NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

Submission Id: 5887

Title

Methods to Reduce Inappropriate Antimicrobial Prescribing Rates in URIs in Family Medicine Prescribers

Priority 1 (Research Category)

Prescribing and pharmacotherapeutics

Presenters

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Abstract

Title

Implementation of Peer Comparison Reporting and Academic Detailing Sessions to Reduce Inappropriate Antimicrobial Prescribing Rates in Upper Respiratory Infections Among Family Medicine Prescribers

Background

Unnecessary antimicrobial prescribing in acute upper respiratory

infections (URI) is common and remains a focus of ambulatory

antimicrobial stewardship programs (ASP).1,2 4

Setting

Mayo Clinic Health System (MCHS) - Southeast Minnesota (SEMN) River

Corridor Family Medicine (FM) Department – 40 total prescribers.

Data

Outcomes were analyzed using a Pearson's chi-squared tests with p values of <0.05 considered statistically significant.

Intervention

The initial PDSA cycle disseminated monthly peer comparison reports via email to all providers, regardless of provider type. During the 5-month course of the project, never indicated antimicrobial prescribing rates decreased from 16.81% to 14% as compared to prescribing rates during the same period the year prior. Knowledge gained from the initial PDSA cycle was used to inform a subsequent PDSA cycle. Dissemination of monthly peer comparison reporting via email was continued for APPs only. In addition to peer comparison reporting, APPs with greater than 5 prescriptions in one month and greater than 20% prescribing rate during PDSA 1 as well as those with greater than 3 prescriptions per month during PDSA 2 period were scheduled for academic detailing sessions.

Results

A statistically significant reduction in antimicrobial prescribing rate among APPs was observed following implementation of dissemination of peer comparison reports combined with criteria based academic detailing sessions as compared to the same in the previous year (24.14%% vs. 9.96%; p=0.001), as well as compared to the previous PDSA running from August-December 2022 with only peer comparison reporting dissemination utilized (15.16% vs. 9.96%; p=0.042).

Conclusion

Implementation of a multimodal program was associated with a reduction in inappropriate antimicrobial prescribing rates for URIs

compared with the same period during the previous year. Further research is needed to better understand the ideal frequency of educational interventions to best support ambulatory antimicrobial stewardship efforts.