

782. Provider to Provider Electronic Consultation (E-consult): A Tool for the Pediatric Infectious Diseases Specialist to Document Encounters and Quantify Effort.

Blanca E. Gonzalez, MD¹; Charles B. Foster, MD²; Frank Esper, M.D.²; Heather Daniels, DO¹; Carla Saracusa, RN²; Jasmine Boutros, JD, MBA²; Daniela Isakov, MD²; Camille Sabella, MD²; ¹Cleveland Clinic Children's/Lerner College of Medicine of Case Western Reserve University, Cleveland, Ohio; ²Cleveland Clinic Children's, Cleveland, Ohio,

Session: 69. What's New in Clinical Practice?
Thursday, October 3, 2019: 12:15 PM

Background. Curbside consultation is a ubiquitous practice within the medical field informally providing advice to community providers. The electronic consult (E-Consult) allows direct provider-to-provider communication between the primary care provider (PCP) and specialists using a secure electronic platform while documenting these interactions within the patient's medical record (EMR). They offer PCP's a forum for asking nonurgent questions. For the specialist, it allows review of the EMR, reduces medical liability of the curbside consult and provides a mechanism for generating RVUs. This service was implemented in our healthcare network (of over 300 pediatricians and pediatric specialists who see more than 500,000 pediatric visits each year) in April 2018. Our aim was to review and analyze the E-consults provided by the Pediatric Infectious Diseases (PID) service.

Methods. Cross-sectional study of E-consults performed by the PID from April 11 -2018-April 22 2019. Clinical queries were categorized by type and tabulated. Consult Billing was as following: Level 1=5 minutes (min); Level 2 =10min; Level 3= 15 minutes; Level 4= 25 minutes. RVU values were institutionally derived and assigned.

Results. We performed 171 E-consults with an average of 13 per month (range 3-18) generated from 59 providers (52 (88%) physicians and 7 (12%) certified nurse practitioners). Common reasons for the E-consult included: vaccine questions (25.7%), diagnosis questions (21.6%), exposure questions (20.4%) and treatment recommendations (10.5%). Of vaccine questions, 43% related to vaccine schedules /boosters, 13% vaccines for travel and 11.3% vaccines for the immunocompromised host. Consultation in the PID clinic was recommended for 25.7% patients, 9% requiring urgent evaluation. Of the 171 E-consults, 12.2% were evaluated in the PID clinic and 5% by another specialty. Billing was performed for 168 of the E consults= 9 level 1, 35 level 2, 83 level 3 and 41 level 4 generating 161 RVUs (equivalent to 53 level 4 new outpatient visits at our institution).

Conclusion. E-consults are an alternative to informal curbside consults for nonurgent clinical queries. Encounters are documented in the EMR and professional effort devoted to the task is tracked providing an additional source of RVU generation for the PID physician.

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783. Infectious complications in IV abusers: a detailed review of hospitalized IV abusers

Jaime Gonzalez, MD¹; Elizabeth Diago-Navarro, PhD MPH²; Eve Ameen, B.S.³; Nancy Azab, MBCH⁴; Lucia Milla, B.S.³; Bettina C. Fries, MD/FIDSA²; ¹Stony Brook University Hospital, Long Island City, New York; ²Stony Brook University Hospital, Stony Brook, New York; ³Stony Brook University Medical School, Stony Brook, New York; ⁴Stony Brook university hospital, Stony Brook, New York,

Session: 69. What's New in Clinical Practice?
Thursday, October 3, 2019: 12:15 PM

Background. With 337 heroin-related deaths between 2009 and 2013, Suffolk County reported more such deaths than any other county in New York State. Suffolk County's population of 1.5 million is larger than that of some states. Compared with the rest of New York state, median annual household income is the third highest of New York's 62 counties and the income gap between socioeconomic classes is smaller.

Methods. Detailed retrospective chart review was performed on admitted patients to Stony Brook University Hospital (SBUH) from November 2015 to October 2018 with active IV drug abuse and infection. Demographics, drug use characteristics, microbiology, co-morbidities, and outcome were assessed.

Results. 198 active IV heroin users were admitted with a complicated infection during this time frame. Most patients were Caucasian (94%) and more were male (64%). The median age was 33 (range 17 to 58). Most patients (90%) had health insurance, many lived with others at home and were unemployed. Thirty-three were on methadone and 28 on suboxone. The median length of stay was 4.7 days (ranging from 1 to 140 days) and 29% of admitted patients left against medical advice. 60% of the patients had been admitted to a hospital in the prior 12 months. The majority (58%) presented with cellulitis, 12% were diagnosed with endocarditis, 10% with osteomyelitis, 6.5% with bacteremia/sepsis. Ten were also pregnant. Infectious disease was consulted in 55%, and Psychiatry and social worker in 46% of cases. HIV, HepC and HBV testing were not performed in less than 50% of patients. There was a total of 5 deaths during the hospitalization, 2 patients with endocarditis, 2 with sepsis and one overdose. 45% of patients with endocarditis and 43% of patients with osteomyelitis required surgical intervention. S. aureus was a common pathogen and identified in 61% of the cases, where a pathogen was isolated.

Conclusion. Our data show that even in an affluent community opioid addiction is not properly addressed during hospital admissions. As a consequence, users sign out against medical advice, have frequent hospital admissions, remain out of addiction treatment, and outcome is poor. A systematic multidisciplinary approach will be required to improve the care for this vulnerable patient population

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784. Do Patients and Healthcare Professionals See Eye-to-Eye on the Usefulness of Strategies for Promoting HIV Care?

Gregory S. Felzien, MD, AAHIVS¹; Sean J. McIntosh, MPH, CPH²; Ekaterina S. Taneva, PhD³; Laura Simone, PhD³; Laurence Greene, PhD³; Jeffrey Carter, PhD³; Tamar Sapir, PhD³; ¹Georgia Department of Public Health, Atlanta, Georgia; ²Florida Consortium for HIV/AIDS Research, The AIDS Institute, Tampa, Florida; ³PRIME Education, LLC, Fort Lauderdale, Florida,

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Thursday, October 3, 2019: 12:15 PM

Background. Many studies have identified barriers to achieving goals for HIV care, thereby informing various intervention strategies. However, whether a given strategy can effectively overcome key barriers may depend on the extent to which patients and healthcare professionals (HCPs) agree that it is useful. To address this gap, we conducted a survey study to compare patients' and HCPs' perceptions of strategies for promoting HIV prevention, medication adherence, and care retention.

Methods. The survey was administered to patients and their HCPs as part of collaborative educational programs held in 12 community clinics in urban and suburban areas across 6 southeastern states. Participants included each clinic's staff and their patients living with or at risk for HIV infection. The surveys listed 12 strategies for overcoming barriers to HIV prevention, adherence, and retention. Patients and HCPs rated the extent to which each strategy would be helpful for achieving desired goals (scale: 1 = very unhelpful to 5 = very helpful). We conducted χ^2 or Fisher's exact tests to assess between-group differences in the frequency of pooled ratings of 4 (helpful) and 5 (very helpful).

Results. Surveys were completed by 224 patients (69% with HIV diagnosis, mean age 47 years, 42% women, 75% African American) and 39 HCPs (42% health educators/counselors, 31% nurse practitioners, 24% social workers, 3% physicians). Among other findings (Figures 1-3), similar percentages of patients and HCPs, respectively, gave ratings of 4 or 5 for taking pills (PrEP) that prevent HIV (83%, 80%); using a smartphone app with medication reminders (78%, 74%); and making it easier to get clinic appointments (90%, 85%). More discordant perceptions, all reflecting lower percentages of 4 or 5 ratings among patients than HCPs, were evident for talking with a counselor (82%, 90%); getting support from friends and family (82%, 92%); and improving relationships with clinic staff (85%, 100%).

Conclusion. These findings may inform interventions that are perceived by both patients and HCPs to be helpful for promoting HIV prevention, medication adherence, and retention. Effective interventions must address any discordance between patients and HCPs in the usefulness of selected strategies.

Figure 1. Patient (n=224) and healthcare professional (HCP) (n=39) ratings of the helpfulness of strategies for preventing HIV (Δ = pooled percentages of helpful and very helpful ratings for HCPs minus patients)

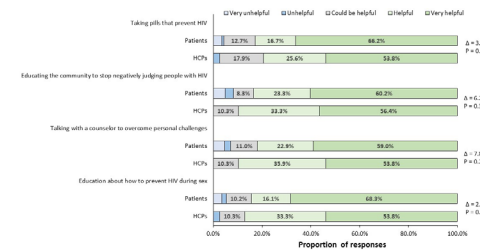


Figure 2. Patient (n=224) and healthcare professional (HCP) (n=39) ratings of the helpfulness of strategies for promoting adherence to HIV medications (Δ = pooled percentages of helpful and very helpful ratings for HCPs minus patients)

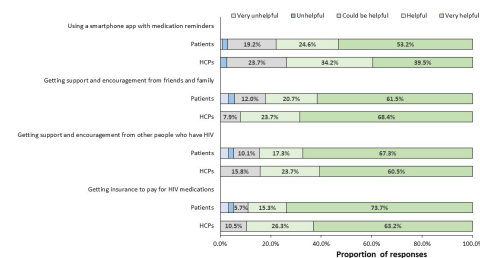
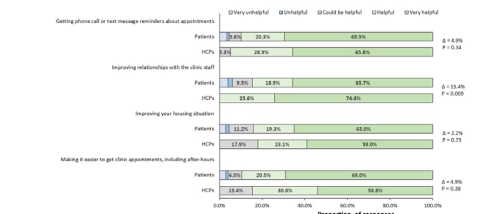


Figure 3. Patient (n=224) and healthcare professional (HCP) (n=39) ratings of the helpfulness of strategies for promoting HIV care retention (Δ = pooled percentages of helpful and very helpful ratings for HCPs minus patients)



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