

PNID patient population, will encourage peripheral nerve surgeons to use these parameters in conjunction with pain intensity to measure outcomes. A follow-up study expanding on these results and including measures of anger and frustration in a larger sample is underway.

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### **Patient Perceptions of Healthcare Provider Interactions among Higher-Weight Women with Eating Disorders: Opportunities for Earlier Screening, Improved Referral, and Increased Clinician Rapport**

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**OBJECTIVES/SPECIFIC AIMS:** Objective: Identify barriers and facilitators of positive patient-provider interactions for AAN patients. **METHODS/STUDY POPULATION:** Methods: Using a mixed-methods, longitudinal, patient-interview design, N = 29 (to date) women with a history of AAN have been enrolled. Each patient completed a diagnostic interview and standardized surveys to establish ED diagnosis, severity, and associated psychopathology. Transcribed, semi-structured qualitative interviews are assessed for common themes using content analysis methods. **RESULTS/ANTICIPATED RESULTS:** Anticipated Results: Patients aged 18 to 74 (M = 36.3, SD = 12.0), with mean BMI = 39.8 (22.7-61.1; SD = 11.3), and mean weight suppression (lbs) during their illness = 119.41 (SD = 69.3). Women reported a mean = 12.75 years (0-37 years, SD = 10.5) treatment delay. Qualitative analysis revealed the following barriers in healthcare provider interactions: 1) experiences of provider weight-bias, 2) low specificity in ED screening questions, 3) lack of indicated screening procedures/diagnostic tests (orthostatic screening, EKG, food log, labs), and 4) provider praise of ED behaviors. Facilitators: 1) lower BMI at presentation, 2) provider education in EDs, 3) community-provider collaboration, and 4) patient self- and family- advocacy. **DISCUSSION/SIGNIFICANCE OF IMPACT:** Discussion: Unfortunately, while early intervention best predicts positive outcomes, higher-weight patients in this study experienced significant treatment delay. Translationally, it is taking too long for AAN patients to receive the right treatment at the right time. However, findings indicate that interventions at the provider level (increasing ED education, building community partnerships, increased adherence to screening protocols) could improve screening, diagnostic, and referral practices—and ultimately long-term outcomes for this unique patient population.

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### **Patient-Reported Outcomes Measurement Information System (PROMIS<sup>®</sup>) Global Health Short Form is Responsive to Patient Reported Changes in Systemic Lupus Erythematosus**

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**OBJECTIVES/SPECIFIC AIMS:** The accurate and efficient serial measurement of patient centered outcomes is a priority in the clinical care of systemic lupus erythematosus (SLE). Patient-Reported Outcomes Measurement Information Systems (PROMIS<sup>®</sup>) Global Health Short Form (PROMIS10) is a 10-item universal patient reported outcome measure of global physical and mental health with

construct validity in SLE. The longitudinal responsiveness (sensitivity to change) of PROMIS10 in SLE patients is unknown. We aimed to evaluate the responsiveness of PROMIS10 in SLE outpatients using patient and physician-derived anchors. **METHODS/STUDY POPULATION:** Adults meeting SLE classification criteria were recruited from an SLE Center of Excellence. Subjects completed PROMIS10 at two visits a minimum of one month apart. SLE disease activity was measured with a patient global assessment of change, a physician global assessment and the physician-derived SELENA-SLEDAI. Responsiveness over time of PROMIS10 scores was evaluated using known-groups validity. Effect sizes of changes in PROMIS global physical health and global mental health scores from baseline to follow up were compared across groups of patients who differed in their patient global assessment of change, physician global assessment, and SELENA-SLEDAI using Kruskal-Wallis tests. **RESULTS/ANTICIPATED RESULTS:** A diverse cohort of 228 SLE patients completed baseline surveys (Table 1), with 190 (83%) completing a follow up survey. Using the patient-based anchor, PROMIS10 demonstrated mild to moderate responsiveness to improvement (effect size 0.29) and worsening (effect sizes -0.27 and -0.54) of health status for both global physical health and global mental health (Table 2). Using the physician global assessment and SELENA-SLEDAI as anchors, there were no statistically significant differences in effect sizes across groups. **DISCUSSION/SIGNIFICANCE OF IMPACT:** PROMIS10 showed responsiveness over time to patient-reported, but not physician-derived changes in lupus health status. These data suggest that PROMIS10 can be used to efficiently measure and monitor important aspects of the patient experience of lupus not captured by physician-derived metrics. Further studies are needed to evaluate the role of PROMIS in optimizing longitudinal disease management in SLE.

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### **Pediatric provider and staff perceptions of HPV vaccine completion compared to other healthcare providers: Effects on perceived need for change**

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**OBJECTIVES/SPECIFIC AIMS:** According to Diffusion of Innovations Theory, an important predictor of successful implementation of a new intervention within an organization is perceived need for change (i.e. tension for change [TFC]). No research has examined factors influencing TFC in relation to human papillomavirus (HPV) vaccination. Providers who assume their clinic already performs well in HPV vaccination coverage may perceive a lower need for assistance for improvement. We assessed the association between perceived HPV vaccine completion compared to peer clinics and perceived support needed to increase HPV vaccination coverage. **METHODS/STUDY POPULATION:** All providers (physicians/nurse practitioners/physician assistants) and staff (clinical/non-clinical) from 21 pediatric clinics participating in an HPV vaccine quality improvement (QI) intervention study in Tennessee were invited to complete a baseline survey. Perceived comparative performance (i.e. perceived HPV vaccine completion compared to peer clinics) and TFC (i.e. perceived support needed to increase HPV vaccination coverage) were measured on continuous scales of 0-100. We used logistic regression to estimate odds of perceiving higher TFC (upper tertile, score of 51-100) for every unit increase in perceived comparative performance. Analyses controlled for age of respondent, perceived strength of evidence for HPV vaccine guidelines, and clinic