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Poster #29

Implementation of a Rapid ART Starter Kit to Support Engagement in Care

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BACKGROUND

- Rapid initiation of antiretroviral therapy (ART) improves early outcomes for people living with HIV (PLWH) but reduces time to build patient–provider relationships essential for long-term care engagement.
- **Goal**: Develop a Rapid ART Starter Kit to support patient–provider relationship-building and engagement in care for people newly diagnosed with HIV.

METHODS

Development of the Rapid ART Starter Kit:

- Collaboration among HIV expert, clinic champions, and patient advocate
- Components:
  - ✓ **Introductory video** to prepare patients for initial HIV specialist visit
  - ✓ **Conversation guide** to support treatment discussions, goals, and barriers to care; Included educational resources and customized clinic directories for care navigation
- Available in English and Spanish; preloaded on tablets for use during clinic visits

Intervention: In 2025, healthcare providers (HCPs) from 5 HIV clinics (MA, OH, CT, and Washington, DC) participated in:

- Workshops on rapid ART initiation and action planning
- Implementing Rapid ART Starter Kit in practice

Evaluation: HCPs completed pre- and post-workshop surveys, plus longitudinal surveys approximately 3 months later. Data analyzed using descriptive statistics and Chi-square tests.

SCAN to download the Rapid ART Starter Kit used in this initiative

RESULTS

Table 1. HCPs Participating in Workshops

Disciplines	(N = 113)
Physician	15 (13%)
Advanced Practice Provider (NP or PA)	42 (37%)
Nurse (Nurse/Nurse Navigator)	18 (16%)
Support Staff (Medical Assistant, Case Manager, Social Worker, Patient Navigator)	29 (25%)
Other (Medical Student, Outreach Navigator, etc)	9 (8%)

Figure 1. Top Challenges in Decision-Making for Rapid ART Initiation

- **46%** Supporting adherence among PLWH facing barriers to care
- **41%** Selecting an ART regimen based on comorbidities and drug-drug interactions
- **36%** Addressing insurance coverage or access to medication assistance programs

Figure 2. HCP Commitment to Using Shared Decision-Making

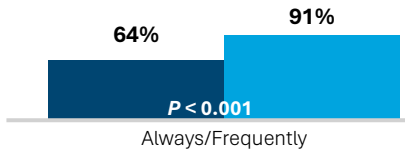
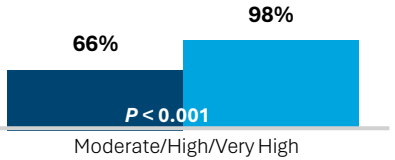


Figure 3. HCP Confidence in Counseling Patients Starting Rapid ART for Long-Term Engagement



Pre-workshop (n = 113) Post-workshop (n = 81)

Table 2. Examples of Action Plans Set by Clinics During Workshops

Protocols and Workflows	Patient Education and Support	Collaboration
• Implement a status-neutral process and schedule patients within 72 hours of results • Track patients starting rapid ART, including loss to follow-up, reinitiation, and viral suppression, to assess time to favorable outcomes • Create written protocol for rapid ART initiation	• Use community resources to provide food and address other social needs • Recommend telehealth consultations and educational resources to patients • Incorporate laboratory values (eg, CD4 count) into patient education	• Work with community-based organizations (CBOs) and hospitals to expedite sample collection, rapid testing, and ensure results are delivered within 72 hours • Assist urgent care with ART initiation and referrals • Support group/consumer advisory boards and offer samples if eligible

Figure 4. HCP-Reported Actions Within 3 Months of the Workshop and Starter Kit Implementation (n = 49)

230 Newly diagnosed patients initiated on rapid ART

68% Linked to wraparound services

78% Attended follow-up appointments

88% of HCPs increased use of shared decision-making

90% of HCPs reported greater confidence in counseling patients starting rapid ART

84% of HCPs reported that the health literacy of their patients improved

CONCLUSIONS

Implementing a Rapid ART Starter Kit improved provider-reported shared decision-making and health literacy for newly diagnosed PLWH

- Offers a scalable model to strengthen early patient-provider engagement and support long-term HIV care.
- Future studies should evaluate these interventions for measurable improvements in care continuum outcomes.

DISCLOSURES

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