HIV care providers. These results have implications to engage more PLWH into care, particularly in states that have increased access to primary care through healthcare expansions.

62. HIV: Management and Clinical Outcomes

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Background. The HIVMA and Choosing Wisely campaign recommend using a simple lymphocyte panel for monitoring CD4 counts of patients with HIV. This panel shows CD4 absolute and percentage counts only. Complex lymphocyte panels, which are more comprehensive and expensive, often do not offer more clinically valuable information. Increasing the rate of simple panel utilization can significantly save costs for the healthcare system without compromising care.

Methods. A before-and-after study was conducted in two community-based teaching hospitals with total capacity of 418 inpatient beds, and an outpatient HIV/AIDS center. All panels ordered from March 2016 to March 2018 were included in the study. Intervention started in November 2017. Simple panel was shown as the default test when CD4 test was ordered in the electronic health record while complex panels were eventually phased out. Panels ordered before and after the intervention were counted, and proportions compared. Costs were computed based on 2017 Medicare reimbursement rates.

Results. A total of 1,701 panels were done during the study period (20 months) where 1,401 were ordered pre-intervention (20 months) while 300 were post-intervention (5 months). Complex panels represented 99% (n = 1,398) of tests ordered pre-intervention. The average cost of each test was $167.67. The healthcare system lost ~$183,051 due to added expense of complex panels during this period. In the post-intervention period, proportion of complex panels fell by 85% (95% CI 80.57–88.5%; P < 0.0001). Average cost per test post-intervention lowered to $55.54. The mean difference was $121.13 and was statistically significant (95% CI 107.78–116.47; P < 0.0001). The percentage of simple panels consistently increased month-per-month post-intervention. In the last month of the study period, 100% of orders were simple panels (Figure 1).

Conclusion. The use of complex panels for monitoring CD4 count caused unnecessary expenses and resulted in significant loses for the healthcare system. An effective and efficient intervention to increase the use of simple panels was to implement an opt-out policy. Simple panels were set as the default test unless the provider specified otherwise. The intervention is projected to save ~$98,761 in 2018.

Disclosures. All authors: No reported disclosures.

598. Choosing Wisely with CD4 Counts: When Less Is More
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