

## PARTNER CASE STUDY:

# Community Hospital in the Northern Great Plains Sees Sustained Reduction in Antibiotic Use and Spend with TeleInfectious Disease Service



## Key Outcomes

### The Challenge

A 46-bed rural community hospital in the Northern Great Plains region faced a critical inflection point when its long-standing infectious disease physician announced retirement. Options for recruiting an in-person replacement were extremely limited, consistent with national shortages in infectious disease specialists, particularly in rural and frontier areas.

At the same time, hospital leadership sought to optimize antibiotic utilization and associated pharmacy spend while strengthening stewardship oversight.

#### The hospital required:

- No gaps in coverage with the departure of the on-site infectious disease specialist
- Optimization of antimicrobial use
- Sustainable antibiotic stewardship oversight aligned with regulatory and accreditation expectations
- A clinically credible solution capable of integrating with existing teams

### The Solution

In January 2023, the hospital partnered with Access TeleCare to implement both teleInfectious disease inpatient consultative and treatment management services and comprehensive Antimicrobial Stewardship Program (ASP) oversight.

The teleInfectious disease service introduced structured stewardship protocols, twice-weekly joint ASP-hospitalist case reviews, and evidence-based prescribing optimization, and collaborative engagement with on-site clinicians and pharmacy staff.

#### Initial Impact (2023–Mid 2024)

The hospital saw immediate results in reduced use of antibiotics and associated spend:

- **Average antibiotic utilization costs were reduced by more than 50% within the first months of implementation**
- Cost reductions were sustained over time
- Prescribing variability narrowed
- Stewardship oversight became consistent and data-driven

The community hospital also reported strong clinical collaboration and high satisfaction with the virtual infectious disease model.

#### Sustained Impact (Mid 2025 – Present)

In late 2024, a local infectious disease physician relocated to the area, and the hospital elected to transition back to in-person coverage.

In mid-2025, the hospital reinstated teleInfectious disease and ASP services.

- **Monthly average antibiotic costs decreased by more than 75%** upon telemedicine reimplementation
- Cost reductions were sustained
- Prescribing patterns realigned with antibiotic stewardship best practices
- Operational and financial stability were maintained



**50% REDUCTION**  
in antibiotic spend during initial teleInfectious disease engagement



**75% REDUCTION**  
in antibiotic spend after reinstating teleInfectious disease and ASP services



**SUSTAINED COST CONTAINMENT**  
without compromising clinical excellence

*“The teleInfectious disease program has surpassed expectations in terms of both financial and patient care impact. We are reducing our pharmacy spend and antibiotic use with expert infectious disease specialty consultation.”*

Community Hospital's  
Chief Nursing Officer