Primary Care Antibiotics Overuse
CASE STUDY FACILITATOR COPY

Describe the Practice:

Busy primary care practice has a high number of patients who are feeling terrible with upper respiratory illnesses, including reported colds with runny nose, cough, watery eyes and sinus congestion. Patients are reporting worsening symptoms, inability to sleep, feverish. In addition, parents with young children are seeing sequential sicknesses that they get over in several days, with children sequentially improving, but the parents still feel sick and run down, some reporting prolonged discomfort. Patients are asking for relief, and specifically concerned that they need to have antibiotics.

Current State:

There is one provider in the practice who has been attempting to enlist her partners in reducing unnecessary antibiotic prescribing. However, she is aware that in many cases where antibiotic prescribing is questionable, her colleagues tend to culture nasal secretions and give amoxicillin-clavulanate; do a throat culture and give oral penicillin V; and in some cases order a sinus series of X-rays and prescribe azithromycin; even in cases where patients have no fever, no exudate, no enanthems, and lungs are clear to auscultation and percussion[i].

Providers agree to the goals, but are annoyed and discouraged by patients report speaking with relatives who are in the health care field and recommend antibiotics, for fear of developing pneumonia; or steroids. In some cases where they have resisted prescribing antibiotics, patients have reportedly gone to other providers or urgent care clinics, received prescriptions and have called in a few days complaining that because of going to different providers, they got antibiotics and feel much better now.

While the goals are established, the provider champion feels that she is swimming upstream, given the pressure providers are under and is not sure how to rally them to stay the course.

Target Ideal State:

The ideal state would be for the provider championing to enlist her colleagues to establish protocols across the practice to reduce unnecessary antibiotic prescribing, and to succeed in motivating the providers to change their prescribing. However she is frustrated with uncertainty about how, in the context of their incredibly busy practice, she will be able to accomplish this. She is hoping for a solution from her COPTN Practice Facilitator.

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TCPi Change Package and Goal Alignment:

Reduce unnecessary care: Use the evidence-base and best practices to reduce unnecessary testing and procedures

1. Identify what they are doing now to assess cost and utilization strategies – where do they feel overuse in the system is now? What can they do to reduce cost?
2. Empower staff to know and politely question any orders not meeting guidelines Implement Choosing Wisely guidelines
3. Build best practice information order sets and documentation templates and incorporate these into the EHR where possible
4. Use shared decision aids

Implement evidence-based protocols: Use evidence-based protocols to improve patient care and safety

1. Develop evidence-based protocols in house or use those externally available
2. Document protocols through flow sheets, process maps, care maps, swim lanes or other visual depiction
3. Invite visiting faculty in academic settings to learn protocols embedded in EHR
4. Use protocols to guide communication with patients and families after a patient safety event
5. Embed protocols in the EHR
6. Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target

Recent Changes to your Process:

- Champion for the work is identified
- Goal for reducing unnecessary antibiotic prescribing was identified and initially agreed upon by the providers: **Antibiotics – reduce use of antibiotics by 20%.** Their metric includes “all codes” to exclude diagnostic drift.

Consider:

- What is going well?
- What areas still need work?
- What your next step is in adjusting the target process?

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Available Data:

They agreed on which prescribing codes to look at and now have identified baseline rates for prescribing antibiotics. They found variation across providers, and are looking to the PF to identify the next step in working with each provider to understand and accept their prescribing rates, and to help them reach their initial goal. The provider champion drafted a simple chart to use with each provider but is getting resistance her peers on accepting the data. She is concerned about how hard to push.

	Provider Rate	Medical Group Average
January	NA	44.4%
February	71%	42.2%
March	30%	32.8%
April	65%	30.3%

Barriers to Beginning Change:

Identify the barriers in this case study, and discuss strategies to support the provider champion in progressing towards their goal.

Questions for Your Peers:

1. How can the provider champion be supported to rally her peers to stay on course with their established goals for appropriate antibiotic prescribing, given their discouragement about swimming upstream against patient preferences?
    a. Consider how to use their baseline data and variation among providers
    b. Consider conversation starters around the importance of appropriate utilization

2. What are some core educational tools the PF can bring to the provider champion and team so that they can decide how to implement education for providers on this issue?

3. How can the PF support the team identifying patient education strategies to help establish a culture of appropriate antibiotic prescribing?

[i] From choosing wisely ACP teachable moments [cite]