

Self-Administered Outpatient Parenteral Antimicrobial Therapy (S-OPAT) in Uninsured Patients



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Introduction

- Uninsured patients requiring long-term intravenous (IV) antimicrobials do not have access to outpatient parenteral antimicrobial therapy (OPAT) and often remain hospitalized for the duration of their treatment course, transition to inferior oral antimicrobials, or leave against medical advice.
- A hospital-supported self-administered OPAT (S-OPAT) program was piloted in uninsured patients to allow these patients to transition to outpatient care, decrease hospital length of stay, and improve access to quality care.
- Study Objective:** Evaluate the feasibility and potential healthcare savings of Self-OPAT program.

Methods

- Study population:**
- Uninsured adult patients requiring IV antimicrobials for ≥ 1 week.
 - Time frame: July 2019 to October 2020.
 - Exclusion criteria: Patients with significant drug use history or documented non-adherence.
- Study Protocol:**
- Patients participated in ≥ 2 trainings on proper medication administration and line care prior to hospital discharge.
 - S-OPAT patients attended weekly infectious diseases (ID) clinic visits for laboratory monitoring, dressing changes, and medication supply.
- Outcomes:**
- The number of hospital days saved, and cost avoidance generated by earlier discharges.
 - Cost avoidance was calculated by multiplying the number of hospital days saved by the daily charge for a hospital bed to insured patients.

Results

Figure 1: S-OPAT Patients

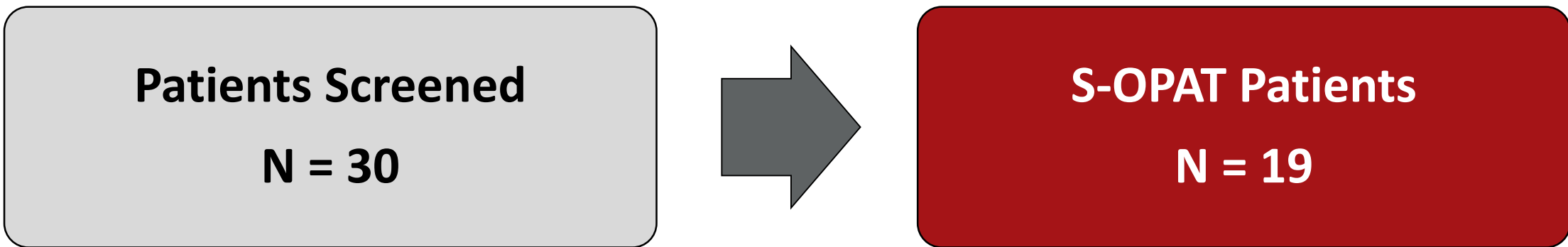


Table 1: Characteristics of S-OPAT Patients

Patient Characteristic	n (%) or median (range) N = 19
Male	15 (79%)
Age, years	42 (22-64)
Race	
White	9 (47%)
Black	9 (47%)
Hispanic	1 (5%)
Infection, n (%)	
Bloodstream/endocarditis/cardiac device	1 (5%)
Bone and joint	14 (74%)
Skin or skin structure	3 (16%)
Intra-abdominal infection	1 (5%)
Antimicrobials, n (%)	
Ceftriaxone	14 (74%)
Daptomycin	6 (32%)
Ertapenem	3 (16%)
Duration of OPAT therapy, days	37 (6-48)

Table 2: Outcomes of S-OPAT Patients

Outcome	n (%) or median (range) N = 19
Treatment Outcome	
Successful completion	16 (84%)
Early discontinuation	2 (11%)
Readmission	1 (5%)
Hospital days avoided	600
Net cost savings, US dollars	\$1,200,000

Conclusion

- Early issues with non-adherence to ID clinic visits identified opportunities for additional patient counseling prior to discharge.
- S-OPAT model in uninsured patients can enhance patient care while optimizing health-system resources.
- Future Directions:** The project was approved for a year extension and we are hoping to establish a permanent program following that.

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