of this program, rapid-start initiation of antiretroviral therapy (ART) was not implement
ated prior to discharge. The purpose of this study was to evaluate the impact of a pha
rmatrist-driven antiretroviral stewardship and transitions of care service in persons
living with HIV/AIDS (PLWHA).

Methods. This was a retrospective pre- and post-analysis of PLWHA hospitalized
at University of Illinois Hospital (UIH). Patients included were adults following at UIH
outpatient clinics for HIV care admitted to UIH for acute care. Data were collected
between April 19, 2017 and October 19, 2017 for the pre-implementation phase, and
between July 1, 2018 and December 31, 2018 for the post-implementation phase. The
post-implementation phase included an HIV-trained clinical pharmacist (Figure 1).
Primary and secondary endpoints included follow-up rates at UIH outpatient HIV
clinics, 30-day readmission rates, and access to medications at hospital discharge.
Statistical analysis included descriptive statistics and Fisher’s Exact test.

Results. A total of 119 patients were included in the analysis, 66 in the pre-imple
mentation phase and 53 in the post-implementation phase. The post-implementation
phase included an HIV-trained clinical pharmacist (Figure 1).

Conclusion. Recently incarcerated PLWHA continue to have significant geo
graphic and logistical barriers to care and self-report more high-risk behaviors
than nonincarcerated peers. Enhanced care management and telehealth services may
be useful in linkage to care when PLWHA transition from correctional to community
healthcare systems in the Florida setting.

Table 1. Demographics of incarcerated vs Non-incarcerated Persons Living with HIV (PLWH) in Central Florida.

| Incarceration? | Yes | N=60 | No | N=76 | p-value |
|----------------|-----|------|----|------|---------|
| Gender         |     |      |    |      |         |
| Male           | 48  | 81.4 | 55 | 84.6 | 0.8271  |
| Female         | 10  | 17.6 | 24 | 33.9 |         |
| Transgender    | 1   | 1.7  | 6  | 8.7  |         |
| Other          | 0   | 0.0  | 5  | 6.6  |         |
| Ethnicity      |     |      |    |      |         |
| Hispanic      | 8   | 13.3 | 18 | 23.7 | 0.7173  |
| Non-Hispanic   | 52  | 86.7 | 27 | 76.3 |         |
| Race           |     |      |    |      |         |
| White          | 19  | 31.7 | 27 | 35.6 | 0.2416  |
| Black          | 36  | 60.0 | 30 | 39.5 |         |
| Native American| 2  | 3.3  | 10 | 13.2 |         |
| Asian          | 0   | 0.0  | 5  | 6.6  |         |
| Multi Race     | 1   | 1.7  | 4  | 5.3  |         |
| Other          | 2   | 3.3  | 6  | 7.9  |         |
| US born?       |     |      |    |      |         |
| No             | 5   | 8.3  | 18 | 23.7 | 0.0661  |
| Yes            | 55  | 91.7 | 28 | 76.3 |         |
| Marital status |     |      |    |      | 0.9348  |
| Married        | 3   | 5.0  | 7  | 9.2  |         |
| Divorced       | 18  | 30.0 | 13 | 17.2 |         |
| Widowed        | 3   | 5.0  | 7  | 9.2  |         |
| Separated      | 4   | 6.7  | 5  | 6.6  |         |
| Single/married | 38  | 60.0 | 47 | 61.8 |         |
| Living with partner | 6 | 10.0 | 9 | 11.9 |         |
| Sex preference |     |      |    |      | 0.2739  |
| Men            | 34  | 54.6 | 43 | 56.3 |         |
| Women          | 21  | 33.3 | 20 | 26.3 |         |
| HIV diagnosis  |     |      |    |      | 0.1329  |
| No              | 30  | 48.4 | 33 | 43.5 |         |
| Yes            | 36  | 58.1 | 37 | 48.7 |         |
| Taking HIV meds currently | No | 7 | 12.1 | 8 | 10.4 | 0.4593 |
| Yes            | 51  | 82.9 | 60 | 79.4 |         |
| Believes HIV meds have positive effect | No | 4 | 7.0 | 5 | 6.6 | 0.3840 |
| Yes            | 46 | 74.2 | 54 | 71.1 |         |
| Very positive | 30  | 50.0 | 57 | 75.6 |         |

Disclosures. All authors: No reported disclosures.

1310. The Impact of Recent Incarceration on Post-Release HIV Linkage to Care and Risk-Taking Behaviors in the Setting of Enhanced Linkage to Care Policies in Florida

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Background. The United States has the largest incarcerated population in the
world with 6.6 million adults in 2016.1 While incarceration is a known risk factor for
difficulties in linkage to care3-5 and adverse health outcomes6-8, little is published on
post-release incarcerated persons living with HIV (PLWH) in Florida.

Methods. Data were acquired from the Florida Cohort, an ongoing, longitudinal, cross-sectional study of PLWH recruited across HIV clinics in the state of Florida, from 2014 to 2018. Chi-square and multiple regression analyses correlated recent incarceration (within last 12 months) with demographics, HIV care adherence, perceived barriers to care, and self-reported high-risk behaviors.

Results. Of 936 participants, 6.4% (n = 60) reported recent incarceration within the last 12 months. Those recently incarcerated were more likely to report missing at least one appointment in the last 6 months (46.7% vs. 22.2%; P < 0.0001), to have an extraordinarily long travel time (>60 minutes) to a HIV provider (34.5% vs. 16.6%; P = 0.002; OR 2.66 [95% CI: 1.20–5.92]), and to lack reliable transportation (70% vs. 47.5%, P = 0.0007; OR 1.70 [95% CI: 0.82–3.52]) Those not recently incarcerated reported having completed a high school education (OR: 0.69 [95% CI: 0.5–0.97]) and stated they “never missed an appointment” (OR: 0.42 [95% CI: 0.22–0.81]). Recently incarcerated PLWH also had higher occurrence of high-risk behaviors such as receiving (40.4% vs. 30.6%; P = 0.003) or providing (30.4% vs. 10.4%; P = 0.001) money or drugs for sex, having used IV drugs (15% vs. 4%; P = 0.001), and not using condoms during exchange of drugs for sex (OR: 9.43 [95% CI: 3.78–23.52]).

Conclusion. Recently incarcerated PLWH continue to have significant geographical and logistical barriers to care and self-report more high-risk behaviors than nonincarcerated peers. Enhanced care management and telehealth services may be useful in linkage to care when PLWH transition from correctional to community healthcare systems in the Florida setting.
noted that the duration between date of HIV diagnosis and linkage to care as well as ART initiation decreased. This decline was associated with a substantial increase in viral suppression. The average time between the dates of HIV diagnosis and initial visit decreased from 269 days in 2009 to 13 days in 2018. Moreover, the average time between the dates of diagnosis and ART initiation dropped from 308 days in 2009 to 15 days in 2018. The 1-year HIV viral suppression rate subsequently doubled from 44% in 2009 to 87% in 2018 (P < 0.01).

Conclusion. The Ryan White HIV Care Continuum Model with emphasis on early linkage to care and ART initiation can have a significant impact on HIV viral suppression at a community level for newly diagnosed patients. Another important observation in this study was the alarming high rate of AIDS at diagnosis, which highlights the need for universal HIV testing, and early diagnosis.

Table 2. Odds Ratio Estimates for Incarcerated Persons Living with HIV (PLWH) compared to non-incarcerated PLWH.

| Event                                    | Odds Ratio (95% Confidence Intervals) |
|------------------------------------------|--------------------------------------|
| Never Missed Appointment with HIV provider | 0.42 (0.22-0.81)                      |
| Lack of transportation                    | 1.70 (0.82-3.52)                      |
| "30-60 minutes" distance from HIV provider | 0.87 (0.38-1.95)                      |
| ">50 minutes" distance from HIV provider  | 2.66 (1.20-5.92)                      |
| Received illicit drugs from partners and using condoms | 3.67 (1.51-8.95) |
| Received illicit drugs from partners and not using condoms | 9.43 (3.78-23.52) |
| Completed high school education           | 0.69 (0.50-0.97)                      |

Disclosures. All authors: No reported disclosures.

1311. Ryan White HIV Care Continuum Model Doubled the Rate of Community HIV Viral Suppression for Newly Diagnosed Patients: A 10-Year Review Christina Rizk, MSc; Alice Zhao, Student; Janet Miceli, MPH; Portia Shea, Student; Mercedes Villanueva, MD; Lydia A. Barakat, MD; Yale School of Medicine, New Haven, Connecticut; Yale University, New Haven, Connecticut

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Background. HIV has transitioned from an acute illness to a chronic disease due to potent antiretroviral therapy (ART). People living with HIV (PLWH) must be highly compliant which is difficult due to multiple barriers. The Ryan White HIV Care Continuum was developed as a series of steps that PLWH take in their treatment cascade. At our HIV clinic, 90% of the patients are virally suppressed (viral load <200 copies/mL). Although this is higher than the national average, PLWH who are not virally suppressed and not retained in care carry the highest risk of transmission. We have several resources to engage patients, but text messaging has not been utilized for at-risk patients at the clinic or the academic center.

Methods. The aim is to demonstrate that a pilot study of a text messaging-based intervention will increase the proportion of PLWH along the care continuum. The pre-intervention data consists of the clinic population with a viral load ≥200 copies/mL between July 1, 2017 and June 30, 2018. After chart review, eligible patients were consented to receive weekly text messages with content regarding appointment and medication reminders, and motivational messages. In the consented group, effectiveness of the intervention will be measured by tracking their appointments, viral loads, and ART prescriptions.

Results. After chart review, 80 patients were eligible, and 18 patients were consented for the intervention. In the eligible group, the average length of care is 8 years (range 0 to 26) and average number of years since initial ART prescription is 6.8 (range 0 to 20). The average viral load is 27,372 copies/mL. Amongst the consented group (n = 18), compared with the pre-intervention, there was a 6% increase in those who made an appointment, 33% increase in those who kept an appointment, 50% increase in those who had a viral load <200, and 62% increase in those who had ART dispensed post-intervention.

Conclusion. The intervention group is small due to difficulties in consenting this vulnerable population. This is an observational study that demonstrated the impact of text messaging a high-risk population with minimal harm that not only improved the local HIV care continuum, but also addressed the barriers to care. The next steps are to determine how this method can link other at-risk patients to care at a large HIV clinic at a tertiary center.

1312. Increasing Care Engagement Amongst People Living with HIV Through a Text Messaging Intervention at a Tertiary Center Nupur Gupta, DO; Sarah McBeth, MD, MPH; Ella Kaplan, LCSW; Greg Valdisera, LSW; Deborah McMahon, MD; University of Pittsburgh Medical Center, Pittsburgh, Pennsylvania

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