Antibiotic Stewardship National LAN Event –

Understanding Physician-to-Patient Communication Strategies to Avoid Unnecessary Antibiotic Prescribing

Wednesday, August 30, 2017
3:00 – 4:30 PM ET

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Welcome and Reminders

Kaylie Doyle
Telligen
Event Lead

Rachel Digmann
Telligen
Chat Manager

- Please be prepared for sharing and open discussion
- Slides and a recording from today's session can be found on: http://qioprogram.org/antibiotic-stewardship-national-lan-event-august-2017

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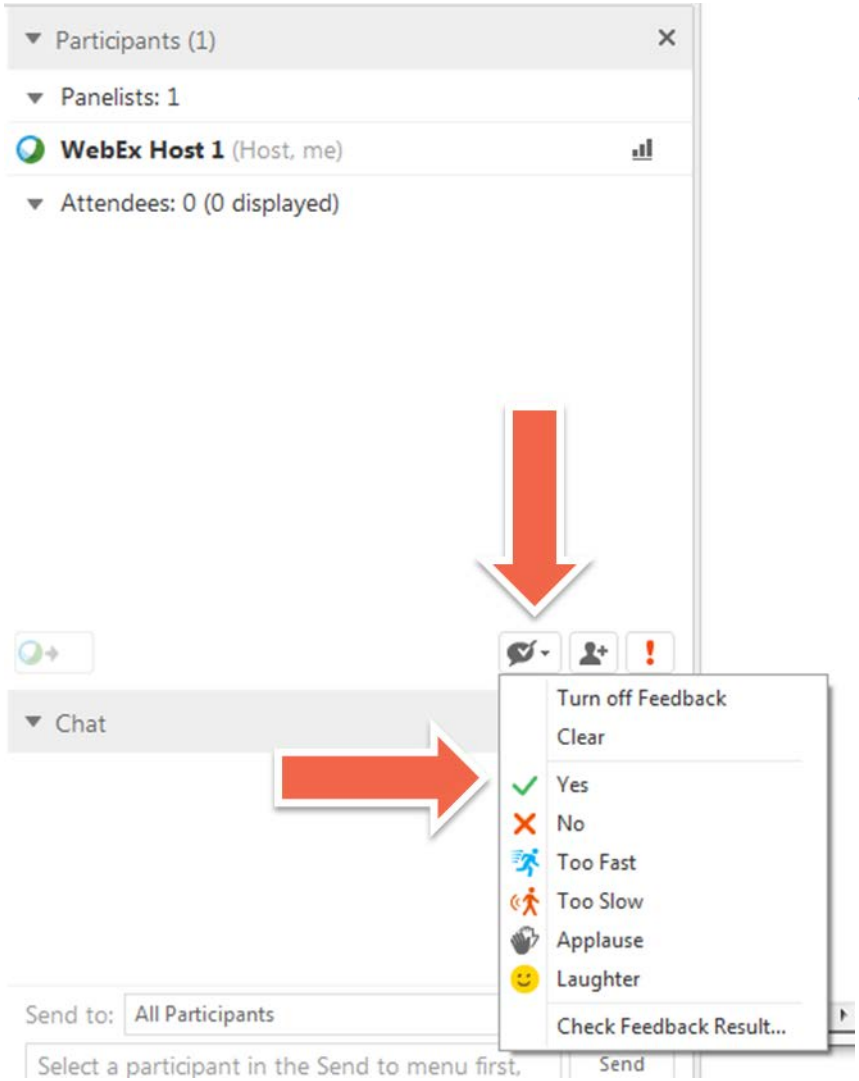
Agenda

- Continuing Education Details
- Speaker Presentations
  - Dr. Lauri Hicks, Centers for Disease Control and Prevention
  - Dr. Rita Mangione-Smith, University of Washington Department of Pediatrics
- Facilitated Discussion
- Wrap-up

Learning Outcome

- The purpose of this session is to prepare healthcare quality improvement professionals to identify and implement effective healthcare strategies by exploring promising practices to avoid unnecessary antibiotic prescribing.
- We expect that this experience will help participants demonstrate and promote successful delivery of care practices and identify opportunities for improvement, all of which may promote advances in care that impact the Medicare beneficiaries served by the work of the QIO Program.

Things to Think About



Will you commit to being…

- Attentive
- Active participant
- Actionable

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- Complete the post-event assessment that will pop up at the conclusion of the event
- There is a separate evaluation required for CE that is accessible through the post-event assessment
- Once you submit your CE evaluation, you will be provided with a certificate to retain for your records
- For technical assistance, please email Nikki Racelis (nikki.racelis@qinncc.hcqis.org)

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Initial Release Date: 8/30/17

CE Information, Continued

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- No commercial support was received for this activity.

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Who's in the room?

What entity or type of organization do you represent?

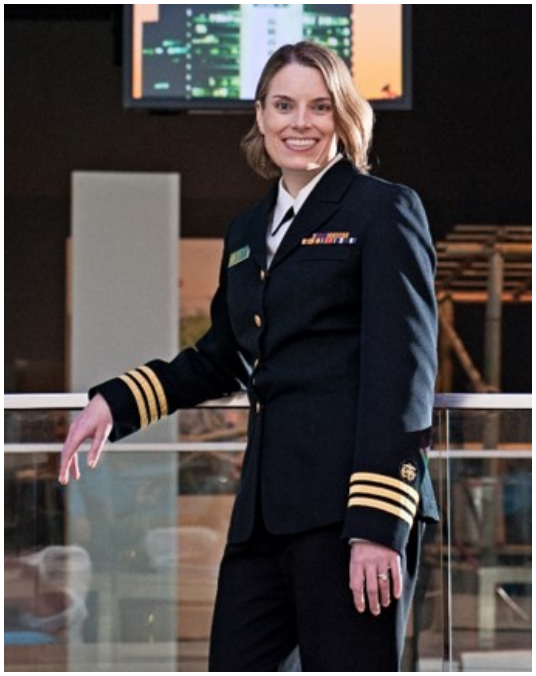
- CMS
- Home Health Agency
- Hospital
- Nursing Home/Skilled Nursing Facility
- Patient, Family, or Caregiver Representative
- Pharmacy/Pharmacist
- Provider/Practice
- QIN-QIO
- Other (please specify in chat)

Session Goals

By the end of today's call you will be able to…

- Explain why providers are prescribing antibiotics inappropriately
- Discuss why communications training is a good option to improve outpatient antibiotic prescribing
- Learn how patients most commonly communicate their expectations for antibiotics
- Gain an understanding of how to best manage expectations for antibiotics in order to avoid unnecessary prescribing while maintaining satisfaction with care

Centers for Disease Control and Prevention



Lauri Hicks, DO
Medical Epidemiologist

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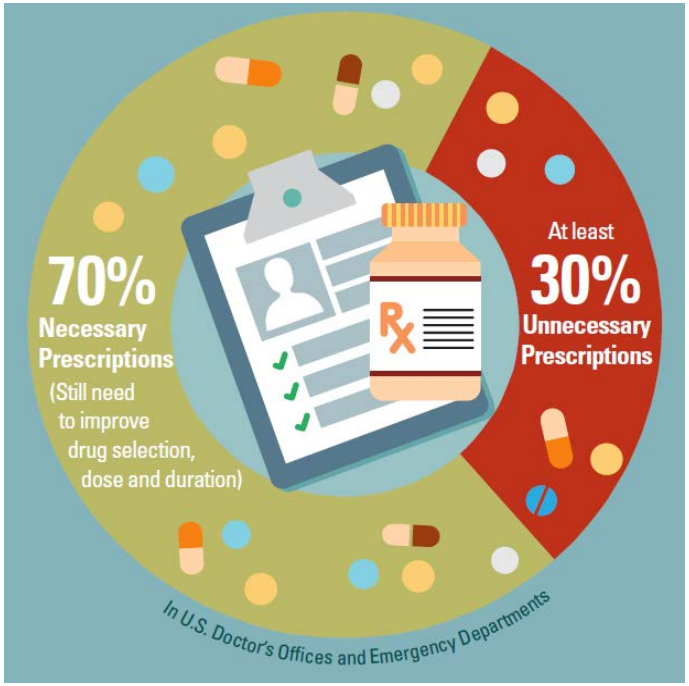
Communications Training: A Key to Improving Outpatient Antibiotic Prescribing and Use

Lauri A. Hicks, DO
CAPT USPHS
Director, Office of Antibiotic Stewardship
Division of Healthcare Quality Promotion
Centers for Disease Control and Prevention

A significant proportion of outpatient antibiotic prescriptions are inappropriate or unnecessary

- Over 260 million outpatient antibiotic prescriptions are written every year[1]
- A significant proportion of these prescriptions are unnecessary[2]
  - Overall, 30% of antibiotics prescribed unnecessary
  - Among adults, 40% of adults with upper respiratory infections (URIs) are prescribed antibiotics[2]
  - For more than 20 years, over 70% of adults have received antibiotics for acute bronchitis[3]
- First-line antibiotics are only prescribed in 52% of cases for the most common diagnoses[4]
  - The most common non-first line antibiotics prescribed were macrolides, especially in adults[4]



47 million unnecessary antibiotic prescriptions per year[2]

1. Hicks, Clin Infect Dis. 2015;60(9):1308-1316.
2. Fleming-Dutra, JAMA. 2016;315(17): 1864-1873.
3. Barnett, JAMA. 2014;311(19):2020-2022.
4. Hersh, JAMA Intern Med. 2016 Dec 1;176(12):1870-1872.

There are several reasons why providers prescribe antibiotics inappropriately

- Prescribers are familiar with clinical guidelines for treatment
- Reasons
  - Antibiotic prescribing habits, diagnostic uncertainty, and fear of infectious complications of common conditions (e.g. intracranial abscess after sinusitis)
  - Patient pressure
    - Clinicians commonly perceive that an antibiotic is the reason for the clinic visit
  - Patient satisfaction
    - Clinicians cite fear of losing patients to other providers if antibiotics are not prescribed

1. Sanchez, EID. 2014; 20(12);2041-7.
2. Fleming-Dutra, Am Fam Physician. 2016; Aug 1;94(3):200-2.

Patients do not always expect antibiotics when they visit the clinic

- In a qualitative analysis of primary care visits for acute cough, clinicians were found to overestimate the actual pressure to prescribe antibiotics[1]
- Clinicians are more likely to prescribe antibiotics when they think that the patient wants them[2]
  - The doctors perception of the patient expectations were found to be the strongest determinant of medication prescribing[3]

1. Altiner, Fam Pract. 2004;21(5):500-6.
2. Sanchez, EID. 2014; 20(12);2041-7.
3. Cockburn, BMJ. 1997 Aug 30;315(7107):520-3.

Miscommunication is a two way street

- Patients frequently misunderstand their clinical condition or the instructions they receive
  - 21% to 86% of patients were able to recall potential risks and complications of their procedures after “informed consent”[1]
  - 78% of patients demonstrated a comprehension deficit of the care and discharge instructions in the emergency department, and 80% report lacked confidence in their comprehension and recall[2]

1. Sherlock, ANZ J Surg. 2014 84(4): 207-210.
2. Engel, Ann Emerg Med. 2009 Apr;53(4):454-461.

Communications training reduces unnecessary antibiotic prescribing

- Communications training is intended to improve patient-clinician communication, while addressing the patient's expectations to receive an antibiotic[1]
- In a review article of outpatient antibiotic stewardship interventions, communication skills training was found to significantly reduce antibiotic prescribing[1]
- IMPACT3T study showed that the training of physicians in advanced communication skills through role playing and peer feedback reduced antibiotic prescribing by 20%[2]
- Enhanced communications training reduces antibiotic prescribing for respiratory infections in adults older than 18 (36% vs. 45%, ARR 0.69 CI 0.54-0.87) [3]

1. Drekonja, Infect Control Hosp Epidemiol, 36(2), 142-152.
2. Cals, BMJ. 2009 May 5;338:b1374.
3. Little, Lancet. 2013:382(9899)1175-82.

Why communications training is a good investment

- Minimal time and resources required
- Effect of communications training appears to be sustained over time[1,2]
- Improves patient comprehension and satisfaction
- (May even improve clinician satisfaction)

1. Cals, Ann Family Med. 2013;11(2)157-64.
2. Ferrat, Fam Pract, 2016 Apr;33(2):192-9.
3. Drekonja, Infect Control Hosp Epidemiol, 36(2), 142-152.

Core Elements of Outpatient Antibiotic Stewardship

Identify one or more high-priority conditions for intervention.

High-priority conditions are conditions for which clinicians commonly deviate from best practices for antibiotic prescribing and include conditions for which antibiotics are overprescribed, underprescribed, or misprescribed with the wrong antibiotic agent, dose, or duration.

Identify barriers that lead to deviation from best practices.

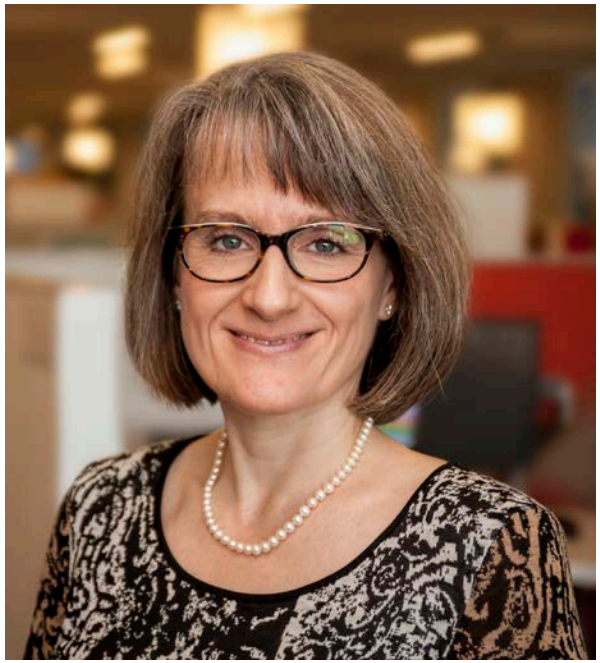
These might include clinician knowledge gaps about best practices and clinical practice guidelines, clinician perception of patient expectations for antibiotics, perceived pressure to see patients quickly, or clinician concerns about decreased patient satisfaction with clinical visits when antibiotics are not prescribed.

Establish standards for antibiotic prescribing.

This might include implementation of national clinical practice guidelines and, if applicable, developing facility- or system-specific clinical practice guidelines to establish clear expectations for appropriate antibiotic prescribing

Sanchez GV, Fleming-Dutra KE, Roberts RM, Hicks LA. Core Elements of Outpatient Antibiotic Stewardship. MMWR Recomm Rep 2016;65(No. RR-6):1-12.
https://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm?s_cid=rr6506a1_e

University of Washington Department of Pediatrics



Rita Mangione-Smith, MD, MPH
Professor and Chief, Division of General Pediatrics and Hospital Medicine

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Dialogue Around Respiratory Illness Treatment: Optimizing Communication with Parents

Rita Mangione-Smith, MD, MPH
Professor and Chief, Division of General Pediatrics & Hospital Medicine
University of Washington , Department of Pediatrics

Disclosures

- I have no relevant financial relationships or conflicts of interest to disclose

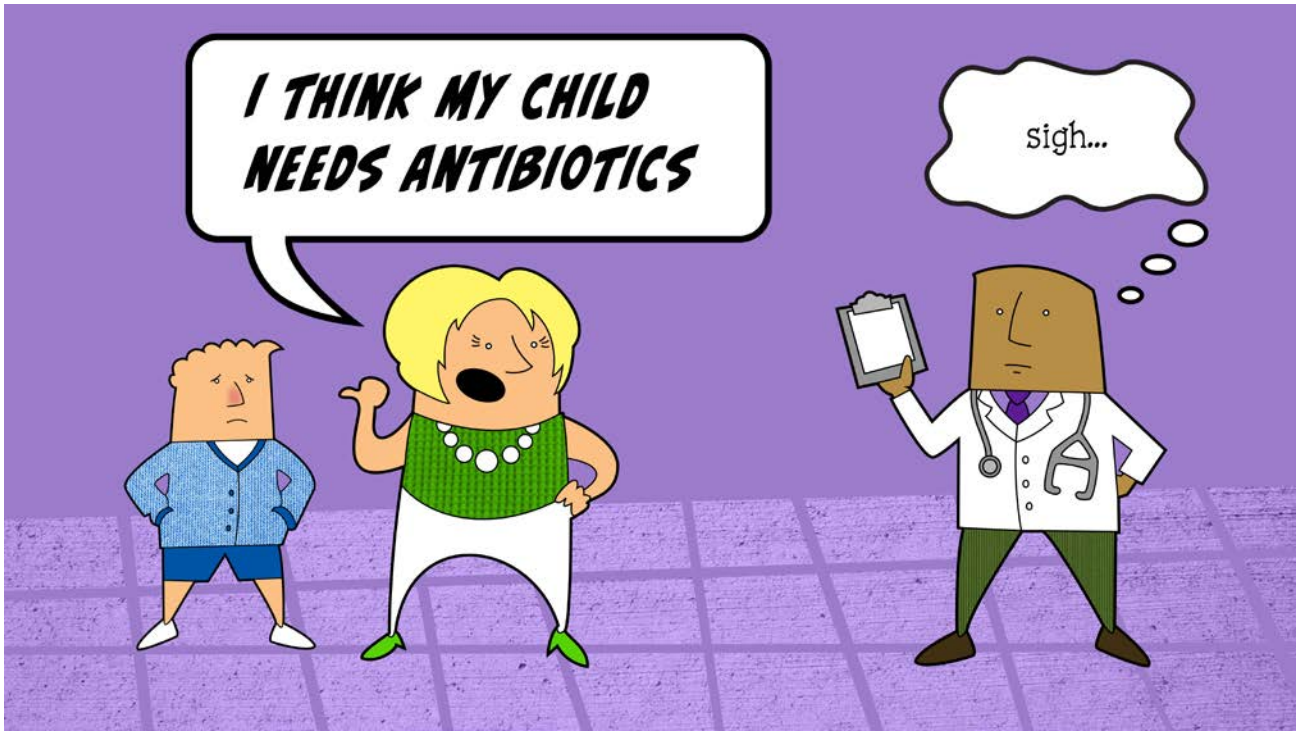
Presentation Outline

1. Briefly review what we know from prior research

2. Review and discuss video examples of key communication strategies

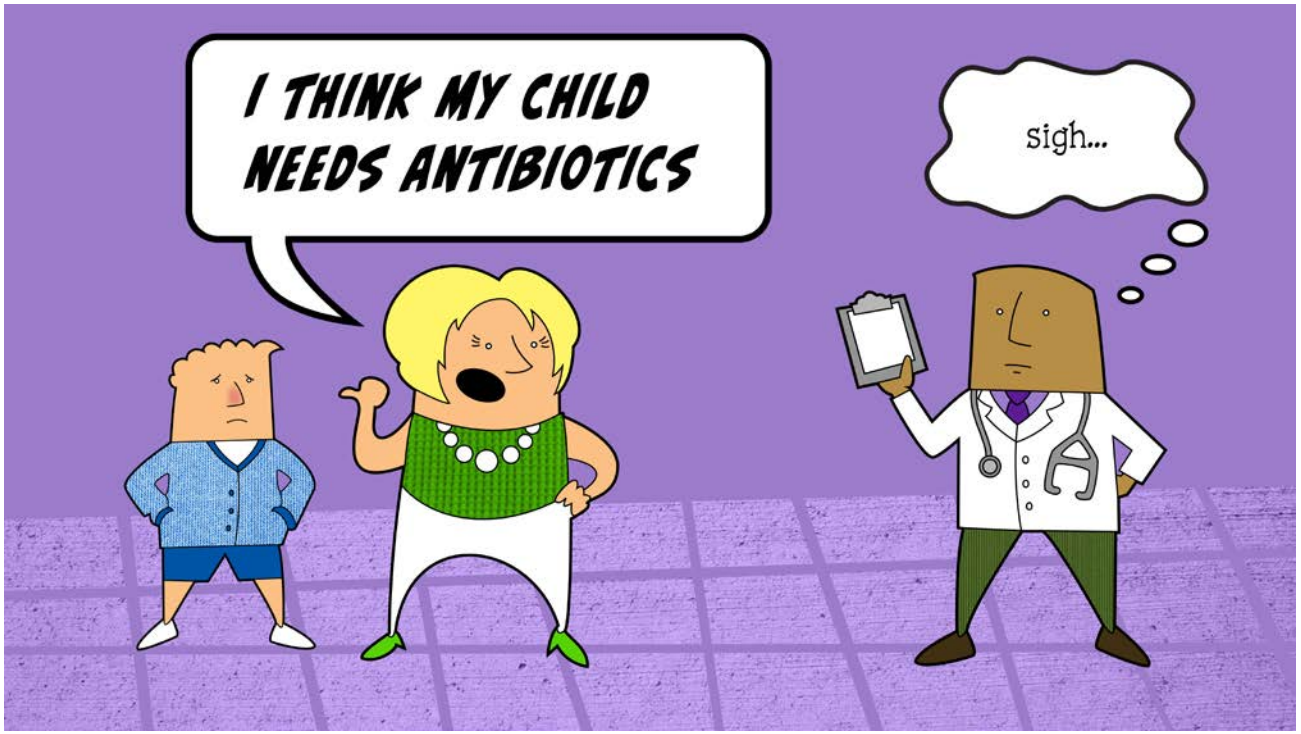
3. Quick Review and Q&A

What we know from prior research



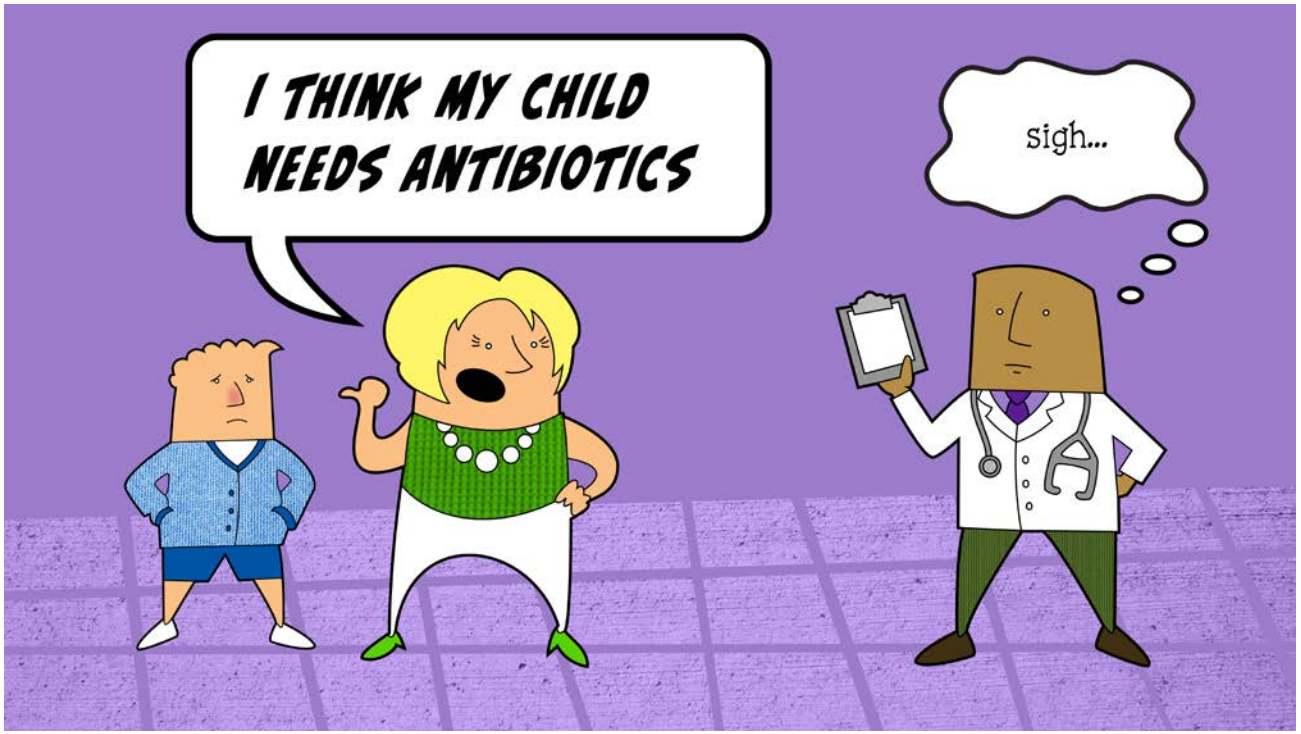
1. The way parents communicate during visits for their child's ARTI strongly influences whether we perceive them as wanting antibiotics for their child

What we know from prior research



2. When we perceive that parents want antibiotics, we are more likely to prescribe even when the illness is most likely viral

What we know from prior research



3. There are effective communication techniques that we can use to successfully manage this pressure to prescribe and at the same time maintain satisfaction with care

Why is this so important?

- 32 million pediatric visits for respiratory conditions result in antibiotic prescriptions annually
  - >70% of outpatient visits where antibiotics are prescribed to children
- Less than 1/3 of these infections are caused by bacteria
  - Estimated 11 million potentially preventable antibiotic prescriptions annually

Hersh, *Pediatrics* 2011; Kronman, *Pediatrics* 2014

What does prior research tell us?

- Many parents expect antibiotics for their child's ARTI, but rarely directly ask for them
  - Managing those expectations to avoid unwarranted prescribing is important
- Parents commonly use indirect communication practices that lead us to perceive them as expecting antibiotics
- *Perceiving* that the child's parent expects to receive antibiotics *is a key driver of unwarranted prescribing*
- It's important to understand what parent communication practices drive us to perceive them as wanting antibiotics

How do parents *indirectly* communicate expectations for antibiotics?

Understanding Parent Communication

- Parent expectations for antibiotics affect how they communicate during visits
- One place where parents indirectly communicate their expectations for antibiotics is during the presentation of their child's problem
- One type of problem presentation a parent may use when they expect antibiotics is offering a Candidate Diagnosis

Stivers, *J Fam Pract* 2003

Candidate Diagnosis Presentation

- The Candidate Diagnosis can be ***explicit:***
  - The parent actually names a potential diagnosis:
    "I'm really worried that she might be coming down with bronchitis.."

- Or ***implicit***:
  - The parent describes symptoms in a way that implies a particular diagnosis:
    "The stuff coming out of her nose just won't quit and it's getting really thick and green."

  - The parent asserts that someone else in the family, or at school, has been diagnosed with a "sinus infection" or has "strep throat":
    "I've heard that a bunch of kids in his class have been out sick with strep throat."

Candidate Diagnoses Signal the Need to Manage Expectations for Antibiotics

- A parent who uses a candidate diagnosis is ***25% more likely*** to expect antibiotics for their child
- There are communication practices you can use to successfully manage these expectations
- Making the case for your diagnosis is important
- How your treatment recommendations are structured is key!

Key communication practices for managing parent expectations:

#1) Review your PE findings
and
#2) Deliver a clear diagnosis

Making the case for your diagnosis is important

- When you perceive parents as expecting antibiotics for their child, you can decrease unwarranted prescribing by:

  #1) Reviewing your physical examination findings

  "His ears look good and his lungs sound great - so no ear infection or signs of pneumonia. His nose is pretty congested though and his throat is a little red, but nothing concerning for strep."

  #2) Delivering a clear diagnosis

  "So what we have here is a really bad cold."

Key communication practices for managing parent expectations:

#3) Use a two part negative/positive treatment recommendation

Treatment Recommendations: What does the Evidence tell us?

Two main ways that we tend to make treatment recommendations during visits for ARTI:

1) Negative treatment recommendations that 'rule out' the need for antibiotics:

   “This is just a cold, nothing an antibiotic will touch.”

2) Positive treatment recommendations for symptom relief:

   “Raising the head of her bed will help with the drainage from her nose when she’s sleeping so she won’t cough so much.”

Treatment Recommendations: What does the evidence tell us?

- Parents generally expect to get advice on how their child's symptoms can be treated
  - Parents are frustrated when the provider ***only recommends that no treatment is needed***

- ***On their own, negative treatment recommendations*** increase parent questioning of the treatment plan
  - Shifting provider decision-making into provider-parent negotiation
  - Increasing the probability of unwarranted prescribing

- Parent questioning of the treatment plan
  - Extends the visit length, by forcing providers to re-explain why antibiotics are not needed

Treatment Recommendations: What does the Evidence tell us?

- *When combined, a negative treatment recommendation followed by a positive one:*
  - Has the lowest association with unwarranted prescribing
  - Has the strongest association with higher parent satisfaction
  - Leads to shorter visit lengths

- A win-win outcome!

- How you structure your treatment recommendation is key!

How Treatment Recommendations are Structured is Key!

- The tendency for parents to question the treatment plan is more likely to happen in two cases:
  1. When the provider ***only presents a negative treatment recommendation***
  2. When the provider ***starts with a positive*** recommendation and ***ends with a negative*** recommendation

- How you lay out the overall treatment recommendation is important
  - We recommend ***always leading with a negative and ending with a positive treatment recommendation***

Stivers, *Soc Sci Med* 2005

How Treatment Recommendations are Structured is Key!

- It's important not to provide an open space for parents to respond to the negative part of your treatment recommendation

- How can you prevent this from happening?
  - By using the following type of structure:
    - "**On the one hand** antibiotics won't help him get better" {negative treatment recommendation}
    - "**On the other hand**, there are lots of things you can do to help with his symptoms like giving him a teaspoonful of honey before bedtime to help with the cough…."

      {positive treatment recommendation}

- This structure decreases the likelihood parents will interrupt and question the negative recommendation

Key communication practices for managing parent expectations:

#4) Providing a contingency plan

Provider Communication and Parent Satisfaction

Parents are more satisfied with their child's visit when the provider outlines a *Contingency Plan*

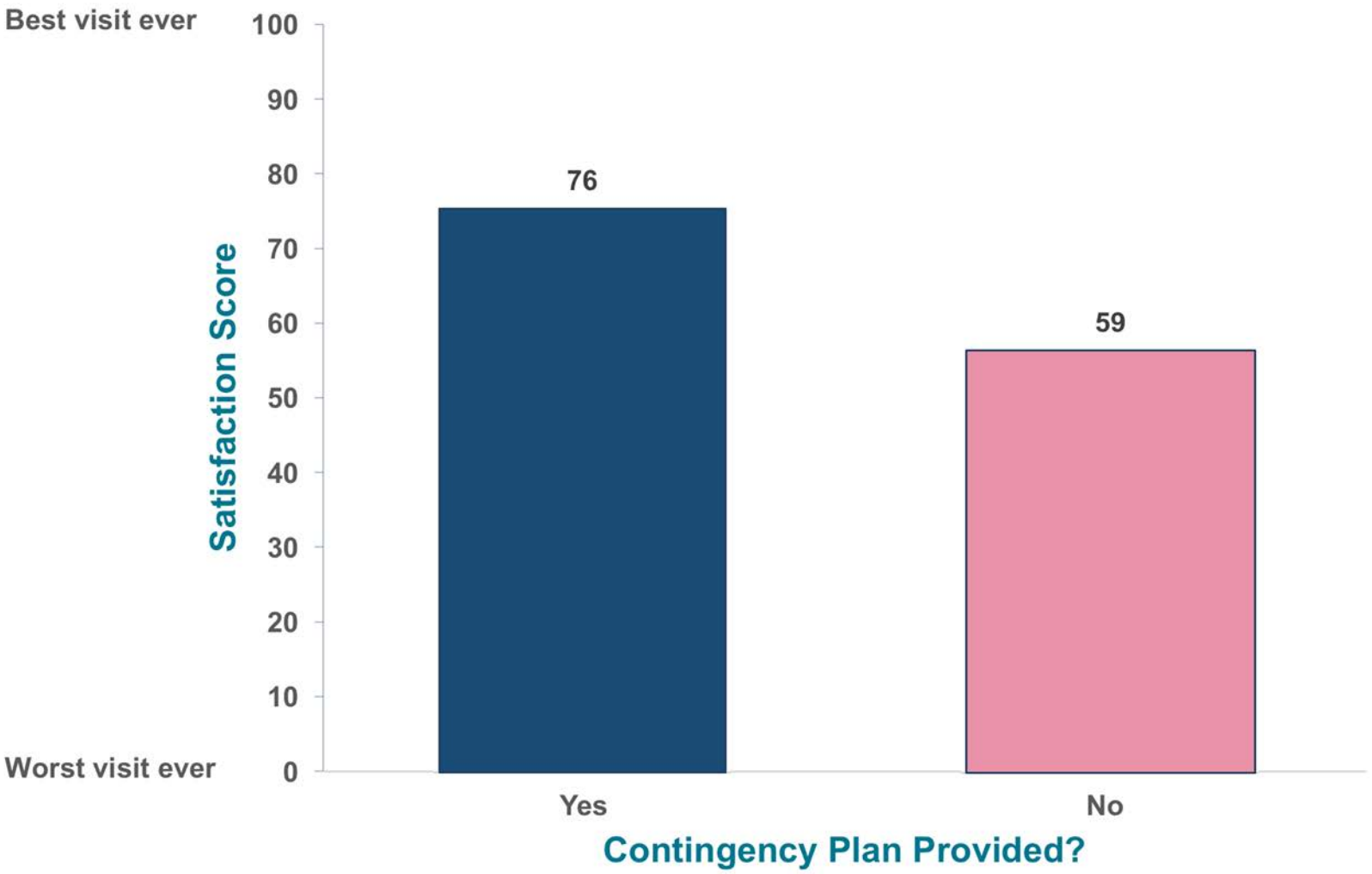
- *Contingency Plans* involve indicating that if the child doesn't improve in the next few days, the parent should re-contact you and the treatment plan may change

- Re-contact can be via telephone or a return visit

> *"Definitely call me if she starts having high fevers or is having a hard time catching her breath. I don't expect that to happen, but that's what you should watch for."*

Mangione-Smith, *Arch Pediatr Adolesc Med* 2001

When You Don't Provide Antibiotics
Contingency Plans Increase Satisfaction with Care



Mangione-Smith, *Arch Pediatr Adolesc Med* 2001

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Rita: ritams@uw.edu

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2. Kronman MP, Zhou C, Mangione-Smith R. Bacterial prevalence and antimicrobial prescribing trends for acute respiratory tract infections. *Pediatrics.* 2014;134(4):e956-965.

3. Stivers, T., Mangione-Smith, R., Elliott, MN, McDonald, L, Heritage, J. Why do physicians think parents expect antibiotics? What parents report versus what physicians believe. *J Fam Pract*. 2003; 52(2):140-147

4. Mangione-Smith R, Stivers T, Elliott M, McDonald L, Heritage J. Online commentary during the physical examination: a communication tool for avoiding inappropriate antibiotic prescribing? *Soc Sci Med*. 2003;56(2):313-320.
5. Stivers T. Non-antibiotic treatment recommendations: delivery formats and implications for parent resistance. *Soc Sci Med.* 2005;60 949-964.

6. 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. *Ann Fam Med*. 2015;13(3):221-227

7. Mangione-Smith R, Elliott MN, Stivers T, McDonald LL, Heritage J. Ruling out the need for antibiotics: are we sending the right message? *Arch Pediatr Adolesc Med.* Sep 2006;160(9):945-952.

8. Mangione-Smith R, McGlynn EA, Elliott MN, McDonald L, Franz CE, Kravitz RL. Parent expectations for antibiotics, doctor-parent communication, and satisfaction. *Archives of Pediatrics and Adolescent Medicine.* 2001;155:800-806.

Facilitated Discussion

Chat in your questions and comments.

Press *1 on your telephone key pad to enter the teleconference queue.

Individual Reflection

What are your key takeaways?

Did you hear any approaches or tactics that you could apply to your efforts in avoiding unnecessary antibiotic prescribing?

Call to Action

- Identify one communication strategy to avoid unnecessary antibiotic prescribing.
- Identify a community partner you can engage in your efforts.
- Complete the post-event assessment upon exiting WebEx:

  https://www.surveymonkey.com/r/5PCB8CS

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- We want to hear from you!
- Do you have a need or desire to hear about a certain topic?
- Submit your ideas in chat or email us at: QINNCC@area-d.hcqis.org

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- Join us for the next National LAN Event!
  - Wednesday, August 29, 2018
  - 3:00 - 4:30 PM ET
  - Registration is required!
    - Register at https://qualitynet.webex.com/qualitynet/onstage/g.php?MTID=eddddfae9c7b8274663cad50287925388

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