



Using Cell Phones in Houston

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Earlier this year our unit staff met to determine why our patients were missing study visits. Most of our patients were living in Houston but we often could not reach them by phone. Many of our patients move frequently and, therefore, change telephone numbers; others have their phone service disconnected as a result of large unpaid bills for calls to family in Mexico and Central America.

The challenge to the unit was to find a cost-effective way to overcome these impediments to maintaining contact with patients. Our discussion generated several ideas: Having home phones installed for patients (we would have to pay all outstanding bills on an ongoing basis); providing patients with pagers (we could not be assured that the patient would call back); or providing patients with cell phones. We decided that providing cell phones was the best option.

Next we considered whether we should select a pre-paid or monthly payment plan. We found that pre-paid plans are more expensive per minute; however, a pre-paid plan would help us control costs and prevent surprisingly large bills at the end of the month. The drawback to this plan is that after the patient uses the pre-paid minutes, the unit staff, again, have no way of contacting him or her. We opted for a monthly cell phone plan.

“The challenge was to find a cost-effective way to stay in contact with these patients so we could remind them of their study visits.”

After shopping for and comparing cell phones, we selected VoiceStream. VoiceStream provided us with free equipment, free replacement equipment for lost phones, and were very willing to work cooperatively with us. VoiceStream was willing to block international calls and other features that, if used, could have cost the unit a significant amount.

The cell phone plan we chose gave the patient 200 minutes during the week and unlimited weekend calls at a cost to us of \$30.00 per month. We anticipated that the unlimited weekend minutes would give patients the added benefit of maintaining contact with friends and family in Texas for free, resulting in much needed social support.

A pilot program was initiated with the purchase of five cell phones. We required patients to sign a contract clearly stating the “rules” for use of the phone including a stipulation that use of the phone for drug deals or other illegal activities was prohibited.

With one exception, the pilot program has been very successful. We are able to contact the patients for adherence follow-up discussions and other study calls without problems. We did learn that when a patient is first provided with a phone, unit staff should verify (with the billing agent) that the expected limited service only is available. We suggest checking this on a weekly basis for the first several weeks. It is also important to choose dependable patients to take part in the pilot program.

We expect our cell phone system to significantly enhance our ability to stay in contact with our patients. Our sister institution, MD Anderson, liked the cell phone idea so much that they are using cell phones in a smoking cessation program.