878. Telemedicine Implementation in a Midwestern HIV Clinic: One Year Outcomes
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Session: P-51. HIV: Treatment

Background. During the COVID-19 pandemic, we realized the importance of limiting in-clinic contacts with patients who were stable on antiretroviral therapy to prevent the spread of COVID-19.

Methods. Our HIV clinic adopted telemedicine practices, in line with the HHS Interim Guidance for COVID-19 and Persons With HIV. Several HIV clinics reported lower viral suppression rates during the pandemic. We aim to describe the implementation process as well as year one outcomes of telemedicine at our clinic.

Results. In March 2020, we created telemedicine protocols; we also designed and continued updated algorithms for determining patient eligibility for telemedicine based on recent viral loads and last clinic visit. We monitored outcomes through electronic medical record chart reviews between May 1, 2020, and April 30, 2021. We collected patient demographics, and federal poverty level (FPL) information. We collected baseline and post-intervention rates of viral load suppression (VLS, defined as HIV RNA < 200 copies per mL), medical visit frequency (MVF, defined as percentage of patients who had one visit in each 6 months of the preceding 24 months with at least 60 days between visits) and lost to care (LOC, no follow up within 12 months period).

Conclusion. Telemedicine was a safe alternative to routine in-person HIV care during the COVID-19 pandemic. We observed similar rates of utilization across demographic and FPL status. Applying selection criteria, viral suppression and retention in care were not adversely impacted by shifting to telemedicine modality.

Disclosures. All Authors: No reported disclosures

880. Interim Analysis of Real-World Community-Based HIV Rapid Start Antiretroviral with BFTAF Versus Conventional HIV Antiretroviral Therapy Start – The RoCHaCHa Study, A Pilot Study
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Background. Trillium Health (TH) is a Federally Qualified Health Center looking alike and Ryan White C grantees in Rochester, NY providing primary and specialty care, including HIV prevention and treatment. Rapid Start Antiretroviral therapy (RSA) has been shown to decrease time to viral suppression while increasing linkage to and retention in care. However, data on a fixed dose combination of BFTAF with these benefits are limited.

We aim to show RSA with BFTAF time to viral suppression, adherence to medication, and retention in care is statistically significant in comparison to older treatment models. Additionally, we aim to demonstrate the feasibility and acceptability of RSA with BFTAF.

Methods. This is an interim analysis of participants who enrolled in the study and been in care at TH for at least 3 months as of May 2021. All participants complete a baseline assessment and start BFTAF. Follow up visits are conducted through 48 weeks. Primary and secondary endpoints are included in the attached table 2 Barriers to care and patient reported outcomes were evaluated through a standardized questionnaire at the final study visit. Study results were compared with non-RSA historical control data from patients who received standard of care universal ART initiation at TH.

Table 1. Results of Primary and Secondary Outcomes

| Outcome | BFTAF | Conventional | p-value |
|---------|-------|--------------|--------|
| VLS rate | 94% | 92% | 0.0001 |
| MVF | 58% | 49% | 0.0003 |
| Percentage of patients lost to care | 28% | 43% | 0.0003 |

Conclusion. All antiretrovirals were linked to weight gain but INSTIs were associated with increased incidence of hypertension.

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