will attenuate heart failure precursor traits. DISCUSSION/SIGNIFICANCE OF FINDINGS: Through this work, we intend to take advantage of multiple novel approaches to better understand a complex disease process, identify a new potential therapeutic target (namely one that targets cardiac function), and to determine which patient subgroups will benefit from this our therapeutic interventions and why.

95871

Mortality in Castration-Resistant Prostate Cancer Patients with Pre-existing Cardiovascular Comorbidities Receiving Oral Androgen Signaling Inhibitors

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ABSTRACT IMPACT: Limited research has been conducted on the survival of men with castration-resistance prostate cancer (CRPC) with a pre-existing history of cardiovascular disease, receiving oral androgen signaling inhibitors. This study highlights all-cause and prostate cancer-specific mortality for elderly patients with CRPC with pre-existing history of cardiovascular disease. OBJECTIVES/GOALS: Inadequate knowledge is known about the survival of men with castration-resistance prostate cancer (CRPC) with pre-existing history of cardiovascular disease (CVD), receiving oral androgen signaling inhibitors (OASI). We compared all-cause and prostate cancer-specific mortality for elderly patients with CRPC with pre-existing history of CVD. METHODS/STUDY POPULATION: An active comparator, new user design, was used to identify 2,608 men older than age 65 years with CRPC using the Surveillance, Epidemiology, and End Results (SEER)-Medicare linked database from 2011 to 2015. Patients were grouped into two analytical cohorts by CVD history. Within each analytical cohort patients were divided into two arms based on their new-user status (OASI vs. chemotherapy). All demographics and clinical characteristics were adjusted by inverse probability treatment weights (IPTWs). Unadjusted and IPTW-adjusted time-dependent Cox models, and Fine and Gray's models were conducted to evaluate associations between OASI and all-cause and prostate cancer-specific mortality. RESULTS/ANTICIPATED RESULTS: Nearly 64.5% of patients had pre-existing CVD. We observed a lower all-cause mortality in the pre-existing CVD cohort compared to the no pre-existing CVD cohort (IPTW-adjusted hazard ratio [AHR], 0.59; 95% Confidence Interval [CI], 0.54 to 0.64; IPTW-AHR, 0.68; 95% CI, 0.59 to 0.78, respectively). Similarly, the prostate cancer specific-mortality was showed to be lower in the pre-existing CVD cohort compared to the no pre-existing CVD cohort when comparing OASI versus chemotherapy by the IPTW-adjusted time-dependent Fine and Gray's models (IPTW-AHR, 0.60; 95% CI, 0.55 to 0.66; IPTW-AHR, 0.68; 95% CI, 0.59 to 0.80, respectively). DISCUSSION/SIGNIFICANCE OF FINDINGS: OASI showed a significant protective effect against all-cause and prostate cancer-specific mortality compared with chemotherapy; however, were less protective among patients without pre-existing CVD. Further studies are needed to investigate OASI in patients with and without pre-existing CVD.

98179

Identifying Low-Value Care Across A Statewide Health System: Collaboration Between Quality, Population Health, Informatics, and Health Services Research

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ABSTRACT IMPACT: This project demonstrates that addressing low-value care, which has the potential to cause patient harm, relies on novel data tools and collaboration between health system and research stakeholders. OBJECTIVES/GOALS: Reducing low-value care, or patient care that offers no net benefit in specific clinical scenarios, is an important approach to improving value as it can simultaneously lower health care spending and improve quality. We describe an initiative to identify such care in a large statewide employer. METHODS/STUDY POPULATION: Claims data for self-funded University of California (UC) Preferred Provider Organization (PPO) plan members during 2019 were abstracted from the University of California Health (UCH) Clinical Data Warehouse, a unique central database that includes electronic medical record data from >5 million patients across UC medical campuses and all claims from UC self-funded health plans. UCH spans six academic health systems across California. The Milliman MedInsight Health Waste Calculator, a proprietary algorithm-based software tool, was used to identify low-value care and estimate associated spending. The HWC measures 48 low-value services using recommendations from the Choosing Wisely Campaign, the US Preventive Services Task Force, and other clinical specialty guidelines. RESULTS/ANTICIPATED RESULTS: Of 43,882 members of the UC PPO, 11,174 (25.4%) received at least one low-value service. The HWC identified 50,103 eligible services and classified 35% as low-value. Total spending on low-value services ranged between $2,209,516 and $5,089,866, based on a more or less conservative estimate. Across the five sites, the proportion of low-value services ranged from 31% to 39%. Five services comprised 65% of costs from low-value care: annual EKGs, preoperative baseline labs for low-risk surgeries, vitamin D deficiency screening, imaging for eye disease, and headache imaging. The top five services by order frequency were annual EKGs, vitamin D tests, preoperative labs, antibiotics for upper respiratory infections, and imaging for eye disease. DISCUSSION/SIGNIFICANCE OF FINDINGS: Low-value care is prevalent and costly within a large statewide employer. Collaborative multidisciplinary partnerships between employers, health systems, informatics, and researchers can leverage existing data to identify opportunities for improving the value of care for covered populations.

Digital Health/Social Media

38029

Helping Patients with Chronic Conditions Overcome the Challenges of High Deductible Health Plans

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ABSTRACT IMPACT: With a growing number of Americans enrolled in high-deductible health plans, patients, especially those

https://doi.org/10.1017/cts.2021.721 Published online by Cambridge University Press

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.

https://doi.org/10.1017/cts.2021.721 Published online by Cambridge University Press