

Department of Obstetrics and Gynecology Perinatal Mood Disorders Clinic (PMDC). **METHODS/STUDY POPULATION:** A hierarchical multinomial logistic regression will be conducted to evaluate predictors that may influence patients receiving a referral to specialty care, a return to primary care or being lost to follow up. Included predictors are changes in insurance status, baseline depression scores, and baseline obsessive-compulsive symptoms (OCS). A multinomial logistic regression will be conducted to determine if OCS and depressive symptoms predict referral to/establishment of psychotherapeutic care. A secondary binary logistic regression will be conducted to evaluate predictors that may predict reduction in depressive symptoms among women seen for more than one session. Included predictors of outcome include time (weeks in psychiatric treatment), OCS at baseline, and referral to psychological therapy. **RESULTS/ANTICIPATED RESULTS:** Data collection is multiphase and ongoing via a retrospective chart review of patients seen in the PMDC. Hypotheses include that experiencing a change in insurance will significantly increase the risk of being lost to follow up, as compared to referral to specialty clinic or returning to primary care. It is also predicted that individuals with higher depressive symptoms or OCS will be more likely to be assigned to specialty care than to be lost to follow up or primary care. It is believed that greater time in psychiatric care, and lower OCS will increase the likelihood of reductions in depressive symptoms. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** This study seeks to provide information on predictors that influence outcome this specialty clinic, while extending the limited literature that has examined the influence of OCS on depressive symptoms. It is the hope of the authors to provide information on intervenable factors that influence psychiatric outcomes in a perinatal specialty clinic.

43017

Learning about Adaptive Capacity and Preparedness of CTSA Hubs

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ABSTRACT IMPACT: This work will inform the ongoing development of adaptive capacity and preparedness of the CTSA Program and other clinical and translational research organizations in their quest of improving processes that drive outcomes and impacts, shaping effective programs and services, and strengthening their

emergency readiness and sustainability. **OBJECTIVES/GOALS:** - Share the progress and preliminary findings of an 'Adaptive Capacity and Preparedness of CTSA Hubs' CTSA Working Group; -Improve our awareness and understanding of the efficient and effective changes helping CTSA hubs build robust capacity to address **METHODS/STUDY POPULATION:** A multi-case study including: - Triangulating multiple sources of information and mixed methods (survey/interviews of research administrators, researchers, evaluators, and other key stakeholders), literature review, document and M&E system information analysis, and expert review; - Describing CTSA hubs' experiences as related to research implementation, translation, and support during the time of emergency; - Administering a comprehensive survey of the CTSA addressing their challenges, lessons learned, and practices that work in various program components/areas. Data collection includes aggregate and cross-sectional data, with representation based on CTSA size, maturity, and population density. **RESULTS/ANTICIPATED RESULTS:** The described approach shows sound promise to investigate and share strategies and best practices for building adaptive capacity and preparedness of CTSA – across various scientific sectors, translational research spectrum, and the goals outlined by NCATS for the CTSA program. The anticipated results of this research will include the identified/shared innovative solutions and lessons learned for this rapidly emerging, high-priority clinical and translational science issue. 'High-quality lessons learned' are those that represent principles extrapolated from multiple sources and triangulated to increase transferability to new contexts and situations. **DISCUSSION/SIGNIFICANCE OF FINDINGS:** The project provides useful knowledge and tools to research organizations and stakeholders across multiple disciplines – for mitigating the impact of the COVID-19 disaster via effective adjusting programs, practices, and processes, and building capacity for future successful, 'emergency ready and responsive' research and training.

50048

Closing the cross-institutional referral loop: Assessment of consultation note quality

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ABSTRACT IMPACT: Results will inform the design of health information technologies that assess and improve clinicians' interpersonal communication supporting co-management of care across health institutions. **OBJECTIVES/GOALS:** Poor communication and co-management of comorbidities during the referral process increase physician workload, patient burden, and safety risks. In this preliminary study, our objective was to understand how consultants' notes support physician collaboration within and across health care institutions. **METHODS/STUDY POPULATION:** We reviewed medical records. Accessing the Indiana Network for Patient Care database, consultation notes were randomly selected from four

specialties: cardiothoracic surgery, neurology, rheumatology, and oncology. These specialties were identified, in advance, as challenging in interprofessional communication. The notes reviewed were associated with in-person consultations at a medical network in the Midwest from 2016 to 2019, including internal and cross-institutional (i.e., external) referrals. The Quality of Consult Assessment tool was adapted to assess note quality and co-management facilitation. Two researchers reviewed all records independently. A consensus meeting was then held to discuss and resolve discrepancies. RESULTS/ANTICIPATED RESULTS: Medical records of ten patients with comorbidities were reviewed. The mean age was 67 (SD= 12 years); one patient was a child. All consultation notes contained clinical recommendations. Seventy percent of notes referred to explicit consultant responsibilities. Conversely, only one contained explicit responsibilities for referrers. Medical records denoted reliance on support staff to send messages among referrers, consultants, and patients via phone calls and facsimile. The use of fax machines to send medical records to referrers was more prominent after cross-institutional consultations. DISCUSSION/SIGNIFICANCE OF FINDINGS: Clinical documentation supported specialty referrals for transitions of care rather than co-management of care. Accessing medical records across institutions contributed to a lack of clinical context, and workflow inefficiencies, when attempting to co-manage clinical care.

59461

Underutilization of Program Services: Patterns, Sources, and Proposed Solutions

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ABSTRACT IMPACT: Investigators in clinical and translational research will be better supported by CTSA that reduce barriers to the efficient and effective utilization of their program services. OBJECTIVES/GOALS: Evidence from three CTSA show that investigators do not take advantage of all program services provided. This session will explore the patterns and sources of underutilization by sharing preliminary results from investigators and program managers. METHODS/STUDY POPULATION: Interviews with investigators at all three CTSA sites were conducted in Spring 2020. Investigators who had only used one program service and those who had used multiple program services across a span of three-years (2016 to 2018) were included in the sample. Investigators who had only used REDCap, were excluded. Interviews numbered about six interviews per site. Content analysis helped identify emerging themes and patterns. A survey with program managers at the three CTSA sites will be deployed in January 2021. Program managers across all programs will be included in the sample. Basic descriptive analysis will be used to analyze the data. RESULTS/ANTICIPATED RESULTS: Interviews with investigators at all sites illuminated ways different investigators use, learned about and leveraged services, as well as the barriers they encountered to using cross-program services. Investigators also provided thoughts on ways to address lack of program service use. Survey results are expected to clarify program managers' knowledge of other program services in their CTSA, programs' referral processes, and the barriers program managers face when recommending other services to users. DISCUSSION/SIGNIFICANCE OF FINDINGS: When investigators do not take

full advantage of all program services provided, investigators are put at risk of having longer, less successful projects. Knowing the sources of underutilization can help curb this trend and effectively address investigator needs throughout the research process.

66958

Team science training in an engineering design program improves psychological safety and self-efficacy within interdisciplinary teams

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ABSTRACT IMPACT: This project successfully implemented a promising team science model by introducing and facilitating best practices to develop high functioning teams working to accelerate health innovations from bench to bedside. OBJECTIVES/GOALS: The goal of this project was to improve the team science knowledge, skills, and attitudes of interdisciplinary engineering students (undergraduate and graduate) who were partnered with health professionals to develop technical solutions to translational health challenges during a year-long Engineering Innovation in Health (EIH) program. METHODS/STUDY POPULATION: We adapted, implemented, and evaluated team science training content and approaches in the EIH program at the University of Washington (UW). EIH faculty and the UW Institute of Translational Health Sciences' (ITHS) Team Science Core co-developed and delivered highly interactive team science training modules and evaluated their impact with biannual surveys. A student cohort was surveyed prior to the implementation of the team science trainings, which served as a baseline. Descriptive statistics were used to summarize student demographics and survey responses within and between years. Median and interquartile range of responses to Likert-type questions were calculated, and Mann-Whitney U Tests (independent samples Wilcoxon Rank Sum Tests) were used to test for differences within and between years. RESULTS/ANTICIPATED RESULTS: During both the baseline and the team training year, student demographics were similar in terms of gender and past experience working in teams. Team training during the first year of implementation was well-received. Post-implementation surveys of students demonstrated measurable improvement in team dynamics, communication, and effectiveness; including, students reporting higher levels of psychological safety and self-efficacy within their teams. Comparisons within the team training year and between the baseline and team training years identified numerous instances in which differences were statistically significant. DISCUSSION/SIGNIFICANCE OF FINDINGS: Tailored team science training in an interdisciplinary EIH program was successful at improving psychological safety and self-efficacy among undergraduate and graduate students and offers a promising model for similar settings and audiences.

69766

Bariatric surgery to achieve transplant in end-stage organ diseasepatients: A systematic review and meta-analysis

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ABSTRACT IMPACT: Many who suffer from end-stage organ disease do not qualify for solid organ transplantation because of obesity; however, bariatric surgery offers the potential to render select patients