Table 2. Factors associated with treatment initiation with a directing acting antiviral regimen in the full cohort using CKD stage as a covariate. (multivariable logistic regression model).

	Odds ratio (95% CI)
Age, per 10 year increase	1.00(1.00,1.00)
Race/ethnicity: White (comparator)	1
Black	1.08(1.03,1.12)
Hispanic	0.85(0.77,0.94)
Other	1.11(1.04,1.19)
Male sex (compared to female)	0.96(0.87,1.06)
Baseline HCV RNA, per 1 $\log_{10}$ increase	1.10(1.09,1.11)
HCV genotype: 1a (comparator)	1
1b	1.02(0.96,1.08)
2	0.61(0.56,0.67)
3	0.55(0.49,0.61)
4, 5, 6	0.83(0.62,1.09)
Mixed	0.72(0.46,1.15)
Missing	0.25(0.24,0.26)
Body mass index >30 (compared with <=30)	1.24(1.19,1.29)
Diabetes	0.82(0.78,0.86)
Cardiovascular disease diagnosis	0.73(0.68,0.78)
Alcohol abuse or dependence	0.75(0.72,0.78)
Cirrhosis at baseline (by FIB-4 >3.5)	0.85(0.80,0.89)
CKD stage: eGFR >90mL/min/1.73m^2 (comparator)	1
CKD stage 2	1.00(0.96,1.04)
CKD stage 3	0.65(0.60,0.70)
CKD stage 4-5	0.35(0.29,0.42)

Disclosures. **A. Butt**, Merck: Investigator, Grant recipient. **A. Puenpatom**, Merck: Employee, Salary. **J. M. Arduino**, Merck: Employee, Salary. **R. Kumar**, Merck: Employee, Salary

529. Evaluation of the Hepatitis C Cascade of Care in a Multidisciplinary Infectious Diseases Clinic

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Session: 59. Hepatitis B and C in Varied Settings
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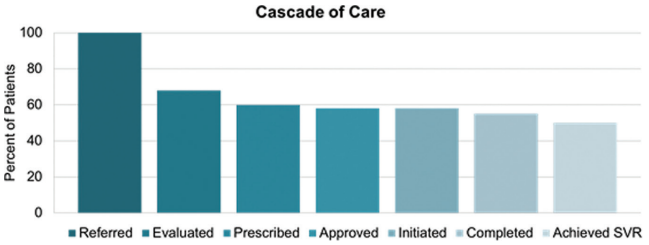
Background. Despite emerging hepatitis C virus (HCV) treatments, barriers remain within the cascade of care (CoC) that limit impact in real-world practice. Assessing breakdown in the HCV CoC will provide targets for interventions to facilitate improved access and treatment. The objective of this study was to identify factors associated with movement through the HCV CoC after referral to a multidisciplinary infectious diseases (ID) clinic, including both general and historically difficult to treat populations.

Methods. This is a single-center, retrospective, cohort study of patients receiving care at the Vanderbilt University Medical Center (VUMC) ID Clinic between July 2015 and September 2016. Data were collected from the electronic medical record used for patient care. For the purposes of this study, the defined CoC started with referral to the VUMC ID clinic and followed progression through HCV evaluation, prescription, approval, initiation, and completion of treatment, and achievement of sustained virologic response at least 12 weeks after treatment completion (SVR12). The primary endpoint was completion of treatment. Secondary endpoints were achievement of each stage in the CoC. Univariate analyses were used to identify patient groups less likely to advance through the CoC.

Results. Of the 182 patients referred to the VUMC ID clinic during our study period, 101 (55.5%) achieved the primary endpoint of treatment completion. Having Medicaid insurance was associated with a lower rate of treatment approval compared with those with other forms of insurance or no insurance (76.2% compared with 97.8%, $P < 0.001$). The largest loss of patients in the CoC occurred from referral to an evaluation (37.7%). Of those patients completing an evaluation, 88.6% completed treatment, and 81.5% achieved an SVR12. The presence of HIV coinfection, psychiatric disorder, cirrhosis, or ongoing illicit drug use was not found to impact the primary endpoint.

Conclusion. This study shows overall high rates of HCV CoC completion within a multidisciplinary ID Clinic. The primary barrier to treatment completion identified was having Medicaid insurance. Based on our results, emphasis should be placed on improving patient engagement in care from referral to HCV evaluation.



Disclosures. **C. Chastain**, Gilead Sciences: Grant Investigator and Research Contractor, Grant Recipient, Research Grant and Research Support.

530. Infectious Disease-Led Hepatitis C Care in a Primary Care Clinic Setting: Cascade of Care Modeling and Experiences From an Integrated Clinic

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Session: 59. Hepatitis B and C in Varied Settings
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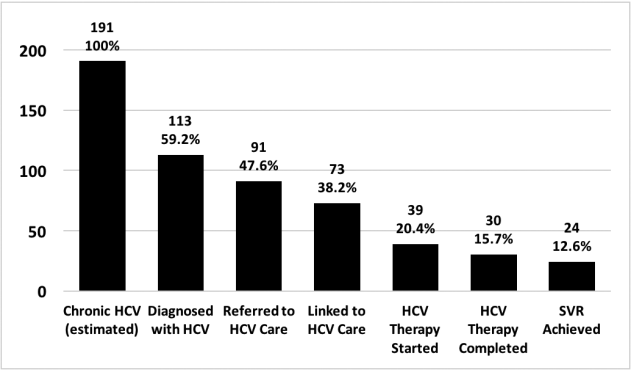
Background. Recent advances in Hepatitis C Virus (HCV) treatment will have limited impact without improvements in screening, detection, and linkage to care. We developed an integrated HCV Specialty Clinic, led by an Infectious Disease physician and an Internist, within a resident primary care clinic. We describe our experiences from the first year of this program and have developed a cascade of care model to evaluate our progress.

Methods. The HCV clinic is situated within an urban, resident-led primary care clinic. Patients enrolled in the primary care clinic from July 1st 2015 through June 30th 2016 (the first year of the integrated clinic) were included in our study population. Patients with a positive HCV viral load were classified as having chronic HCV infection. Demographic data were used to estimate the number of chronic HCV infections among those not tested. Chart reviews of all patients with chronic HCV were performed to create a cascade of care model.

Results. There were 2,955 active patients during the study period. The estimated chronic HCV prevalence was 6.4% (n = 190; 95% CI: 5.6 - 7.4%). There were 113 patients with confirmed chronic HCV and 77 estimated undiagnosed cases. Of the 113 patients with chronic HCV, 91 were referred to care, 73 attended one HCV clinic appointment, 39 were started on therapy, 30 completed therapy, and 24 achieved sustained virologic response (SVR) [Figure 1]. Of these 113 patients, 43 had been referred prior to the study period; of the remaining 70 patients, 44 (63%) were referred during the study period. Half of these patients (n = 22) attended an integrated clinic appointment and 10 (45.5%) were initiated on HCV treatment during the study period.

Conclusion. We report a high prevalence of chronic HCV within our clinic population, highlighting the need for continued efforts to improve diagnosis and treatment of chronic HCV. Our cascade of care model shows that we perform well on the latter parts of the treatment cascade, while identifying opportunities for improvement with regard to screening for HCV. To our knowledge, this is the first report of a cascade of care model being applied to an integrated HCV clinic in a primary care setting.

Figure 1: Cascade of Care for Hepatitis C Virus Infection Within an Integrated Hepatitis C Virus Clinic



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