Outpatient Antibiotic Stewardship Call to Action Q&A Session
Date: Friday, July 07, 2017

-Q: What do you see as the biggest hurdle to achieving appropriate antibiotic use in the outpatient setting?
Answer: Well, I can start. It is just public awareness. Overcoming that idea that for so long you can call in and get an antibiotic prescription or the idea that I'm sick and I want something that makes me better. Antibiotics are an easy tool from that regard to try and get people thinking in the right direction but I think we have to look at the bigger picture and its patient education. As I said I was not up-to-date in terms of seeing the patterns that were going on and overused them for such a long time and it's going to take a while to overcome. It's not easy to undo what's been present for a long time. We have been used to getting something so it's hard to change.

-Q: Is it basic education regarding bug-drug match, resistance patterns, unawareness of guidelines, defensive medicine, or fear of patient dissatisfaction?
Answer: From all those standpoints, it's certainly there. I have done a little reading about stricter guidelines for antibiotic use but the problem with guidelines, in many areas not just antibiotics, is there's always exceptions and what you do and my fellow physicians get a little edgy when we talk about that because they will figure lawyers will get involved. So again, it's a judgment call and the guidelines give you some idea where this is all going, but you have to look at the bigger picture and sometimes individuals as I said I still do some locum tenens type work and the other day I saw a rash, a skin infection that I was prescribing antibiotics quite liberally and I was kind of chuckling to myself and I think that's what the situation is when you document it and that's what it takes big it's an ever moving pattern and as long as you look at the bigger picture to make certain that the patient understands it, that's what's important so everybody's on the same wave length. So you don't get relatives from afar wondering why you did not put grandma on antibiotics. You have to do a lot of explaining it's necessary to do this work.

-Michele Clark

-Q: Is a handout available for this presentation?
Answer: The handouts were distributed via email. They can also be accessed by contacting your respective state QIN-QIO representative.

-Q: While the CDC core elements documents provide general stewardship recommendations, they don't provide details necessary to actually implement practices that lead to appropriate antibiotic use (e.g. education on dose optimization, etc)
Answer: Dr. Schroeder -That's one of those areas where the pharmacy folks can get involved. I don't know if we have any on the call that would like to comment but that's a resource that I've really gone to of late to help out especially with the intravenous antibiotic use. Even in the advanced oral use because have some folks with other medications and potential interactions so it's something to keep track of certainly. The Great Plains QIN has pre-recorded a video series that can be found at http://greatplainsqin.org/initiatives/antibiotic-stewardship/. Each of the core elements is reviewed in more detail and potential strategies are discussed. Additionally, you may work with your respective state contact to identify potential strategies and practices.
**-Ron Marshall**

**Q: Is it public awareness, or “prescriber” awareness?**

**Answer:** Dr. Schroeder - I think it is prescriber awareness. I would certainly serve as a resource if you have individuals with questions about this from the provider standpoint. One thing to being around all those decades did allow me to do is develop some confidence in assessing and prescribing and I think when I was brand-new and even those who are new in the provider business at this point some of our I think newly trained nurse practitioners and physician assistants feel quite uncertain with the question of infections because they don’t want to miss something so there’s a lot of social pressure and pressure from just an uncertainty to prescribe and it really is you’re right, some of it comes on the prescriber side we still have to write the prescription and it’s the responsibility for us to make good assessments and I think documentation jI maybe did not stress that enough in the original statement. You need to put on a good reason why you’re using antibiotics and in the same token if you’re not, at least for the next person who reads it can document why I did not start now but it may be something to consider if the patient does not improve. The provider/prescriber has a big role in this.

**-Jeff Shorten**

**Q: In the outpatient pharmacy setting, what type of involvement do you envision from us? Would our role primarily be in prescriber/patient awareness?**

**Answer:** Dr. Schroeder - That would be our thought. It’s educational material and when you talk about getting signed up with the program especially for clinics or ERs you get those sheets up that explain about it and about abuse of antibiotics. The pharmacy should be involved to make certain everybody’s on the same wavelength when it comes to patient education and we are all talking the same way in making certain reinforced One of the things that I did for a while on bronchitis is I prescribed steroids instead of antibiotics thinking I was doing the patient a favor by avoiding antibiotics I’m not sure that was such a great practice either but it’s that kind of mentality and thinking that you need to get everybody in the same wavelength and that’s not easy to do when we are all trained in different areas and many years of experience make us a little more questionable as to why we should change if it’s been successful quote on quote so far.

Jayme Steig - From a pharmacist perspective: You hit the nail on the head of first being in the same wavelength at pharmacies involvement with that and a lot of that goes towards providing education in the pharmacies, delayed prescribing or watchful waiting making sure practices are in place and then as well helping with that symptom management and selection of over-the-counter medications and explaining that. Definitely some great opportunities for outpatient pharmacies to participate in improving antibiotic stewardship.

**-Kevin Sponsel**

**Q: It’s very possible to implement all the CDC recommendations without actually leading to appropriate antibiotic use. How is the QIN connecting content experts to organizations looking to start ASPs? “Squeezing the balloon” is a real possibility...**

**Answer:** We are trying to lead the way and educate.

Tammy Baumann - In seeing what the inpatient hospital side is working on and now what the nursing homes are required. The nursing homes and hospitals have more core elements so I think it is a taste, these four core elements for outpatients is to help get you started. I believe there is more to come. Anybody else want to chime in? There is seven core elements and it is an antibiotic stewardship program for the nursing homes and inpatient so this is kind of stepping lightly onto the stone so to speak for all these outpatient entities but there is a lot of different types of healthcare facilities.
Nadyne Hagmeier: I would echo that with the four core elements there having work on the inpatient side and looking at the elements on the outpatient or the nursing home side. The four core elements for outpatient have been pulled out as those elements were relevant in the outpatient world and I do think this is putting our toes into the water to determine what actually works in the outpatient environment and we have many of the concepts down pat in some inpatient side of the organization now ready to translate it out into the outpatient as well as the community level and we know that through that work really have to raise awareness of our patients because they come into an office and expect to get an antibiotic and we really have to change that school of thought. In some areas we are doing a great job and other areas we have not gotten much momentum on that. I do think we have a lot of opportunity and think the biggest thing here is to make an impact in that red zone. We are living in the middle of the country and literature shows that the search of this decreasing the rate. We have made a huge impact in our region on decreasing C. difficile rate through antibiotic stewardship, this was an effort on the inpatient side and we have to change that momentum and move from being an antibiotic so the imperative is that we work together and as we work through this the QIN QIO, your friends in the Great Plains QIN are going to provide you with that support and connect you with those resources and we have quite a few community pharmacies who are registered to work with us. I think the onus is on us to pull everyone together and network and get us all on the same page and see what is working in one place and what is not working in others and then how can move us in the right direction to decrease those rates.

-Yvonna Tozier

Q: What about education on how culture samples are obtained and cultured, i.e., wounds can’t be really determined if tissue infection is present by a swab, we know they have tons of surface contamination that flush saline won’t get all?

Answer: Thank you for the education topic suggestion, we will add it to our list for future topics to consider.

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