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Outpatient Stewardship Opportunities During Cold and Flu Season

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September 25th, 2018

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Why Care about Outpatient Stewardship

Per Year in the US

- 35 million hospitalizations
- 141 million ED visits
- ~1 billion outpatient visits

- 85% of antibiotic prescribing is done outpatient
- **$33 billion** spent on outpatient antibiotics 2010-2015

https://www.cdc.gov/nchs/data/hus/hus16.pdf#076
Suda, Clin Infec Dis 2017

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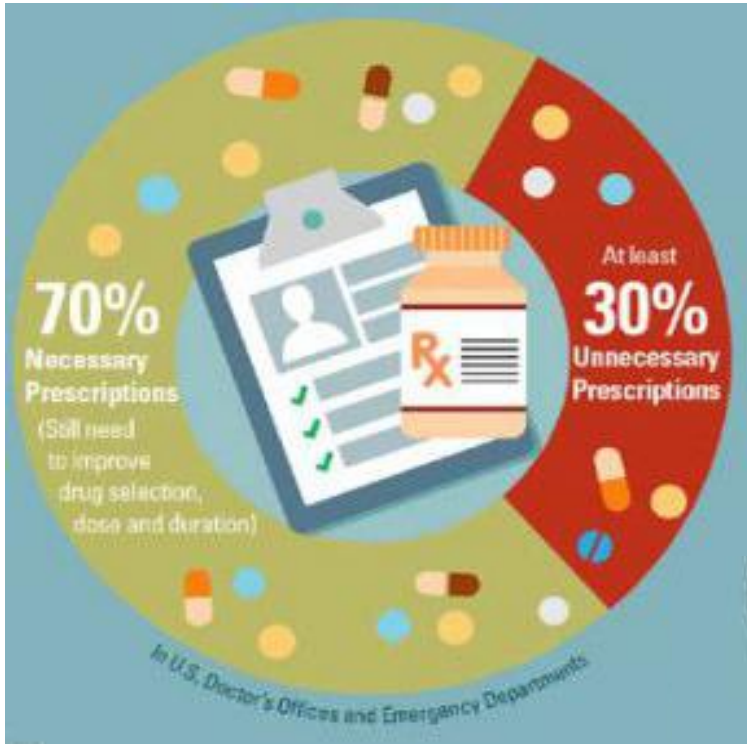
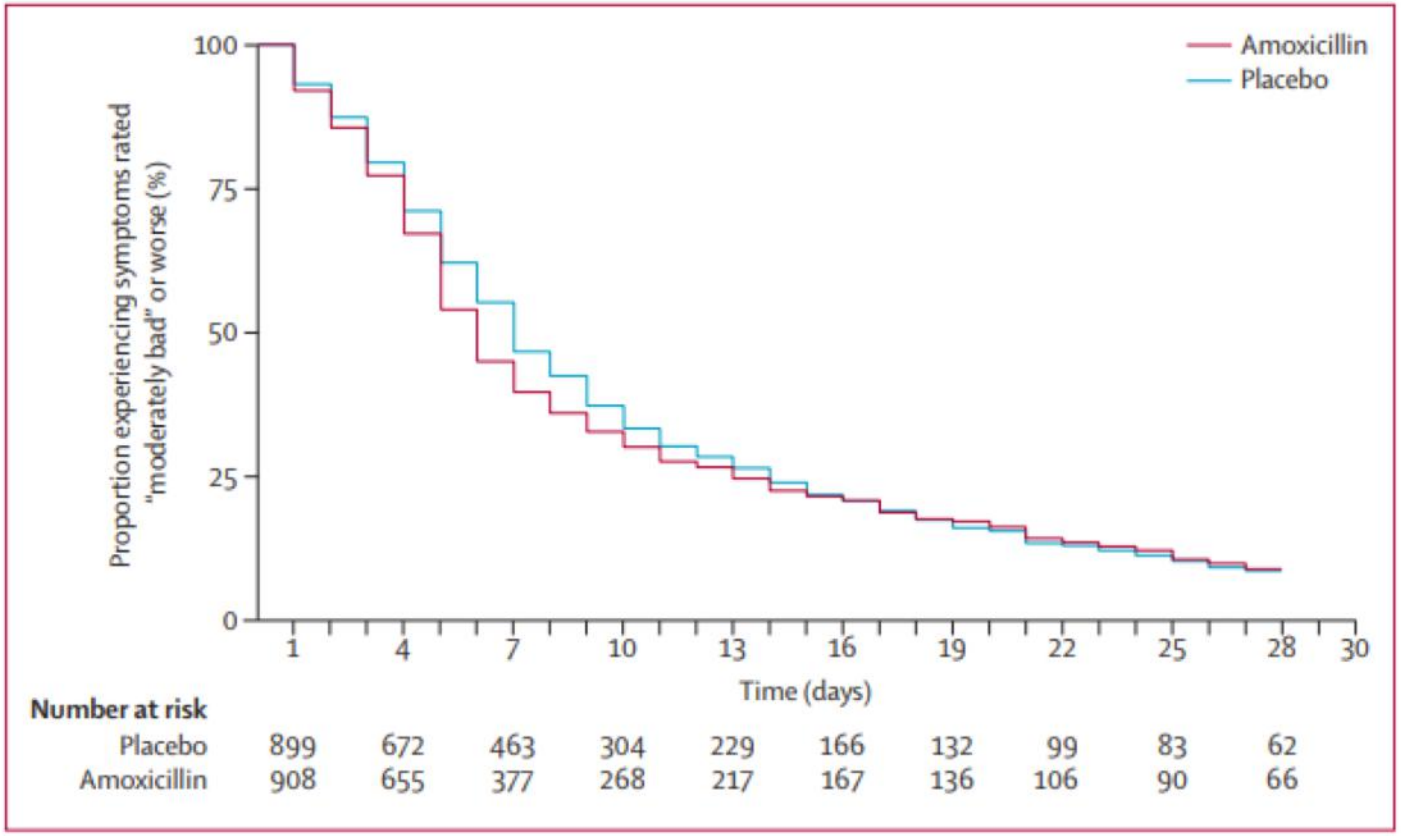
Respiratory Infections – Major Driver of Unnecessary Abx



- Bronchitis
- Sinusitis
- Pharyngitis
- Otitis media
- Common cold

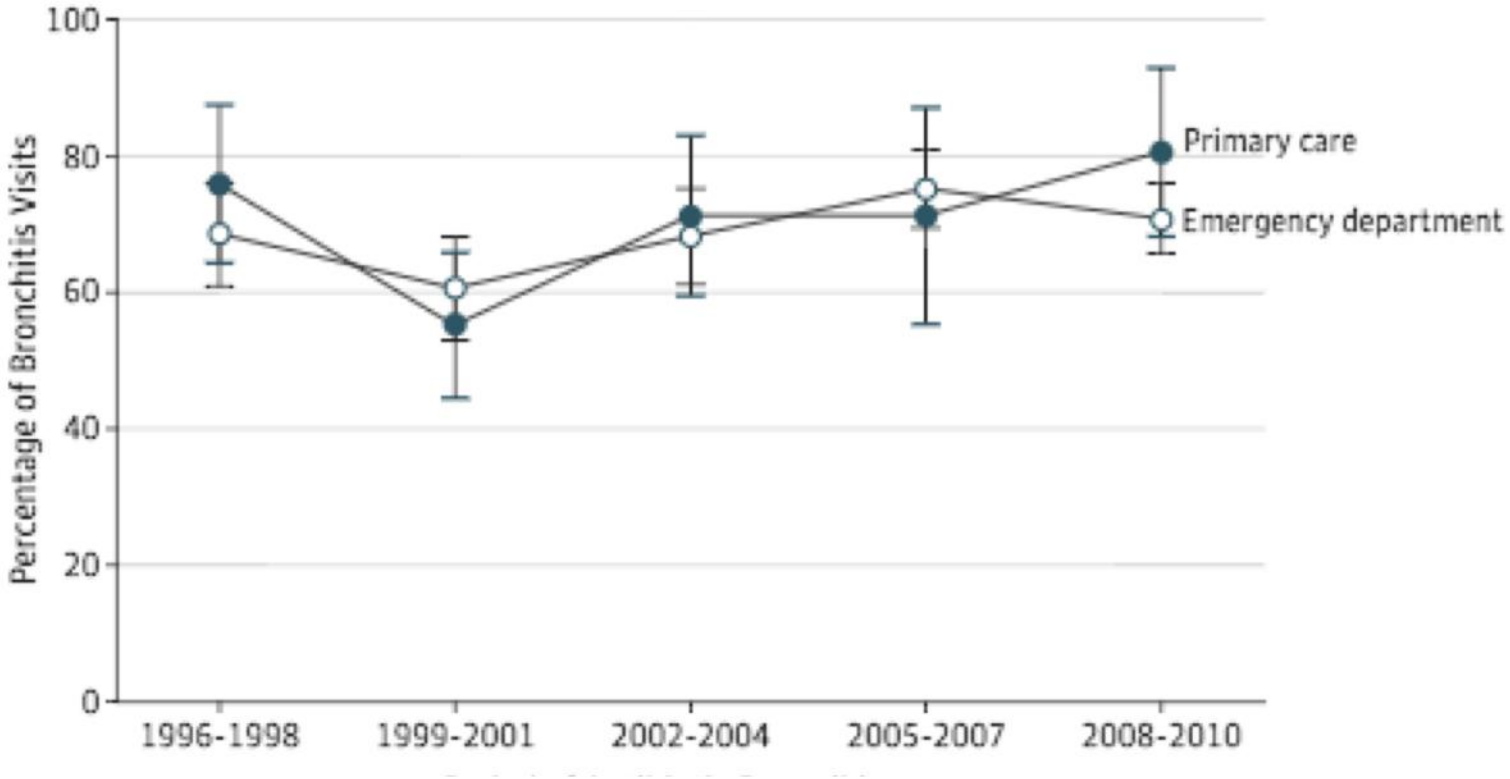
Fleming-Dutra, JAMA, 2016

Acute Lower-Respiratory Tract Infection



Little et al, Lancet ID, 2013

Antibiotic Prescribing for Bronchitis



Barnett et al, JAMA 2014

CDC Core Elements – Outpatient Antibiotic Stewardship

WA DOH - EQuIP for Ambulatory Care Clinics

EQuIP for Ambulatory Care Clinics

Antimicrobial Stewardship Toolkit

The tools and resources on this page are to help healthcare providers and ambulatory clinics optimize antibiotic use to achieve the best outcomes for patients and prevent antibiotic resistance.

- JumpStart Stewardship Workbook for Ambulatory Settings (PDF)
- Provider Commitment to Stewardship Poster (Customizable) (PowerPoint)
- Provider Commitment to Stewardship Poster (Generic) (PDF)
- Implementation Timeline Template (Excel)
- Charter and Strategic Plan Template (Word)

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQuIP/AmbulatoryCare

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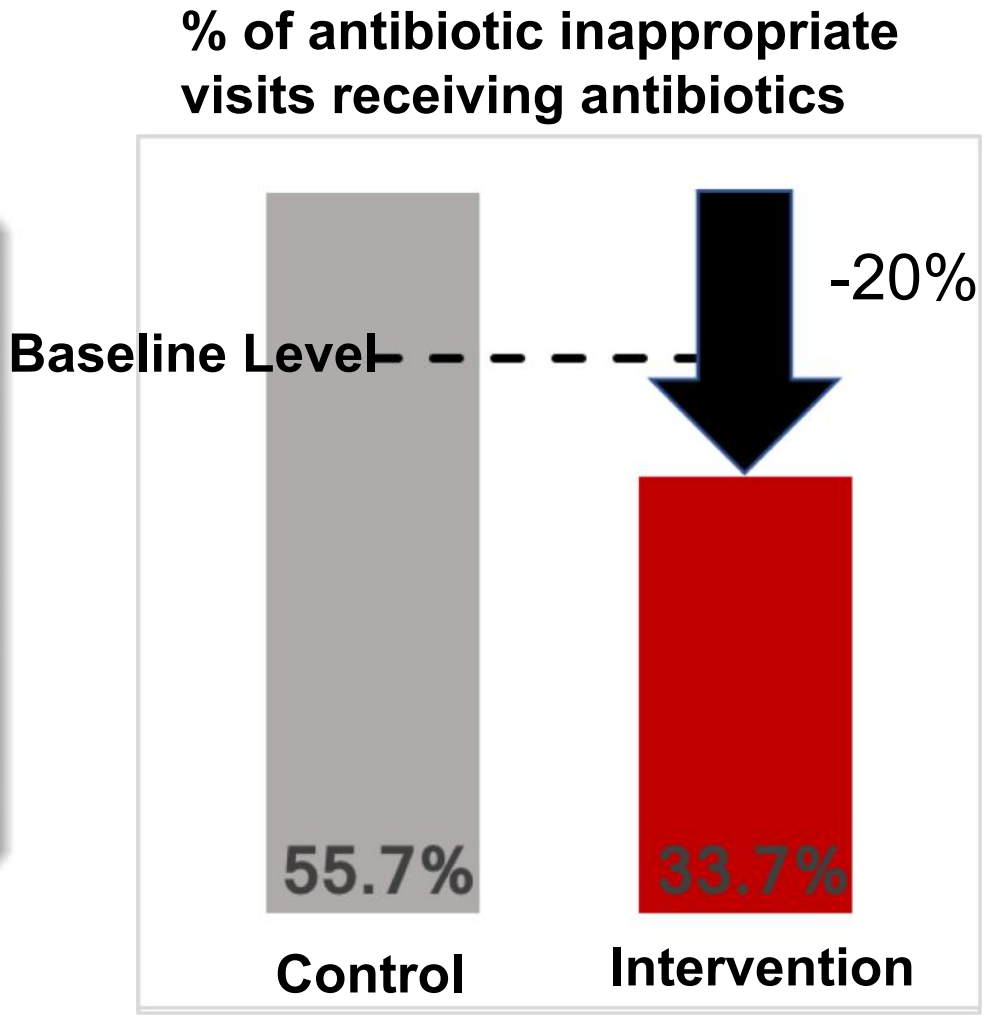
Commitment

Opportunities/ Evidence based strategies:

- Identify a leader
- Regular meetings for priority setting
- Commitment from all team members
- **Commitment posters**

Public Commitment Letter



Meeker, JAMA 2014

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I won't prescribe antibiotics when they are unlikely to work.

Antibiotics can cure a lot of infections… but antibiotics don't work against viruses that cause the common cold, most coughs, and most sore throats.

I will consider how an antibiotic may harm you.

- Taking antibiotics increase the risk of antibiotic resistant bacteria (superbugs).
- You could experience side effects like harder-to-treat infection, skin rashes, allergic reaction, upset stomach, or diarrhea (which can be life-threatening).

How can you help?

- If you get an antibiotic, take it as prescribed.
- Don't save antibiotics or give them to someone else.

Clinic Name Here

Clinic Picture Here

Clinic Logo Here

Quality Improvement Organizations | QUALIS HEALTH

www.medicare.qualishealth.org

Washington State Department of Health

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQuIP/AmbulatoryCare

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Action for Policy and Practice

Opportunities/ Evidence based strategies:

- **Evidence-based diagnosis/ treatment**
- Outpatient antibiograms
- Written justification
- **Improved triage systems**

WA DOH - EQuIP for Ambulatory Care Clinics

Washington Clinical Practice Guidelines

Practice Guidance for Judicious Use of Antibiotics

- Acute Otitis Media (AOM) (PDF)
- Acute Uncomplicated Bronchitis (Adults) (PDF)
- Acute Uncomplicated Sinusitis (Adults) (PDF)
- Acute Uncomplicated Sinusitis (Children <18 years) (PDF)
- Pharyngitis (Adults and Children) (PDF)

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQuIP/AmbulatoryCare

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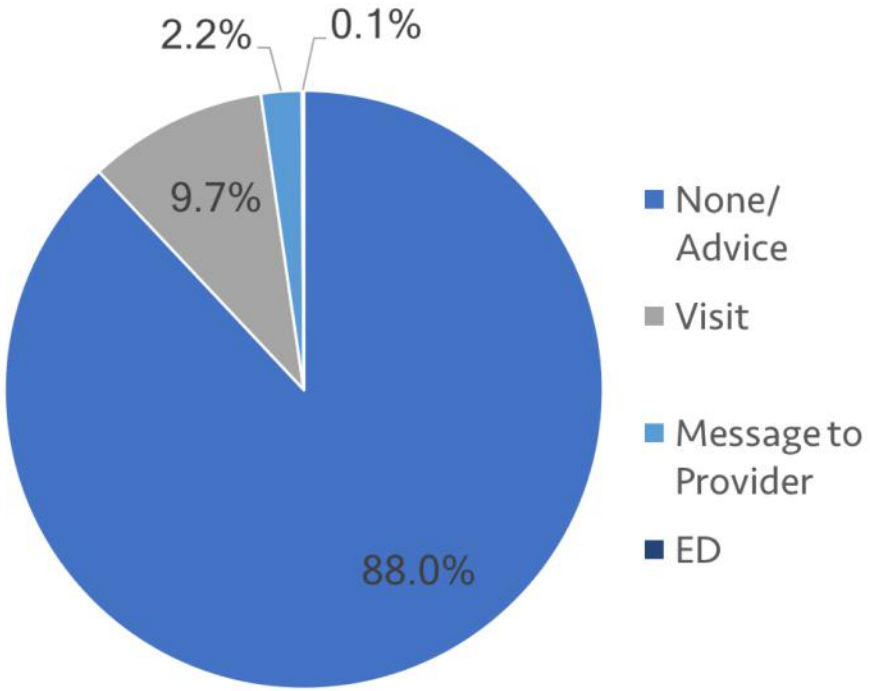
Improving Triage Systems

- 450K calls for URI symptoms managed by RN over the phone



Follow-up Outcome of Patients Receiving Advice

Harper, A J Manag Care, 2015

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Tracking and Reporting

Goal: individual prescriber level, use data

Opportunities/ Evidence based strategies:

- Monitor documentation of indication for Rx
- Adherence to facility guidelines
- **Peer comparison**

Peer Comparison

"You are a Top Performer"

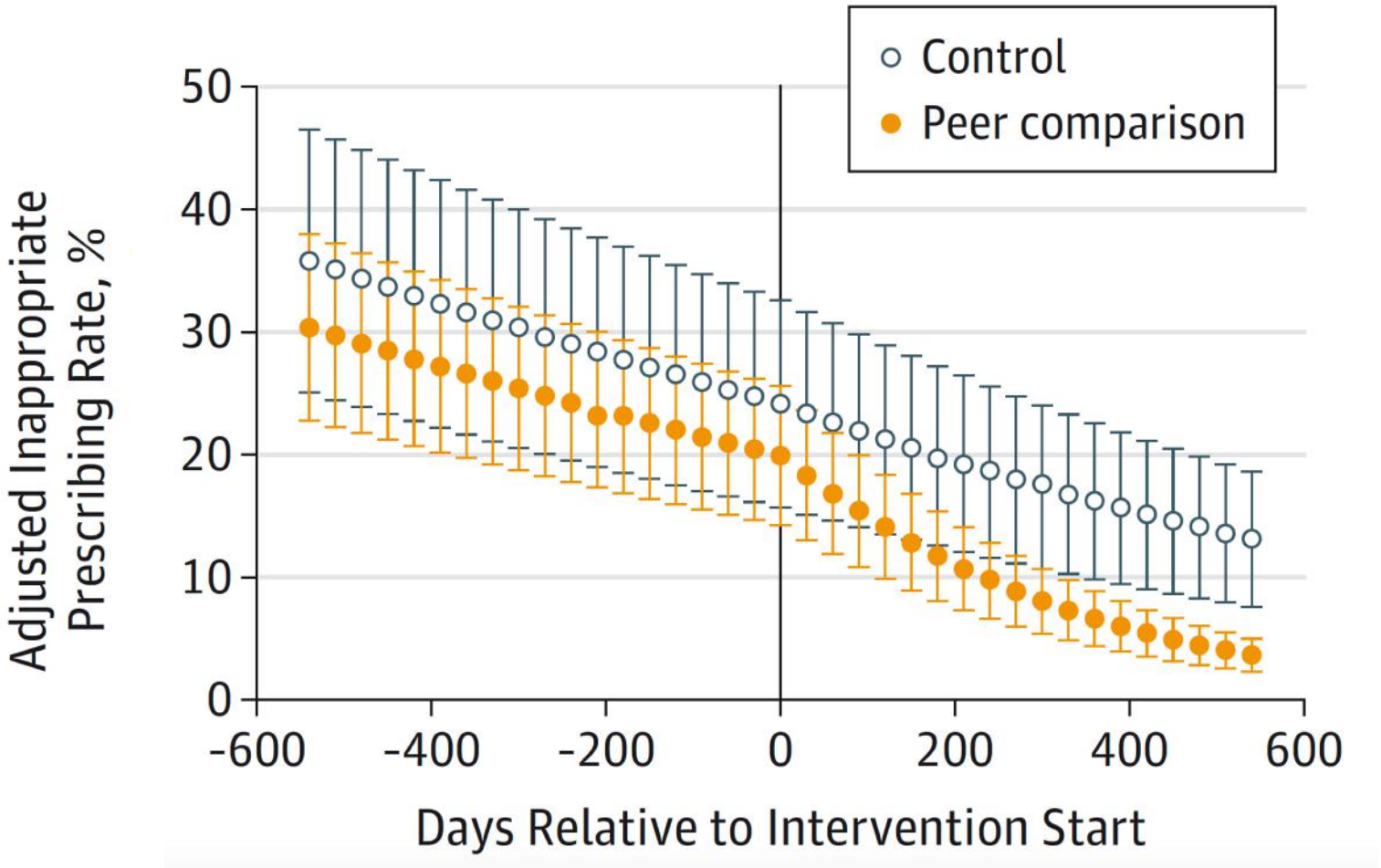
You are in the top 10% of clinicians. You wrote 0 prescriptions out of 21 acute respiratory infection cases that did not warrant antibiotics.

"You are not a Top Performer"

Your inappropriate antibiotic prescribing rate is 15%. Top performers' rate is 0%. You wrote 3 prescriptions out of 20 acute respiratory infection cases that did not warrant antibiotics.

Meeker, JAMA 2016

Peer Comparison



Meeker, JAMA 2016

Education and Expertise

Opportunities/ Evidence based strategies:

- **Effective communication with patients**
- Patient education
- Staff and clinician education
- **Ensure access to expertise**

DART: Dialogue Around Respiratory illness Treatment

Optimizing communication with parents.

Treatment recommendation as a package

1) Review PE findings
2) Deliver the diagnosis
3) Two part treatment recommendation

   Negative -> positive
4) Contingency plan

Resources

WA DOH EQuIP

https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HealthcareAssociatedInfections/EQuIP/AmbulatoryCare

Ambulatory JumpStart Stewardshp

https://www.doh.wa.gov/Portals/1/Documents/5000/JumpStartStewardshipAmbulatorySettings.pdf

DART

http://www.seattlechildrens.org/research/child-health-behavior-and-development/mangione-smith-lab/dart-learning-modules/

MITIGATE toolkit

https://qioprogram.org/sites/default/files/editors/141/MITIGATE_TOOLKIT_final_approved%281%29_508v2.pdf

Additional REFERENCES

- Little P, et al. Amoxicillin for acute lower-respiratory-tract infection in primary care when pneumonia is not suspected: a 12-country, randomised, placebo-controlled trial. The Lancet Infectious Diseases. 2013 Feb 1;13(2):123-9.
- Suda, Katie J., et al. Antibiotic expenditures by medication, class, and healthcare setting in the United States, 2010–2015. Clinical Infectious Diseases 66.2 (2017): 185-190.
- Fleming-Dutra, Katherine E., et al. Prevalence of inappropriate antibiotic prescriptions among US ambulatory care visits, 2010-2011. Jama 315.17 (2016): 1864-1873.
- Barnett ML, Linder JA. Antibiotic prescribing for adults with acute bronchitis in the United States, 1996-2010. Jama. 2014 May 21;311(19):2020-2.
- Mangione-Smith R, Zhou C, Robinson JD, Taylor JA, Elliott MN, Heritage J. Communication practices and antibiotic use for acute respiratory tract infections in children. The Annals of Family Medicine. 2015 May 1;13(3):221-7.

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Antibiotic Approach in End of Life

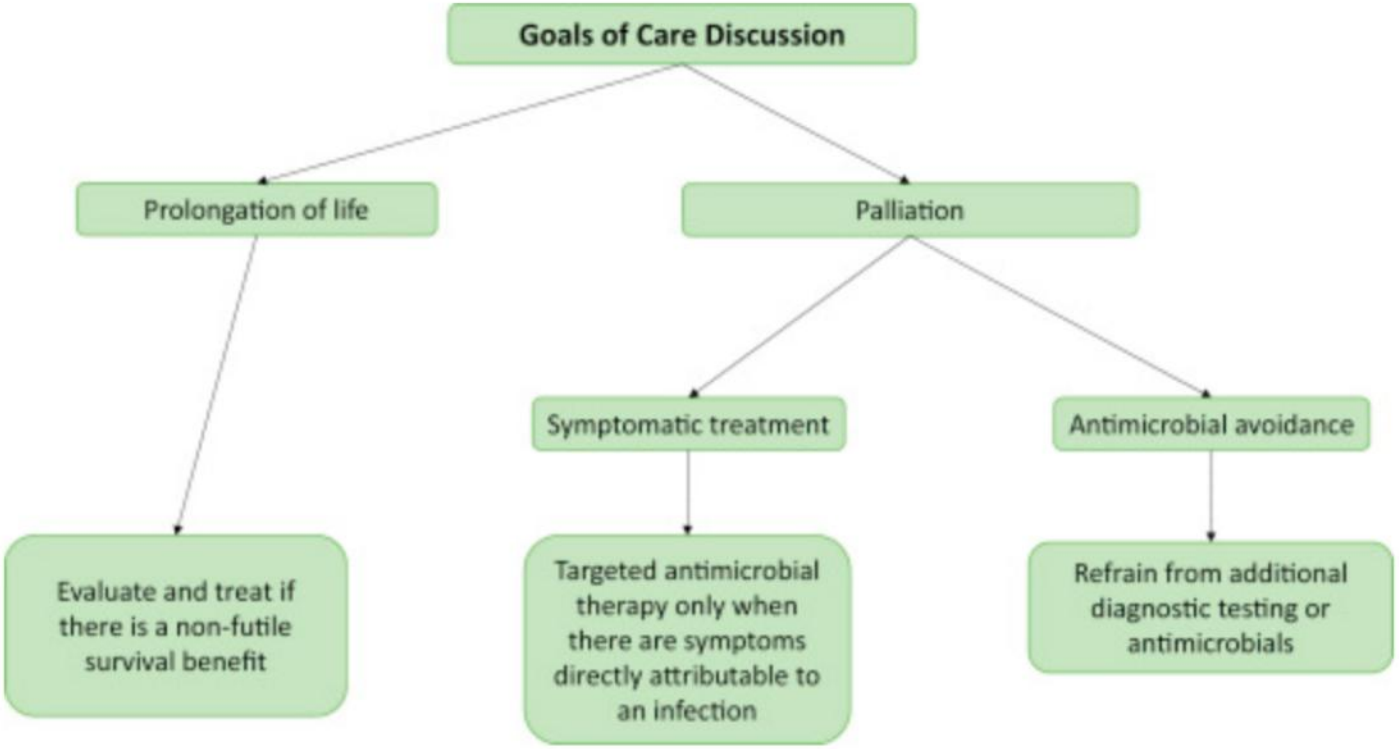

Fig. 1