Methods. Inpatient prescriptions for tenofovir disoproxil fumarate-emtricitabine (TDF-FTC) from 10/2019 to 8/2020 were analyzed to assess baseline provision of PrEP to PWID. Physicians on the Infectious Diseases ward service were anonymously queried on perceived barriers and their practices regarding provision of PrEP to PWID. PWID admitted from 9/2020 to 5/2021 were approached at bedside, provided counseling on PrEP and offered initiation prior to discharge. We analyzed patient perceptions and acceptance of PrEP.

Results. 16 total prescriptions for TDF-FTC were provided at discharge from 10/2019 to 8/2020, with 0 being for PrEP in PWID. The 8 physicians surveyed estimated that about 4 PWID per week of service. 5/8 physicians reported that at least one PWID was offered PrEP during their most recent week service. The most commonly reported physician barrier to prescribing PrEP was uncertainty regarding adherence and follow up (5/8). 30 patients were approached, with 14 reporting prior knowledge of PrEP; 18 were willing to engage in further education. Only 4 were accepting of PrEP, with 2 provided prescriptions. Of those declining, 13 denied active drug use, 4 denied active drug use, 4 denied active drug use, 4 denied active drug use, 4 denied active drug use.

### Table 1. Physician Reported Barriers to Prescribing PrEP (n=8)

| Category                          | Frequency |
|-----------------------------------|-----------|
| Uncertain follow up                | 5         |
| Uncertain Access to Care           | 2         |
| Short Length of Stay               | 2         |
| Patients Declined HIV Testing      | 1         |
| Short Time Since Last High-Risk Exposure | 1   |

**Table 2. Patient Reasons for Declining PrEP (n=30)**

| Category                          | Frequency |
|-----------------------------------|-----------|
| Knowledge of PrEP Prior to Counseling | 14 (46.67%) |
| Wishes to be Initiated on PrEP    | 4 (13.33%) |
| PrEP Prescribed Prior to Discharge| 2 (6.67%)  |

**Table 3. Patient Reasons for Declining PrEP (n=30)**

| Category                          | Frequency |
|-----------------------------------|-----------|
| Denied Sharing of Injection Drug Equipment | 13 (43.33%) |
| Stated Commitment to Future Abstinence | 7 (23.33%) |
| Denied Active Drug Use             | 4 (13.33%) |
| Felt Contacts were Low Risk for HIV | 2 (6.67%)  |
| Finds Daily Dosing Undesirable     | 3 (10%)   |
| Concerned Regarding Possible Side Effects | 2 (6.67%)  |
| Concerned Regarding Stigma         | 1 (3.33%)  |

**Conclusion.** In this pilot study, few admitted PWID were accepting of PrEP. Attempts to initiate PrEP in PWID in the inpatient setting may not be effective at our institution. The most common reason for declining was low self-perceived risk of HIV acquisition; however, a significant proportion of patients showed interest in further education. Therefore, the inpatient setting may be a valuable site of initial counseling and referral for future potential provision of PrEP in the outpatient setting.

**Disclosures.** All Authors: No reported disclosures

**51. Patient Reported Outcomes Collection: A Mixed Methods Study at an urban HIV Clinic associated with a Historically Black Medical College in the Southern United States**

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platform on a hand-held tablet. Using a purposive sampling strategy, we enrolled 20 of the 100 participants in an in-depth interview (IDI). Interview guide development was grounded in the Cognitive Behavioral Model in which thoughts, feelings, and behaviors are inter-related. IDIs were audio recorded, transcribed, de-identified, and formatted for coding. A hierarchical coding system was developed and refined using an inductive-deductive approach.

Results. Among 100 PWH enrolled, median age was 50 years, 89% were Black, 60% were male, and 82% were living below 100% of the Federal Poverty Level. IDI participants felt the tablet was easy to use and the question content was meaningful. Question content related to trauma, sexual and drug use behaviors, mental health, stigma, and discrimination elicited uncomfortable or distressing feelings in some participants. Patients expressed a strong desire to be truthful and most would complete these surveys without compensation at future visits if offered.

Conclusion. The use of an electronic tablet to complete PRO data collection was feasible and well received by this cohort of vulnerable persons in HIV care in the US South. Despite some discomfort, our cohort overwhelmingly believed this was a valuable part of their medical experience. Real-time PRO data collection allows providers to screen for and act on social and behavioral determinants of health. Future research will focus on scaling up the implementation and evaluation of PRO data collection in a contextually appropriate manner.

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52. PrEP Adherence and Discontinuation at a Pharmacy-Supported PrEP Program in Atlanta, GA
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Session: O-11. Disparities in HIV PrEP and Continuum of HIV Care

Background. Pre-exposure prophylaxis (PrEP) is a highly effective biomedical strategy to decrease Human Immunodeficiency Virus (HIV) acquisition. Effectiveness of oral PrEP is linked to medication adherence. In 2018, Grady Health System (GHS) launched a PrEP program to increase PrEP access among un- and underinsured individuals living in metro Atlanta, Georgia. The purpose of this study is to determine PrEP medication adherence, PrEP discontinuation rates, and associated individual factors of patients enrolled during the first 18 months of the program’s implementation.

Methods. A single-center, retrospective chart review was conducted on patients enrolled in the GHS PrEP program between June 1, 2018 and February 29, 2020 who received more than one monthly PrEP prescription. Adherence was estimated using the medication possession ratio (MPR). The primary outcome was mean adherence to PrEP. Secondary outcomes include rate of high percent adherence (MPR > 80%), median time of engagement in care, PrEP discontinuation rates, rates of PrEP re-engagement, and individual factors associated with PrEP discontinuation and low adherence.

Results. This study included 154 patients, 70.8% of them were Black, 62.3% were cisgender men, 59.1% were uninsured, and the mean age was 34. The majority of patients identified as men who have sex with men (51.9%). Mean PrEP adherence was 89.2%; 77.3% of patients demonstrated a high rate of adherence. No individual or social factors were associated with low adherence, but younger age was associated with higher rates of PrEP discontinuation (p< 0.0061). At the end of the follow up period on October 30, 2020, 53.8% of patients were active in the program and 12.7% of those who discontinued had re-engaged with the program. The average length of program engagement was 9.8 months.

Table 2. Demographic and Clinical Characteristics of the Study Population

| Characteristic | Median | IQR |
|----------------|--------|-----|
| Total          | 100    | 42.5, 54.6 |
| Age (years)*   | 60.0   | 60.0, 56.0 |
| Sex/Gender     |        |     |
| Male           | 60     | 60.0, 60.0 |
| Female         | 37.0   | 37.0, 40.0 |
| Transwoman     | 3.0    | 3.0, 3.0 |
| Race/Ethnicity |        |     |
| Black          | 89     | 89.0, 89.0 |
| Non-Hispanic   | 7      | 7.0, 7.0 |
| White          | 5      | 5.0, 5.0 |
| Other/Unknown  | 4.0    | 4.0, 4.0 |
| HIV Transmission Risk | | |
| Heterosexual Contact | 59 | 59.0, 63.0 |
| Male-to-Male Sexual Contact | 22 | 22.0, 22.0 |
| Injection Drug Use | 14 | 14.0, 14.0 |
| Other/Unknown  | 5.0    | 5.0, 5.0 |
| CD4+ cell count (cells/μL) | 541 | 337.5, 805 |
| Poverty Level  |        |     |
| <100% FPL      | 82     | 82.0, 82.0 |
| 100-137% FPL   | 8      | 8.0, 8.0 |
| 138-199% FPL   | 3      | 3.0, 3.0 |
| ≥200% FPL      | 4      | 4.0, 4.0 |
| Housing Status |        |     |
| Stable/Permanent | 71 | 71.0, 71.0 |
| Temporary      | 24     | 24.0, 24.0 |
| Unstable       | 1.0    | 1.0, 1.0 |
| Missing        | 4.0    | 4.0, 4.0 |

Table 3. In-depth Interview Summarized Questions and Responses

| Question | Response |
|----------|----------|
| How do you feel about your PrEP regimen? | Very satisfied. It has helped me stay healthy and protected myself and others. |
| What do you think about the PrEP tablet? | It’s easy to use and the questions are meaningful. |
| How do you ensure you take your PrEP on a daily basis? | I set reminders on my phone and take it every day. |
| What do you think about the PrEP program? | It’s beneficial and I would recommend it to others. |
| How has PrEP impacted your life? | It’s given me peace of mind and a renewed sense of freedom. |

Table 1. Baseline socio-demographic characteristics (N=154)

| Age (mean, SD) | 34.2 (12.6) |
| Race/Ethnicity |        |
| Black          | 109 (70.8) |
| White          | 25 (16.2)  |
| Hispanic       | 15 (9.7)   |
| Other          | 5 (3.2)    |
| Sex at birth   |        |
| Male           | 119 (77.3) |
| Female         | 35 (22.7)  |
| Self-identified gender | |
| Male           | 96 (62.3)  |
| Female         | 58 (37.7)  |
| Gender         |        |
| Cisgender men  | 96 (62.3)  |
| Cisgender women| 33 (21.4)  |
| Transgender women | 24 (15.6)  |
| Transgender men | 1 (0.6)    |
| PrEP indication |       |
| Transgender women | 23 (14.9)  |
| Men who have sex with men (MSM) | 80 (51.9) |
| Transgender men | 1 (0.6)    |
| Heterosexual women | 24 (15.6)  |
| Heterosexual man | 8 (5.2)    |
| Serodiscordant couple | 17 (11.0)  |
| Bisexual women  | 1 (0.6)    |
| Insurance status |       |
| Uninsured      | 91 (59.1)  |
| Commercial     | 30 (19.5)  |
| Medicaid       | 26 (16.9)  |
| Medicare       | 7 (4.5)    |

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