611. No Source Control: Low Rates of Medication for Opioid Use Disorder in Individuals Hospitalized with Infectious Complications of Injection Opioid Use at Four Academic Medical Centers

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Background. Rates of hospitalization for bacterial infections due to opioid use disorder (OUD) are rising. Medication for OUD (MOUD) is an evidence-based intervention to treat OUD; however, MOUD initiation during hospitalization remain suboptimal. We aim to understand the continuum of MOUD and impact of MOUD initiation on outcomes of patients hospitalized with infectious complications of OUD.

Methods. CHOICE is a retrospective review of adults hospitalized with an infectious complication of OUD and IDU at four academic medical centers (Figure 1). Patients were hospitalized between 1/1/2018 and 12/31/2018, had ICD9/10 diagnosis codes consistent with OUD and acute bacterial/fungal infection, and chart review verification of active infection associated with OUD. Data were abstracted regarding demographics, inpatient interventions, transitions of care, and 1 year outcomes. Linear regression model with generalized estimating equation was used to evaluate associations of MOUD initiation with outcomes.

CHOICE Study Enrollment
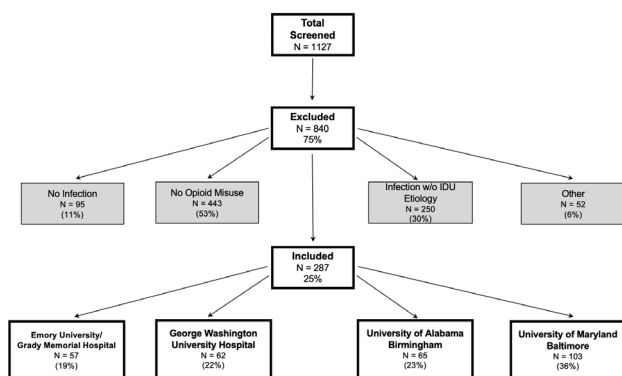
Results. 287 patients were predominately male (59%), white (63%), and median age 40 (32;52), with 72 (25%) uninsured, 103 (36%) unstably housed, and 84 (29%) were on MOUD prior to admission. 129 (45%) received MOUD during admission, 113 (39%) had MOUD prescribed on discharge, and 24 (8.4%) were linked to MOUD after admission [fig 2]. During sentinel admission, 62 (22%) were discharged prematurely/eloped, of whom 43 (69%) left without an antibiotic plan. Of the 202 (71%) not on MOUD at baseline, 55 (27%) initiated MOUD during admission. MOUD initiation was associated with higher odds of planned discharge (OR 6.7; p=0.0002) and being discharged on MOUD (OR 174; p< 0.0001) [fig 3]. Being uninsured was associated with lower odds of planned discharge (OR 0.55; < 0.0001) and discharge on MOUD (OR 0.59; p=0.02).

CHOICE Baseline Demographics (N=287)

Characteristic	Median or N	IQR or %
Age, M / IQR	40	32 - 52
Gender, N / %		
Male	168	58.7
Female	118	41.3
Race, N / %		
Black	97	33.9
White	181	63.3
Other	7	2.4
Hispanic, N / %		
Hispanic	3	1.0
Not Documented	4	1.4
Insurance Status, N / %		
Medicaid	150	52.3
Insured, Other	49	17.1
Uninsured	72	25.2
Housing Status, N / %		
Unstable	103	35.9
Stable	136	47.4
Not documented	48	16.7
Presenting Complaint, N / %		
Pain	162	56.6
Fever	30	10.5
Overdose	11	3.8
Other	191	66.8
ID Diagnosis, N / %		
Skin/Soft tissue infection	183	64.2
Bacteremia	93	32.6
Endocarditis	40	14.0
Osteomyelitis	40	14.0
Other	59	20.7

MOUD Continuum of Patients Hospitalized with Infectious Complications of OUD
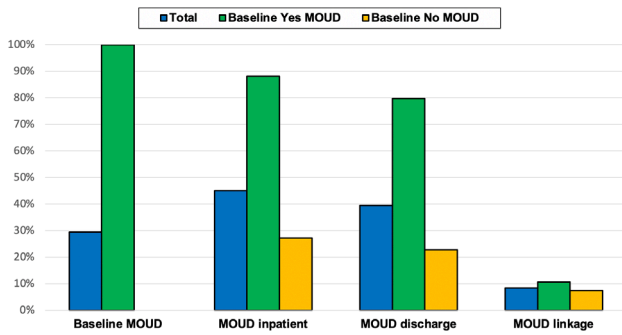
Outcomes of Patients Hospitalized with Infectious Complications of OUD By MOUD Initiation
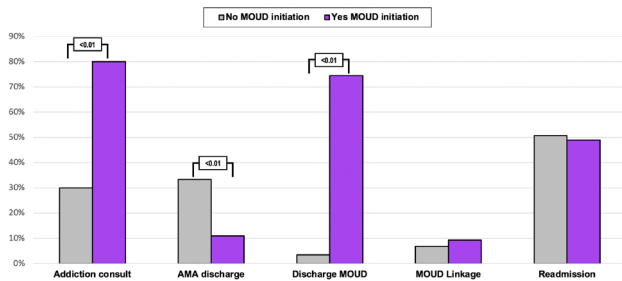
Conclusion. Across four healthcare systems, we found that patients hospitalized with infectious complications of OUD had low rates of MOUD initiation and high rates of premature discharge with incomplete ID treatment. Interventions to increase MOUD initiation and expand access to insurance may serve to mitigate the morbidity and mortality associated with OUD-related infections.

612. Empowering Patients with Addiction to Self-Administer Parenteral Antibiotics at Home: A Pilot Project

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Background. Nearly 20% of people in the United States use drugs each year. People who use drugs (PWUD) are predisposed to complex infections that require long term intravenous (IV) antibiotics. A frequent clinical quandary in PWUD is safe administration of extended IV antibiotics. Current standard of care is IV antibiotic administration in skilled nursing facilities. In this system, PWUD frequently do not finish antibiotic therapy, resulting in avoidable complications of untreated infections and increased healthcare utilization. We present a pilot study of ten patients with a history of addiction who required long-term IV antibiotics to evaluate the feasibility of self administered outpatient parenteral antibiotic therapy (S-OPAT) for PWUD.

Methods. Ten patients who had a history of mild addiction and stable housing, social support and transportation were enrolled at Parkland Health and Hospital System to complete S-OPAT. We extracted demographic, drug use, clinical and access to care variables and patients were followed with weekly clinical appointments. Addiction severity was defined using the National Institute of Drug Abuse (NIDA)-Modified ASSIST Score. We completed post-intervention surveys to evaluate the impact of the intervention on provider-patient trust.

Results. A total of 10 patients were enrolled in S-OPAT (Table 1). The patients were 48 years old on average, all were male and seven were Hispanic. All patients had

stimulant use disorder and no patients had commercial insurance. Treated infections were bone/ joint and skin/soft tissue in origin. All patients completed their antibiotic course, nearly all appointments were attended (96%) and there were no 30-day hospital readmissions (Table 2). More than two-third of patients experienced improvement in addiction severity with progress in multiple psychosocial factors including housing instability, social support and legal problems (Figure 1; Table 2).

Demographics		N=10
	Age (years)	48.7 ± 13.1 (28-64)
	Gender- Male	10 (100%)
	Race/Ethnicity	
	Non-Hispanic white	3 (30%)
	Hispanic	6 (60%)
	Black	1 (10%)
	Education	
	Less than High School	1 (10%)
	High School/GED	6 (60%)
	Some College	3 (30%)
	Single/Divorced	10 (100%)
	Access to Transportation	10 (100%)
	Primary Language- Spanish	2 (20%)
	Legal History	5 (50%)
	Insurance	
	Hospital- Based	8 (80%)
	Uninsured	2 (20%)
Substance Use		
	Last Reported Drug Use (months; n=8)	6.4 ± 3.6 (3-13)
	Drug Use	
	Cocaine	9 (90%)
	Marijuana	7 (70%)
	Methamphetamines	7 (70%)
	Drug of Choice-Cocaine	9 (90%)
	Support Group	2 (20%)
Clinical Variables		
	Medical Comorbidities	
	0-1	4 (40%)
	2 or more	6 (60%)
	Psychiatric Comorbidities	4 (40%)
	Clinical Diagnosis	
	Bone and Joint	9 (90%)
	Skin/Soft Tissue	1 (10%)
	Antibiotic	
	Cephalosporin	6 (60%)
	Meropenem	1 (10%)
	Daptomycin	4 (40%)
	Length of Stay (days)	12.7 ± 5.4 (7-24)
	Length of Outpatient Antibiotics (Days)	29.1 ± 8.3 (16-39)

Demographic, substance use and clinical variables among people who use drugs enrolled in the pilot project for S-OPAT (N=10).

Table 1. Demographic, substance use and clinical variables among people who use drugs enrolled in the pilot project for S-OPAT (N=10).

	At Intake	At Completion
Clinical		
Completed Antibiotic Course	----	10 (100%)
Attended all Appointments	----	7 (70%)
Hospital Readmission at 30 days	----	0 (0%)
ED Visit at 30 days	----	1 (10%)
Addiction		
Severity		
Mild	3 (30%)	7 (70%)
Moderate	7 (70%)	3 (30%)
Improvement in Addiction Severity	----	7 (70%)
Psychosocial Factors		
Legal Problems	7 (70%)	0 (0%)
Work Problems	7 (70%)	7 (70%)
Housing Instability	6 (60%)	0 (0%)
Family/Social Instability	7 (70%)	2 (20%)
Medical/Psychiatric Comorbidities- Improved	----	7 (70%)

Clinical, drug use and psychosocial outcomes among people who use drugs and received S-OPAT (N=10). Addiction severity was defined using the National Institute of Drug Abuse (NIDA) -Modified ASSIST Score.