



# Outpatient Parenteral Antimicrobial Therapy (OPAT) Practice Survey Updates 2025

Monica V. Mahoney, PharmD<sup>1</sup>; Christina G. Rivera, PharmD<sup>2</sup>; Laila M. Castellino, MD<sup>3</sup>; Susan E. Beekmann, RN, MPH<sup>4</sup>; Philip Polgreen, MD<sup>4</sup>; Sara C. Keller, MD<sup>5</sup>

<sup>1</sup>Department of Pharmacy; Beth Israel Deaconess Medical Center, Boston, MA; <sup>2</sup>Department of Pharmacy, Mayo Clinic, Rochester, MN; <sup>3</sup>UT Southwestern Medical Center, Dallas, TX;

<sup>4</sup>Carver College of Medicine, University of Iowa, Iowa City, IA; <sup>5</sup> Johns Hopkins University School of Medicine, Baltimore, MD

## Introduction

- OPAT is a safe and cost-effective way for patients to receive intravenous (IV) antimicrobials outside the hospital setting.
- While OPAT practice has continued to increase in the US, no standards exist for program composition or structure.
- Complex outpatient antimicrobial therapy (COPAT), i.e., monitoring of oral antimicrobials for serious infection(s), may be growing in OPAT practice.

## Objective

- To understand current OPAT practices via a survey of US OPAT clinicians.

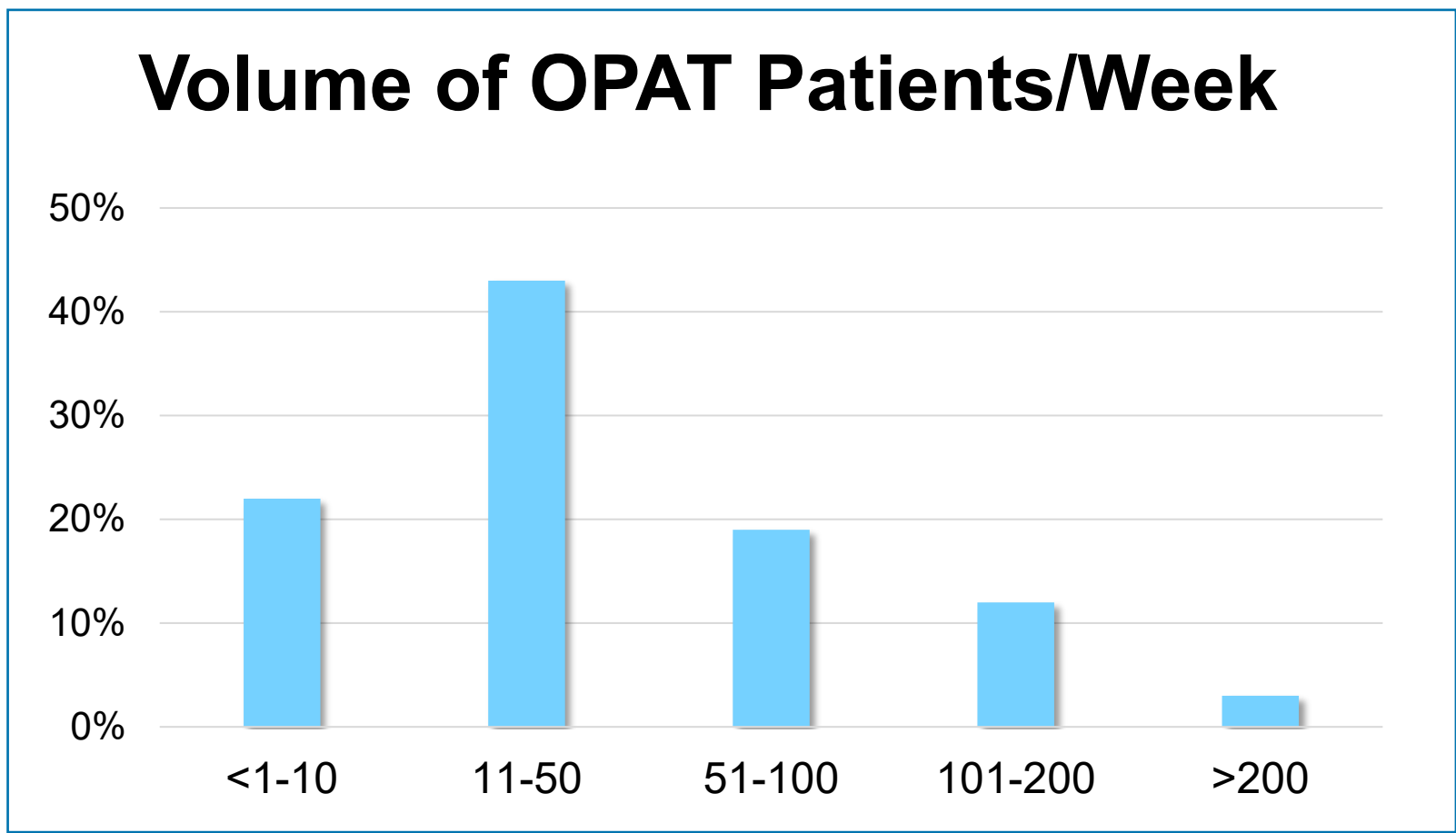
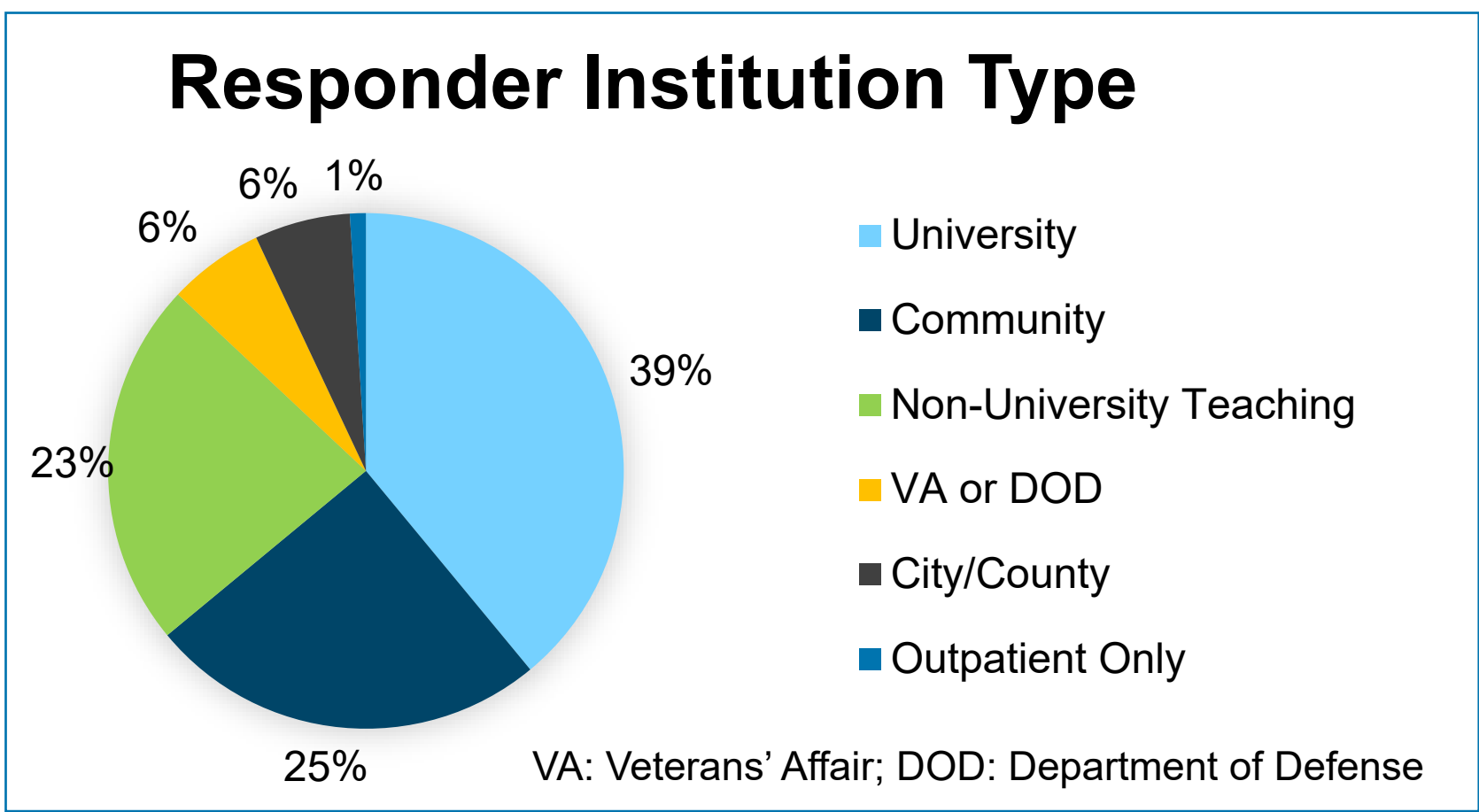
## Methods

- A survey developed for infectious diseases (ID) physicians, advanced practice providers (APPs) and pharmacists was sent to the Emerging Infections Network (EIN) February 25 – March 19, 2025.
- Items focused on the respondents' role with OPAT, structure of OPAT provision, location where OPAT is received, providers responsible for managing OPAT, time devoted to OPAT, institutional support given to OPAT, role of complex outpatient antimicrobial therapy (COPAT), OPAT oversight, and barriers to safe OPAT care.
- Participants who reported a role with OPAT and see adult patients were eligible to answer the survey.

## Results

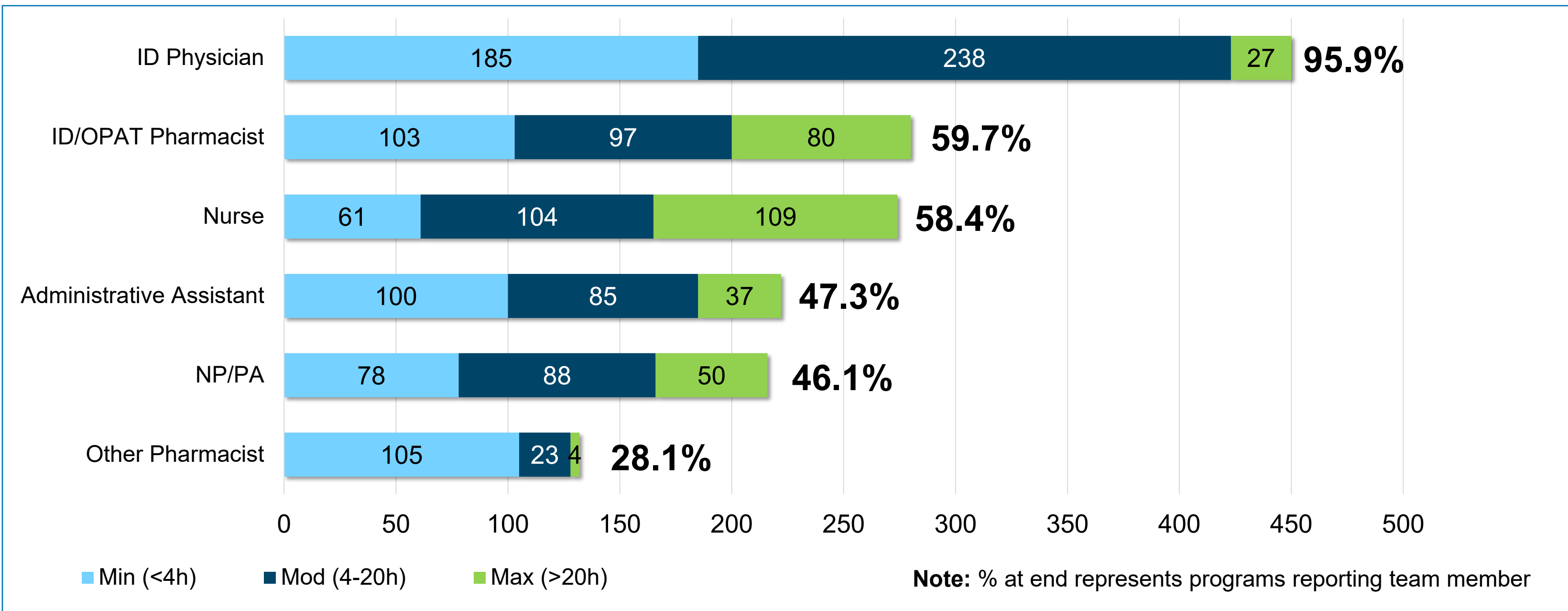
- Of 1639 active EIN clinicians with an ID practice, 622 (38%) responded to the survey with 469 (75%) indicating a role in OPAT.

### OPAT Program Demographics



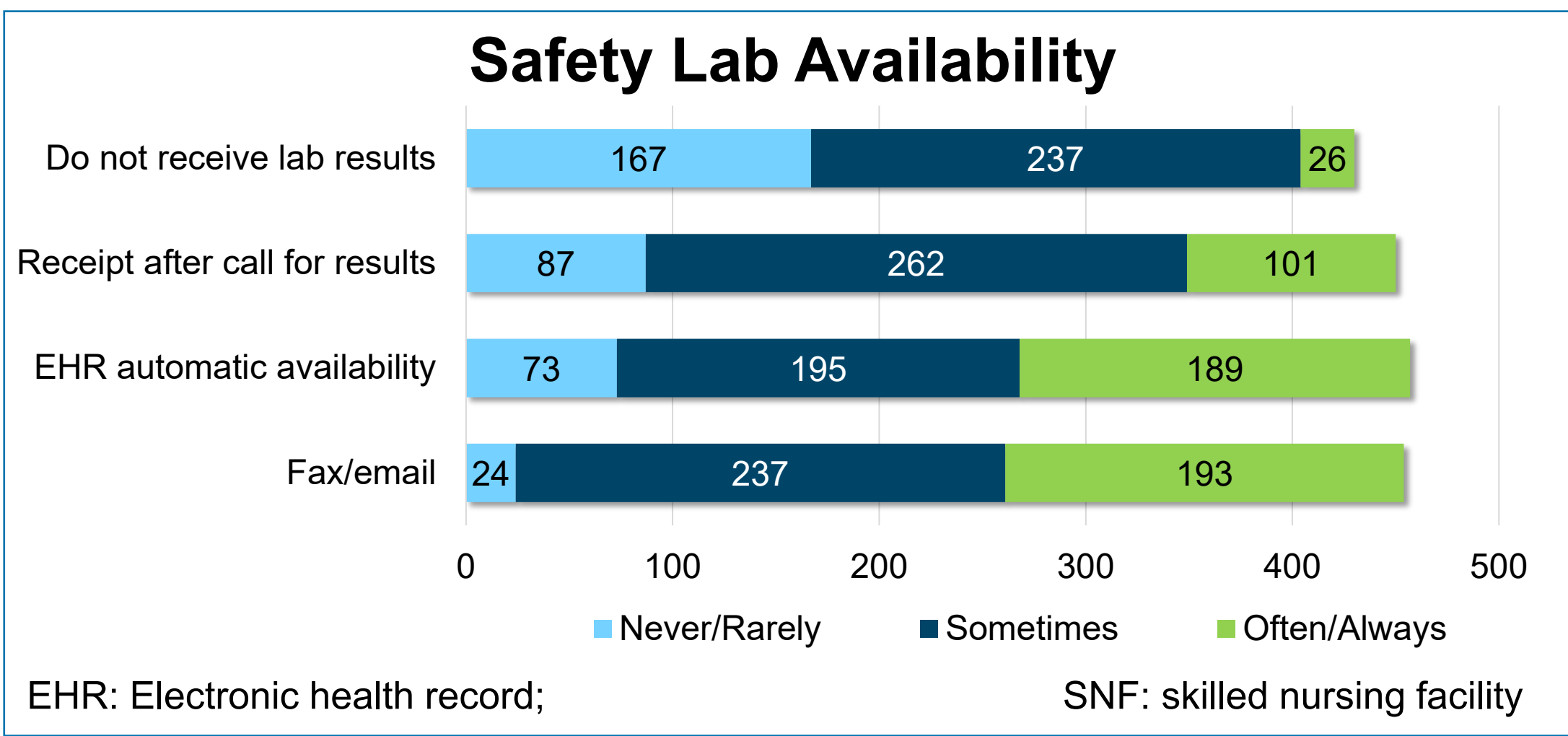
## Results continued

### OPAT Clinician(s) Composition & Hours Worked Per Week



### OPAT Program Details

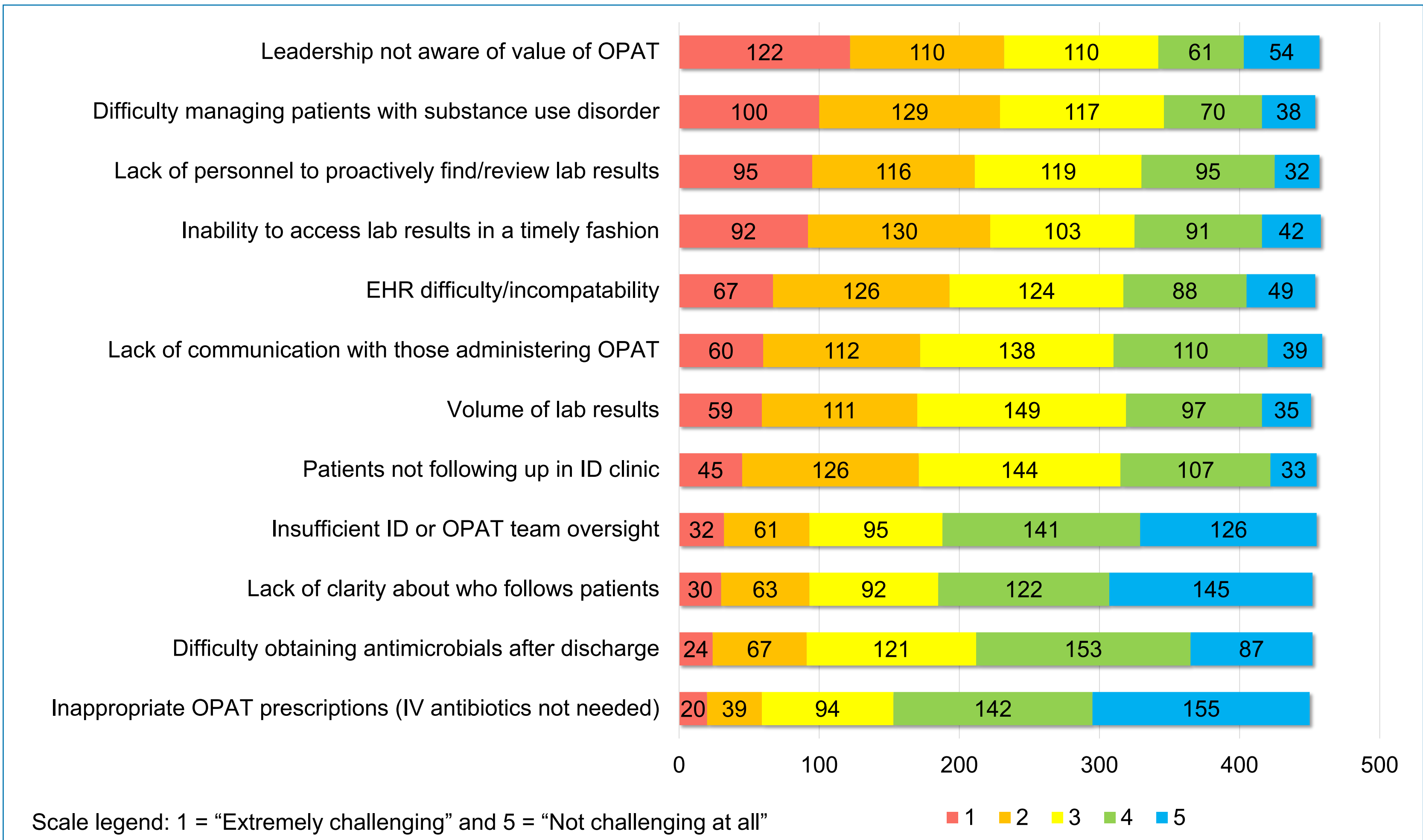
Characteristic	N (%)
ID consult required prior to OPAT enrollment	
Yes	280 (60)
No	173 (37)
Unsure	16 (3)
OPAT program follows COPAT patients	
Yes	277 (59)
No	183 (39)
Not answered	9 (2)
OPAT program oversight / reporting to*	
Infectious diseases	435 (95)
Pharmacy	108 (24)
Antimicrobial stewardship program	73 (16)



### Safety Lab Follow-up\*

Team Member	N (%)
Outpatient ID physician	349 (75)
OPAT program	173 (37)
OPAT pharmacist	152 (33)
Inpatient ID physician	141 (30)
SNF clinician	79 (17)
Discharging clinician	34 (7)
Primary care clinician	30 (6)

### Challenges Encountered in OPAT



### Areas of Adequate Support within OPAT



## Conclusions

- OPAT teams frequently were multidisciplinary.
- Over half of OPAT programs reported incorporation of COPAT patients.
- Leadership awareness of the value of OPAT was the most common barrier reported.

\*Could select ≥1 answer