intravenous catheter was placed for patients with concomitant antimicrobials. Follow-up was performed and documented via a progress note in the EHR as appropriate. Data was collected via retrospective chart review and statistical analysis was performed using Chi-squared test with Yates’ correction.

**Results:** 101 pre- and 7 patients post-implementation were included in this study. Of the 101 pre-implementation patients, 25.6% (p=0.47). The secondary outcomes of 30-day readmission rates were 17% and 0% (p=0.52); and complications related to OPAT (e.g., central-line associated blood stream infection) were 12% and 0% (p=0.73), respectively. 2 midline catheters were recommended by the OPAT team, and a cost savings of up to 65,796 was calculated.

**Conclusion:** This study detected a significant difference in suturing/stapling and medication prescribing patterns for homeless persons with an infectious disease compared to homeless persons who were more likely (OR: 10.99, p< 0.05, CI: 1.08-111.40) to receive sutures or staples when presenting with an infectious disease in United States emergency departments. Compared to private residence persons, homeless individuals were less likely (OR: 0.93, p<0.05) to receive medications or immunizations when presenting with an infectious disease in United States emergency departments, and significant differences were detected in prescribing habits of multiple medication classes.

**Disclosure:** This study detected a significant difference in suturing/stapling and medication prescribing patterns for homeless persons with an infectious disease in United States emergency departments, compared to their housed counterparts. These results provide a platform for continual research.

**References:**
1. Burnham JP, Frits SA, Yang YH, Caubert GA. Telemedicine for Infectious Diseases: Consultations and Clinical Outcomes. A Systematic Review. Open Forum Infect Dis. 2019;6(12):dfz451. Published 2019 Dec 5. doi:10.1093/ofid/dfz451
2. Mordorski D, Rhodas IV, Tempelkr S, et al. A Retrospective Cohort Study to Assess the Impact of an Inpatient Infectious Disease Telemedicine Consultation Service on Hospital and Patient Outcomes. Clin Infect Dis. 2020;70(9):1763-1770. doi:10.1093/cid/ciz393

**Methods:** Travel time between the 3 rural Pennsylvania hospitals (total 432 bed hospitals) by car is 1 hour 40 minutes. All in-person consultations were provided by an independent ID physician who traveled daily between site. Starting July 2018, all consultations were provided by Tele-ID. Initial performance of both in-person and Tele-ID was performed and documented via a progress note in the EHR as appropriate. Data was collected via retrospective chart review and statistical analysis was performed using Chi-squared test with Yates’ correction.

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Table 1: Characteristics of the Study Population

| Hospital #1 | Hospital #2 and #3 |
|-------------|-------------------|
| In-person ID | Tele-ID | In-person ID | Tele-ID |
| Total | 187 | 239 | 104 | 152 |
| Encounters | p=0.018 |
| Caucasion (%) | 126 (68.7) | 205 (85.8) | 97 (93.2) | 145 (95.4) |
| Female (%) | 24 (6.3) | 141 (59.9) | 54 (51.9) | 79 (51.9) |
| Age (years) | 67.4 | 66.7 | 66.5 | 67.3 | 67.0 |
| BMI (average) | 31.5 | 30.9 | 32.6 | 34.7 | 32.4 |
| Comorbidty Score | 5.4 | 5.8 | 6.4 | 7.0 | 6.2 |

* = Chadson Comorbidity Score

Table 2: Primary Outcomes of Consulted Patients

| Hospital #1 | Hospital #2 and #3 |
|-------------|-------------------|
| In-person ID | Tele-ID | In-person ID | Tele-ID |
| Total | 147 | 239 | 104 | 152 |
| LOS after ID consult (Days) | p=0.468 |
| ID Related Readmission at 30-days (%) | 12 (8.2) | 7 (2.9) | 4 (3.8) | 5 (3.2) |
| Transfer to tertiary center (%) | 17 (11.4) | 23 (9.6) | 16 (15.4) | 17 (11.2) |
| Discharge to Home (%) | 63 (42.9) | 121 (50.6) | 64 (51.5) | 95 (62.5) |

Conclusion: This comparative study shows that patient outcomes are similar between in-person and Tele-ID, despite higher volume and complexity encountered by Tele-ID. The greater number of consults and broader range of diagnosis made by Tele-ID suggests greater productivity, possibly related to travel time elimination. Tele-ID appears to be a good alternative solution for rural locations that lack in-person access to ID care.

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614. Long-Acting Lipoglycopeptides for the Treatment of Bone and Joint Infections and Bacteremia in Infectious Disease Outpatient Infusion Clinics

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Background: Long-acting lipoglycopeptides (LGPs) are approved for the treatment of acute bacterial skin and skin-structure infections. Broad Gram-positive coverage and weekly dosing regimens are useful for other diagnoses, but real-world data supporting such use are sparse. We review our experience of dalbavancin and oritavancin for the treatment of bone and joint infection (BJI) and bacteremia (BAC) in outpatient infusion clinics (OICs).

Methods: We conducted a multicenter, retrospective, observational cohort study of patients (pts) receiving long-acting LGPs in OICs over 2 yrs from 2018-2019 for BJI and BAC. Data collected included demographics, diagnosis, dosing regimen, microbiology, clinical outcomes, and adverse events (AEs). Clinical success, defined as resolution of infection with continued oral antibiotics allowed, was assessed at the next follow-up visit. Worsening infection, the need for additional intravenous therapy, and discontinuities during therapy were deemed non-successful.

Results: We identified 70 pts (mean age: 64±16 yrs, 53% male) from 25 OICs, who received dalbavancin (n=50), oritavancin (n=19) and both (n=1). BJI accounted for 55 (79%) with 31 osteomyelitis, 9 bursitis, 7 prosthetic joint, 7 septic arthritis, and 11 tenosynovitis. BAC was the primary source of bacteremia. In 15 (21%) and sources were 6 devices, 2 lower respiratory tract, 2 urinary tract and 5 unknown. 46% of pts were treated in the OIC without prior hospitalization. 72 Gram-positive isolates were obtained from 67 pts, with Staphylococcus aureus predominant (42/27, 58%), including methicillin-resistant (26/72, 36%) and methicillin susceptible isolates (16/27, 42%). Median number of doses administered were 2 (IQR 1-2) in BJI and 1 in BAC (IQR 1-2). Overall clinical success was 86% (57/66), with 4 non-evaluable. BJI had 85% success (44/52), with 90% in osteomyelitis (28/31), 50% in prosthetic joint, and 1 in BAC (IQR 1-2). More than half of patients (54.8%) who had more than 6 months of Lyme-related symptoms had positive serological testing. Common themes identified in the 16 phone surveys of patients with PTLDs conducted so far included significant frustration related to the dismissive attitudes from medical professionals (n=9/16), and many sought alternative or complementary therapies (n=11/16). Six patients reported receiving very long-term antibiotic regimens from other Lyme specialists. Many patients expressed satisfaction with the visit and medical advice even in the absence of definitive cure of therapy (n=9/16), although a significant number continued to seek care elsewhere (n=6/16).

Conclusion: More than half of new patients reported symptoms lasting more than 6 months after targeted antibiotic therapy. Further research is needed to develop interventions for the common symptoms of fatigue, joint pain, cognitive difficulty and sleep disturbance. Treatments to improve sleep, diet, and physical activity and decrease inflammation among patients who suffer from PTLDs are needed.

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