

Antibiotic Stewardship in the Outpatient Setting

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In September 2014, President Barack Obama issued an executive order titled National Action Plan for Combating Antibiotic-resistant Bacteria (2015),¹ and in November of 2016, the Centers for Disease Control and Prevention (CDC) released Core Elements of Outpatient Antibiotic Stewardship.²

These Core Elements provide a framework for antibiotic stewardship for outpatient locations that routinely provide antibiotic treatment. The Core Elements were developed through a combination of consolidating evidence-based antibiotic stewardship practices and expanding or adapting best practices for antibiotic stewardship across other clinical settings. The 4 core elements for outpatient locations include commitment, action, tracking and recording, and education and expertise.

Ultimately, there are 2 key aspects of antimicrobial stewardship – prescribing and seeking behavior. The decreased pressure of antimicrobials in the community may decrease the number of community-onset multidrug resistant organisms. Antimicrobial resistance is directly attributed to inappropriate prescribing of antibiotics and antivirals.³ The Joint Commission added antibiotic stewardship requirements in January of 2017.⁴

Antibiotic resistance is among the greatest public health threats today, leading to an esti-

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mated 2 million infections and 23,000 deaths per year in the United States.⁵ The most important modifiable risk factor for antibiotic resistance is inappropriate antibiotic prescribing. At least 30% of outpatient antibiotic prescriptions in the United States are considered unnecessary and include antibiotic selection, dosing, or dura-

resource is the CDC viral prescription pad available at <https://www.cdc.gov/getsmart/community/downloads/Systematic-Relief-for-Viral-Illness.pdf>. By addressing the patient's symptoms, they can feel better more quickly, and by listening to their needs and developing the plan together, it

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tion that does not follow national guidelines.⁵ Sinus infections, middle ear infections, and pharyngitis (sore throat) account for nearly 45 million antibiotics prescriptions each year, yet only half of the individuals with these infections received the first-line recommended drugs when compared to prescribing guidelines.⁵

Antibiotic treatment is the most important risk factor for *Clostridium difficile* infection (CDI). In 2011, an estimated 453,000 cases of CDI occurred in the United States, approximately one third of which were community-associated infections. As much as 35% of adult and 70% of pediatric CDI are community associated.⁶ One study estimated that a 10% reduction in overall outpatient antibiotic prescribing could reduce community-associated CDI by 17%.⁷

How do you know if your practice reaches an "A" for Antibiotic Stewardship? The following are ways to up your game:

- *Address your patients/parents requests for antibiotics by creating a plan with them to provide symptomatic relief.* A great

is less likely to affect their perception of the quality of care.

- *Write and display public commitments in support of antibiotic stewardship.* This simple step indicates support for using antibiotics when medically necessary while informing patients why antibiotics are not always the best answer. Using one of the many posters available featuring a clinician stating they are committed to prescribing antibiotics appropriately resulted in a 20% reduction of inappropriate antibiotic orders. A sample poster is available online at <http://bit.ly/2l8Lflx>.
 - *You cannot improve what you do not track.* As simple solution is to determine what percentage of your patient's visits result in prescribed antibiotics. ProPublica has determined, based upon Medicare Part D claims, how prescribers compared to their peers by practice as well as by antibiotic. On the ProPublica website
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tions for successful outcomes, the threat of litigation, and the effect of their professional obligations on the quality of their lives, and their families' lives. As medicine evolves to address the changing dynamic of healthcare in America, we must find ways to address these pressures.

UAB expects to recruit an expert in the field of physician wellness who can implement well-designed interventions to enhance a sustainable culture of physician wellness and provide tools and resources to manage stress and burnout. They plan to make these resources available throughout the nation, resulting in more engaged physicians who can provide the highest-quality care to their patients.

In order to ensure that the research is broadly applied, ProAssurance also expects to give an additional \$500,000 to UAB to fund the dissemination of these initiatives in support of physician wellness. The company's Chief Medical Officer, Hayes V. Whiteside, MD, views such programs as a logical extension of ProAssurance's role as a trusted partner with physicians and the nation's health care community. He said, "Assisting physicians has always been a high priority for ProAssurance. Now more than ever, we need to ensure that today's physicians maintain their commitment to our high calling, and that future physicians are equipped to deal with the realities of our vital chosen profession." ProAssurance looks forward to collaborating and coordinating our physician wellness efforts with the Society whenever possible.

As Wisconsin continues to lead the nation in the delivery of cost-effective, high quality healthcare, we work with your Society, advocating for you and providing a Member Benefit Plan tailored to address your liability challenges. The ProAssurance Endowed Chair for Physician Wellness takes our commitment to you—and all US physicians a step further—it's one of the ways we strive to treat you fairly now and into the future.

To learn more about the Member Benefit Plan, contact your Wisconsin Medical Society Insurance & Financial Services Agent at 866.442.3810 or visit www.wisconsinmedical-society.org/insurance.

The Changing Face of Hospital Medicine

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Medicine is challenged to find the correct balance between relationship-centered care and maintaining satisfied physicians. Divisions of responsibilities may go a long way in preventing burnout among primary care physicians.

Also in this issue are 2 papers describing violent injuries. The first looks at firearm mortality in Wisconsin between the years 2000 and 2014.⁴ Most firearm deaths (72%) in Wisconsin are related to suicides, and firearms accounted for over 70% of all homicides in 2014. The second looks at accidental spine and spinal cord injuries in people falling from hunting blinds between 1999 and 2013.⁵ One hundred seventeen people were seen at the emergency department during the allotted timeframe and 25 patients (38%) required surgical fixation of their injuries.

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(<https://projects.propublica.org/checkup/states/wisconsin>), clinicians can search by their name to find additional information on prescribing practices in the antibiotic category. Adult and pediatric treatment recommendation resources are also available on the CDC's website at <https://www.cdc.gov/getsmart/community/for-hcp/outpatient-hcp/index.html>.

The Core Elements of Outpatient Antibiotic Stewardship provides a framework for outpatient clinicians and facilities that routinely provide antibiotic treatment. They were developed through a combination of consolidating evidence-based antibiotic stewardship practices and building on or adapting known best practices for antibiotic stewardship across other clinical settings. More information is available at https://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm?s_cid=rr6506a1_w.

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