2540. Targeting ID Education for Advanced Practice Providers: A Growing Learning Group in Academic Medical Centers
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Session: 266. Medical Education: Medical School to Practice
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Background. Advanced Practice Providers (APPs), including nurse practitioners (NPs) and physician assistants (PAs), increasingly provide patient care in inpatient settings at academic medical centers. However, little is known about their medical education. We sought to describe current APP educational experiences at our institution and to implement and evaluate an educational intervention aimed at decreasing inappropriate antimicrobial use for asymptomatic bacteruria (ASB) amongst this group.

Methods. We conducted a baseline survey of all APPs utilizing the internal medicine service. We then conducted 10 views of an online video on ASB and described the clinical characteristics of the high-risk patient population jointly consulted by ID and Psychiatry teams. This healthcare workforce initiative aimed to expand the role of ID providers in the opioid epidemic and decrease barriers to buprenorphine prescribing.

Results. After 3 months, 125 (92%) APPs provided feedback. Mean knowledge scores significantly increased after the intervention from 2.5 to 4.125 (P < 0.05).

Conclusion. APPs within an academic medical center have unique educational backgrounds and needs. APPs identified current educational opportunities as student/resident directed and incompatible with their work schedules. More APPs utilized the video session than attended in-person lectures. This intervention improved immediate knowledge acquisition; however, retention and impact on clinical outcomes are still being evaluated.

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2541. Impact of a Combined Infectious Disease-Critical Care Medicine (ID-CCM) Track on Fellowship Recruitment
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Background. There has been a declining national trend in recent years of resident applicants to Infectious Disease (ID) fellowship programs. This dearth of interested and available applicants has resulted in many programs failing to fill some or all of their fellowship slots. Our ID fellowship program, founded in 2013 at Allegheny General Hospital, had met with similar difficulty.

Methods. To increase the recruitment pool of candidates and combat the challenge to fill our positions, we incorporated a combined 3 year ID-Critical Care Medicine (CCM) track in 2016, initially with one of our two annual fellowship slots allotted to this track. This entailed a collaborative effort between the ID and CCM divi- sions, an internal application completion outlining the need and rationale for this combined program, and finally, approval from the institutional as well as the Accreditation Council for Graduate Medical Education (ACGME).

Results. The number of applicants interviewed from 2013 to 2016 for ID (pre-incep- tion of the ID-CCM track), as well as those for ID, ID-CCM, or those interviewing for both tracks following 2016, were counted. We noted a consistent increasing trend in the numbers interviewed for both the ID (4, 8, and 12 total applicants) and ID-CCM (4, 10, and 12 total applicants) tracks over the three since the inception of our combined fellowship program; 3 additional applicants in years 2017 and 2018, and 5 in 2019, expressed interest in either ID or ID-CCM (Graph 1). This favorably maneuvered to filling our training positions.

Conclusion. Implementation of a combined ID-CCM fellowship program proved to be a viable strategy to increase the number of applicants at our institution. Given the success of providing more credentialed slots, we expanded the combined-track to both positions. As the first fully-integrated ID-CCM fellowship program in the country, we may be pioneering this novel training pathway for future physicians.

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2542. ID-Psych Addiction Rounds: A New Model to Address Opioid Use Disorder For Patients on the Infectious Disease Consult Service
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Background. ID physicians often treat the infectious sequae of opioid use dis- order (OUD) and find it challenging to link hospitalized patients to substance use resources. In a large safety net hospital, we launched a multi-disciplinary initiative to ensure that patients on the ID consult service with OUD were always offered medica- tion-assisted treatment (MAT). We used infections as “sentinel” events to identify patients for a fellowship rotation that could provide the comprehensive training described above. We also described and documented the clinical characteristics of the high-risk patient population jointly consulted by ID and Psychiatry teams. This healthcare workforce initiative aimed to expand the role of ID providers in the opioid epidemic and decrease barriers to buprenorphine prescribing.

Methods. Every 2 weeks, an ID fellow identified patients on their consult lists with infectious complications of OUD. Focused discussions were then held with the Psychiatry service and discussion of each patient continued at subsequent case conferences with attention paid to re-engaging those lost to follow-up. We performed chart abstraction of demographic and clinical characteristics as part of a quality improve- ment initiative.

Results. From October 2018 to March 2019, 23 patients were discussed at 10 case conferences with input from attendings, fellows, housestaff, social workers, and repre- sentatives from a novel Primary Care Safety Net program. The average patient age was 41 (range 24-70) and 66% were male (96%) with high rates of HIV (22%) and untreated HCV (40%). ID-related infections included endocarditis (39%), osteomyelitis (31%), skin and soft-tissue infections (17%) and spinal abscesses (17%). The median time for a patient to be presented at an ID-Psych Addiction Rounds was 7 days (IQR 4.5-11.5). The mean length of hospitalization was 30 days (range 2-112). MAT was initiated in 75% of patients (41% buprenorphine; 59% methadone). The 30 day lost to follow-up rate was exceedingly high, with 80% of post-hospital appointments being missed.

Conclusion. ID physicians can effectively link hospitalized patients with OUD to substance use resources. A multi-disciplinary approach is key to addressing the opioid epidemic. Future work should explore how to create effective post-hospital transitions to decrease those lost to follow-up.

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2543. Implementation of a Fellow-Driven B-Lactam Allergy De-Labeling Initiative on an Inpatient ID Consult Service
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Background. Approximately 10% of patients in the US report a penicillin (PCN) allergy, but more than 90% can safely receive β-lactam (BL) antibiotics. Having a reported BL allergy (BLA) is associated with increased length of stay, cost of care, adverse events, and mortality. As part of our institutional quality improvement incen- tive program for graduate medical trainees, the Infectious Diseases (ID) and Allergy/Immunology (AI) fellows implemented a protocol-driven approach to BLA evaluation. We sought to evaluate the success of this implementation.

Methods. This is a pre–post investigation of our BLA protocol. As an initial pilot to a hospital-wide protocol, the ID and AI services implemented a BLA guideline incorporating thorough history-taking, graded challenge, and focused peni- cillin skin testing for patients on the ID consult service. All patients seen by the ID consult service from July 1, 2018 through June 30, 2019 with a documented BLA were included (baseline period April 1, 2018 through June 30, 2018). The primary endpoint was the proportion of patients meeting any one of the following: receipt of a BL, in- patient or outpatient referral to AI, or removal of BLA from the medical record by the time of discharge. Data were tracked quarterly and fed back to ID and AI fellows elec- tronically. The Chi-square test was used to compare pre-post outcomes.

Results. Over the first three quarters, 258 patients with BLA were evaluated by the ID consult service. Our baseline compliance was 65%, which increased to an average of 81% over the subsequent three quarters (P = 0.003). Among patients with BLA seen by the ID consult service during the intervention, 177 (69%) received a BL, 37 (14%) underwent outpatient AI evaluation, 11 (4%) received discharge referrals to AI, and 126 (49%) had their BLA removed. Several patients met more than one pri- mary endpoint.

Conclusion. Implementation of a protocol-driven BLA guideline by ID and AI fellows was feasible and led to an increase in the number of patients either receiving BLs in the hospital or undergoing timely evaluation or removal of BLA. In conclusion, the implementation of a β-lactam allergy de-labeling initiative is an effective way to empower trainees to incorporate BLA de-labeling into their practice.

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2544. An Exploratory Study of Resource Utilization by Practitioners when Managing Infections
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