

Methods. A clinical pharmacist was hired to improve the quality of HIV care, both in the inpatient and outpatient setting. An electronic medical records alert was created for any patient with HIV who was admitted to the hospital. The clinical pharmacist then reviewed the ART orders Monday through Friday and provided recommendations to the inpatient teams. Data on the frequency and types of errors on the medication administration record (MAR) were recorded. Data were collected for 6 months, from October 2018 to March 2019. Three-month data from October 2018 to December 2018 was compared with three-month data from January 2019 to March 2019 for quality improvement purposes.

Results. One hundred forty-eight people living with HIV were admitted to the hospital during the specified time period. A minority of the patients (25%) had a consult to an HIV Specialist. Eight (5%) were omission of ART (no regimen or partial regimen), 19 (13%) had food or drug interactions, and 14 (10%) had the incorrect ART regimen ordered. The clinical pharmacist was able to contact the inpatient team and have these errors corrected. There was a 20% decrease in the patients with errors in their inpatient ART order on the MAR during the review period, due to physicians and pharmacists proactively contacting the pharmacist prior to orders being placed and processed.

Conclusion. Errors in ART in the inpatient setting are common. A clinical pharmacist intervention can successfully decrease ART errors as patients' transition between inpatient and outpatient care.

Table 1. Frequency of ART Errors

Type of Error	October 2018 to December 2018 n=79	January 2019 to March 2019 n=69
Omission of ART, n (%)	5 (6%)	3 (4%)
Food or Drug Interactions, n (%)	14 (18%)	5 (7%)
Incorrect ART Regimen, n (%)	11 (14%)	3 (4%)
Missing OI Prophylaxis, n (%)	1 (1%)	3 (4%)
Total Errors, n (%)	31 (40%)	14 (20%)

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1306. Evaluation and Predictors of Antiretroviral (ART)-Related Medication Errors in Hospitalized People Living with HIV (PWLH)

Daniel B. Chastain, PharmD, BCIDP, AAHIVP¹; Amber Ladak, PharmD, AAHIVP²; Jessica Curtis¹; Emily Tang¹; Henry N. Young, PhD¹; ¹University of Georgia College of Pharmacy, Albany, Georgia; ²Augusta University, Augusta, Georgia

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Background. As HIV has become a chronic condition, management of the disease and preventing resistance is paramount to improving patient outcomes. Medication errors can lead to suboptimal therapy and potential development of resistance. The purpose of this study was to identify the rate of antiretroviral (ART)-related medication errors in hospitalized people living with HIV (PWLH).

Methods. This was a multi-center, retrospective cohort study of patients diagnosed with HIV and/or AIDS based on International Classification of Diseases codes. Patients were included if they were at least 18 years old and hospitalized between March 2016 and March 2018. Patients were excluded if they were pregnant and only received intravenous zidovudine during their hospitalization. Of the patients eligible for inclusion, 400 were randomly selected and included in this study. The primary objective was to determine the rate of inpatient ART-related medication errors. Secondary objectives included the type of errors and rate of error resolution prior to discharge.

Results. A total of 203 ART-related medication errors occurred during the study period (mean 0.9 ± 1.2 errors per patient). Incorrect schedule was the most common type of error followed by incorrect or incomplete regimen. More errors occurred in male patients ($P = 0.01$), those known to be infected with HIV on admission ($P < 0.05$), and in patients with an undetectable viral load ($P = 0.01$). Approximately 30% of ART-related medication errors were resolved prior to discharge, of which pharmacists were responsible for 25%. Incorrect schedule, incorrect or incomplete regimen, and clinically significant drug-drug interaction (DDI) were the most common medication errors that persisted at discharge. Among resolved errors, resolution of clinically significantly DDI or incorrect/incomplete ART were the most common interventions.

Conclusion. ART-related medication errors continue to occur in hospitalized PLWH and frequently persist at discharge. Interventions should be developed to reduce rates of ART-related medication errors on admission. Antimicrobial stewardship programs serve as an ideal platform to incorporate ART stewardship into routine activities to help minimize errors while inpatient and during transitions of care.

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1307. Virologic Failure in HIV-Infected Men Who Have Sex with Men and Transgender Women Treated in a Community-Based Model vs. a Hospital-based Model

Maximo O. Brito, MD, MPH; Shaveta Khosla, MPH; Supriya D. Mehta, MHS, PhD; Richard M. Novak, MD; University of Illinois at Chicago, Chicago, Illinois

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Background. Men who have sex with men (MSM) and transgender women are disproportionately affected by HIV, especially those that belong to minority groups and lower socioeconomic status. The purpose of this study was to compare virologic failure in MSM and transgender women receiving HIV care at a community-based model (CBM) to a hospital-based model (HBM) of care.

Methods. This was a retrospective cohort study. We extracted data from electronic medical records of HIV-infected MSM and transgender women treated at one of the six community clinics or at a hospital-based clinic in Chicago between 2010 to 2014. The outcome was cumulative probability of virologic failure (i.e., viral load ≥ 200 copies/mL), measured in each semester of observation. We used multivariable Cox Proportional Hazards model to determine the association between CBM and HBM with virologic failure, adjusted for confounding variables.

Results. The sample consisted of 290 patients; of whom, 20 (7%) were transgender. Approximately half (49%) of the sample received care via CBM. Compared with patients receiving care at the HBM, CBM patients were more likely to be African American (72% vs. 61%), uninsured (50% vs. 39%) and with a history of substance abuse (38% vs. 24%). There was no difference in virologic failure between the two care models (57% in CBM vs. 52% in HBM; HR_{adj} = 1.1; 95% CI: 0.8–1.6). Younger individuals (HR_{adj} = 4.0; 95% CI: 2.3–7.1), alcohol users (HR_{adj} = 1.6; 95% CI: 1.1–2.2) and patients without insurance (HR_{adj} = 1.7; 95% CI: 1.1–2.6) were more likely to have virologic failure.

Conclusion. The CBM was as effective as a traditional HBM in providing care to MSM and transgender women despite their more marginalized status. Intensive outreach and targeted case management likely contributed to the effectiveness of this model and need further study.

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1308. The Association Between Refill History and Viral Load Suppression in HIV-infected Patients at a University-Based HIV Clinic in the Midwest

Josh Havens, PharmD; Moses New-Aaron, MPH; Yangyang Gao, Pharm D; Qingfeng He; Sara H. Bares, MD; Fadul Nada, MD; University of Nebraska Medical Center, Omaha, Nebraska

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Background. Patients with HIV (PWH) with sustained virologic suppression (VS) on antiretroviral therapy (ART) achieve better health outcomes and pose effectively no risk of transmitting HIV to their sexual contacts. Adherence to ART is the main predictor of VS in PWH, yet no adherence benchmark has been identified. The clinical utility of ART pharmacy refill history collection is unknown. We hypothesize that pharmacy refill histories of ART represented as a percentage of days covered (PDC) will correlate with VS in PWH.

Methods. We conducted a single-center, retrospective cohort study of PWH (≥ 19 years) receiving care at a Midwestern HIV clinic between January 1, 2018 and December 31, 2018, with at least 1 HIV RNA reading during the study period. Refill histories were collected for each eligible study patient and a PDC was calculated as the "number of tablets dispensed / number of days within study period" to provide an ART coverage measure. ART regimen, sociodemographic, and clinical characteristics were abstracted from the HIV registry. An HIV RNA ≤ 50 copies/mL and a PDC of $\geq 80\%$ were used as measures of VS and sufficient adherence, respectively. Pearson's chi-square tests and binary logistic regression were used to determine the effect of PDC on VS.

Results. A total of 1019 patients were included in the study. 705 (69%) patients had a PDC $\geq 80\%$ and 314 (31%) had a PDC $< 80\%$. VS between groups was 96% (PDC $\geq 80\%$) vs. 74% (PDC $< 80\%$). A significant association was observed between VS and PDC ($P < 0.0001$) [HJP1]. Patients with a PDC $\geq 80\%$ were 9.5 times more likely to attain VS as compared with patients with PDC $< 80\%$ (95% CI, 5.89–15.17). After adjusting for ART regimen, sociodemographic, and other clinical characteristics, the likelihood of VS remained higher for patients with a PDC $\geq 80\%$ (aOR: 6.3; 95% CI, 3.7–11.0). Factors found to be negatively associated with VS were single marital status (aOR: 0.49; 95% CI, 0.24–0.95), current or historical opportunistic infection (aOR: 0.51; 95% CI, 0.26–0.99), and usage of a multiclass or dual ART regimen (aOR: 0.40; 95% CI, 0.16–0.98).

Conclusion. The utilization of PDC as an ART adherence benchmark was significantly associated with VS. PDC is an easy measure to calculate and could be useful in the clinical care of PWH. Future prospective studies are needed to confirm these findings.

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1309. Effects of a Pharmacist-Driven Antiretroviral Stewardship and Transitions of Care Service in Persons Living with HIV/AIDS

Marisa B. Brizzi, PharmD, BCPS, AAHIVP; Rodrigo M. Burgos, PharmD; Thomas D. Chiampas, PharmD, BCPS, AAHIVP; Sarah M. Michienzi, PharmD, BCPS, AAHIVP; Renata Smith, PharmD, AAHIVP; Melissa E. Badowski, PharmD, MPH, FCCP, BCIDP, BCPS, AAHIVP; University of Illinois at Chicago College of Pharmacy, Chicago, Illinois

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Background. Historical data demonstrate that PLWHA experience higher rates of medication-related errors when admitted to the inpatient setting. Prior to initiation