Reviewer's report

Title: Barriers and Facilitators to Patient Retention in HIV Care

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Reviewer: Laramie Smith

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Peer Review: BMC Infectious Diseases
Manuscript #: 2014-10-18
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MANUSCRIPT SUMMARY

The current manuscript uses qualitative methods to identify differences in the types and frequency of barriers and facilitators to retention in HIV care experienced by retained vs. poorly retained patients. The vast majority of qualitative work in this area has relied on the experiences of patients as a whole to elicit facilitators and barriers to retention in HIV care. While the findings of this manuscript replicate findings of extant qualitative work, the authors make an important, and novel, contribution by being able to differentiate what types of barriers appear to be experienced by all patients vs. those that appear to be uniquely associated with patients who are currently poorly retained in HIV care. While this article is important both for its ability to replicate findings via independent qualitative methods and extend insights via stratified qualitative analysis, it needs to be better contextualized in the body of work it is building upon. If the data allow, the article could additionally contribute to the literature by providing more contextual insight into how and why poorly retained patients identify additional structural barriers despite navigating the same clinic and community environments as patients who are successfully retained. Suggestions for ways this limitation can be addressed in the background, discussion, and study limitations are discussed below.

SPECIFIC RECOMMENDATIONS FOR REVISION

Major Compulsory Revisions:

There are no major compulsory revisions that would necessitate the peer-review of a revised resubmission of this manuscript.

Minor Essential Revisions:

1. Background & Discussion: The authors note, “few qualitative studies have examined patient-reported barriers and facilitators to retention in care.” Then provide two examples of such studies, Rajabuin et al. (2007) and Mallinson et al (2005) and state that they contribute to this body of work by, “using contemporary data collected from a diverse population of HIV-infected individuals.” Without
conducting a review of the literature, this reviewer is aware of 8 such contemporary qualitative analyses with diverse populations on this topic (see citations below). The current analysis builds upon work that has primarily examined facilitators and barriers among women, in particular women of color, HIV-infected patients in the Deep South, and HIV-infected patients primarily reflecting on the entry or ‘linkage’ process of care. However, this work in scope and diversity of population is very similar to the work by Smith et al (2010) who also engages patients with varying degrees of retention from a diverse inner city patient sample. In fact, the two studies draw similar conclusions regarding the types of patient facilitators and barriers described. As it stands, the themes identified per se are not unique contributions to the field, but serve as a critical confirmation of extant barriers. Replication of findings across diverse samples is a notable contribution; particularly when produced via independent qualitative methodologies. A credible strength of this manuscript is the analytic approach adopted which examines differences between facilitators and barriers for retained and poorly retained sub-populations. The introduction and discussion of the current work needs to be done with in the context of the extant research in this area to efficiently highlight its contributions to the field.

Extant Qualitative Investigations on Facilitators and Barriers to Retention in HIV Care:

7. Quinlivan et al. 2013 (AIDS Patient Care and STDs). Experiences with HIV testing, entry, and engagement in care by HIV-infected women of color, and the need for autonomy, competency, and relatedness.
8. Messer et al. 2013 (AIDS Patient Care and STDs). Barriers and facilitators to testing, treatment entry, and engagement in care by HIV-positive women of color.

2. Methods:
a. Please provide the strong inter-rater reliability estimates obtained by your
coding team.

b. Please provide guidance on how “relative frequency” of themes was determined (i.e., how did you operationalize “high, medium, low” from your coding structure). This should be clarified in text, as well as Tables 1 and 2.

3. Discussion & Limitations: While a noted benefit of the current manuscript is that analysis characterized facilitators and barriers to retention in HIV care among successfully and poorly retained clinic patients; it should be noted that the analysis of these differences is limited in that it does not speak to how poorly retained patients might differ from retained patients, or what about their contextual experiences might make the additional barriers more salient to poorly retained patients. In particular, the manuscript could benefit from a more refined contextualization of the HIV care dynamics the patient population navigates. All patients are drawn from Ryan White funded clinics in an urban inner city environment. Presumably they have access to Ryan-white funded support services within these clinics that could assist with depression, appointment reminders, transportation assistance, etc. A description of these services would benefit the reader. In addition, are there insights on how/why some patient’s utilized in-clinic resources to maintain retention while others still struggled with these barriers? In particular, insufficient insurance is a barrier noted by poorly retained patients; however in the demographics table the frequency of insurance types are essentially equal between the two groups – what might be accounting for this perceived barrier in one group vs. the other? The authors’ discussion on housing instability leading to changes in addresses and phone contact information is an excellent example of providing such contextual insights. Does the data provide additional evidence that might suggest why some patients who live in the same community might differently experience stigma as a barrier or find the same transportation system more/or less reliable to attend clinic visits, etc.? Such an ability to better contextualize the differences in type and frequency of barriers and facilitators experienced by retained vs. poorly retained patients would better guide providers, clinic administrators, and health policy makers seeking to improve retention in HIV care.

Discretionary Revisions:

1. The statement on line 25, page 6, of the manuscript appears to be incomplete. “Barriers and facilitators to patient, clinic/health system, and environmental factors.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.