Follow-up Appointment Adherence of Outpatient Parenteral Antimicrobial Therapy (OPAT) Patients
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Introduction & Objective

• Outpatient parenteral antimicrobial therapy (OPAT) is a safe and effective care delivery system that allows patients to receive intravenous (IV) antibiotic therapy outside of the hospital (2,3).
• OPAT patients require frequent follow-up appointments for monitoring of common adverse outcomes.
• Patient factors that influence adherence to OPAT appointments are unknown.
• This study aims to identify factors that influence OPAT appointment adherence.

Methods

• Convenience sample of 80 consecutive patients participating in an academic OPAT center as previously described (1) were interviewed via telephone to respond to a 19 question survey.
• Survey included questions regarding: reasons for not showing up to appointments, when the first follow-up appointment was scheduled, whether patients received appointment reminders, transit time, and whether patients 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 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.

Conclusions & Implications

• The majority of patients had attended all appointments.
• Of those, almost all had received an appointment reminder, suggesting this is an important factor contributing to appointment adherence.
• This data reveals some of the barriers some patients face.

Future directions:
• Examine whether decreased appointment adherence leads to worse clinical outcomes.
• Work with the discharge appointment planners and case managers to ask about transportation barriers to future appointments at the time of hospital discharge.

References