

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 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, 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 four PRS reviews that are currently being conducted (i.e., Risk Reduction (RR), Medication Adherence (MA), Overview of Reviews Project (ORP), and LRC). As of January 2016, the journal list totals 52 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 In addition, PRS also examines the reference lists of published articles, HIV/AIDS Internet listservs, and unpublished manuscripts submitted by study authors.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 PRS](#).

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
- 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, re-engagement in HIV care)
- 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 with vague outcomes or participants with unknown HIV care histories
- 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

Pairs of trained content analysts independently screen each study to determine eligibility based on LRC outcome relevance and measurement. Eligible studies are then evaluated on study design to determine if either PRS ***LRC Evidence-Based (EB) or Evidence-Informed (EI) criteria*** would be used to evaluate the study. Pairs then independently evaluate each study 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.

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 PRS team consensus.

A list of intervention studies that have been evaluated through April 2016 can be found below.

PRS Manual Search Journal List (n = 52)

Addiction
AIDS
AIDS and Behavior
AIDS Care
AIDS Education and Prevention
AIDS Patient Care and STDs
AIDS Reviews
American Journal of Public Health
Annals of Behavioral Medicine
Annals of Emergency Medicine
BMC Health Services Research
BMC Infectious Diseases
BMC Public Health
BMJ
Clinical Infectious Diseases
Cochrane Database of Systematic Reviews
Cognitive and Behavioral Practice
Current HIV/AIDS Reports
Current HIV Research
Current Opinion in HIV and AIDS
Current Opinion in Infectious Diseases
Drug and Alcohol Dependence
Health Education & Behavior
Health Education Research
Health Psychology
HIV Clinical Trials
HIV Medicine
International Journal of STD & AIDS
JAIDS Journal of Acquired Immune Deficiency Synd
JAMA Journal of the American Medical Association
JBI Database of SR & Implementation Reports
Journal of Adolescent Health
Journal of Consulting and Clinical Psychology
Journal of Health Care for the Poor & Underserved
Journal of HIV/AIDS & Social Sciences
Journal of Infectious Diseases
Journal of Substance Abuse Treatment
Journal of the Association of Nurses in AIDS Care
Journal of the International AIDS Society
Journal of the International Association of
Providers in AIDS Care
Lancet
Lancet Infectious Diseases
Morbidity and Mortality Weekly Report
Perspectives on Sexual & Reproductive Health
PLoS Medicine
PLoS ONE
Public Health Reports
Sexual Health
Sexually Transmitted Diseases
Sexually Transmitted Infections
Systematic Reviews
Tropical Medicine & International Health

References

These studies were evaluated for the Linkage to, Retention in, and Re-engagement in HIV Care Best Practices Review (published from January 1996 to May 2015).

Andersen, M., Tinsley, J., Milfort, D., Wilcox, R., Smereck, G., Pfoutz, S., . . . Connelly, C. (2005). [HIV health care access issues for women living with HIV, mental illness, and substance abuse](#). *AIDS Patient Care and STDs*, *19*, 449-459.

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Centers for Disease Control and Prevention. (2001). [Routinely recommended HIV testing at an urban urgent-care clinic - Atlanta, Georgia, 2000](#). *Morbidity and Mortality Weekly Report*, *50*, 538-541.

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Gardner, L. I., Giordano, T. P., Marks, G., Wilson, T. E., Craw, J. A., Drainoni, M. L. . . . Retention in Care Study Group. (2014). [Enhanced personal contact with HIV patients improves retention in primary care: a randomized trial in six US HIV clinics](#). *Clinical Infectious Diseases*, *59*, 725-734.

Gardner, L. I., Marks, G., Craw, J. A., Wilson, T. E., Drainoni, M. L., Moore, R. D., . . . Retention in Care Study Group. (2012). [A low-effort, clinic-wide intervention improves attendance for HIV primary care](#). *Clinical Infectious Diseases*, *55*, 1124-1134.

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Additional details about the LRC Chapter or the [Prevention Research Synthesis \(PRS\) Project](#) can be obtained by [contacting PRS](#).

