

Disclosures. Albert Liu, MD, MPH, Gilead Sciences (Individual(s) Involved: Self): Gilead has donated study drug for studies I have led., Grant/Research Support, Other Financial or Material Support, Research Grant or Support; IAS-USA (Individual(s) Involved: Self): Honorarium for manuscript writing, Other Financial or Material Support; Viiv Healthcare (Individual(s) Involved: Self): Grant/Research Support, Research Grant or Support **Raphael J. Landovitz, MD, MSc**, Gilead Sciences (Individual(s) Involved: Self): Consultant; Janssen (Individual(s) Involved: Self): Consultant; Merck Inc (Individual(s) Involved: Self): Consultant; Roche (Individual(s) Involved: Self): Consultant **Jared Baeten, MD, PHD, Gilead Sciences Inc.** (Employee, Shareholder) **David Magnuson, PharmD, Gilead Sciences Inc** (Employee, Shareholder) **Moupali Das, MD, Gilead Sciences Inc.** (Employee, Shareholder) **Christoph C. Carter, MD, Gilead Sciences Inc.** (Employee, Shareholder) **Li Tao, MD, PhD, Gilead Sciences Inc** (Employee, Shareholder)

867. Telehealth and HIV Care During the COVID-19 Pandemic

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Session: P-50. HIV: Social Determinants of Health

Background. The COVID-19 Pandemic led to many restrictions in health care services, and as a consequence, an expansion of telehealth capabilities. In order to meet the needs of PLWH along the Care Continuum, we developed a process to promote the use of our MyChart app. This HIPAA-compliant app allows patients to view their medical records, communicate with their providers, make appointments, and have video visits on their smart devices. This report describes our preliminary findings.

Methods. PLWH enrolled in the Ryan White Program, in the Infectious Diseases Clinic at Henry Ford Hospital who had not used telehealth services were asked to sign up for our MyChart (electronic medical record software) initiative. A telehealth Navigator interviewed and taught PLWH how to download and use MyChart, and supplied pre-loaded phones, as needed, to make virtual visits accessible. We collected demographic and clinical information and reasons for not using telehealth services.

Results. From October 2020 to May 2021, 209 PLWH were enrolled into our pilot program (Table 1). Of these: 48% were 45-64 years old (yo), while 21% were >+ 60 yo and 3% < 25 yo; 75% were male, 85% Black; 48% MSM, and 84% virally suppressed (HIV RNA < 200 copies/mm³). When asked why they were not using telehealth services, 29% reported a lack of technology or capability to install MyChart on their phones, 27% needed further education, and 18% had not prioritized installation of the application.

Table 1. Characteristics of our PLWH

Gender (N,%)	
Male	157, 75%
Female	42, 20%
Trans female	9, 4%
Fluid	1, 0.5%
Age Strata (N,%)	
13-24	6, 3%
25-44	74, 35%
45-64	101, 48%
65+	28, 13%
Race/Ethnicity (N,%)	
Black	178, 85%
White	20, 10%
Hispanic	11, 5%
Mean CD4 (cell/uL, IQR)	581 (323-749)
Number with undetectable viral load <200 copies/ml	176 (84%)
Reasons for Not Having MyChart (N,%)	
Distrust in Technology	3, 1%
"Hasn't gotten around to it"	37, 18%
Information unavailable	61, 29%
Limited Resources	19, 9%
Education needed	56, 27%
Password help	20, 10%
Technical issues	13, 6%
Risk Factors for HIV (N,%)	
MSM	110, 53%
IDU	11, 5%
Heterosexual	105, 50%
Perinatal	2, 0.9%
Blood transfusion	4, 2%
Not reported/unknown	11, 5%

Conclusion. The crises created by the COVID-19 pandemic revealed a new role for telehealth services. Although available to all PLWH in our RW program, many had never used telehealth services. Over half lacked compatible devices or needed help to download or use the app. Compared to younger PLWH, older individuals were more likely to need assistance. Further work is needed to understand and promote digital parity.

Disclosures. All Authors: No reported disclosures

868. HIV, Opioid Use Disorder, and Injection related Infections: Clinical Outcomes in 4 Academic Hospitals

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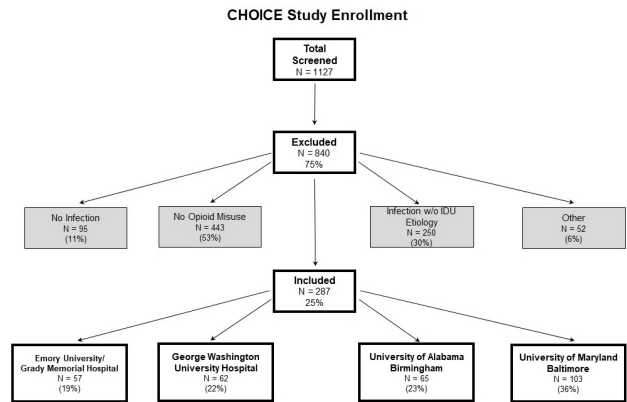
The Continuum of Care in Hospitalized Patients with Opioid Use Disorder (OUD) and Infectious Complications of Drug Use (CHOICE) Study

Session: P-50. HIV: Social Determinants of Health

Background. Because hospitals are a safety net for persons with injection drug use (IDU), they play a valuable role towards ending the HIV epidemic. The objective of this study is to evaluate the hospital outcomes of persons with HIV (PWH) and opioid use disorder (OUD).

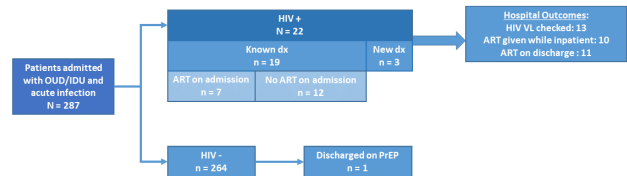
Methods. CHOICE is a retrospective review of hospitalized persons with an infectious complication of OUD and IDU at University of Maryland, George Washington University, University of Alabama at Birmingham, and Grady Memorial Hospital. Participants were hospitalized between 1/2/2018-12/21/2018, had ICD9/10 diagnosis codes consistent with OUD and acute bacterial/fungal infection, and verification of OUD-associated infection. HIV was defined by chart review. We explored HIV viral load (VL), antiretroviral therapy (ART) and medications for opioid use disorder (MOUD) on admission, discharge, consultation, and community care.

Overall CHOICE Study Enrollment



Results. Overall, 287 were admitted with OUD and infections over the study period; 22 had HIV of whom 3 (14%) were diagnosed during the admission. Of the HIV negative, 1 was discharged on PrEP. Of PWH, most were Black (55%), male (68%), and Medicaid recipients (77%); median age was 48. Median length of stay was 10 days. Common bacterial infections were skin/soft tissue (55%), Bacteremia (41%), and Osteomyelitis (18%). On admission, few were on antiretroviral therapy (ART; 32%) or MOUD (23%). Of the 13 with a VL during admission, 100% had viremia (median VL 6,226 copies/mL). During the admission, 81% were evaluated by Infectious Diseases consultant and 50% by Addiction Medicine. At discharge, 11 and 6 had documentation of an ART plan and MOUD receipt, respectively. In the year following the admission, of 21 with follow up data, a majority were evaluated in the emergency department (68%) and readmitted (57%).

HIV Outcomes for Hospitalized Persons with Injection Related Bacterial Infections



Conclusion. For patients with IDU, hospitalization is a missed opportunity to address HIV treatment and prevention through PrEP, VL surveillance, and ART linkage. Because addiction treatment improves HIV outcomes, Addiction consultation should be standard of care but was under-utilized. Subsequent ED visits and readmissions suggest that hospitals provide continuity of care for patients with IDU who would benefit from HIV, HCV, and other services in acute settings.

Disclosures. Greer A. Burkholder, MD, MSPH, Eli Lilly (Grant/Research Support) Elana S. Rosenthal, MD, Gilead Sciences (Research Grant or Support)Merck (Research Grant or Support) Ellen Eaton, MD , Gilead (Grant/Research Support) Ellen Eaton, MD , Gilead (Individual(s) Involved: Self): Research Grant or Support