

### **PROMOTING BEST PRACTICES THROUGH CAPACITY BUILDING FOR ART ADHERENCE IN HIV PHASE I**

Recent evidence demonstrates the almost universal effectiveness of “treatment as prevention” for curbing HIV transmission (Cohen 2011). As a consequence, many federal agencies’ priorities in HIV have shifted to addressing deficits in HIV treatment methods in direct care services (Barr, 2013; CDC, 2011; Office of the Press Secretary, 2013). For the first time, a set of evidence-based recommendations/guidelines have been developed to guide providers and care organizations in establishing an effective continuum of care from entry into care, to maintenance in care, to Highly Active Antiretroviral Therapy (HAART) prescription and adherence, to viral suppression (Thompson et al., 2012). While these recommendations from the International Association of Physicians in AIDS Care (IAPAC) provide a starting point for the translation of research to practice related to treatment strategies in HIV prevention, more guidance is needed to apply and integrate these recommendations into direct care (Amico, 2012). The Phase I project will develop HAART Connect, a set of practical, online training and support resources to help with application and implementation of the IAPAC recommendations in real-world clinical settings. HAART Connect will contain two complementary features – multimedia training modules and a virtual Community of Practice (CoP) – to support and spread appropriate implementation of the IAPAC recommendations. These resources, culled from evidence and best practices, will teach users relevant concepts and build their skills through dynamic, interactive e-learning modalities. Each training module will provide guidance on implementation and adaptation of one or more corresponding IAPAC recommendations for direct care services, as well as a case study illuminating the recommendation(s). All training modules will be housed in a CoP digital platform to allow deeper understanding and learning. Features of the CoP will include science updates, expert speakers, moderated forums and discussion boards, allowing clinic practitioners and health care providers to learn from researchers and from one another by sharing resources, experiences, and advice. The proposed HAART Connect will enhance practitioners’ knowledge of, and ability to follow, IAPAC recommendations in their delivery of HIV patient care. Key indicators of feasibility success in Phase I will include: 1) needs assessment results; 2) two fully functional interactive training module prototypes representing two of the IAPAC guidelines; 3) mock-ups of HAART Connect CoP online pages, site navigation and key content features; 4) usability test results; and 5) an action plan for Phase II based on results of the Phase I needs assessment and usability tests.

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