

LRC BEST PRACTICES REVIEW METHODS

The LRC 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 \(PRS\) Project](#) search strategy is available in [DeLuca et al. \(2008\)](#).

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 2015, the journal list totals 61 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 In addition, PRS also examines the reference lists of published articles, HIV/AIDS Internet listservs, and unpublished manuscripts submitted by study authors.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 June 2014 can be found below.

PRS Manual Search Journal List (n = 61)

Academic Emergency Medicine
Addiction
AIDS
AIDS and Behavior
AIDS Care
AIDS Education and Prevention

AIDS Patient Care and STDs
AIDS Reviews
American Journal of Drug and Alcohol Abuse
American Journal of Preventive Medicine
American Journal of Public Health
Annals of Behavioral Medicine

Annals of Emergency Medicine
 Annals of Pharmacotherapy
 Antiviral Therapy
 BMC Health Services Research
 BMC Infectious Diseases
 BMC Public Health
 BMJ
 Clinical Infectious Diseases
 Cochrane Database of Systematic Reviews
 Current HIV/AIDS Reports
 Current Opinion in HIV and AIDS
 Drug and Alcohol Dependence
 Evaluation and Program Planning
 Health Education & Behavior
 Health Education Research
 Health Psychology
 HIV Clinical Trials
 HIV Medicine
 International Journal of STD & AIDS
 JAIDS J of Acquired Immune Deficiency Syndromes
 JAMA Journal of the American Medical Association
 JAMA Pediatrics
 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 Health Communication
 Journal of HIV/AIDS & Social Sciences
 Journal of Infectious Diseases
 Journal of Sexually Transmitted Diseases
 Journal of Substance Abuse Treatment
 Journal of the Association of Nurses in AIDS Care
 Journal of the International AIDS Society
 Journal of the Int'l Assoc of Providers in AIDS Care
 Journal of Urban Health
 Lancet
 Lancet Infectious Diseases
 Morbidity and Mortality Weekly Report
 Patient Education and Counseling
 Perspectives on Sexual & Reproductive Health
 PLoS Medicine
 PLoS ONE
 Psychology, Health & Medicine
 Public Health Reports
 Sexual Health
 Sexually Transmitted Diseases
 Sexually Transmitted Infections
 Substance Use & Misuse
 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 February 2013).

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.

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.

Davila, J. A., Miertschin, N., Sansgiry, S., Schwarzwald, H., Henley, C., & Giordano, T. P. (2013). [Centralization of HIV services in HIV-positive African-American and Hispanic youth improves retention in care](#). *AIDS Care*, *25*, 202-206.

Enriquez, M., Farnan, R., Cheng, A. L., Almeida, A., Del Valle, D., Pulido-Parra, M., & Flores, G. (2008). [Impact of a bilingual/bicultural care team on HIV-related health outcomes](#). *Journal of the Association of Nurses in AIDS Care*, *19*, 295-301.

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.

Gardner, L. I., Metsch, L. R., Anderson-Mahoney, P., Loughlin, A. M., Rio, C. D., Strathdee, S., . . . Holmberg, S. D. (2005). [Efficacy of a brief case management intervention to link recently diagnosed HIV-infected persons to care](#). *AIDS*, *19*, 423-431.

Henry, S. R., Goetz, M. B., & Asch, S. M. (2012). [The effect of automated telephone appointment reminders on HIV primary care no-shows by veterans](#). *Journal of the Association of Nurses in AIDS Care*, *23*, 409-418.

Hightow-Weidman, L. B., Smith, J. C., Valera, E., Matthews, D. D., & Lyons, P. (2011). [Keeping them in "STYLE": Finding, linking, and retaining young HIV-positive black and Latino men who have sex with men in care](#). *AIDS Patient Care and STDs*, *25*, 37-45.

Keitz, S. A., Box, T. L., Homan, R. K., Bartlett, J. A., & Oddone, E. Z. (2001). [Primary care for patients infected with human immunodeficiency virus: A randomized controlled trial](#). *Journal of General Internal Medicine*, *16*, 573-582.

Keller, S., Jones, J., & Erbeding, E. (2011). [Choice of rapid HIV testing and entrance into care in Baltimore City sexually transmitted infections clinics](#). *AIDS Patient Care and STDs*, *25*, 237-243.

Konkle-Parker, Deborah J., Erlen, J. A., Dubbert, P. M., & May, W. (2012). [Pilot testing of an HIV medication adherence intervention in a public clinic in the Deep South](#). *Journal of the American Academy of Nurse Practitioners*, *24*, 488-498.

Kunutsor, S., Walley, J., Katabira, E., Muchuro, S., Balidawa, H., Namagala, E., & Ikoona, E. (2011). [Improving clinic attendance and adherence to antiretroviral therapy through a treatment supporter intervention in Uganda: A randomized controlled trial](#). *AIDS and Behavior*, *15*, 1795-1802.

Lucas, G. M., Chaudhry, A., Hsu, J., Woodson, T., Lau, B., Olsen, Y., . . . Moore, R. D. (2010). [Clinic-based treatment of opioid-dependent HIV-infected patients versus referral to an opioid treatment program: A randomized trial](#). *Annals of Internal Medicine*, *152*, 704-711.

Mugavero, M. J. (2008). [Improving engagement in HIV care: What can we do?](#) *Topics in HIV Medicine*, *16*, 156-161.

Muhamadi, L., Tumwesigye, N. M., Kadobera, D., Marrone, G., Wabwire-Mangen, F., Pariyo, G., . . . Ekstrom, A. M. (2011). [A single-blind randomized controlled trial to evaluate the effect of extended counseling on uptake of pre-antiretroviral care in Eastern Uganda](#). *Trials*, *12*, 184.1-184.11.

Naar-King, S., Outlaw, A., Green-Jones, M., Wright, K., & Parsons, J. T. (2009). [Motivational interviewing by peer outreach workers: A pilot randomized clinical trial to retain adolescents and young adults in HIV care](#). *AIDS Care*, *21*, 868-873.

Perron, N. J., Dao, M. D., Kossovsky, M. P., Miserez, V., Chuard, C., Calmy, A., & Gaspoz, J. M. (2010). [Reduction of missed appointments at an urban primary care clinic: A randomised controlled study](#). *BMC Family Practice*, *11*, 79.1-79.8.

Robbins, G. K., Lester, W., Johnson, K. L., Chang, Y., Estey, G., Surrao, D., . . . Freedberg, K. A. (2012). [Efficacy of a clinical decision-support system in an HIV practice: A randomized trial](#). *Annals of Internal Medicine*, *157*, 757-766.

Schrantz, S. J., Babcock, C. A., Theodosios, C., Brown, S., Mercer, S., Pillow, M. T., . . . Pitrak, D. L. (2011). [A targeted, conventional assay, emergency department HIV testing program integrated with existing clinical procedures](#). *Annals of Emergency Medicine*, *58*, S85-S88.

Wohl, D. A., Scheyett, A., Golin, C. E., White, B., Matuszewski, J., Bowling, M., . . . Earp, J. (2011). [Intensive case management before and after prison release is no more effective than comprehensive pre-release discharge planning in linking HIV-infected prisoners to care: A randomized trial](#). *AIDS and Behavior*, *15*, 356-364.

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

