.

**Findings:** The study is presently being completed. Intervention nurses were able to check on the amount of time remaining on the cell phone, and to add minutes from a remote location. Participants were pleased to have the cell phones and had the opinion that the calls from the nurses would help them with their medication adherence. Some "kinks" in the system continue. Though the nurses asked the participants for convenient times when they would like to be called, the nurses still found that several attempts were made before finally reaching each participant.

**Discussion:** The researchers learned many strategies by working with the cell phone companies and the participants. Participants can still avoid or ignore the nurse's attempts to deliver the intervention, and keeping records and maintaining contact with participants may be labor-intensive on the part of the nurse. However, this is an intervention that can be delivered to patients wherever they are, and it can enhance trust and knowledge between the care provider and the patient. As cell phones become more user-friendly and convenient, this is a potential media of providing care and counseling for hard-to-reach clients.