

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

Boris Volkov¹, Bart Ragon², Jamie Doyle³, Miriam A. Bredella⁴, Sandra Burks⁵, Gaurav Dave⁶, Keith Herzog⁷, Kristi Holmes⁷, Veronica Hoyo⁸, Joe Hunt⁹, Cathleen Kane¹⁰, Wayne T. McCormack⁶, Tanha Patel¹, Chris Pulley¹¹, Anne Seymour¹², Raj C. Shah¹³, Laura Viera¹⁴ and Anita Walden¹⁵

¹University of Minnesota Clinical and Translational Science Institute, ²Integrated Translational Health Research Institute of Virginia, ³National Center for Advancing Translational Sciences, National Institutes of Health, ⁴Massachusetts General Hospital and Harvard Medical School, ⁵University of Virginia, Integrated Translational Health Research Institute of Virginia, ⁶North Carolina Translational & Clinical Sciences Institute, ⁷Northwestern University Clinical and Translational Sciences Institute, ⁸University of California, San Diego Clinical and Translational Research Institute, ⁹Indiana University Clinical and Translational Sciences Institute, ¹⁰NYU Langone's Clinical and Translational Science Institute, ¹¹University of Florida Clinical and Translational Science Institute, ¹²Johns Hopkins University ICTR, ¹³Rush University, Institute for Translational Medicine, ¹⁴University of North Carolina at Chapel Hill, Translational & Clinical Sciences Institute and ¹⁵Oregon Clinical and Translational Research Institute

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

April Savoy¹, PhD, Ameer Sangani², and Michael Weiner³, MD, MPH
¹Purdue School of Engineering and Technology, Center for Health Information and Communication, U.S. Department of Veterans Affairs, Veterans Health Administration, Health Services Research and Development Service CIN 13-416, VA Medical Center, Regenstrief Institute, Inc., ²Indiana University School of Medicine and ³Center for Health Information and Communication, U.S. Department of Veterans Affairs, Veterans Health Administration, Health Services Research and Development Service CIN 13-416, VA Medical Center, Regenstrief Institute, Inc., Indiana University School of Medicine

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