

Antibiotics Stewardship Information for Providers

WHAT IS ANTIBIOTIC STEWARDSHIP?

Antibiotic resistance is among the greatest public health threats today. **Antibiotic stewardship** is a coordinated program that promotes the appropriate use of antibiotics, improves patient outcomes, reduces microbial resistance, and decreases the spread of infections caused by multidrug-resistant organisms. Louisiana Healthcare Connections is committed to promoting antibiotic stewardship in the care of our members. It is critical in preventing further antibiotic resistance and potential drug-related complications.

MANAGING PATIENT EXPECTATIONS

In the U.S., more than **2.8 million antimicrobial-resistant infections occur each year, with 35,000 people dying as a result**. In 2014, the CDC reported that at least **28% of antibiotics prescribed in the U.S.** in the outpatient setting were unnecessary. The majority of antibiotics are **prescribed in primary care settings for URIs**, the prevalence of which increases in the winter months.

Patient expectations can be a driving factor in inappropriate prescribing. In anticipation, the CDC recommends that outpatient clinicians take the following steps to implement antibiotic stewardship activities:

- **Discuss antibiotic stewardship with all members of clinic staff (non-clinical front desk and clinical staff) to set patient expectations.**
- **Use delayed prescribing practices – giving the patient or parent a postdated prescription with instructions to fill it after a predetermined period if symptoms worsen or do not improve.**
- **Provide education to patients about when antibiotics are and are not needed and their potential harms.**
- **Seek continuing education on antibiotic prescribing.**

Additionally, consider counseling your patients on using alternative prescription or OTC medications and basic self-care to help with symptom management.

CLINICAL RECOMMENDATIONS FOR ANTIBIOTIC PRESCRIBING

Louisiana Healthcare Connections monitors three HEDIS® Quality measures related to antibiotic prescribing. Your commitment to antibiotic stewardship will improve compliance rates for these three Quality measures and ultimately improve health outcomes for your patients.

- **Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)**
 - >> Measures the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic prescription. The measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

CLINICAL RECOMMENDATION: *Acute bronchitis/bronchiolitis almost always gets better on its own; therefore, individuals without other health problems should not be prescribed an antibiotic.*

- **Appropriate Testing for Pharyngitis (CWP)**
 - >> Measures the percentage of episodes for members 3 years and older where the member was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. A higher rate indicates completion of the appropriate testing required to merit antibiotic treatment for pharyngitis.

CLINICAL RECOMMENDATION: *A rapid strep test or throat culture needs to be performed to confirm a diagnosis before prescribing antibiotics. Educate parents/caregivers that an antibiotic is not necessary for viral infections if the rapid strep test and/or throat culture is negative. Pharyngitis, or sore throat, is a leading cause of outpatient care and can be caused by a viral or bacterial infection.¹ **Viral pharyngitis does not require antibiotic treatment.***

- **Appropriate Treatment for Upper Respiratory Infection (URI)**

>> Measures the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection (URI) that did not result in an antibiotic dispensing event. The measure is reported as an inverted rate. A higher rate indicates appropriate URI treatment (i.e., the proportion of episodes that did not result in an antibiotic dispensing event).

CLINICAL RECOMMENDATION: *Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment.*

WE ARE HERE TO HELP

Thank you for your help optimizing the use of antibiotics in our communities. LHCC is also distributing educational materials to our members on this topic which will further support your treatment decisions and conversations during visits. If you have any questions please contact the Quality team at (225) 955-7979 or (225) 454-2653.

We have also provided additional resources for you below:

- **Agency for Healthcare Research and Quality (AHRQ) Antibiotic Stewardship Ambulatory Care Toolkit**
- **The Core Elements of Outpatient Antibiotic Stewardship**

REFERENCE: 1. K. Simon. 2014. "Pediatric Pharyngitis." <http://emedicine.medscape.com/article/967384-overview>