

Describe the Practice:

Family Care Center is a busy primary care practice with five providers. They have a large number of patients who are feeling terrible with upper respiratory illnesses with symptoms including runny nose, cough, watery eyes and sinus congestion. Patients are reporting worsening symptoms, inability to sleep and subjective fevers. Parents report that their young children have had one cold after another and seem to bounce back while the adults in the family still feel sick and run down. Patients are asking for relief and are specifically concerned that they need to have antibiotics.

Current State:

There is one provider in the practice, Lydia, who has been attempting to enlist her partners in reducing unnecessary antibiotic prescribing. She acknowledges that there are some gray areas in deciding to prescribe, but that often patients with clearly viral syndromes are receiving antibiotic prescriptions. Her colleagues tend to do additional studies and prescribe antibiotics even without the clinical signs that would indicate a bacterial infection. Providers agree to the goal of decreasing unnecessary antibiotics from a medical perspective, but are annoyed and discouraged by patients who come expecting antibiotics. Many patients come after talking to friends and relatives in health care to bolster their case for antibiotics. In some cases where providers have resisted prescribing antibiotics, patients have reportedly gone to other providers or urgent care clinics and have received antibiotic prescriptions. They then call the office stating that they got antibiotics and feel much better now. Not to mention that it takes much longer to explain why antibiotics are not the right thing to do than it does to just prescribe them.

DISCUSSION: You are the Practice Facilitator and talking to Lydia, the provider who is trying to decrease antibiotic use. What else is important to know about the current state of the practice?

Case Study Continues:

From your conversation, you learn that there is a big push for patient satisfaction now and that there is talk about salary incentives for higher satisfaction scores. There is a relatively new medical director and the practice has successfully aligned around care for high blood pressure and is seeing great results. In fact, it is likely that they will receive some pay for performance dollars! The providers applaud this clinical leadership and are optimistic that they will be able to make other practice improvements.

DISCUSSION: How would you guide Lydia? What support could you give as the Practice Facilitator? How could you help her envision an improved or ideal state for antibiotic prescribing in the practice?

Case Study Continues:

After talking with the medical director, Lydia is given support to look at the antibiotic prescribing habits of the providers. They agreed on which prescribing codes to look at and now have identified baseline rates for prescribing antibiotics. They found variation across providers, but Lydia is finding resistance as she shares the data with each provider.

| | Average | Provider A | Provider B | Provider C | Provider D | Provider E |
|-----|---------|------------|------------|------------|------------|------------|
| Jan | 45 | 75 | 15 | 60 | 45 | 30 |
| Feb | 46 | 71 | 18 | 54 | 49 | 38 |
| Mar | 36 | 52 | 12 | 30 | 42 | 42 |
| Apr | 40 | 65 | 15 | 34 | 50 | 35 |

Percentage of antibiotic prescriptions for URI rounded to whole number

DISCUSSION: What support can you give to Lydia to leverage the variation in this data? What other ideas do you have to support Lydia as the champion to guide change? Consider support for practice culture change, emphasis on professionalism, provider communication skills and patient education needs.