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Characteristics of Patients in the Specialty Access for Uninsured Program

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phosphoenolpyruvate (P=0.03) was significantly reduced in RAA, while 2-phosphoglycerate (P=0.02) level was reduced in LAA. AF+ was associated with a significant decrease in TCA metabolites, including NAD+ (P=0.03), GDP (P=0.05), and citrate (P<0.03), in RAA without considerable changes of metabolites in LAA. In addition, there was AF-associated decrease in the total pool of adenine nucleotides (ie, AMP + ADP + ATP, P=0.02) and glutathione level (P=0.03) in RAA when compared to LAA.

**Conclusion:** Atrial fibrillation is associated with different metabolic profiles between right and left atria. This may reflect different metabolic mechanisms underlying right and left atrial involvement in AF patients and may help to reveal potential chamber-specific biomarkers and targets for better preventive strategies and development of novel cardioprotective interventions.

**POSTER PRESENTATIONS**

**Isolation of Cryptococcus-Like Yeast From Natural Environments**

Sarah L. Ward, Brian Hoeynck, Dennis J. Baumgardner

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**Background:** Cryptococcus (C. gatti and C. neoformans) causes meningitis and pneumonia in immunocompromised and immunocompetent hosts, and several cases are diagnosed at Aurora Health Care each year. Cryptococcus is infrequently isolated from the environment, despite being the presumed infection source, with no known isolations in Wisconsin since 1964. C. gatti-endemic areas are expanding worldwide, and it is commonly isolated from tree hollows.

**Purpose:** To isolate pathogenic Cryptococcus from Wisconsin natural sites.

**Methods:** Samples were obtained from tree structures and natural and built surfaces in northern and southern Wisconsin (103 samples) and northeast Ohio (8) from April 2017 to December 2017. Cotton (38 samples) and liquid Amies elution (73) swabs were used to collect material for incubation at 35°C (after first 18 samples were at 20°C) on Staib (birdseed) agar. Suspicious colonies were further incubated on Sabouraud dextrose and brain-heart infusion agar at 20°C and 37°C, respectively, and on urea agar. Colonies were further examined microscopically with India ink.

**Results:** Use of liquid Amies elution swabs and isolation at 35°C reduced background mold growth. Of 111 samples, 2 isolates of Cryptococcus-like yeast were identified from the same weeping willow tree in Greendale, Wisconsin. These two isolates on Staib agar were very similar in appearance, grew at 37°C, and were urease-positive, but had thin, rather than broad, capsules. One isolate tested at ACL Laboratories (Milwaukee, WI) using matrix-assisted laser desorption/ionization (MALDI) technology did not match with any database organism, which, combined with phenotypic findings, suggests that these isolates likely represent nonpathogenic environmental Cryptococcus species. No putative pathogenic Cryptococcus was isolated from these samples, consistent with the 0–10% isolation success reported in the literature.

**Conclusion:** Isolation of these Cryptococcus-like yeasts suggests that further isolation attempts with this technique may result in isolation of pathogenic Cryptococcus strains from the environment in Wisconsin.

**Hospital Elder Life Program: A Retrospective Quality Improvement Project of a Delirium Prevention Program**

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Hospital Elder Life Program, Aurora St. Luke’s Medical Center; Aurora UW Medical Group; Center for Urban Population Health; Aurora Research Institute; Center for Senior Health and Longevity, Aurora Sinai Medical Center

**Background:** The Specialty Access for Uninsured Program (SAUP) is a Milwaukee County health system collaborative in which safety-net primary care clinics are paired with hospital/health systems. The clinics provide primary care services, while the hospitals provide a network of specialists. All specialty services are “covered” under SAUP at no cost.

**Purpose:** To examine the clinical, geodemographic, and referral pattern features of our SAUP patients and their journey to specialized care.

**Methods:** We prospectively identified and retrospectively reviewed patients ≥18 years of age residing in Milwaukee County that were enrolled in SAUP during 2017. To be eligible for SAUP (ie, managed care) patients must be established patients of Aurora Walker’s Point Community Clinic (Milwaukee, WI), 100% at or below the Federal Poverty Level, and unable to secure public or private insurance. Several variables of interest were retrospectively collected after initial SAUP enrollment. Descriptive statistics were used to describe the overall characteristics of our 2017 SAUP cohort. Regression was used to explore predictors of time from referral to specialty visit.

**Results:** Of the 99 patients enrolled in SAUP, 52.5% were female. The patient population had a mean age 46.5 years and body mass index of 30.9 kg/m². Patients were predominately Hispanic (98.0%), Spanish-speaking (93.9%), had contact with primary care prior to enrollment (94.4%), and resided in 2 ZIP codes within Milwaukee County (85.9%). At the time of SAUP enrollment, patients primarily had a clinical history of hypertension (21.2%) and diabetes (23.2%). Overall, SAUP-enrolled patients were generally well, with 76.5% of patients having a modified Charlson comorbidity index score of zero. Of the patients enrolled in SAUP, 90.9% followed through with the specialty visit to date. Top specialty services to which patients were referred included obstetrics (13.1%), colonoscopy/ colorectal surgery (12.1%), and ophthalmology (11.1%). The mean time between enrollment and specialty service visit was 30.1 days (median: 24.5 days), and no predictive variables were identified. Following the specialty services visit, 42.2% had contact with a primary care provider to date.

**Conclusion:** Patients in a managed-care specialty access program coordinated through our Milwaukee free clinics are relatively young and healthy, with follow-through percentages and wait times for specialty care at or better than national averages. Further research, including cost outcomes, is warranted.

**Characteristics of Patients in the Specialty Access for Uninsured Program**

Sally Smaida, Widalys Calderon Torres, Jessica J.F. Kram, Michelle Tong, Stephen J. Ohly, Dennis J. Baumgardner

Aurora Walker’s Point Community Clinic; Department of Family Medicine, Aurora UW Medical Group; Center for Urban Population Health

**Background:** The Specialty Access for Uninsured Program (SAUP) is a Milwaukee County health system collaborative in which safety-net primary care clinics are paired with hospital/health systems. The clinics provide primary care services, while the hospitals provide a network of specialists. All specialty services are “covered” under SAUP at no cost.

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