

hypothetical care decisions improved after real-time educational feedback. Future studies to test the impact of this educational intervention on clinical practices are warranted.

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1318. Are We PrEPared? Awareness and Prescribing Patterns of HIV Pre-Exposure Prophylaxis (PrEP) by Internal Medicine Resident Physicians at an Academic Medical Center

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Background. HIV PrEP uptake remains low by primary care physicians, amongst whom increased awareness has been positively associated with its adoption. Prior studies have also revealed deficits in knowledge and comfort providing PrEP amongst internal medicine (IM) trainees. This is among the first reports of assessing PrEP uptake by IM residents; this appears to be the first examining pre- and post-instruction assessment of prescribing attitudes following a single lecture on the topic.

Methods. An anonymous, online survey was distributed to all IM residents at our institution to measure baseline PrEP awareness and prescribing patterns. A comprehensive PrEP lecture was formulated with assistance from infectious diseases (ID) faculty; focus was paid to addressing concerns about cost, safety, risk behavior compensation, and drug resistance. The lecture was made available electronically to those unable to attend the live session. PrEP knowledge and prescribing attitudes were measured and compared pre- and post-lecture. Fisher's exact test was used for descriptive statistics.

Results. Of 97 initial surveys distributed, 41 were completed. A majority of respondents were aware of PrEP (68%). A modest number had either prescribed PrEP or referred a prospective patient to an ID specialist in the prior year (15%). The majority preferred to learn about PrEP with a dedicated didactic session (76%). Compared with baseline data, following the lecture, residents were better able to identify both the number of daily pills required (100% vs. 49%, $P = 0.007$) and the proper medication regimen (100% vs. 49%, $P = 0.007$); there was no significant difference in self-reported comfort with providing PrEP (89 vs. 65%, $P = 0.25$). In the post-lecture survey, nearly half reported a preference to refer a PrEP candidate to an ID specialist or PrEP clinic (43%).

Conclusion. These findings suggest value in providing PrEP education to IM trainees, but indicate that a single lecture may not be effective for ultimately improving its adoption by this important group of physicians. Determining the optimal method for incorporating PrEP into residency curricula deserves further study. Despite efforts to expand PrEP into the realm of primary care, many of these physicians may continue to defer management of these patients to ID/HIV clinicians.

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1319. Examining PrEP Knowledge and Prescribing Likelihood Among Medical Residents Before and After PrEP Education

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Background. Pre-exposure prophylaxis (PrEP) is effective for HIV prevention, but prescribing rates remain low. We examined the effect of an educational intervention on PrEP knowledge and prescribing likelihood among medical residents.

Methods. This was a prospective study using a convenience sample of Internal Medicine and Internal Medicine-Pediatrics residents at a tertiary care center in Portland, Maine. Participants attended a resident-led teaching session on PrEP and completed pre- and post-session surveys. PrEP knowledge was measured with five questions (definition, evidence, patient selection criteria, medication choice, and guidelines), and prescribing likelihood was assessed on a Likert scale. Participants identified motivating factors and barriers to prescribing. Survey data were analyzed with McNemar's test or a paired Student's *t* test as appropriate.

Results. Thirty residents completed the study; of these, 24 (83%) had at least 1 patient that they considered at high risk for HIV, and 14 (46%) reported having >5 such patients. None had ever prescribed PrEP. Average PrEP knowledge score increased after the intervention (pre = 2.33 vs. post = 4.1, $P < 0.001$). After the intervention, more participants reported that they would be likely to prescribe PrEP (pre = 76% vs. post = 90%, $P = 0.014$), fewer identified unfamiliarity with PrEP guidelines as a barrier (pre = 73% vs. post = 27%, $P < 0.001$), and Other residents are prescribing PrEP became a significant motivating factor (pre = 47% vs. post = 70%, $P = 0.04$). Preceptor comfort with prescribing PrEP was a consistently important influence on prescribing likelihood (90% vs. 82%, $P = 0.22$).

Conclusion. Familiarity with PrEP is relevant to resident practice, and an educational intervention is effective in the short term for addressing inadequate knowledge as a barrier to offering PrEP. Resident practice is influenced by preceptors and peers, suggesting that it may be helpful to include attending physicians in future PrEP education efforts at our institution.

Fig 1: Factors That Facilitate PrEP Prescribing

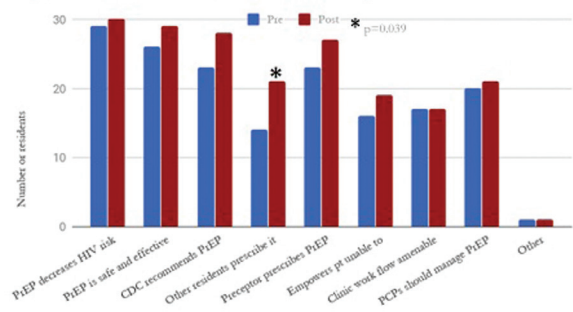
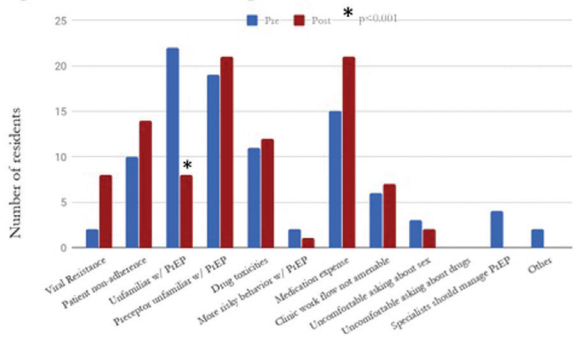


Fig 2: Barriers To PrEP Prescribing



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1320. Continuing Education Improves HIV Screening and Use of PrEP in High-Risk Patients

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Background. Since approval in 2012, the uptake of PrEP in high-risk patients remains low, especially among primary care providers (PCPs) who lack knowledge and confidence regarding its use. Continuing education (CE) has been extensively used to address such knowledge and practice gaps, yet little evidence exists supporting the impact of these initiatives on direct patient care and cost.

Methods. Vindico Medical Education partnered with Improve CME to assess the impact of seven CE programs targeted to PCPs from 2015 to 2017 regarding the use of PrEP in high-risk patients. An outcomes analysis model was used and designed to estimate (1) patients newly identified as HIV+ or HIV-, (2) patients newly on PrEP or HIV treatment, and (3) associated costs of care due to the CE.

Results. Prescribing providers ($n = 4,550$) who each see an average of 16.8 patients at high-risk for HIV infection per month, participated. Prior to learning only 44% of participants reported that they frequently offer HIV testing to high-risk patients; and only 13% frequently use PrEP clinical guidelines. Six-month post-education, however, 83% and 68% of providers reported using HIV testing and PrEP guidelines, respectively. We then used evidence-based parameters to project the number of high-risk patients who, based on our pool of patients directly impacted by the education, would be willing to accept an HIV test, those who would be HIV+ vs. HIV-, and those who would be willing to accept and adhere to either HIV treatment or PrEP. The model estimated that over the course of 1 year, 135,941 high-risk patients would be newly offered an HIV test. Of those accepting the test ($n = 54,376$), 163 would be newly identified as HIV+. Of the 54,213 newly identified as HIV-, at least 3,914 would be placed on PrEP. Using accepted values for direct cost of care, this translates to \$1.26 million per year for patients newly treated for HIV and \$92.4 million per year for those patients newly on PrEP.

Conclusion. Targeted CE to PCPs increased screening rates for HIV infection in high-risk patients, increased awareness and use of PrEP, and linked patients with appropriate care. These findings validate the need for ongoing CE programs to address persisting unmet needs and show that modeling can be used to estimate patient outcomes from CE programs.

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1321. The UNZA/UMB MMed ID Collaboration: Training and Retaining HIV Specialist Physicians in Zambia

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