

Background

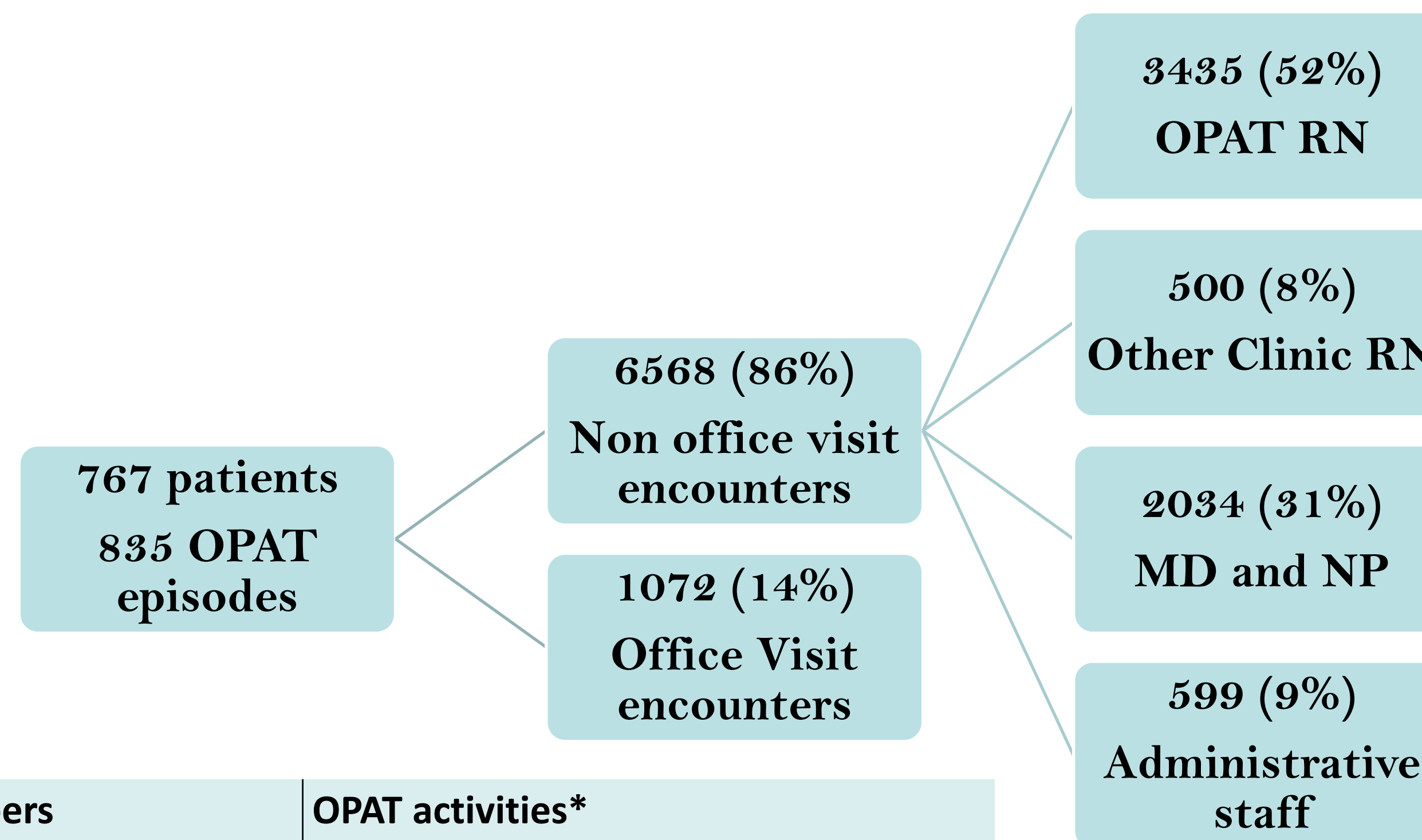
- Management of patients receiving OPAT requires an interdisciplinary team approach and complex care coordination between multiple providers and the patient and family.
- Such close monitoring has been shown to decrease adverse reactions and rehospitalizations, and is recommended by IDSA.
- Much of the work involved in caring for patients on OPAT occurs outside of a billable office visit.
- Describing and quantifying this workload is important to justify staffing and to advocate for change in reimbursement structure.

Methods

- All patients enrolled in the OPAT program at our clinic have a "Sign on" process by the OPAT RN, with an entry made in a dedicated flow sheet in the electronic medical record (EMR).*
- Patients enrolled from January thru December 2019 were identified from the EMR.
- Information was then extracted on every EMR encounter for these patients that was initiated by an ID clinic staff from the start of OPAT monitoring until 14 days after OPAT ended, or until March 31, 2020 for patients still on OPAT on that date.
- Encounters were categorized as office visits (billable) or non office visit encounter (non billable).
- Encounters were credited to the person who initiated the workflow.

Results

86% of encounters were for managing and coordinating care outside of the billable office visit



OPAT Team members

- ID Attending physician (MD)
- ID Pharmacist
- Nurse Practitioner (NP)
- Registered Nurse (RN)

OPAT activities*

- "Sign-on" – coordination of OPAT initiation
- Therapeutic drug level monitoring and dose changes
- Other Lab monitoring
- Weekly review of care plan with OPAT team
- Care coordination between providers and patients of all other issues
- "Sign-off" process

Conclusions

- These data show the immense amount of work done by staff in managing OPAT patients that is outside a billable office visit, and thus not compensated by insurance.
- Though we cannot give exact amount of time spent on these non billable encounters, our analysis of the work performed by the OPAT RN alone* showed that more than one full time RN time was spent on OPAT patient management.
- This data underestimates time spent by OPAT staff as it does not account for:
 - time spent by the multidisciplinary team on weekly review of all OPAT patients which lasts about 3 hours and is essential to ensuring patient safety.
 - contribution of the ID pharmacist time whose recommendations on many issues are documented by the providers.
 - contributions to many encounters by staff other than the person who initiate the workflow.
- Quantification of the uncompensated work of close monitoring of OPAT patients is important as it can be justification for modernization of reimbursement for OPAT patient care.
- Improved reimbursement will make the establishment and maintenance of such programs more financially solvent for health care organizations.

***See poster #909757 at this conference for estimates of time for various activities performed by the OPAT RN in our program.**