

**Kavita Bhavan, M.D., medical director of the Infectious Diseases Outpatient Parenteral Antimicrobial Therapy Clinic at Parkland, says the clinic treats many patients who need intravenous antimicrobial therapy for several weeks to recover from serious infections stemming from illness or injury” Butcher (2018).**

Abstract:

When leaders at Parkland Health & Hospital System in Dallas launched a novel program for administering long-term antibiotics to Parkland Memorial Hospital patients, they were seeking to address two problems that vex many provider organizations: disparities in the delivery of health care services and the inappropriate use of health care resources. Kavita Bhavan, M.D., medical director of the Infectious Diseases Outpatient Parenteral Antimicrobial Therapy Clinic at Parkland, says the clinic treats many patients who need intravenous antimicrobial therapy for several weeks to recover from serious infections stemming from illness or injury. Providers can administer long-term IV antimicrobial therapy to insured patients within a number of locations: an infusion center, a physician’s office, a skilled nursing facility or, most frequently, at home with support from home health services. Uninsured patients, however, have no access to home health nurses or other options, so they traditionally have been treated as inpatients at Parkland, the only provider organization that provides free care. “It wasn’t unheard of to be here 42 days getting IV antibiotics,” says Bhavan, who also serves as associate professor of internal medicine at the University of Texas Southwestern Medical Center. “And they were doing fine – the only reason they were there was to get the antibiotics.” That meant inpatient beds were being tied up by patients who could be treated at home, while Parkland struggled to find beds for acutely ill patients coming through the emergency department. At the same time, the patients receiving long-term antibiotics did not want to be in the hospital unnecessarily. “Many of our patients are the working poor,” Bhavan says. “They would like to get home to be able to pay their bills on time, and take care of their loved ones. It’s burdensome for them to be tied up in a hospital.” Furthermore, spending weeks as a hospital inpatient comes with the risk of nosocomial infections, so Bhavan recognized a disparity in the quality of care being provided to uninsured patients versus their insured peers who were being treated at home.



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Reference:

Butcher, L. (2018) Parkland Memorial Hospital's self-care IV therapy program. *Hospitals & Health Networks*. 91(5), p.28-29.