869. A Qualitative Review of Social Barriers Impeding Retention in HIV Care at a Ryan White Clinic

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Session: P-50. HIV: Social Determinants of Health

Background. Ending the HIV Epidemic: A Plan for America aims to decrease new HIV diagnoses 75% by 2025 and 90% by 2030. To achieve this, we identified patients unable to achieve viral suppression with social-behavioral needs deemed "high-hanging fruit." Via extensive outreach efforts and creation of shared problem solving, we pursued the goals of rapid and effective treatment leading to viral suppression and prevention of HIV transmission. We (1) exhausted all avenues of outreach to re-engage patients in HIV care and (2) identified personal or social characteristics related to difficulties in visit retention and achieving viral suppression.

Methods. Of 46 Ryan White-eligible patients seen in an urban, academic medical center, 46 did not achieve and/or maintain viral suppression, and qualified for the study. We conducted a mixed methods survey comprised of both multiple choice and open-ended questions to ascertain what barriers patients face to continuous engagement in care and to achieving viral suppression. We developed a re-engagement outreach cycle which included: text messages and phone calls, electronic messages via patient portal or email, phone call to pharmacy to cross-check contact information, outreach to patients' emergency contact, and sending a letter by mail.

Results. Of 46 participants, 32 were reached and 14 were not found. Sixteen re-engaged in care and of these, 14 completed the survey (see Figure). Those who completed the survey noted the following barriers to care: poor mental health, financial issues, problems committing to an appointment due to work/family/transportation, and COVID-19. Out of all 46 participants, the 14 who were not found had an overall a higher index of chaos. This index of chaos included, but was not limited to: homelessness, IV drug use, domestic violence, and stigma.

Outreach to re-engage in HIV care

A. Participants in study, B. Outreach outcomes, C. Common survey themes

Conclusion. Intensive efforts are required to re-engage patients, counsel on adherence, and achieve viral suppression. The reasons for lack of engagement in care are real and challenging. Multiple cycles of continuous outreach serve to establish trust, address barriers, and connect to HIV care.

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870. Coverage, Cost Sharing, and Out-of-Pocket Costs for Single-Tablet HIV Antiretroviral Regimens in Qualified Health Plans in the United States, 2018-2020

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Session: P-50. HIV: Social Determinants of Health

Background. Since approval of 2018). As ART formularies adapt in response to new ART single tablet regimens (STRs), we analyzed QHP coverage of two first-line STRs: dolutegravir/abacavir/lamivudine (Triumeq; approved 2014) and bictegravir/emtricitabine/tenofovir alafenamide (Biktarvy; approved 2018).

Methods. For all QHPs offered in the 2018-2020 ACA Marketplaces, we analyzed Biktarvy and Triumeq coverage, cost sharing, and out-of-pocket (OOP) costs at state, regional, and EHE priority jurisdiction levels.

Results. For 2018, 2019, and 2020, respectively, we identified 19,533, 17,007, and 21,547 QHPs. In 2018, 26 states had < 50% of QHPs covering Biktarvy, and 9 states had 0%. Conversely, 41 states had 100% of QHPs covering Triumeq, and only 2 states had < 50% (Fig. 1). Biktarvy coverage improved from 2018-2020, especially in the Midwest (27% to 88%). Improvements were driven by increased coverage with copay except in the South, where coverage with copay remained stagnant and coverage with coinsurance increased (22% to 33%) (Fig. 2). Biktarvy coverage increased in EHE jurisdictions from 74% to 90%, driven by increased coverage with coinsurance (20% to 34%) (Fig. 3).

Despite Biktarvy's higher national average wholesale price than Triumeq ($4,073 vs. $3,639 per month in 2020, respectively), monthly OOP cost trends only differed regionally in the Midwest and did not differ by EHE priority jurisdiction status (Fig. 4).

A. Participants in study, B. Outreach outcomes, C. Common survey themes
871. Sexual Health Service Experience and Preferences for Non-Traditional Service Delivery Among a Predominately Immigrant Latino MSM Population in Miami

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Methods. Data were utilized from the Aging with Dignity, Health, Optimism and Community (ADHOC) cohort, an observational study of OALWH from ten US clinics.

Conclusion. STR coverage remains heterogeneous across the United States. Over time, coverage of the newer STR increased, but many QHPs in EHE jurisdictions still required coinsurance. Access to newer ART regimens may be slowed by delayed coverage or complex negotiations with manufacturers about formlulary inclusion as ART options become more competitive, even if patients are insulated from cost differences.

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