

with chronic conditions, face increasing cost-sharing burden. We aim to develop a novel behavioral intervention to help patients use consumer strategies to better manage their health care spending. **OBJECTIVES/GOALS:** To assess patient preferences to develop an intervention to encourage the use of cost-conscious strategies to manage out-of-pocket health care spending among high-deductible health plan (HDHP) enrollees with chronic conditions. **METHODS/STUDY POPULATION:** This mixed-methods study is first conducting semi-structured telephone interviews of up to 20 adults with one or more chronic conditions who are enrolled in an HDHP. Preliminary findings from these interviews are being used to inform the design of a national internet panel survey of at least 300 HDHP enrollees. Collectively, the interviews and survey will assess experiences of HDHP enrollees and their preferences for the content, design, format, and mode of an intervention to help them engage in cost-conscious health care behaviors. These findings will then be used to develop a novel behavioral intervention that will subsequently be pilot tested for acceptability, feasibility, and preliminary efficacy. **RESULTS/ANTICIPATED RESULTS:** Early interview data identified gaps in knowledge of health care consumer strategies among HDHP enrollees with low confidence in being able to engage in cost-conscious health care behaviors. Several participants indicated interest in an intervention to learn more about how to engage in cost-conscious strategies (e.g., putting aside money for anticipated health care expenses, comparing cost and quality for services at different places, and talking to providers about health care costs). Most early interview participants preferred an easily accessible technological intervention, such as a website or app. Interviews are continuing, and the national survey will be fielded in early 2021. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** HDHP enrollees with chronic conditions could benefit from an intervention that helps them manage their high cost-sharing. Based on the results of interviews and a national survey, we will develop and pilot test a novel behavioral intervention to promote use of cost-conscious health care behaviors.

### *Dissemination and Implementation*

13715

#### **Leveraging Clinical Research Infrastructure to Correct Identification of Patients' Primary Care Physicians in a Community Hospital**

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**ABSTRACT IMPACT:** Correctly identifying and documenting patients' primary care physicians in community hospital settings may improve clinical care and coordination for patients, potentially leading to a reduction in hospitalizations, while simultaneously increasing patient education and expanding the limits of electronic health record systems. **OBJECTIVES/GOALS:** Clinical research infrastructure can be leveraged to detect inaccuracies in primary care physician (PCP) identification and documentation in a community hospital. As a result, collaboration between clinical research and

hospital clinical operations can produce long-term solutions required by patient-centered, learning health care systems. **METHODS/STUDY POPULATION:** Hospitalized patients at a community hospital were asked to verify the name of their PCP. The PCP name given by the patient was then compared to the PCP on file in the EHR system. A corrected list of PCP names for each patient was sent by a clinical research program to hospital management on a weekly basis and used to update the EHR. **RESULTS/ANTICIPATED RESULTS:** A total of 272 hospitalized patients were screened on the basis of eligibility and asked to verify their PCP name. Overall, 35.3% (N=96) of patients had incorrectly listed PCPs in the EHR system. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Accurate PCP identification processes may enable broader clinical communication and potentially reduce future hospitalizations by improving coordination of care. The benefits of collaboration between research and clinical activities may provide an opportunity to justify greater investment in clinical research in community settings.

21083

#### **Perceptions on the Role of Physical Therapy Providers for Falls Prevention: A Qualitative Investigation**

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**ABSTRACT IMPACT:** Being explicit about the prevention of falls throughout an older adults' episode of care may further help reinforce the role of physical therapy providers in falls prevention and improve dissemination of this knowledge. **OBJECTIVES/GOALS:** The purpose of this study was to determine older adults' awareness of and perspectives about the role of physical therapy providers for falls prevention and determine potential barriers and facilitators to utilization of preventive rehabilitation services. **METHODS/STUDY POPULATION:** We used a qualitative descriptive phenomenological approach to emphasize participants' perceptions and lived experiences. Four focus groups were conducted with 27 community-dwelling older adults (average age = 78 years). Focus groups were recorded, transcribed, condensed, and coded using thematic analysis. **RESULTS/ANTICIPATED RESULTS:** Surveys indicated 37% of participants experienced a fall in the last year and 26% reported suffering an injury. Four main themes and six subthemes surrounding older adults' perceptions of physical therapy providers' roles for falls prevention emerged: (1) Awareness of Falls Prevention (subthemes: I Don't Think About It, I Am More Careful); (2) Being Able to Get Up from the Floor; (3) Limited Knowledge about the Role of Physical Therapy Providers in Falls Prevention (subtheme: Physical Therapy Services are for After a Fall, Surgery, or for a Specific Problem); and 4). Barriers to Participating in Preventive Physical Therapy Services (subthemes: Perceived Need and Costs, Access Requires a Doctor's Prescription). **DISCUSSION/SIGNIFICANCE OF FINDINGS:** Older adults lack awareness about the role of physical therapy services in falls prevention, perceiving services are only to treat a specific problem or after a fall. Physical therapists should be explicit about the role of physical therapy in falls prevention for all older adults undergoing rehabilitation, regardless of the reason.