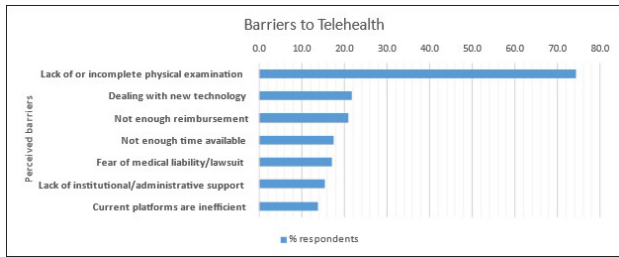


Figure 4. Barriers



Results. The response rate was 10% (n=253) of 2,550 PID clinicians. Physicians accounted for 98.4% of the cohort. The remaining 1.6% were allied health professionals. 81 survey respondents (32%) were in 4 US states (CA, TX, OH and NY) and the province of Quebec. 62.8% of respondents were women, 37% of respondents were 36-45 years old, with 42.7% devoting about 50-99% of their time to direct patient care. TH usage increased during the pandemic with the most gain in provider-patient communications with 65.6% increase for synchronous and 22.1% for asynchronous TH (Figure 1). Gains in provider-provider TH were less than 20%. Respondents reported a 6-fold gain in comfort with TH usage versus pre-pandemic level (Figure 2). Most respondents report being satisfied with their current platform and modality. Once the COVID-19 waivers expire, 70% of respondents plan to continue using TH. The most common TH modality used was an EMR-integrated TH platform (Figure 3). The main perceived barriers to TH adoption were lack of complete physical examination (73.7%), dealing with new technology (21.5%), and insufficient reimbursement (20.8%) (Figure 4).

Conclusion. The COVID-19 pandemic has resulted in a significant increase in the use of TH by PID specialists versus pre-pandemic usage. Respondents gained comfort with use of different telehealth modalities during the pandemic. This data can help clinicians and organizations in planning and resource allocation for telehealth programs in a post-pandemic environment.

Disclosures. All Authors: No reported disclosures

605. Rates of Patient Satisfaction with Home-Based Outpatient Antimicrobial Therapy (OPAT)

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Session: P-27. Clinical Practice Issues

Background. The use of home-based outpatient parenteral antimicrobial therapy (OPAT) is well established. Studies by the National Home Infusion Foundation (NHIF) show that 1.4 million patients receive OPAT each year.¹ With patient satisfaction a priority, NHIF developed, validated, and reliability tested the *Uniform Patient Satisfaction Survey for Home Infusion Providers* in 2017.² Medicare patients are the fastest growing segment in the US and account for a disproportionate share of health care usage. Determining older patient satisfaction is imperative because patients who are more satisfied are more compliant with treatment³ and tend to return for continued care.⁴ Accordingly, the purpose of this study was to determine the level of home-based OPAT patient satisfaction and if a significant difference ($p \leq .05$) exists between the 0-64 and 65+ age groups.

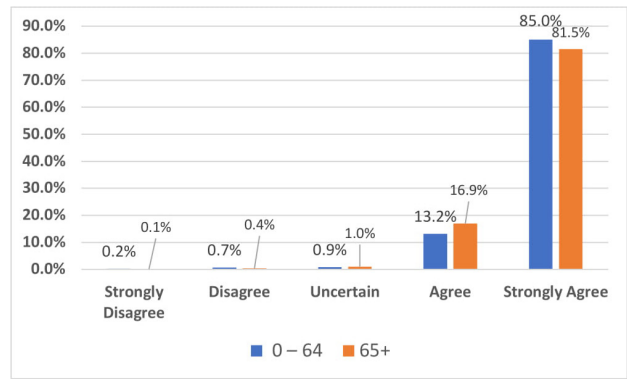
Methods. 2019 and 2020 OPAT survey data (n=5,559) was used in this study. Top box percent, typically used in health care patient satisfaction, was calculated for each survey question. Data was summarized using 7 composite categories formed from the 22 survey questions. Differences ($p \leq .05$) between the age groups was also calculated.

Results. Mean patient age was 64.31 (SD=14.78), 54.99% were 65+ years old, and 58.85% were male. OPAT patients gave high marks to their home infusion service (Table 1). The highest top box % for the composite scores was "Patient instructions" which averaged 98.91%. The most common healthcare satisfaction question "I was satisfied with the overall quality of the services provided" showed significant difference between the age groups ($p = .002$) with the 0-64 groups being more satisfied than the 65+ (Exhibit 1).

Table 1. OPAT Patient Satisfaction Survey Composite Scores: Percent of Patients Selecting Top-Box Score (n= 5,559)

Composite Category	Survey Question(s)	2019 & 2020 OPAT (n=5,559)
1. Equipment and Supplies	1-3	95.72%
2. General Communication	4-7	90.21%
3. Staff Courtesy Questions	8a, b, c, d	93.38%
4. Staff Helpfulness Questions	9a, b, c, d	92.16%
5. Patient Instruction Questions	10a, b, c, d, e	98.91%
6. Overall Satisfaction	11	83.11%
7. Would Recommend	12	81.42%

Exhibit 1. Level (%) of Agreement to "I was satisfied with the overall quality of the services provided" by Age Group (n = 5,559)



Conclusion. Analysis of each survey question shows the 65+ patients are less satisfied than younger patients on the following: being informed of side effects, explanation of financial responsibilities, and the helpfulness of the billing staff. Even though the scores are high for both age groups, additional research needs to be conducted to determine why scores for the 65+ age group are lower, and changes needed for improvement. Knowing the level of OPAT patient satisfaction will benefit infectious disease physicians, providers, prescribers, payers, and regulators as they evaluate how to expand home-based services.

Disclosures. All Authors: No reported disclosures

606. Implementation of a Telehealth-based OPAT Early Post-Discharge Clinic May Reduce Hospital Readmission

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Session: P-27. Clinical Practice Issues

Background. Recent studies suggest that early post-discharge follow-up for patients receiving outpatient parenteral antimicrobial therapy (OPAT) reduces readmission rates. We report our experience implementing a telehealth-based clinic to facilitate early (1-2 week) follow-up for selected OPAT patients perceived to be at high risk for readmission.

Methods. We identified patients who met criteria for and completed a supplemental OPAT telehealth visit following the initial seven months after implementation of this clinic (11/1/20 – 5/31/21). Clinical criteria triggering intake of patients for these visits included: endovascular or cardiac device-related infection; treatment with vancomycin, oxacillin/naftillin, or aminoglycosides; ≥ 2 prior hospitalizations within past 1 year; treating Infectious Disease or OPAT team's subjective assessment of high readmission risk. Patients planned for < 14 days of OPAT therapy were excluded. Categorical variables were compared using a Chi-square test at the $\alpha=0.05$ level of significance.

Results. A total of 49 patients completed a telehealth visit; mean time from discharge to telehealth visit was 12.1 days (SD +/- 3.9). An intervention was made in 27% of these visits (13 of 49 patients), most commonly involving attempted mitigation of an adverse event or line-related complication (7 cases). The all-cause, 30-day readmission rate for this cohort was 6.1% (3 of 49 patients), while the rate for OPAT patients who did not receive an early telehealth visit during the same period was 22.7% (52 of 229 patients) which was statistically significant ($p=0.008$). This association of benefit was also found when comparing infection-related, 30-day readmission rates (0% vs 7.4%, $p=0.049$).

Conclusion. Implementation of OPAT telehealth encounters for high-risk patients resulted in a high rate of intervention to mitigate adverse events of OPAT therapy. Readmission occurred less than one-third as frequently in the telehealth group compared to patients with no early follow-up visit. Telehealth-based encounters appear comparable in effectiveness to those previously reported utilizing in-person visits, introducing efficiencies that may allow for broader implementation of this intervention.

Disclosures. Nicolas W. Cortes-Penfield, MD, Nothing to disclose Bryan Alexander, PharmD, Astellas Pharma (Advisor or Review Panel member)

607. Improving Health Maintenance Among Patients with HIV by Implementing a SmartPhrase and a Care Gap in the EPIC Electronic Medical Record

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Session: P-27. Clinical Practice Issues

Background. Most deaths in HIV-infected patients receiving antiretroviral therapy are now related to conditions other than AIDS. HIV infection appears to increase the risk of many non-AIDS-related conditions, highlighting the importance of

