

Table 2. Participants' Views on Strategies for HIV Counseling, Testing, and Access to Medications

Strategy	Participants' Ratings on a 3-point Likert Scale			
	Good Idea	Bad Idea	Not Sure	
Social Media Platforms for Raising Awareness	Using Facebook to learn about HIV and where to access HIV-related services	77%	11%	12%
	Using Twitter to learn about HIV and where to access HIV-related services	68%	11%	21%
	Using a dating app, like Grindr, to learn about HIV and where to access HIV-related services	68%	17%	15%
HIV Counseling	Talking face-to-face with a doctor or nurse in a medical office	91%	4%	5%
	Talking with a staff member at a community organization for gay Latinos/Hispanics	89%	2%	9%
	Talking with friends who are knowledgeable and educated about HIV	83%	7%	10%
	Talking with a doctor or nurse through an online chat	69%	16%	15%
	Talking about HIV with a teacher, professor, or school nurse	63%	19%	18%
	Talking with a member of my church or spiritual center	56%	19%	25%
HIV Testing Locations	A local health clinic or at my doctor's office	92%	4%	4%
	A community event, like a health fair	80%	11%	9%
	The emergency room or at an urgent care clinic	79%	12%	9%
	A mobile van	76%	11%	13%
	A gay event, like a PRIDE parade or gay bar	69%	16%	15%
	A sex venue, like a bathhouse	60%	21%	19%
Accessing Medications to Prevent or Treat HIV	Getting HIV medications immediately after getting tested	82%	6%	11%
	Getting HIV medications delivered directly to my home in a plainly wrapped box	76%	6%	18%
	Using online clinics to get HIV medications	60%	21%	19%

Table 3. Participants' Views on Strategies for HIV Counseling, Testing, and Access to Medications Stratified by Patient Characteristics

Strategies for HIV counseling or access to medications	Race/ethnicity				Chi-square/Fisher's Exact Test
	Non-White		White		
	Good Idea	Bad Idea	Good Idea	Bad Idea	
Talking face-to-face with a doctor or nurse in a medical office	99%	1%	84%	16%	p=.019
Getting HIV medications delivered directly to my home in a plainly wrapped box	97%	3%	73%	27%	p=.007
Using online clinics to get HIV medications	79%	21%	50%	50%	p=.025
Strategies for HIV Testing	Tested for HIV within the past 6 months				Chi-square/Fisher's Exact Test
	Yes		No		
	Good Idea	Bad Idea	Good Idea	Bad Idea	
At a local health clinic or at my doctor's office	100%	0%	80%	20%	p=.003
At a mobile van	94%	6%	76%	24%	p=.042
Strategies for raising HIV awareness, counseling, and testing	Insurance status				Chi-square/Fisher's Exact Test
	Insured		Uninsured		
	Good Idea	Bad Idea	Good Idea	Bad Idea	
Using Facebook to learn about HIV and where to access HIV-related services	92%	8%	75%	25%	p=.054
Talking with friends who are knowledgeable and educated about HIV	97%	3%	84%	16%	p=.053
Getting tested at a gay event, like a PRIDE parade or gay bar	87%	13%	68%	32%	p=.080
Getting tested at a sex venue, like a bathhouse	80%	20%	58%	42%	p=.071

Conclusion: These real-world findings can be used to inform clinic- and community-based interventions tailored to individual patient characteristics.

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627. Tele-OPAT Outcomes at Two Community Hospitals

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Session: P-23. Clinical Practice Issues

Background: Outpatient parenteral antimicrobial therapy (OPAT) is well-established for the care of patients requiring IV antibiotics after hospital discharge but

little is known about the effectiveness of OPAT delivered through telemedicine.¹⁻³ We therefore investigated outcomes from telemedicine OPAT services (Tele-OPAT) at two community hospitals.

Methods: Data was collected from two community hospitals in the UPMC system for which both inpatient and outpatient telemedicine ID services (Tele-ID), including Tele-OPAT services, are provided. Tele-ID services at Site 1 (171 beds) began in January 2014 and at Site 2 (133 beds) in January 2018. All patients had inpatient Tele-ID consults via live audio-video (AV) visits or EHR review. After discharge, patients were managed by a Tele-OPAT team consisting of an ID pharmacist, RN and ID physician. Live AV Tele-OPAT outpatient follow-up visits were conducted with the assistance of a tele-presenter at 2 clinic sites.

Results: A total of 489 unique patients with 536 encounters were evaluated. Site 1 accounted for 284 patients, Site 2 had 252. Demographics are listed in Table 1. 47% of the patients were male with an average age of 65. 51% of the patients were diabetic. Half of the patients were discharged to home. Bacteremia (24.4%) and osteomyelitis (23.3%) were the most frequent diagnoses. Vancomycin was the most commonly used antibiotic (25.6%). Tele-ID Clinic follow up rates varied by year and site between 19 to 26.6% (Figure 1). The choice of follow-up was determined by the primary inpatient physician. 30 Day Readmission Rates were lower for patients that were seen by the Tele-OPAT service (combined rate of 7.4%) vs. no follow up (62%) vs. PCP follow up (22%) vs. follow up with another MD (12.8%) (Figure 2a). Most patients seen by Tele-OPAT were readmitted for reasons not related to their initial infection or their antibiotic course (Figure 2b).

Table 1. Patient Demographics

Demographics		n=489 unique patients with 536 encounters
Comorbidity		
Afib		20.95%
CAD		30.6%
CHF		31.20%
CKD/AKI		47.20%
Diabetes		51.30%
Hyperlipidemia		45.30%
Hypertension		39.70%
MI		0.70%
Pneumonia		12.10%
Discharge Disposition		
Home		50.60%
Skilled Nursing Facility		42.50%
Inpatient Rehab		2.20%
Long Term Acute Care		1.70%
Type of Infection		
Bacteremia		24.40%
Osteomyelitis		23.30%
UTI		12.80%
Septic Arthritis		9.30%
Endocarditis		4.70%
Pyelonephritis		4.70%
Antibiotic		
Nafcillin		1.20%
Penicillin		2.30%
Ampicillin		1.20%
Ampicillin-sulbactam		5.80%
Piperacillin-tazobactam		11.60%
Cefazolin		10.50%
Ceftriaxone		20.90%
Cefepime		7.00%
Ceftazidime		1.20%
Ertapenem		14.00%
Meropenem		4.70%
Ciprofloxacin		2.30%
Levofloxacin		1.20%
Vancomycin		25.60%
Daptomycin		7.00%

Figure 1. Clinic Follow Up Rates

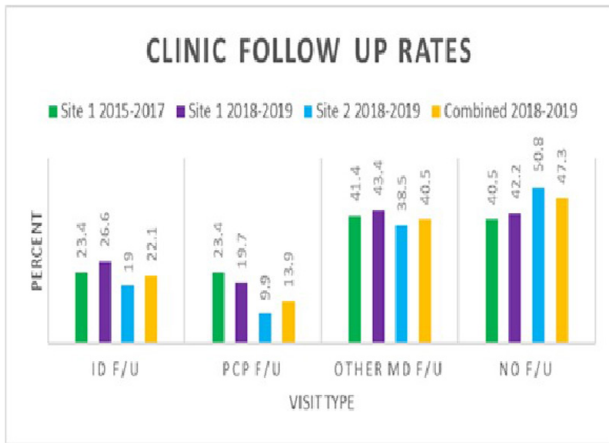
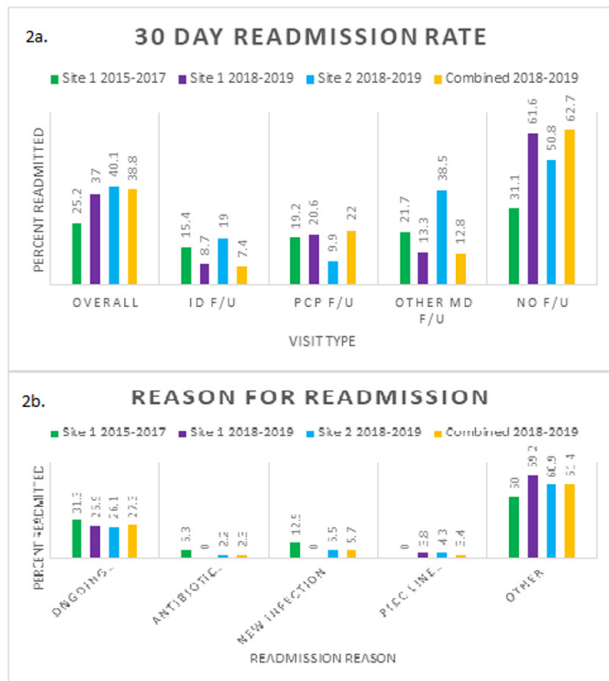


Figure 2. Readmission Rates & Reasons for Readmission



Conclusion: Patients discharged on IV antibiotics who were managed via a Tele-OPAT service in an outpatient clinic had lower readmission rates than those who were seen by non-ID physicians or who had no outpatient follow-up. Tele-OPAT is an important option for patients residing in rural areas who are discharged on parenteral antibiotics.

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628. The Role of the Advanced Practice Provider in Infectious Disease: Opportunities for Growth

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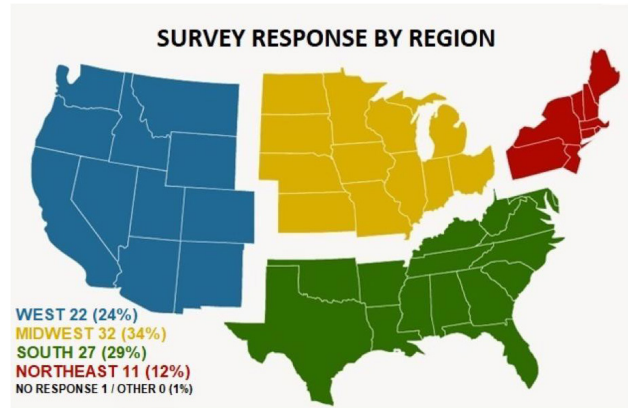
Session: P-23. Clinical Practice Issues

Background: Advanced Practice Providers (APPs), including nurse practitioners and physician assistants, provide high quality medical care in multiple specialties by extending the physician workforce. However, within the Infectious Disease (ID) specialty, their demographics, areas of practice, and experience are not well described. To better understand this key group, we examined APP years of experience in ID, primary practice settings, and perceived practice barriers from the APP perspective.

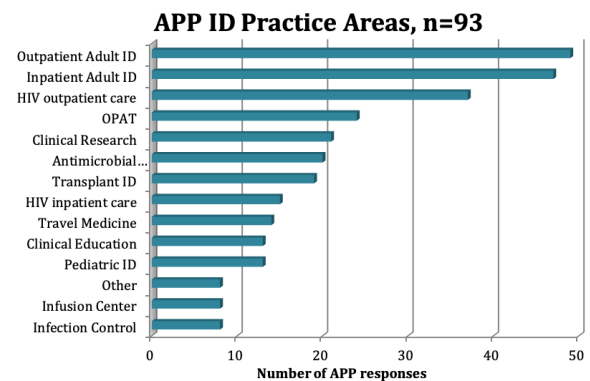
Methods: We created a survey using REDCap which was distributed between 12/1/2019-1/31/2020 to APPs practicing in ID by social media, direct emails to key stakeholders, and online Infectious Disease Society of America (IDSA) community forums.

Results: Ninety-three APPs responded to the posted survey from across the US (figure 1). Most respondents (45 [49%]) had between 2-9 years of overall experience as an APP, while 14 (15%) between 10-15 years, and 24 (26%) had >16 years of experience. Experience specifically as an ID APP varied, with the majority (56%) having 2-9 years of experience and 25% reporting >16 years of experience as an APP. Although over half of the respondents worked in an outpatient adult ID clinic, they also practiced in diverse settings and within multiple ID sub-specialties (figure 2). The other most common areas of practice included inpatient adult ID, HIV care, and outpatient parental antimicrobial therapy programs. Limited formalized ID education and misconceptions about APP scope of practice were perceived barriers to practicing in ID (figure 3). Lack of recognition as a peer amongst physician colleagues was also identified as a practice barrier.

Advanced Practice Provider Survey Response by Region

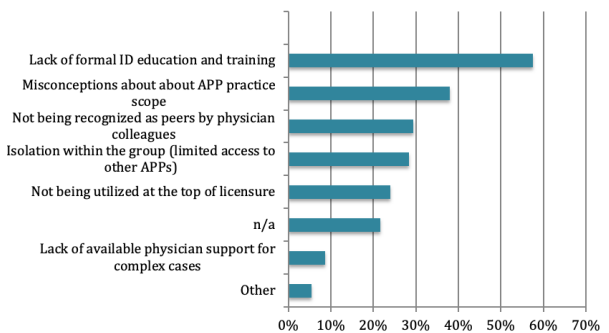


Advanced Practice Provider ID Practice Areas



Perceived Advanced Practice Provider Barriers

Perceived Practice Barriers for APPs in ID n=92



Conclusion: Our survey results demonstrate that the APP ID workforce is an experienced provider group, both in terms of total years as an APP and years exclusively in ID, working in a large variety of ID settings in a number of geographic locations. Creation of specific and directed ID educational opportunities, along with