

## LRC BEST PRACTICES REVIEW METHODS

The Best Practices review for identifying Evidence-Based Interventions (EBIs) or Evidence-Informed interventions (EIs) that promote **Linkage to, Retention in, and Re-engagement in HIV Care (LRC)** is conducted using well-established systematic procedures for searching and reviewing the intervention research literature. The information presented below describes the search strategy for identifying relevant articles, study eligibility criteria for inclusion in the review, and study coding procedures for reviewing the quality of the evidence. A detailed overview of the Prevention Research Synthesis (PRS) search strategy is available in the article [Developing a comprehensive search strategy for evidence based systematic reviews](#) in the open access journal *Evidence Based Library and Information Practice*.

### LRC Search Strategy

Using a comprehensive and systematic search strategy, PRS developed a cumulative database of the HIV and AIDS prevention research literature. This cumulative database is continually updated using automated searches conducted annually and manual searches conducted quarterly.

The automated search component involves searching the following electronic bibliographic databases: CINAHL, EMBASE, MEDLINE, and PsycINFO for articles focusing on HIV/AIDS, linkage to HIV care, retention in HIV care, engagement in HIV care, and re-engagement in HIV care.

The manual search consists of regularly reviewing journals (see below) to identify articles not yet indexed in the electronic databases. These journals are inclusive across the five PRS reviews that are currently being conducted (i.e., Risk Reduction (RR), Medication Adherence (MA), Overview of Reviews Project (ORP), Pre-exposure Prophylaxis (PrEP), and LRC). As of September 2020, the journal list totals 28 titles. The list of journals changes according to published reports found through the PRS process. Each year the PRS database is surveyed to determine which journals retrieve the most relevant citations for each review. The hand search list of journals is modified to reflect recent publishing trends, and therefore the list of journals may change on a year-to-year basis. Quarterly, PRS team members screen all issues of the journals published within the 3 previous months to locate relevant articles. In addition, PRS also examines the reference lists of published articles, HIV/AIDS Internet listservs, and unpublished manuscripts submitted by study authors.

For each eligible intervention study, the PRS cumulative database is searched to identify all articles reporting descriptive or outcome data from the same intervention. All articles describing the same intervention study are considered linked reports and are included in the review process for that study. Additional details about these search strategies and procedures can be obtained by [contacting the PRS project](#).

## LRC Study Eligibility

Once articles are identified through the systematic search, they are screened to determine eligibility for the PRS LRC Best Practices review. To be included in this review, studies ***must meet each*** of the following inclusion criteria:

- Published or accepted for publication in a peer-reviewed journal
- Conducted in the U.S. or a U.S. territory and has a comparison arm or if one-group study design, has pre-post intervention data ***OR*** conducted outside of the U.S. *and* is a randomized controlled trial
- Exclusively focus on persons diagnosed with HIV
- Report any relevant LRC outcome data (i.e., linkage to HIV care, retention in HIV care, engagement in HIV care, re-engagement in HIV care, and viral load suppression if at least one other LRC outcome is reported)
- Use relevant measures for LRC outcomes (i.e., HIV medical visits documented in medical or agency records or surveillance reports; HIV viral loads and/or CD4 counts as proxies for HIV medical visits in above reports; self-reports validated by medical or agency records or surveillance reports)

Interventions ***not*** currently included in the review:

- Interventions not specific to HIV outpatient medical care (e.g., emergency room visits, hospitalizations, ancillary services)
- Interventions using only self-reported outcomes
- Interventions that do not have pre-intervention data for one-group study designs

## LRC Study Coding Procedures

A single trained coder screens each study at abstract level to determine eligibility based on LRC outcome relevance and measurement. Pairs of coders then independently evaluate each study at full report using the appropriate set of criteria. This coding includes all linked articles reporting information on the same intervention study. All discrepancies between coder pairs are reconciled through discussion. Quality assurance is conducted annually to check the accuracy of all coding.

If the study does not report critical information needed to determine if an intervention is evidence-based or evidence-informed, the PRS team contacts the principal investigator of the study to obtain the missing information or seek additional clarification. The final evaluation determination for each study is reached by team consensus.

## PRS Manual Search Journal List (n = 28)

AIDS  
AIDS and Behavior  
AIDS Care  
AIDS Education and Prevention  
AIDS Patient Care and STDs  
American Journal of Public Health  
BMC Infectious Diseases  
BMJ Open  
Clinical Infectious Diseases  
Cochrane Database of Systematic Reviews  
Current HIV/AIDS Reports  
Current Opinion in HIV and AIDS  
HIV Medicine  
International Journal of STD & AIDS  
JAIDS J of Acquired Immune Deficiency Syndromes  
Journal of HIV/AIDS & Social Services  
Journal of Substance Abuse Treatment  
Journal of the Association of Nurses in AIDS Care  
Journal of the International AIDS Society  
Lancet HIV  
PLoS Medicine  
PLoS ONE  
Public Health Reports  
Sexual Health  
Sexually Transmitted Diseases  
Sexually Transmitted Infections  
Systematic Reviews  
Tropical Medicine & International Health

