median of two telehealth consultations. Technical difficulties occurred in less than 10% of consultations with FTA of 17%. Consult duration averaged 15 minutes or less.

**Conclusion.** Our completed patient cohort results demonstrate comparable virological outcomes for telehealth managed patients as compared with onsite management, even when adjusted for age, gender and hepatic fibrosis status. This suggests efforts to improve access to care can be achieved without compromising patient outcomes. Following the 2017 Infectious Diseases Society of America (IDSA) position statement on Telehealth and Telemedicine, we discuss the challenges and benefits of outpatient ID telehealth services as we enter the era of digitally enabled healthcare.

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

538. Cascade of Care for Hepatitis C Virus (HCV) infected patients in an Urban Community Health Center in Massachusetts in the era of Direct Acting Antivirals (DAAs)
Pratibha Sheddadi, MD1; and David S Yassa, MD2,3; Infectious Disease, Beth Israel Deaconess Medical Center, Boston, Massachusetts, 1Department of Medicine, Division of Infectious Diseases, Beth Israel Deaconess Medical Center, Boston, Massachusetts

**Session:** 59. Hepatitis B and C in Varied Settings
**Thursday, October 5, 2017:** 12:30 PM

**Background.** Despite increased focus on understanding the HCV cascade of care, data is limited in the DAA era, particularly in an urban community health setting. We aimed to study the HCV cascade of care at an urban community health center in the DAA era and to identify barriers to linkage to care, referral and treatment of HCV.

**Methods.** We performed a retrospective review of patients with a positive HCV antibody and a visit at Dimock Community Health Center from October 31, 2014 to November 1, 2016. Data were abstracted from medical records for demographic details, medical and psychiatric comorbidities, substance abuse information and HCV specific characteristics such as genotype, HIV/Hepatitis B co-infection, and fibrosis scoring. Data were also abstracted for 52 patients actively engaged in HCV care with prior positive testing or who tested positive during the study period. Descriptive statistics, pair wise comparisons with Chi –Square, Fischer’s exact and T-test were used to identify characteristics associated with referral and treatment of HCV infection.

**Results.** 107 patients with positive HCV antibody were identified. HCV RNA was sent for 87 (81 %) and was detectable in 53 of 87 (61 %). Forty-two (48 %) were referred to care and 31 (36 %) were seen by infectious disease or hepatology. Of the 52 patients who were HCV RNA positive, 32% were not referred for HCV treatment; the main reasons for non-referral were loss to follow-up and comorbidities present in this cohort were psychiatric disease (54.9%), cirrhosis (22.6%), HBV infection (14.1%), and HIV (8.5%). In the univariate analysis, new inpatient HCV diagnosis was negatively correlated with LTC (OR: 0.03, 95% CI: 0.002–0.41, P = 8.95), inpatient HCV antibody, 110 (71%) had a follow-up HCV RNA test and 35.1% were LTC. The comorbidities present in this cohort were psychiatric disease (54.9%), cirrhosis (22.6%), HIV (14.1%) and HBV infection (8.5%). In the univariate analysis, new inpatient HCV diagnosis (OR = 0.09, 95% CI: 0.02–0.36, P = 0.001), employment (OR = 3, 95% CI: 1.01–8.95, P = 0.049) and history of substance use disorder (OR = 0.38, 95% CI: 0.15–0.96, P = 0.043) were associated with LTC. In the logistic regression analysis, inpatient HCV diagnosis was negatively correlated with LTC (OR: 0.03, 95% CI: 0.002–0.41, P = 0.009). Two hot spots of HCV infection were identified in south central Suffolk County.

**Conclusion.** In this population, new inpatient HCV diagnosis and history of substance use disorder were less likely to have LTC, whereas those employed were more likely to have LTC. Innovative interventions in the inpatient setting may be beneficial for newly diagnosed HCV cases to improve LTC after discharge.

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

539. Barriers to Successful Linkage to Care Among HCV Positive Individuals Presenting to a Major Tertiary Medical Center on Long Island, New York
Audan Lay, MD, MPH1; Kerim Odokum, MD2; Ruth Abeles, MD, MS3; Inderjit Mann, MD1; Lily Coyle, BS1; Kalie Smith, BS3; Bettina C. Fries, MD, FIDSA and Luis A. Marcos, MD, MPH4
1Internal Medicine, Stony Brook University Hospital, Stony Brook, New York, 2Stony Brook University Hospital, Stony Brook, New York, 3Stony Brook University School of Medicine, Stony Brook, New York; 4Department of Medicine (Division of Infectious Disease), Stony Brook University Hospital, Stony Brook, New York

**Session:** 59. Hepatitis B and C in Varied Settings
**Thursday, October 5, 2017:** 12:30 PM

**Background.** In 2013, the US Preventive Services Task Force made a grade B recommendation to offer HCV screening for at-risk individuals and baby boomers (born between 1945 and 1965). However, only 50% of HCV-positive individuals are aware they are infected, and far fewer attend an outpatient appointment and are initiated on treatment (Linkage to Care: LTC). The aim of this study is to assess the factors affecting linkage among HCV positives in a suburban tertiary medical center on Long Island, NY.

**Methods.** A retrospective chart review was performed on all patients with ICD-9 or 10 diagnostic codes for HCV positive antibody from January 2016 to March 2017 at Stony Brook University Hospital. Data were collected for HCV RNA, LTC, demographics, insurance and employment status, psychiatric diagnosis, comorbid medical conditions, substance use disorder, injection drug use, liver and kidney function, level of fibrosis.

**Results.** A total of 155 cases (61.9% male; mean age 53.9 years) had a positive HCV antibody, 110 (71%) had a follow-up HCV RNA test and 35.1% were LTC. The comorbidities present in this cohort were psychiatric disease (54.9%), cirrhosis (22.6%), HBV infection (14.1%) and HIV (8.5%). In the univariate analysis, new inpatient HCV diagnosis (OR = 0.09, 95% CI: 0.02–0.36, P = 0.001), employment (OR = 3, 95% CI: 1.01–8.95, P = 0.049) and history of substance use disorder (OR = 0.38, 95% CI: 0.15–0.96, P = 0.043) were associated with LTC. In the logistic regression analysis, inpatient HCV diagnosis was negatively correlated with LTC (OR: 0.03, 95% CI: 0.002–0.41, P = 0.009).

**Conclusion.** In this community based study, loss to follow-up and comorbidities led to non-engagement in care for 31% of patients with positive HCV RNA. When engaged in care, treatment success rates were comparable to other real-world studies. Our study suggests that specific interventions at different points in care may overcome barriers to linkage to care, referral and treatment of HCV.

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

540. Implementation of a Comprehensive Hepatitis C Virus (HCV) Treatment Program in Metro-Detroit
Reda Awalli, MD, MPH1; Prateek Lohia, MD2; Jennifer Veltman, MD3; Jonathan Cohn, MD, MS, FIDSA4; and Lawrence R Crane, MD, FACP, FIDSA1; 1Division of Infectious Diseases, Wayne State University School of Medicine, Detroit, Michigan, 2General Internal Medicine, Wayne State University School of Medicine, Detroit, Michigan

**Session:** 59. Hepatitis B and C in Varied Settings
**Thursday, October 5, 2017:** 12:30 PM

**Background.** The newly introduced direct-acting antivirals (DAAs) for chronic hepatitis C virus (HCV) infection have substantially higher cure rates and less side effects compared with previous regimens. However, in order to achieve optimal patient engagement in HCV treatment, it’s highly imperative to develop comprehensive HCV treatment programs which provide optimal services that help navigate patients through a challenging healthcare system.

**Methods.** In 2014, a comprehensive HCV treatment program employing a multidisciplinary team service was created at our Ryan White sponsored clinic in Metro-Detroit. The team which included infectious disease physicians, nurse practitioners and social
541. Improving Hepatitis C Screening Rates in Primary Care
Sara Amlal, MD3; Anil Jagtiani, MD3; Matthew Thosneld, MD, PhD3; Maryam Mahmood, MD3; Rajeev Chaudhry, MBBS, MPH3; Andrew Franzaire, Acting Lead Analyst/Programmer1 and Jennifer Whitaker, MD, MS2 1Division of Infectious Diseases, Mayo Clinic, Rochester, Minnesota; 2Infectious Diseases, Mayo Clinic, Rochester, Minnesota; 3Mayo Clinic, Rochester, Minnesota
Session: 59. Hepatitis B and C in Varied Settings
Thursday, October 5, 2017: 12:30 PM

Background. Hepatitis C virus (HCV) is the most common chronic blood-borne pathogen in the US. It is the leading cause of complications from chronic liver disease and the most common indication for liver transplants among US adults. National guidelines recommend one-time birth cohort based screening for adults born from 1945 to 1965 regardless of risk factors for blood-borne infections. A magnitude assessment of infectious disease outpatients demonstrated a birth cohort based screening rate of 38%. Prior quality improvement projects at other institutions have resulted in significant improvements in screening rates, with up to 90% of eligible individuals being screened. We aim to increase HCV screening by 20% amongst Primary Care Internal Medicine (PCIM) patients born from 1945 to 1965 at Mayo Clinic Rochester over a 6 month period.

Methods. The baseline screening rate over a 2-year period (January 1, 2015–December 31, 2016) was extracted from medical records. An anonymous online survey was created and sent to PCIM providers to assess their comfort with screening guideline recommendations and current perceived practices, as well as perform a stakeholder analysis to identify current barriers to screening. A reminder email was sent 3 weeks after the initial invitation.

Results. The baseline screening rate was 6% (769 of 12,269 eligible visits). We attained a 30% (17/57) survey response rate after 4 weeks. Only 6% (1/17) reported screening all patients based on guideline recommendations. We found that 35% of providers are unsure who is eligible for screening. The majority (56%) cited not remembering to discuss screening, and only 18% felt very confident with their understanding of the guidelines. Other reasons for not screening per Figure 1. All providers stated they would screen more patients if there was a screening prompt, and 71% felt that providers needed more education.

Conclusion. Based on the results we implemented an electronic medical record tool to prompt providers to order HCV screening on patients eligible by birth cohort, who had not been previously screened, and did not have known HCV infection. Education was provided via a divisional newsletter. We are currently collecting data to analyze screening rates 6 months after implementation of our intervention.

Figure 1

542. Impact of Insurance and Treatment Regimens on HCV Outcome: Long-term Follow-up Study
Mallikarjuna Mukka, MD; Sami Akram, MD and Janak Koira1, MD, FIDSA; Division of Infectious Diseases, Southern Illinois University School of Medicine, Springfield, Illinois
Session: 59. Hepatitis B and C in Varied Settings
Thursday, October 5, 2017: 12:30 PM

Background. Directly acting agents (DAA) have revolutionized the treatment of Hepatitis C infection. However the access to appropriate drugs has been a barrier to therapy. Our objective of this study was to find the impact of insurance type and treatment regimen on outcome in patients with hepatitis C.

Methods. We have maintained a database of patients with HCV infection who were seen at our outpatient infectious disease clinic. We conducted a retrospective review of 160 patients who have been following since 2005–2006. In addition to baseline data, we also collected data on treatment status, regimens, outcome, insurance and reasons for no treatment. Statistical analyses included chi-square tests for categorical variables and ANOVA for numerical variables. This study was approved by the institutional review board.

Results. Of the 160 charts reviewed, we had complete records of 40 patients who had a median follow-up period of 12 years. Among them 75% of the patients had HCV genotype 1 (1 or 1b). Liver biopsy was available only for 50% patients which showed 32.5% had early stage (0–2) and 27.5% had late stage (3–4) fibrosis. Most of the patients (17) were treated with older therapies (peg-interferon alpha with or without boceprevir or telaprevir) and 7 with newer DAA combinations, whereas 16 patients did not receive treatment. All patients with private insurance received treatment. Rates of adverse events were low, and the rate of sustained virological response (SVR) was 100%.

Conclusion. In this study, patients did not have access to appropriate antiviral therapy had worse outcome. The main determinant for poor access to treatment was the type of insurance. It is important to improve access to treatment for all patients with HCV infection which can reduce the rate of progression to advanced liver disease and mortality.

Disclosures. All authors: No reported disclosures.

543. Salvage Therapy in Cancer Patients With Hepatitis C Infection Failing Direct-Acting Antivirals: A Prospective Study
Haley Pritchard, MD2; Deeksha Jandhyala, MD2; Minas Platon Economides, MD; Jeff Hosry, MD3 and Harrys Torres, MD, FIDSA1; Department of Medicine Division of Infectious Disease, Baylor College of Medicine, Houston, Texas; 1Division of Infectious Diseases, University of Texas Health Science Center at Houston, Houston, Texas, 2Infectious Diseases, The University of Texas MD Anderson Cancer Center, Houston, Texas, 3University of Texas Health Science Center, Houston, Texas
Session: 59. Hepatitis B and C in Varied Settings
Thursday, October 5, 2017: 12:30 PM

Background. Direct-acting antivirals (DAAs) are commonly used in Hepatitis C (HCV)-infected cancer patients. While treatment failure in these patients is rare, little information exists regarding antiviral salvage therapy. We evaluated the treatment outcomes of this patient population.

Methods. Cancer patients who received initial DAAs (01/2014-06/2016) were analyzed for viral relapse, defined as reappearance of HCV RNA in serum after discontinuation of DAAs. We evaluated safety and efficacy of salvage. RAS (resistance-associated substitutions) to NS5A/B and NS53 were identified using commercially available assays (population sequencing).

Results. Of 160 patients enrolled in a prospective observational study, 15 (15/160; 9%) experienced treatment failure. Of these, 7 received salvage therapy (715; 47%) (Table). The majority of patients were men (86%), cirrhotics (57%), and had solid tumors (71%). Ultimately 3/7 (43%) patients achieved sustained virologic response (SVR). Of the 4 patients who failed first salvage treatment, 3 (75%) had RASs prior to such therapy, 3 (75%) had HCC, and 1 (25%) underwent second surgical. None of the patients experienced grade 3/4 adverse events.

Conclusion. HCV relapse after DAAs is rare in cancer patients, but the efficacy of salvage is suboptimal. More effective rescue therapies are needed.

Disclosures. All authors: No reported disclosures.