



OPAT

AN

INTERNATIONAL

COMPARISON

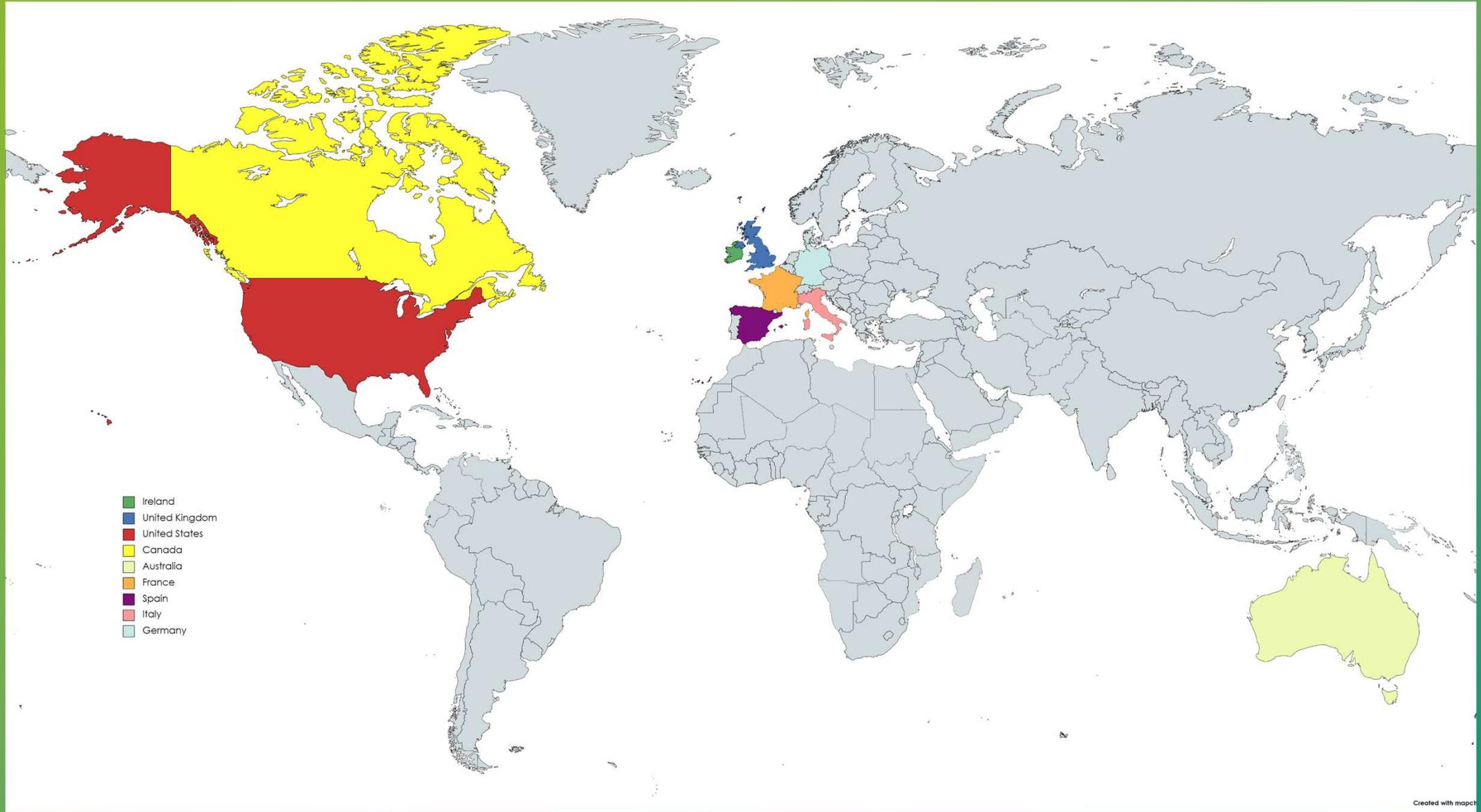
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On behalf of National OPAT
Working Group

Why compare?

- Establish what is possible
- Establish best practice
- Identify areas where we can improve
- Borrow ideas to bring home



Ireland

- Established in 2013. Extension of secondary care
- National model working off a centralised referral portal and coordination office for public hospitals
- Approaching ten years of complete registry data
- S vs H OPAT
- Separate private programme via insurers for patients within private system
- Unique benefit of accurate national level summary data for patients within the public system

United Kingdom

- First delivered in 2009
- Entirely funded by the NHS
- Over 80 services, almost all acute hospital based
- Optional but encouraged to feed information into the BSAC database
- Strong repertoire of health economic data demonstrating robust cost-effectiveness relative to inpatient care

United States

- One of the first countries to deliver OPAT in 1974
- An extremely fragmented system reflecting public/private divide
- OPAT availability linked to particular type of insurance policy
- For Medicare – possible but used with limits
- Overall highly used despite disparity in access
- First guidelines issued in 1997 together with start of OPAT registry which ran until 2000
- Cost of care in US makes OPAT an attractive option when available

Canada

- Despite being one of the first countries to implement OPAT in the 1970s little published literature re a coordinated approach
- Likely due to decentralised nature of Canadian healthcare where healthcare is administered at a provincial level
- While Canadians receive healthcare coverage for “medically necessary” services but if patients are discharged on OPAT costs are not guaranteed to be covered
- 66% of Canadians in possession of supplementary private insurance
- Multiple individual Canadian institutions run OPAT services but difficult to gauge actual vs potential usage from published literature

Australia

- Very well established following introduction in 1994
- Part of 'Hospital at Home' Care
- Funded by Medicare which covers the cost of public hospital services
- Demand continuing to grow and further services being encouraged by DoH
- Review paper showed that between 2011 and 2017 OPAT patient 'admissions' grew by almost twice the rate of all general hospital admissions in a group of 20 principal referring hospitals.
- For the one-year period 2017-2018 greater than 595,000 OPAT care days were delivered for public patient in Australia accounting for over 5% of acute-care bed days.

France

- Well established via Hospital at home service 'L'Hospitalisation á Domicile' which began in 1957!
- French 'Hospital at Home' services are quite encompassing and while OPAT is a significant service, it is fourth in terms of bed days saved
- OPAT is covered by the statutory health insurance system in the same manner that hospitalisation would be.
- A relatively unique feature of the French OPAT system is that general practitioners as well as hospital specialists can prescribe OPAT care.
- OPAT has gradually become more prevalent; the most up-to-date published figures for 2017 show that almost 300,000 bed days were saved through OPAT with a year-on-year growth of approximately 6%.
- The major limitation to OPAT in France appears to be variable access.

Spain

- OPAT is provided within Spain's Home Hospitalisation Unit, which was founded in 1981, & provides OPAT services in addition to other specialised hospital level care at home.
- Delivered through over 100 home hospitalisation units.
- Referrals are accepted from both primary and secondary care either from a medical or surgical speciality or direct from Emergency units
- There is also an active Society for Home Hospitalisation which organises and presents OPAT research. They have also produced evidence and expert based guidelines with a view to standardising OPAT care within Spanish Hospital at Home settings.
- Spain also has an active OPAT registry that began in 2011. It was conceived as a multicentre project but does not appear to contain the information of every participating Home Hospitalisation Unit.

Italy

- Well established since the 1990's
- Costs entirely covered by National Health Service
- Widely offered through hospitals via infusion clinics rather than at home care
- Likely due to a legislative provision that only doctors can administer an antibiotic outside of hospital
- In addition the number of antibiotics that can be prescribed for community use via OPAT is limited to a controlled list authorised by the Italian Medicines Agency.
- Due to legislation and cultural preference widespread use of IM medicine administration. This delivery mode exceeds IV
- Italy was also of the now defunct International OPAT registry that was set up by the IDSA. Only a limited number of eight sites participated in this registry

Germany

- European outlier in terms of usage
- Due to a lack of statutory authorisation OPAT within Germany can be subject to unfavourable reimbursement arrangements
- When it is used it tends to be for specified clinical conditions such as cystic fibrosis.
- Current pilot of OPAT in Cologne where the group propose there is inadequate knowledge of OPAT as a model of care, as well as deficits in the outpatient care structure, where OPAT is not reflected in the remuneration system.
- The German healthcare system works on a mandatory insurance model – where insurance, either statutory or private, is mandated for all citizens and permanent residents.

Summary

Country	OPAT Availability	Bed Occupancy Rate (%)	AvLOS (Acute Infectious)	Unique features of OPAT
Ireland	Nationwide	89	5.9	National Registry
UK	Nationwide	84	6	Cost Benefit Data
US	Dependent on insurance	64.4	7.2	Cost incentive to use with certain insurance
Canada	Most major hospitals	82.7	9.2	
Australia	All major hospitals	*	5.7	H@H
France	Nationwide	76	5.8	H@H
Spain	Nationwide	76	6.1	H@H
Italy	Nationwide	77	6.8	IM injections
Germany	Very limited	79	7.7	Non-existent
EU Average	-	77	6.5	-

Lessons

- Health system financing/structure strongly affects OPAT availability
- Emergence of hospital at home as a trend
- Value of a registry
- Need to consider antimicrobial stewardship



QUESTIONS?

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