

**Conclusion.** Our experience suggests that long-acting LGP may be valuable tools to treat serious gram-positive infections by optimizing the duration of hospitalization and preventing unnecessary admissions to acute care and nursing facilities for daily antibiotic infusions. These aspects of LGP use are especially important during the COVID-19 pandemic where nosocomial transmission has been documented.

**Disclosures.** All Authors: No reported disclosures

**618. Characteristics and Outcomes of an Outpatient Infectious Diseases E-consult Program at a County Safety-Net Healthcare System**

Madison Granger, n/a<sup>1</sup>; Madison Pickering, MS<sup>2</sup>; Richard J. Medford, MD<sup>2</sup>; Helen King, MD<sup>3</sup>; <sup>1</sup>UT Southwestern Medical School, Dallas, TX; <sup>2</sup>UT Southwestern Medical Center, Richardson, TX; <sup>3</sup>University of Texas Southwestern, Dallas, TX

**Session:** P-27. Clinical Practice Issues

**Background.** Safety-net healthcare systems often have significant demands for specialty care due to large patient volumes. Infectious Disease (ID) e-consults have the capability to relieve some of this burden by presenting providers with an alternative to face-to-face ID referrals that also lessens financial, travel, and time constraints on patients. Such a system offers the prospect of increasing access to ID care for patients in limited resource settings.

**Methods.** We performed a retrospective review describing characteristics and outcomes of all outpatient ID e-consults at Parkland Health and Hospital System in Dallas, Texas from March 2018 – February 2021.

**Results.** In the study period, 725 e-consults were completed. All e-consults were answered within 72 hours per hospital policy. The most common e-consult topics were 135 (19%) tuberculosis (TB), 116 (16%) syphilis, 97 (13%) respiratory and 79 (11%) musculoskeletal (Figure 1). Nearly two-thirds of the e-consults 456 (63%) came from primary care providers (PCPs). The remainder came from specialists with the most common referring specialties being GI 55 (8%), Hematology/Oncology 36 (5%), Rheumatology 28 (4%) Neurology 27 (4%), and Dermatology 22 (3%) (Figure 2). The majority of e-consults 569 (78%) were resolved without a face-to-face visit.

Figure 1. Number of E-consults over Time, by Topic

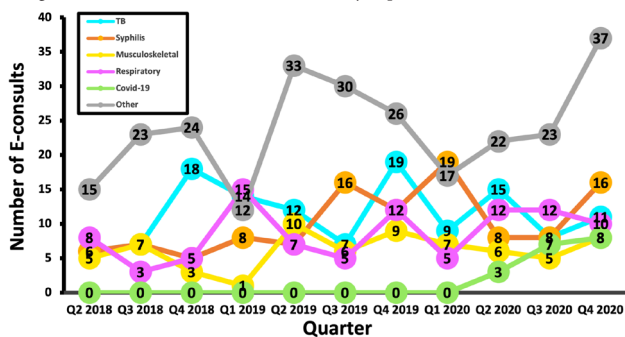
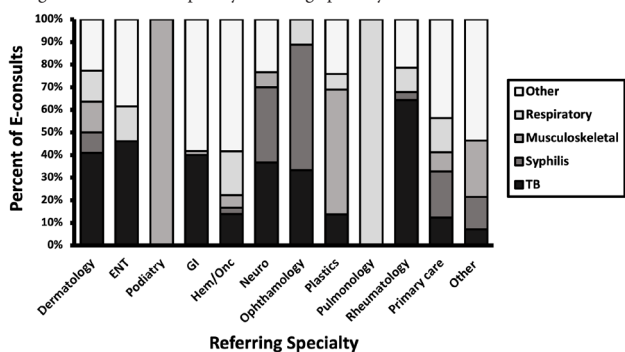


Figure 2. E-consult Topics by Referring Specialty



**Conclusion.** Implementation of an outpatient ID e-consult program at a large safety-net healthcare system was an effective means of providing timely input on common ID topics, such as latent TB and interpretation of syphilis serologies, without formal clinic visits. E-consults were able to service a range of providers including PCPs and a variety of specialties, and most e-consults were completed without a clinic visit.

**Disclosures.** All Authors: No reported disclosures

**619. Current State of Infectious Diseases Pharmacist OPAT/COpAT Practice in the United States**

Christina G. Rivera, Pharm.D<sup>1</sup>; Keenan L. Ryan, PharmD, PhC<sup>2</sup>; Kristin Mara, MS<sup>1</sup>; Monica V. Mahoney, PharmD, BCPS-AQ ID, BCIDP<sup>3</sup>; Monica V. Mahoney, PharmD, BCPS-AQ ID, BCIDP<sup>3</sup>; <sup>1</sup>Mayo Clinic, Rochester, Minnesota; <sup>2</sup>University of New Mexico Hospitals, Albuquerque, New Mexico; <sup>3</sup>Beth Israel Deaconess Medical Center, Boston, Massachusetts

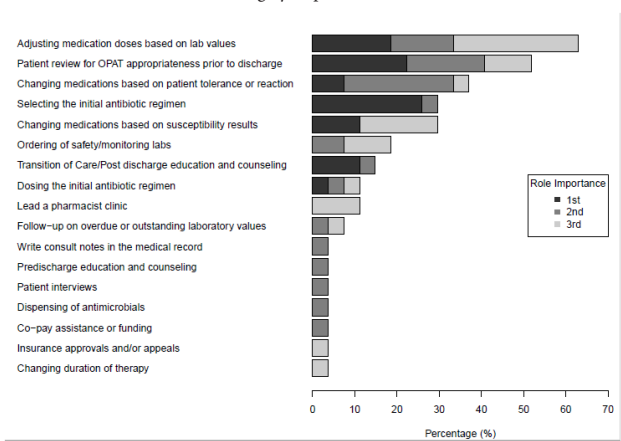
**Session:** P-27. Clinical Practice Issues

**Background.** Outpatient parenteral antimicrobial therapy (OPAT) is the process of administering intravenous (IV) antimicrobials outside the acute inpatient setting. Oral antimicrobials for complex infections are referred to as complex outpatient antimicrobial therapy (COpAT). OPAT/COpAT programs are expanding, as are the opportunities for clinical Infectious Diseases (ID) pharmacists (RPHs) involvement. The current state of clinical (non-dispensing) role and the functions being performed by RPHs in OPAT/COpAT is unknown.

**Methods.** To define the current state of OPAT/COpAT pharmacy practice across the United States (US), specifically the clinical functions performed by RPHs, design of RPH involved OPAT/COpAT clinics, and compare training of RPHs who practice in OPAT/COpAT to ID RPHs who do not, a survey of a possible 31 questions was emailed to the American College of Clinical Pharmacists (ACCP) Infectious Diseases Practice and Research Network (PRN) email list. Results were focused on US-based respondents.

**Results.** Eighty-seven RPHs responded with 27 practicing in OPAT/COpAT. Training background did not differ between groups. Programs with an OPAT/COpAT RPH were more likely to have a formal OPAT team compared to those without an OPAT/COpAT RPH (p < 0.001). OPAT/COpAT RPHs were early in their careers, with roughly half practicing < 5 years in ID, and 66.7% practicing < 5 years in OPAT/COpAT. Most OPAT/COpAT RPHs (66.7%) practiced at an academic medical center with a median full time equivalent (FTE) of 1 RPH. Most (63%) utilized a collaborative practice agreement and 81.5% shared job functions with other ID RPH roles, most commonly antimicrobial stewardship. Few (28%) OPAT/COpAT programs involved a dispensing component. The average daily census was 42 patients followed by an OPAT/COpAT RPH. There was wide variability in the types of tasks ID RPH performed in OPAT/COpAT, the three most important tasks are listed in Figure 1.

OPAT Pharmacists Task Ranking by Importance



There was wide variability in the types of tasks ID pharmacist performed in OPAT/COpAT. The most OPAT/COpAT pharmacists responded that adjusting medications based on lab values was in their top 3 most important clinical tasks. When ranking the top three most important tasks, selecting the initial OPAT/COpAT regimen was ranked first most often, followed by review of review of OPAT appropriateness for discharge, then adjusting medications based on lab values.

**Conclusion.** This is the largest known survey of OPAT/COpAT RPHs. RPH involvement in OPAT/COpAT in the US is an emerging trend with wide variability in program structure. Tasks performed by OPAT/COpAT RPHs varied significantly; however, OPAT/COpAT RPH respondents' functions are largely clinical in nature.

**Disclosures.** All Authors: No reported disclosures

**620. Identifying the Role for a Pharmacist on an Outpatient Parenteral Antimicrobial Therapy (OPAT) Team in an Academic Teaching Hospital**

Garret H. Hino, Jr., PharmD<sup>1</sup>; Jacinda Abdul-Mutakabbir, PharmD, MPH, AAHIVP<sup>2</sup>; Norman Hamada, PharmD<sup>1</sup>; Anna Zhou, PharmD, BCIDP<sup>1</sup>; Karen K. Tan, PharmD, BCIDP<sup>3</sup>; <sup>1</sup>Loma Linda University, Honolulu, Hawaii; <sup>2</sup>Loma Linda University School of Pharmacy, Redlands, California; <sup>3</sup>Loma Linda University Medical Center, Los Angeles, California

**Session:** P-27. Clinical Practice Issues

**Background.** Outpatient parenteral antimicrobial therapy (OPAT) is currently an emerging practice to continue effective treatment after hospital discharge for patients requiring parenteral (IV) treatment. Pharmacists can collaborate with outpatient services like home infusion services to allow for safe administration and monitoring of IV antibiotics. The role of pharmacists in an OPAT team has been shown to improve patient outcomes such as optimizing antimicrobial therapy and reducing hospital length of stay and readmissions. We sought to define the utility of an OPAT pharmacist at an academic teaching hospital that currently does not have an OPAT service.

**Methods.** Patients receiving IV therapy via home infusion from 1/4/21 to 3/4/21 were screened for inclusion and excluded if antimicrobials were not prescribed. Infection characteristics and antimicrobial therapy were recorded. Interventions on