150

A Mixed Methods Pilot Study of Telemedicine Group Visits for Chronic Migraine in a Safety Net Health System

Elizabeth Joe[1], Chelsea Stone, Tahoora Sadoughi, Rama Koppula, Amytis Towfighi, Soma Sahai-Srivastava
[1]University of Southern California

OBJECTIVES/GOALS: Limited specialty care within safety net health systems reduces availability of follow-up appointments for chronic conditions. We evaluated patient acceptability of a 6 month series of telemedicine group medical visits for chronic migraine at a county hospital-based clinic as a potential method to improve access to specialty care in this setting. METHODS/STUDY POPULATION: We developed and implemented a pilot program of monthly physician-led telemedicine group visits to provide routine follow-up care for adults with chronic migraine. Visits were conducted through the neurology clinic at LAC+USC medical center, a safety net hospital in Los Angeles and included an educational component, peer support, and the opportunity to address individual needs or refill medications. We assessed headache severity (HIT-6) and mood (PHQ-9) through telephone surveys before and 6 months after patients' first telemedicine group visit and compared timepoints using paired t-tests. Patient acceptability of the group visits was elicited through focus groups and key themes identified using grounded field theory. RESULTS/ANTICIPATED RESULTS: Baseline data was available for 18/20 pilot participants. Patients were predominantly female (89%) with mean age of 46 (SD 8.6). Mean HIT-6 was 65/78 reflecting a very severe impact on daily life, and mean PHQ-9 was 8.7 reflecting mild depressive symptoms. There was no statistically significant change in either HIT-6 (mean difference 2.36, p=0.34) or PHQ-9 (mean difference 2.09, p=0.12) after group participation. Key themes from the focus groups included lack of prior exposure to other people with similar headache burden and logistical barriers to care, such as difficulty contacting a provider or extended clinic wait times. Primary patient-reported benefits included more frequent access to a provider and peer support. DISCUSSION/SIGNIFICANCE: Telemedicine group visits for chronic migraine are feasible in a safety net context and were well-received by patients. However, this pilot study did not show a benefit of telemedicine group visits for headache control or mood symptoms.

151

A Pragmatic Randomized Trial of Home-based testing for COVID-19 in Rural Native American and Latino Communities: Primary results of the Protecting Our Communities Study

Eliza Webber[3], Charlie Gregor[1], Laurie Hassell[1], Matthew Thompson[1], Paul Drain[1], Linda Ko[1], Virgil Dupuis[1], Lorenzo Garza[1], Allison Lambert[1], Sonia Bishop[2], Teresa Warne[3], Alexandra Adams[3]
[1]University of Washington [2]Fred Hutch Cancer Research Center
[3]Montana State University

OBJECTIVES/GOALS: To test the effect of a trusted Community Health Worker (CHW) support model to increase accessibility, feasibility and completion of COVID-19 home-testing in Native American and Latino communities. METHODS/STUDY POPULATION: We conducted a multi-site pragmatic randomized controlled trial among adult Native Americans and Latinos from the Flathead reservation in Montana and Yakima Valley in Washington. Participants were block randomized by site location and age to either an active or passive study arm. Participants in the active arm received assistance with online COVID-19 test kit registration and virtual swabbing support from CHWs, while the passive study arm received the standard-of-care support from the COVID-19 home testing kit vendor. Simple and multivariate logistic regression modeled the association between home-testing distribution mechanism and test completion. Multivariate models included community and sex as covariates. Descriptive feedback was collected in a post-test survey. RESULTS/ANTICIPATED RESULTS: Overall, 63% of the 268 enrolled participants completed COVID-19 tests, and 50% completed tests yielding a valid result. Active arm participants had significantly higher odds of test completion (OR 1.66, 95% CI: [1.01, 2.75], p-value=0.04). Differences were most pronounced among adults ≥60 years, with 84% completing testing kits in the active arm, compared to 58% in the passive arm (p=0.07). Ease of use and not having to leave home were top positive aspects of the home-based test while transporting and mailing samples to lab and long/overwhelming instructions were cited as negative aspects. Most test completers (93%) were satisfied with their experience and 95% found CHW assistance useful. Sample expiration and insufficient identifiers were top causes of non-valid test results. DISCUSSION/SIGNIFICANCE: While test completion rates were low in both study arms, the CHW support led to a higher COVID-19 test completion rate, particularly among older adults. Still, CHW support alone does not fully eliminate testing barriers. Socio-economic differences must be accounted for in future product development for home-based testing to improve health equity.

152

A Program to Deliver Education in Digital Literacy to Create Equity for Elders

Teresa Quattrin[1], Andrew Strohmeier[1], Renee Cadzow[2], Ashley Regling[1], Erin O'Byrne[1], Sasha Yerkovich[3]
[1]University at Buffalo Clinical and Translational Science Institute, [2]D'Youville University [3]Canopy of Neighbors

OBJECTIVES/GOALS: Older adults are affected by insufficient access to digital technology including digital healthcare. The aim of this program is to improve digital literacy in elders who were not using digital devices due to age and socioeconomic inequities. We provided technology and education on topics relevant but not limited to navigating health care. METHODS/STUDY POPULATION: Through partnerships with a non-profit organization helping elders to age well and independently (cohort 1 ongoing n=9) and an urban place of worship (cohort 2 starting), we reached out to elders residing in urban Buffalo, NY's poorest zip codes. Participants received free tablets and Wi-fi hotspots. Participants received weekly interactive sessions over 6 months at their apartments or a place they felt comfortable with. A curriculum was developed but the sessions were not limited to digital health care, rather were also tailored to other individual needs like shopping on line, communication with loved ones, etc. A baseline, mid and post survey were administered to assess needs before the program and measure the impact of the program. An effort was also deployed in identifying

https://doi.org/10.1017/cts.2023.232 Published online by Cambridge University Press