

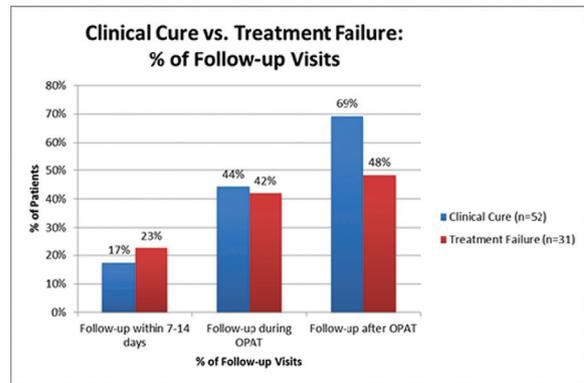
Background. Patients call into the departments at the Cleveland Clinic Foundation (CCF) to request appointments directly for all specialties. The Infectious Diseases (ID) department chose to evaluate these self-referred patients being seen in our clinic due to (1) limited outpatient clinic appointment availability and (2) patients' perception of need may not align with the subspecialty care provided.

Methods. In spring 2016, all self-referred patients requesting an outpatient ID evaluation were screened by the ID Access Plus program. Patients were called by administrative staff with a request for records from a licensed practitioner, and when received, were reviewed within 72 hours of receipt by a staff ID physician. Requests were either (1) accepted for appointment, (2) declined, or (3) referred to a more appropriate department within the CCF system. Patients who were declined appointments were informed by an administrator via telephone call. All patients were also informed of the ability for urgent referrals to be accepted with an MD to MD discussion.

Results. During a 12-month period a total of 1000 referrals were processed through the ID Access Plus program: 25% were declined for appointments; 45% were tabled as requested records were not received; and 30% had appointments scheduled. The most common patient reported reasons for self-referral to ID clinic were "Lyme disease" (10%) and "parasites" (4%). The "no-show" rate for scheduled self-referred patients was <5%. The median wait period for a new patient ID appointment in the department declined from over 40 days to <10 days.

Conclusion. A system of prescreening patients self-referred to ID, requiring a review of medical records by ID clinicians, resulted in improved access for patients.

Disclosures. All authors: No reported disclosures.



1087. Outpatient Parenteral Antimicrobial Therapy (OPAT) Practices at a Veterans Affairs Hospital: Potential for Pharmacist Impact

Catherine Yang, PharmD¹; Nancy N. Nguyen, PharmD, BCPS, AAHIVP, FCSHP^{1,2}; Aarthi Chary, MD^{3,4} and Trisha S. Nakasone, PharmD, BCPS AQ-ID¹; ¹Department of Pharmacy, Veterans Affairs Palo Alto Health Care System, Palo Alto, California, ²University of the Pacific, Thomas J. Long School of Pharmacy & Health Sciences, Stockton, California, ³Department of Medicine, Veterans Affairs Palo Alto Health Care System, Palo Alto, California, ⁴Division of Infectious Diseases and Geographic Medicine, Stanford University School of Medicine, Stanford, California

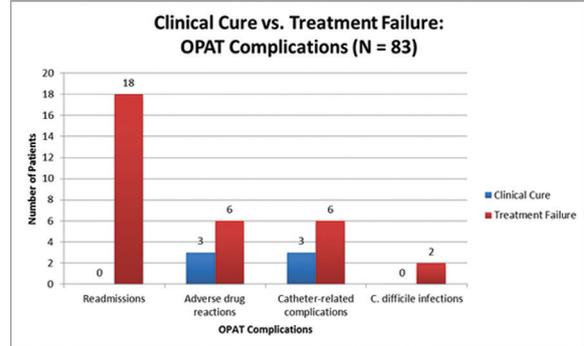
Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. The Infectious Diseases Society of America (IDSA) OPAT Practice Guidelines and Handbook recommend multidisciplinary team involvement as a key element to the success of OPAT. Studies have demonstrated that OPAT pharmacist oversight can improve monitoring of intravenous (IV) antibiotics and achieve clinical cure in 77% of patients. Pharmacists at the Veterans Affairs Palo Alto Health Care System are currently not routinely involved with the management of OPAT patients.

Methods. A retrospective analysis was performed to determine the rate of adherence to IDSA recommendations on antibiotic laboratory and clinical monitoring in veterans discharged with OPAT between July 1, 2015 and June 30, 2016. Secondary outcomes assessed were rates of clinical cure, treatment failure, readmission, and OPAT complications. Data was analyzed using descriptive statistics.

Results. Of 83 patients evaluated, 91 IV antibiotics were administered and 70 patients completed OPAT. The most common infections were osteomyelitis ($n = 33$, 40%), bacteremia ($n = 13$, 13%), and skin and soft-tissue infection ($n = 9$, 11%). Cephalosporins ($n = 41$, 45%) were most commonly used, followed by vancomycin ($n = 18$, 20%) and penicillins ($n = 12$, 13%). Appropriate monitoring of complete blood count, basic metabolic panel, and liver function occurred 45%, 45%, and 25% of the time, respectively, based on IDSA guidance. An increase in treatment failure was observed when less than 25% of weekly lab monitoring was conducted. Twenty-six patients (31%) met the IDSA recommendation for follow-up visits within 7-14 days of discharge and 51 patients (61%) received follow-up visits upon OPAT completion. Clinical cure was achieved in 52 patients (63%). There were more 90-day readmissions related to infection, adverse drug reactions, catheter-related complications, and *C. difficile* infections reported in the treatment failure group compared with the clinical cure group.

Conclusion. In most cases, IDSA recommendations on OPAT management were not appropriately followed and lack of monitoring was associated with treatment failure. Fewer patients achieved clinical cure compared with rates documented in the literature, strongly suggesting the need for an OPAT pharmacist to achieve optimal monitoring and follow-up.



Disclosures. All authors: No reported disclosures.

1088. Safety and Effectiveness of Outpatient Parenteral Antimicrobial Therapy (OPAT) in the Aged Population

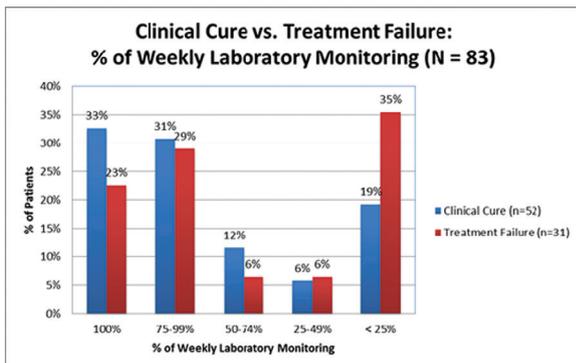
Lucinda J. Van Anglen, PharmD¹; Richard M. Mandel, MD, FIDSA²; Ramesh V. Nathan, MD, FIDSA³; Andrew H. Krinsky, MD⁴; Quyen Luu, MD⁵; Alfred E. Bacon, III, MD⁶; H. Barry Baker, MD, FACP⁷; Claudia P. Schroeder, PharmD, PhD¹ and Kimberly A. Couch, PharmD, MA, FIDSA, FASHP¹; ¹Healix Infusion Therapy, Inc., Sugar Land, Texas, ²University of Arizona College of Medicine, Tucson, Arizona, ³Mazur, Statner, Dutta, Nathan, PC, Thousand Oaks, California, ⁴Infectious Diseases Associates, Sarasota, Florida, ⁵Central Georgia Infectious Diseases, Macon, Georgia, ⁶Infectious Disease Associates, PA, Newark, Delaware, ⁷Infectious Disease Physicians, Miami, Florida

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. The aged population (≥ 75 years) have multiple comorbidities and are at increased risk of adverse events associated with intravenous antimicrobial therapy. Hospitalization (hosp) occurs frequently. This group presents challenges for site of care and reimbursement, which may be met with provision of OPAT through a physician office infusion center (POIC). This setting allows treatment immediately following hosp or directly from the community, thus avoiding hosp. For the aged patient (pt) population, we evaluated safety and effectiveness of OPAT in a POIC.

Methods. Records from 13 POICs were queried for patients ≥ 75 years receiving OPAT courses from January to July 2016. Data included demographics, therapy, disease characteristics, effectiveness and safety. Effectiveness was assessed as completion of therapy and no unplanned hosp related to the underlying infection. Safety assessment included adverse drug reactions (ADRs), catheter complications (CC) and hosp admissions for causes other than those related to the underlying infection. Descriptive statistics and regression analyses were performed.

Results. There were 260 OPAT patient courses provided. Mean age was 81 ± 5 years, 64% male. 51% were treated directly from the community and 49% post hosp. The most common infections were bone and joint (32%), genitourinary (21%), skin and skin structure (20%) and respiratory (12%). OPAT met criteria for effectiveness in 95%, with 247/260 completing therapy and avoiding infection-related hosp. Antimicrobials most frequently used were vancomycin ($n = 59$), ceftriaxone ($n = 43$), cefepime ($n = 35$) and ertapenem ($n = 32$). Median length of OPAT was 14 days (range 1-79). OPAT was assessed as safe in 81% of patients (211/260). 49 patients reported ≥ 1 safety events including ADRs (40; 15%), CC (6; 2.3%), and hosp (17; 6.5%). 9 hosp patients completed OPAT following discharge. Most common ADRs were diarrhea ($n = 9$), fatigue ($n = 9$) and nausea ($n = 8$) with 4 hosp for serious ADRs. All CCs resolved and there were no mortalities. Significant risk factors associated with safety events were drug allergies (OR=2.47, CI=1.31-4.65, $P = 0.005$), ≥ 3 comorbidities (OR=3.92, CI=1.16-13.23, $P = 0.027$) and hypertension (OR=2.19, CI=1.04-4.64 $P = 0.039$).



Conclusion. Provision of OPAT through a POIC demonstrated to be exceptionally safe and effective in the aged population.

Disclosures. L. J. Van Anglen, Theravance: Scientific Advisor, Consulting fee R. V. Nathan, Merck: Speaker's Bureau, Speaker honorarium Allergan: Speaker's Bureau, Speaker honorarium The Medicines Company: Speaker's Bureau, Speaker honorarium K. A. Couch, Merck: Speaker's Bureau, Speaker honorarium Allergan: Speaker's Bureau, Speaker honorarium

1089. Emergency Department Utilization During Self-Administered Outpatient Parenteral Antimicrobial Therapy

Anisha Ganguly, BS, B.A.¹; Larry Brown, MS, MPH²; Deepak Agrawal, MD, MPH³ and Kavita Bhavan, MD, MHS⁴; ¹UT Southwestern Medical Center, Dallas, Texas, ²Clinical Epidemiology, Parkland Memorial Hospital, Dallas, Texas, ³Gastroenterology, UT Southwestern Medical Center, Dallas, Texas, ⁴Infectious Diseases, UT Southwestern Medical Center, Dallas, Texas

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. Self-administered outpatient parenteral antimicrobial therapy (S-OPAT) has been established as a clinically safe and effective alternative to inpatient or outpatient extended-course intravenous antibiotics while reducing healthcare resource utilization. However, previous research has not confirmed that transferring patients from the hospital to home for treatment does not cause a compensatory increase in emergency department (ED) visits. We sought to validate S-OPAT clinical safety and healthcare costs associated with S-OPAT by confirming that S-OPAT does not increase ED utilization during treatment.

Methods. We conducted a before-after study of ED utilization among S-OPAT patients. We compared ED visits, hospital admissions resulting from ED visits, hospital admissions due to OPAT-related causes, and hospital charges associated with all ED visits 60 days before and after initiation of S-OPAT. A 60-day time frame was selected to effectively encompass the maximum treatment duration (8 weeks) for S-OPAT. Paired t-tests were used to compare the change in ED utilization before and after initiation of S-OPAT.

Results. Among our cohort of 944 S-OPAT patients, 430 patients visited the ED 60 days before or after starting treatment. Of the patients with ED visits, 69 were admitted to the hospital for OPAT-related causes and 228 incurred hospital charges from their visit. Initiation of S-OPAT was associated with a statistically significant reduction in total ED visits, all-cause hospital admission, OPAT-related hospital admission, and hospital charges (see Table 1).

Conclusion. Our review of ED utilization among S-OPAT patients demonstrates a reduction in multiple parameters of ED utilization with the initiation of S-OPAT treatment. Our findings confirm that S-OPAT does not yield an increase, but rather a decrease, in ED visits with the transfer of patients from hospital to home.

Table 1

	60 days before S-OPAT	60 days after starting S-OPAT	Paired t-test p-value
ED visits (encounters per patient) N = 430	3.4 ± 2.9	2.9 ± 2.6	<0.001
Hospital admissions (inpatient-days per patient) N = 430	14.8 ± 16.5	6.2 ± 13.2	<0.001
Hospital admissions: S-OPAT-related (inpatient-days per patient) N = 69	9.6 ± 9.5	4.0 ± 6.8	<0.001
Hospital charges (dollars per patient) N = 228	\$81,034 ± 59,552	\$36,105 ± 59,972	<0.001

Disclosures. All authors: No reported disclosures.

1090. Early ID Outpatient Follow-up of OPAT Patients Reduces 30-day Readmission

Ena Saini, MD; Mohammad Ali, MD, MPH; Ping Du, MD, PhD; Tonya Crook, MD and John Zurlo, MD; Infectious Diseases, Penn State Milton S Hershey Medical Center, Hershey, Pennsylvania

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. Although weekly outpatient follow-up for patients discharged on outpatient parenteral antimicrobial therapy (OPAT) has been recommended, few practitioners follow this recommendation. No studies have examined the relationship between outpatient follow-up and patient outcomes for this population. We examined the association between outpatient ID follow-up and the risk for 30-day readmission for patients discharged on OPAT.

Methods. We conducted a retrospective cohort study using EMR data comprising 1102 OPAT patients treated between January 2012 and December 2014 at a major tertiary care medical center. We sought to determine whether ID outpatient follow-up was associated with a lower risk of 30-day readmission, after adjusting for patient demographics, infection diagnosis, outpatient antibiotics, and comorbidities (mainly diabetes mellitus, renal failure and immunosuppression).

Results. Of 1102 cases, 201 of 1102 (18%, 95 females, 106 males) were readmitted within 30 days, of whom 133 (66%) were re-admitted in the first 2 weeks post discharge. 837 (76%) were seen in ID outpatient follow-up within 30 days of discharge, of whom 396 (47%) were seen in first 2 weeks. By univariate analysis OPAT patients seen in ID outpatient follow-up within 2 weeks of discharge were less likely to get readmitted within 30 days of hospital discharge (OR: 0.6, CI: 0.4–0.9, P < 0.02). Patients with immunosuppression (OR: 1.9, 95% CI: 1.3–2.7, P < 0.0001) or discharged on 3 or more antimicrobials (OR: 2.1, 95% CI: 1.4–3.2, P < 0.0001) were more likely to have 30-day readmission. By multivariate analysis patients seen in outpatient ID follow-up within 2 weeks (OR: 0.6, CI: 0.4–0.9, P < 0.006) or those receiving ceftriaxone alone (OR: 0.6, CI: 0.3–0.9, P < 0.015) were less likely to have 30-day readmission. Patients who were immunosuppressed (OR: 1.9, CI: 1.3–3.0, P < 0.003) or those discharged on 3 or more antimicrobials (OR: 2.1, CI: 1.4–3.2, P < 0.001) were more likely to have 30-day readmission.

Conclusion. Infectious disease outpatient follow-up within 2 weeks for patients discharged on OPAT reduces all-cause 30-day readmission. Early outpatient follow-up is especially important for patients who are immunosuppressed and those receiving multiple antibiotics.

Disclosures. All authors: No reported disclosures.

1091. Follow-up Appointment Adherence of Outpatient Parenteral Antimicrobial Therapy (OPAT) Patients

Ambika Lall, BA¹; Angela Hu, MD¹ and Geneve Allison, MD, MSc²; ¹Tufts Medical Center, Boston, Massachusetts, ²Geographic Medicine and Infectious Diseases, Tufts Medical Center, Boston, Massachusetts

Session: 141. Clinical Practice Issues
Friday, October 6, 2017: 12:30 PM

Background. Outpatient parenteral antibiotic therapy (OPAT) is a safe and effective care delivery system that allows patients to receive intravenous (IV) antibiotic therapy outside of the hospital. OPAT patients require frequent follow-up appointments for clinical and laboratory monitoring of common adverse outcomes of any IV antibiotic administration such as line infections, adverse drug events, and reinfection. Despite the known importance of clinical monitoring, patient factors that influence adherence to OPAT appointments are unknown. The objective of this study was to identify factors that influence adherence to OPAT appointments, in order to improve the OPAT program and make adherence easier for patients if possible.

Methods. 80 patients undergoing OPAT between December 2014 and January 2016 were interviewed via telephone regarding the following: reasons for not showing up to appointments, when the first follow up appointment was scheduled, whether they received appointment reminders, transit time, and whether they had to make special arrangements to attend their appointments.

Results. Adherence to follow-up appointments was high (83.8%). 52.5% of initial follow-up appointments were made while patients were still in the hospital. 92% of patients received at least one reminder in the form of a letter (32%), call to cell phone (21%), call to landline (22%), email (17%), or other (1%). Participants mostly cited either transportation (23.4%) or other (30.4%), specifically not feeling well, and work as the reason for missing an appointment.

Conclusion. The majority of patients attended all appointments, and of those, almost all received an appointment reminder, suggesting this is an important factor contributing to appointment adherence. These data reveal some of the barriers some patients face. Future studies can examine whether decreased appointment adherence leads to worse clinical outcomes.

Figure 1. Transportation and other were the most cited reasons for missing appointments.

