After data sharing, 39 (5.0%) of patients were identified as a social contact to whom the 3-day missed dose reminders would be sent whereas others designated their mother, aunt, brother, friend, pastor, or significant other. Thirty percent of the participants identified a partner as a social contact to whom the 3-day missed dose reminders would not gain unwanted attention. Thirty percent of the participants preferred text message notifications that ranged from emoji icons to cryptic messages associated with HIV intervention adherence, though feasibility is context-dependent. We assessed the feasibility of an mHealth intervention to improve appointment adherence among young adults with HIV in Lima, Peru.

Methods. Between November 2016 and April 2017, we implemented a one-way mHealth pilot intervention in an outpatient hospital without electronic medical records. We enrolled young adults (age 18–29) entering HIV care in a 3-component intervention: (i) reminder SMS prior to scheduled appointments (provider, laboratory, pharmacy); (ii) motivational SMS after each visit; and (iii) phone call following a missed visit. Feasibility evaluation included enrollment acceptance, visit tracking (information captured in the study database within 3 days of attendance), and proportion of intervention delivery (threshold ≥90%). We performed a qualitative assessment to identify implementation challenges reviewing staff field notes and meeting minutes. Results. We enrolled 80/94 (86%) of eligible participants. The median age was 25 years and 83% were male. The median time of follow-up after enrollment was 115 [interquartile range (IQR): 84–141] days, and participants had a median of 10 (IQR: 8–14) visits during the study period. Among 850 total participant visits, study personnel tracked 751 (88.4%): most (98%) untracked visits were scheduled appointments, most (74.7%) scheduled appointments and 160 (21.3%) were unscheduled walk-ins. Intervention delivery reached 556/591 (94.1%) for reminder SMS, 733/751 (97.6%) for motivational messages, and 169/170 (99.4%) phone calls for missed visits, 127 (75.1%) of which were answered. Qualitative assessment revealed 2 major themes: real-time appointment tracking in a paper-based system consumed most staff time and resources, and meticulous in-person coordination between the implementation and hospital staff was essential for tracking.

Conclusion. An mHealth intervention to improve appointment adherence among young adults with HIV appears feasible with dedicated staff and a reliable appointment tracking system. Digitalized appointment systems may be needed to address challenges for scale-up.

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1366. Patient-level Factors Associated with HIV Care Continuum Adherence Among Young Adults with HIV in Peru — Satisfaction Survey Methodology
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Background. Linkage to care is a critical step for achieving HIV viral suppression and improving outcomes in newly diagnosed individuals. An unexpectedly high number of patients who have undiagnosed HIV or ineffective viral suppression are identified upon initial consultation to acute-care. This study aims to understand factors that may be associated with lack of viral suppression for patients who are newly diagnosed at admission.

Methods. Patients with HIV, admitted to one of our eight acute care facilities were identified (n = 1,632) from medical records. Of these, 94 were newly diagnosed and 1,538 had a prior diagnosis of HIV. Factors that may impact the viral suppression status (≥200 copies/mL) prior to admission were examined. Median income and percent-age of individuals living below poverty were inferred from the American Community Survey (U.S. Census) data based on a patient’s zip code. All other factors were extracted from the medical record at the time of admission. Chi square tests and t-tests were used to compare patients who were virally suppressed to those who were not.

Results. The average age was 48 years old and 60% were male and 82% black race. Patients who presented and were not virally suppressed were more likely to be between the ages of 40–60 and of black race. Distributions of age groups and race were significantly different between those virally suppressed and those who were not suppressed at admission (P < 0.05 for both). Blacks and whites between 40 and 60 years were more likely than other race and age groups to present at admission without viral suppression. Patients from geographic areas associated with high poverty and lower median income were less likely to be virally suppressed (23.2% vs. 25.2%; P < 0.05 for poverty and $41,183 vs. $43,757; P < 0.05) for income.

Conclusion. These results indicate that age, race and geographically inferred income and poverty are significantly different between patients who are virally suppressed and those who are not suppressed. Further investigation is needed to better understand how these patient-level factors, including socioeconomic factors, impact linkage to care as well as how best to allocate resources to better engage and retain patients in HIV care to improve their long-term outcomes.

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