involvement in HIV care. Despite expanding roles, there is a paucity of data regarding the impact of collaboration amongst pharmacists and physicians on inpatient antiretroviral management. We evaluated the effects of an antiretroviral stewardship team, comprised of an HIV specialized pharmacist, Infectious Disease physician, and associated learners on reducing inpatient antiretroviral-related errors.

Methods. Two hundred ninety-seven admissions were evaluated of which 15 were excluded due to treatment for Hepatitis B and PrEP. Forty-eight percent of included admissions (134/282) had at least one intervention made, with 196 interventions made in total. The following variables were assessed to identify predisposing risk factors for errors: non-institutional outpatient provider (OR 1.890 [95% CI 1.136–3.143]; P = 0.014), admission to the intensive care unit (OR 3.836 [95% CI 1.192–12.340]; P = 0.024), change in GFR (OR 3.332 [95% CI 1.144–9.710]; P = 0.027), CD4 count <200 cells/mm³ (OR 1.196 [95% CI 1.015–3.617]; P = 0.045), and multi-tablet inpatient regimen (OR 2.030 [95% CI 1.046–3.412]; P = 0.045). Cost savings from interventions were estimated to be $137,040.

Conclusion. Interprofessional antiretroviral stewardship teams optimize patient care and provide cost savings. Patients at highest risk for errors include those with non-institutional outpatient providers, admission to the intensive care unit, changes in GFR, and CD4 count <200 cells/mm³.

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593. A Nationwide Assessment of Predictive Factors for Provision of Continuity of Care Resources for HIV-Positive Detainees in ICE Health Service Corps-Staffed Facilities, Fall 2015 and 2017

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Background. Continuity of care (CoC) is paramount to the successful management of patients with human immunodeficiency virus (HIV), and is uniquely challenged when patients are mobile. Over the last several years Immediate Detainee Customs Enforcement Health Service Corps (IHSC) has increased training and education for providers regarding the provision of CoC. The objective of this study was to evaluate the impact of these efforts by assessing provision of and factors associated with CoC counseling to HIV-infected detainees in 2015 as compared with 2017.

Methods. This retrospective analysis reviewed electronic health records of detainees with confirmed HIV infection detained at any of the 21 IHSC-staffed nationwide facilities between January–December 2015 and January–August 2017. Using SAS software V9.3, odds ratios, 95% CI, chi-square, univariate and multiple logistic regression was performed on all data. CoC counseling to HIV-infected detainees in 2015 as compared with 2017.

Conclusion. CoC counseling to HIV-infected detainees in 2015 as compared with 2017.

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595. Changes in Ryan White Clinic Referral Patterns Among HIV-Infected Patients Following Implementation of the Affordable Care Act

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Background. The Affordable Care Act (ACA) enacted on March 23, 2010 may have subsequently affected referral patterns for persons living with HIV (PLWH). The ACA permits states to provide Medicaid for individuals at or below 138% of the federal poverty line with federal funding for 3 years after enactment. Following the Kentucky Medicaid expansion in September 2013, the uninsured rate fell from 14.3% (~616,000) in 2013 to 6% (~261,000) in 2015 (USDS, 2016). As of June 2016 the total number of diagnosed PLWH in Kentucky was 9,928 (CHFS, 2016).

This study evaluated the impact of the ACA on referrals to care for PLWH. The University of Kentucky Bluegrass Care Clinic (UK BCC) is a federally funded Ryan White HIV/AIDS clinic that serves 63 counties in central and eastern Kentucky.

Methods. This study examined 1,022 newly enrolled patients between March 24, 2010 and June 8, 2017 to observe changes in referral patterns at the UK BCC. Referral type was categorized into one of 10 referral groups (referral by self, outpatient clinic, hospital, OB/GYN, community organization, UK BCC, transfer, health department, and unknown). Unknown observations were removed from the data analysis.

Results. Of the 1,022 intake records, 127 had an unknown referral source (12.4%). Between the period 2010–2013 (Pre-ACA) there was an 18% decrease in referrals from Health Departments between pre- and post-ACA (29.8% vs. 12.0%). In addition, there was a 13.0% increase in transfer care to the UK BCC (16.1% vs. 29.3%). There was an overall significant difference in referral care patterns between the two time periods (P < 0.0001) when considering all referral groups.

Conclusion. The decrease in referral of patient from Health Departments may indicate that PLWH have more access to screening and referrals to clinic care through primary care providers with Medicaid expansion. Further, the increase in patients who transfer from pre-existing care to the Ryan White clinic suggest that the expansion of PLWH using Medicare and Medicaid may have multiple benefits for eligibility to other