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1352. Improved HIV markers and decreased emergency room usage and hospital admission with initiation of a pilot specialty pharmacy at a southeastern Ryan White-funded clinic over a three year period
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Background. Specialty pharmacy (SP) provides timely medication delivery to patients and seeks to improve patient adherence through monthly pharmacist medication therapy management (MTM). Patients living with HIV/AIDS have both high cost medications and complex disease states and thus will benefit from SP: We report on the outcome of HIV therapy after 3 years of a pilot SP in a southern inner city RW funded clinic.
Methods. This is a single center retrospective chart review of patients at our clinic who were enrolled in the SP from 6/3/13–5/16 for at least 6 months. Baseline demographic characteristics and HIV markers (CD4, viral load) were collected. Outcomes of interest were: change in CD4 count, percent with viral suppression (VS), emergency room (ER) and hospital admission usage, as well as percent of scheduled providers appointment kept. Each individual had the same follow up time before and after SP initiation. Bivariate analysis compared outcomes preSP and during SP using Chi-square or Fisher exact tests for categorical and Wilcoxon rank-sum test for continuous variables.
Results. During the 3-year period, there were 212 individuals referred to SP, of whom 170 participated in the program. There were 92(54%) men, 136(80%) black. The median age was 48.3 years (IQR: 28.5–56.3). The average duration of follow up pre and during SP was 22.1(IQR: 16.5–27) months. In terms of insurance, 69(40%) had Medicare, which 170 participated in the program. There were 92(54%) men, 136(80%) black. The average length of stay was 6.6 days (SE±0.6). Out of these discharges, 102(25%) were persons with HIV to be seen at the following year at the RW hospital outpatient care facilities within the Mount Sinai Health System (MSHS), among patients hospitalized in four of the largest hospitals within MSHS.
Methods. ICD-10 codes were utilized to capture all hospitalized patients in 2016 with a diagnosis of HIV, and their discharge data, across various electronic medical records and billing systems were used to assess the rate of follow up care at HIV outpatient facilities within the Mount Sinai Health System (MSHS), among patients hospitalized in four of the largest hospitals within MSHS.
Methods. We conducted a retrospective analysis of patients with ≥ 1 HIV clinic visit at the Duke Adult Infectious Diseases Clinic between 2008 and 2013. Healthcare utilization was characterized by four indicators: clinic attendance in each half of the calendar year, number of ED visits (yes/no), number of unique hospital admissions during the study period. A multivariable logistic regression using a random intercept model was fit to estimate the odds ratios for each of the above mentioned outcomes, controlling for demographic and clinical characteristics. The model was further adjusted for adherence to ART. The proportion of patients with adherence to ART was 68.4% (vs. 49.2% P <0.001). Across all years, persons in the “adherent” class were more likely to completely disengage from care the following year than “adherent” persons (64.0% v. 29.8%, P <0.001). Across all years, persons in the “adherent” class were more likely to completely disengage from care the following year than “adherent” persons (64.0% v. 29.8%, P <0.001).
Conclusion. The data suggests that a smaller proportion of the inpatient discharges is linked to care within the system in addition to low appointment compliance rate. Further efforts to improve early linkage to care and retention may help to affect patient outcomes. Interventions focusing on chronic disease management may assist to further improve these rates. At the levels system, enhanced and increased discharge planning and coordination is required between inpatient units and outpatient clinics in addition to 37% of patients had repeat discharges.
Disclosures. All authors: no reported disclosures.
1355. Healthcare Engagement among Persons with HIV: More Than Just Viral Load and Clinical Attendance
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Session: 153. HIV Care Continuum
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Background. The traditional definition of engagement in HIV care in terms of only clinic attendance and viral suppression provides a limited understanding of how patients interact with the healthcare system. We conducted a retrospective analysis of patients with ≥ 1 HIV clinic visit at the Duke Adult Infectious Diseases Clinic between 2008 and 2013. Healthcare utilization was characterized by four indicators: clinic attendance in each half of the calendar year, number of ED visits (yes/no), number of unique hospital admissions during the study period. The model was further adjusted for adherence to ART. The proportion of patients with adherence to ART was 68.4% (vs. 49.2% P <0.001). Across all years, persons in the “adherent” class were more likely to completely disengage from care the following year than “adherent” persons (64.0% v. 29.8%, P <0.001).
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Conclusion. The data suggests that a smaller proportion of the inpatient discharges is linked to care within the system in addition to low appointment compliance rate. Further efforts to improve early linkage to care and retention may help to affect patient outcomes. Interventions focusing on chronic disease management may assist to further improve these rates. At the levels system, enhanced and increased discharge planning and coordination is required between inpatient units and outpatient clinics in addition to 37% of patients had repeat discharges.
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