OPAT Delivery during COVID-19

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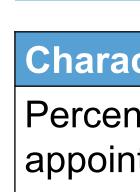
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BACKGROUND

- In 2020, COVID-19 spurred unprecedented change in the delivery of routine clinical care.
- The UNC OPAT program staff, previously accustomed to in-person collaboration in the hospital, became geographically distant amid North Carolina's partial shutdown starting in March 2020.
- **Team members relied on teleworking and many OPAT clinic visits were shifted to phone and video telehealth.**
- We assessed how COVID-19 impacted our care of OPAT patients including follow-up visits and readmissions.

METHODS

- OPAT patients are evaluated by an infectious diseases (ID) physician, have a planned antimicrobial duration of at least 14 days, and receive specialized monitoring led by an ID pharmacist
- UNC's OPAT database contains clinical and demographic information on all OPAT patients
- For all OPAT courses that ended between 3/1/20 and 5/20/20, we assessed the length of OPAT treatment course, readmissions, adverse events, follow-up ID clinic visits, and the method of follow-up visit utilized.
- We compared these measurements to historical baseline data from 3/1/19 to 5/20/19.

RESULTS

TABLE 1: Cohort Comparison

Characteristic	2019 Cohort (N=70 Patients)	2020 Cohort (N=73 Patients)
Percent of patients who attended follow-up appointment with infectious disease specialist	93%	85%
Length of OPAT course (median)	35 days	36 days
Mode of follow-up visits	All conducted in-person	Mixture of in-person, via telehealth video solutions, and via phone

TABLE 2: 2020 Cohort: Method of Follow Up Appointment

Type of Follow Up (n=62)	Number of Follow Up Visits	Percent of Visits Conducted
In Person	26	42%
Telephone Visit	28	45%
Telehealth Video Visit	8	13%

TABLE 3: Rates of Hospital Readmission During OPAT

2020 Cohort (N=73)	16%
2019 Cohort (N=70)	14%
	P=0.72

CONCLUSIONS & IMPLICATIONS

- UNC's OPAT program continued to provide high quality patient care during the first months of the COVID-19 pandemic by **adapting its care delivery and follow-up visit protocols to include virtual care options.**
- Readmission rates for OPAT patients during COVID-19 were comparable to historical baseline data.
- **These data highlight the utility of a multidisciplinary team-based strategy in care of OPAT patients and continued opportunity for use of telehealth for OPAT.**
- Future interventions and research should address appropriate expansion of virtual care opportunities and reimbursement structures to enhance patient care.

LIMITATIONS

- Patients in UNC's OPAT program are a selected subset of UNCMC patients who are discharged on intravenous antimicrobial therapy.

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