

## BACKGROUND

Helping HIV-diagnosed persons enter and remain in HIV primary care is a goal in the U.S. National HIV/AIDS Strategy (NHAS). Entering and staying in care are pivotal in the care continuum, which begins with the diagnosis of HIV infection, entry into and retention in HIV medical care, access and adherence to antiretroviral therapy (ART) and viral load suppression. Given the importance of engaging and retaining HIV-diagnosed persons in care, the [Prevention Research Synthesis \(PRS\) Project](#) began a process to develop the evaluation criteria for identifying best practices for Linkage to, Retention in, or Re-engagement in HIV care (LRC). These criteria were finalized in 2013 after a series of consultations with methodologists, HIV prevention researchers, and a key federal partner, the National Institute of Mental Health (NIMH).

Two sets of evaluation criteria were developed to reflect the current state of the LRC intervention research literature. [Evidence-Based \(EB\) criteria](#) were developed to evaluate intervention studies that have a comparison group similarly to our risk reduction and medication adherence reviews. [Evidence-Informed \(EI\) criteria](#) were developed to evaluate LRC intervention studies that do not have a comparison group. Each eligible LRC intervention was evaluated using either EB or EI criteria. EB criteria are more rigorous than EI criteria. Evidence-Based Interventions (EBIs) that meet EB criteria are considered to be scientifically rigorous and provide the strongest evidence of efficacy. On the other hand, Evidence-Informed interventions (EIs) that meet EI criteria are considered promising strategies and ideally, need to be tested with a more rigorous design (i.e., a comparison group).

The best practices (EBIs and EIs) presented in this new chapter are the results of a systematic evaluation of each eligible LRC intervention study by assessing the risk of bias and findings of each individual study against *a priori* criteria. Health care and prevention providers can use the best practices identified as a resource when making decisions to meet the HIV care needs of people living with HIV.

In addition to best practices presented in the LRC chapter, other previously published systematic reviews ([Higa et al, 2012](#); [Liau et al, 2013](#)) that examined the literature as a whole, show that using patient navigators, providing strengths-based case-management, offering information and education about HIV care (e.g., displaying posters and brochures in waiting rooms, having medical providers present brief messages to patients) and addressing structural- and system-level barriers (e.g., offering transportation, helping with appointment coordination, providing co-location of services) are potential strategies for improving linkage to and retention in HIV care. Several strategies (e.g., patient navigation, strength-based case management) are also recommended by the International Association of Physicians in AIDS Care ([Thompson et al, 2012](#)).

CDC is disseminating intervention materials and providing training for [patient navigation](#).

Additional resources on how to deliver HIV care can be found at the [Health Resources and Services Administration \(HRSA\) website](#) and the HRSA-funded website for technical assistance for Ryan White grantees for [case management](#), [adherence](#), and [engagement in care](#). Additional details about the LRC Chapter or the [Prevention Research Synthesis \(PRS\) Project](#) can be obtained by [contacting PRS](#).