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 In addition, PRS also examines the reference lists of published articles, HIV/AIDS Internet listservs, and unpublished manuscripts submitted by study authors.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)

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<tr>
<th>Academic Emergency Medicine</th>
<th>AIDS Patient Care and STDs</th>
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<tr>
<td>Addiction</td>
<td>AIDS Reviews</td>
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<tr>
<td>AIDS</td>
<td>American Journal of Drug and Alcohol Abuse</td>
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<tr>
<td>AIDS and Behavior</td>
<td>American Journal of Preventive Medicine</td>
</tr>
<tr>
<td>AIDS Care</td>
<td>American Journal of Public Health</td>
</tr>
<tr>
<td>AIDS Education and Prevention</td>
<td>Annals of Behavioral Medicine</td>
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</table>
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).


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