Linkage to, Retention in, and Re-Engagement in HIV Care (LRC) Chapter Background

Helping HIV-diagnosed persons enter and remain in HIV primary care is a goal which of the federal *Ending the HIV Epidemic (EHE)* in the United States Initiative. Engaging and remaining in care are vital in the HIV care continuum. The care continuum begins with the diagnosis of HIV infection. After diagnosis, entering and staying in HIV medical care with access and adherence to antiretroviral therapy (ART) will lead to viral load suppression which protects health and prevents transmission of HIV to sex partners. Given the importance of engaging and retaining persons with HIV in care, the Prevention Research Synthesis (PRS) Project developed the evaluation criteria for identifying best practices for Linkage to, Retention in, and 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 or have fewer study participants. Each eligible LRC intervention was evaluated using either EB or EI criteria. EB criteria are more rigorous than EI criteria. Interventions that meet EB criteria are identified as Evidence-Based Interventions (EBIs). EBIs are considered scientifically rigorous and provide the strongest evidence of efficacy. Interventions that meet EI criteria are identified as Evidence-Informed Interventions (EIs). EIs 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 chapter are the results of a systematic evaluation of each eligible LRC intervention. The risk of bias is assessed, and the findings of each individual study are evaluated 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 their patients.

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, and having medical providers present brief messages to patients) are potential strategies for improving linkage to and retention in HIV care. Addressing structural- and system-level barriers (e.g., offering transportation, helping with appointment coordination, providing co-location of services) may help engage and retain persons in care. A recently published study on strategies for improving HIV care outcomes among out-of-care persons with HIV found that data-to-care, patient navigation,

psychosocial support, appointment help, and offering transportation may be helpful (Higa et al, 2022). 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).

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.