California Outpatient Antibiotic Stewardship (AS) Initiative Kickoff

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Today’s Webinar Objectives

1. Describe purpose and desired outcomes of the California Outpatient AS Initiative.

2. Discuss participant roles and implementation timeline.

3. Highlight available tools, resources, and no-cost technical assistance.
Polling Question

What type of practice setting do you represent?

A. Physician Office/Medical Group
B. FQHC*/Community Clinic
C. Urgent Care
D. Emergency Department (ED)
E. Outpatient Pharmacy
F. Other

*Federally-Qualified Health Center (FQHC)
What is a QIN-QIO?
Nearly 25 percent of the nation’s Medicare beneficiaries

HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.
“Appropriate” Prescribing Improves the Value of Care
Preserving the Power of Antibiotics
The Life-Saving Benefits of Antibiotic Use

• *Once-deadly* infectious diseases are treatable, substantially reducing deaths compared to the pre-antibiotic era.

• *Important adjunct* to modern medical advances
  – Surgeries
  – Transplants
  – Cancer therapies
We Are Facing the “End of the Antibiotic Era”

- Increasing resistance related to overuse and misuse
- Lack of new drug development due to reduced incentives and regulatory requirements
- Few new antibiotics in the pipeline
- Limited treatment options

Estimated minimum number of illnesses and deaths caused annually by antibiotic resistance*:

At least 2,049,442 illnesses, 23,000 deaths

*bacteria and fungus included in this report

$20 billion in excess direct healthcare costs annually

Source: The Centers for Disease Control and Prevention (CDC).
https://www.cdc.gov/getsmart/week/promotional-materials/graphics.html
AS is The Effort to...

• **Measure** antibiotic prescribing.
• **Improve prescribing** by clinicians and use by patients so that antibiotics are **only prescribed and used when needed**.
• **Minimize misdiagnoses or delayed diagnoses** leading to underuse of antibiotics.
• Ensure that the **right drug, dose, and duration** are selected when an antibiotic is needed.

The goal of AS is to **maximize the benefit** of treatment while **minimizing harm** to individuals and communities.

Sources:
Cold and Flu Season is Coming...

- **Simple and easy-to-initiate interventions** can be put in place before your waiting room fills up.

- One study estimated that a **10 percent reduction** in overall outpatient antibiotic prescribing could **reduce community-associated Clostridium difficile infections by 17 percent**.¹

- **Reducing unnecessary antibiotic prescribing** can **prevent avoidable adverse events** resulting from antibiotics.² ³

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California Outpatient Antibiotic Stewardship Initiative
Outpatient AS Initiative Objectives

• Help participants incorporate the Centers for Disease Control and Prevention (CDC) Core Elements of Outpatient AS into their practices.

• Offer education to participating practices and patients on AS and the risks of misuse and overuse of antibiotics.

• Build partnerships with stakeholders working to promote and educate the community about AS.

• Support the development of a change package including best practices.
Partners

Los Angeles County Department of Public Health (LACDPH)
http://publichealth.lacounty.gov/acd/AntimicrobialStewardship.htm

Centers for Disease Control and Prevention (CDC) Get Smart Program
www.cdc.gov/GetSmart

USC
Leonard D. Schaeffer Center for Health Policy & Economics

Choosing Wisely
An initiative of the ABIM Foundation
• Provides a framework for AS for outpatient clinicians and facilities that routinely provide antibiotic treatment

• Augments existing guidance for other clinical settings:
  – Core Elements of Hospital AS Programs (2014)
  – Core Elements of AS for Nursing Homes (2015)

Core Elements of Outpatient Antibiotic Stewardship

**Commitment:** Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety

**Action for policy and practice:** Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed

**Tracking and reporting:** Monitor antibiotic prescribing practices and offer regular feedback to clinicians or have clinicians assess their own antibiotic use

**Education and expertise:** Provide educational resources to clinicians and patients on antibiotic prescribing and ensure access to needed expertise on antibiotic prescribing
Polling Question

Which of the CDC Core Elements of Outpatient AS do you anticipate will be the most challenging to implement?

A. Core Element 1—Commitment
B. Core Element 2—Action for Policy and Practice
C. Core Element 3—Tracking and Reporting
D. Core Element 4—Education and Expertise
Core Elements Checklist

Checklist for Core Elements of Outpatient Antibiotic Stewardship

Outpatient clinicians and healthcare facilities can take steps to implement antibiotic stewardship activities. Use this checklist as a baseline assessment of policies and practices which are in place. Then use the checklist to review progress in expanding stewardship activities on a regular basis (e.g., annually).

### Commitment

1. Can your facility demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety related to antibiotics?

   - Yes
   - No

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### Action

2. Has your facility implemented at least one policy or practice to improve antibiotic prescribing?

   - Yes
   - No

### Tracking and Reporting

3. Does your facility monitor at least one aspect of antibiotic prescribing?

   - Yes
   - No

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### Education and Expertise

4. Does your facility provide resources to clinicians and patients on evidence-based antibiotics prescribing?

   - Yes
   - No

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This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services, from material originally developed by the Centers for Disease Control and Prevention (CDC). The contents presented do not necessarily reflect CMS policy.
Participation in this Initiative is *Virtual*

- **The focus** of this Initiative: Helping participants implement the four CDC Core Elements of Outpatient AS.

- **Offered** (through HSAG’s website):
  - Educational materials for patients and staff members
  - Evidence-based tools
  - Recorded webinars
  - Other resources
Participation in this Initiative is Virtual (cont.)

- **When requested** HSAG will provide no-cost technical assistance to participants in implementing outpatient AS programs.
- **The only reporting required:** Periodic completion of a one-page checklist to assess progress in implementing the CDC Core Elements of Outpatient AS.
Two Key Roles

**Organization Clinical Lead**

*Provides leadership support* for participation in the initiative and implementation of AS activities among internal and external stakeholders.

**Staff Champion**

*Oversees the program and activities at the point-of-care* and serves as the *point-of-contact* for the HSAG task lead and clinical specialists.
There Are Alternate Routes to Success
Roadmap

The Roadmap to Success:
Implementing Outpatient Antibiotic Stewardship
### Getting Started: Mile Marker 1

<table>
<thead>
<tr>
<th>Task</th>
<th>Rationale</th>
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<tbody>
<tr>
<td><strong>Step 1</strong></td>
<td>Sign the participation agreement</td>
</tr>
<tr>
<td><strong>You Choose</strong></td>
<td>Identify a single leader to direct activities in your facility</td>
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| **Step 2**  |  | • Establishes a point person for HSAG to contact  
• Provides structure to antibiotic stewardship (AS) activities  
• **Satisfies Core Element #1: Commitment** |
| **Step 3**  | Complete the Centers for Disease Control and Prevention (CDC) Core Elements checklist | • Assesses current AS activities  
• Identifies gaps  
• Directs focus for activities and priorities |

**Complete Assessment Here**  
[https://goo.gl/crk7N4](https://goo.gl/crk7N4)
Accessing Education, Tools, Resources, and No-Cost Technical Assistance
HSAG Outpatient AS Website

Outpatient Antibiotic Stewardship

Inappropriate antibiotic use, dosing and duration, may approach 50% of all outpatient antibiotic use.

What is Antibiotic Stewardship?
Antibiotic stewardship is the effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving antibiotic prescribing involves implementing effective strategies to modify prescribing practices to align them with evidence-based recommendations for diagnosis and management.

HSAG is a centralized resource for knowledge and tools that help outpatient providers improve health quality, efficiency, and value.

Preventing Clostridium difficile Infections Video

www.hsag.com/as
California Medical Association (CMA) Foundation Project AWARE*

• **Purpose:**
  – Reduce antibiotic resistance in California.

• **Goals:**
  – Increase appropriate prescribing of antibiotics.
  – Raise consumer awareness and understanding about the appropriate use of antibiotics.
  – Mobilize providers and the community to reduce the unnecessary use of antibiotics.
CMA Foundation Project AWARE


Tracking Tools

Prescribing Data Collection Tool: Total Antibiotics Used

<table>
<thead>
<tr>
<th>Provider</th>
<th>Time Period</th>
<th>Total Visits</th>
<th>Visits With New Antibiotics</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td>Q2 2017</td>
<td>2,380</td>
<td>435</td>
<td>18%</td>
</tr>
<tr>
<td>Provider B</td>
<td>Q2 2017</td>
<td>1,014</td>
<td>14</td>
<td>1%</td>
</tr>
<tr>
<td>Provider C</td>
<td>Q2 2017</td>
<td>2,406</td>
<td>374</td>
<td>16%</td>
</tr>
<tr>
<td>Provider D</td>
<td>Q2 2017</td>
<td>793</td>
<td>11</td>
<td>1%</td>
</tr>
<tr>
<td>Provider E</td>
<td>Q2 2017</td>
<td>247</td>
<td>31</td>
<td>13%</td>
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</table>
Viral Prescription Pads

You have been diagnosed with an illness caused by a virus. Antibiotics do not cure viral infections. If given when not needed, antibiotics can be harmful. The treatments prescribed below will help you feel better while your body’s own defenses are fighting the virus.

**General Instructions:**
- Drink extra water and juice.
- Use a cool mist vaporizer or saline nasal spray to relieve congestion.
- For sore throats, use ice chips or sore throat spray; lozenges for older children and adults.

**Specific medicines:**
- Fever or chills:
- Ear pain:

Use medicines according to the package instructions or as directed by your healthcare provider. Stop the medication when the symptoms get better.

**Follow up:**
- If not improved in ___ days, if new symptoms occur, or if you have other concerns, please call or return to the office for a recheck.
- Other: __________________________________________

Signed:

For more information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart.

“Hot Topic” Webinars

- Practical strategies to improve infection prevention and AS
- Common barriers that lead to deviation from best practices
- Identifying high-priority conditions for intervention
- Using clinical practice guidelines to establish expectations for appropriate prescribing
- Strategies to improve provider patient communication
**PRESERVE THE POWER OF ANTIBIOTICS**

Antibiotic-resistant bacteria cause more than 2 million illnesses and at least 23,000 deaths each year in the United States. Antibiotic resistance occurs when germs no longer respond to the drugs designed to kill them. Inappropriate prescribing of antibiotics contributes to antibiotic resistance and is a threat to patient safety.

**Healthcare Providers Can:**

- **Prescribe correctly.**
  - Avoid treating viral syndromes with antibiotics, even when patients ask for them.
  - Pay attention to dose and duration: The right antibiotic needs to be prescribed at the right dose for the right duration.
  - Be aware of antibiotic-resistance patterns in your area so that you can always choose the right antibiotic.
  - Hospital and nursing home providers should resee patients within 48 hours of starting the antibiotic, when the patient’s culture results come back, and adjust the prescription, if necessary. Stop the prescription, if indicated.
- **Collaborate with each other and with patients.**
  - Talk to your patients about appropriate use of antibiotics.
  - Include microbiology cultures, when possible, when ordering antibiotics.
  - Work with pharmacists to ensure appropriate antibiotic use and prevent resistance and adverse events.
  - Use patient and provider resources offered by the Centers for Disease Control and Prevention (CDC) and professional organizations such as Society for Healthcare Epidemiology.
  - **Provider Resources:** [http://www.cdc.gov/getsmart/](http://www.cdc.gov/getsmart/)
  - **Patient Resources:** [http://www.cdc.gov/getsmart/antibiotic-awareness-for-patients/index.html](http://www.cdc.gov/getsmart/antibiotic-awareness-for-patients/index.html)
- **Stop the spread.**
  - Follow hand hygiene and other infection control measures with every patient.
  - **Embrace antibiotic stewardship.**
  - Improve antibiotic use in all facilities—regardless of size—through stewardship initiatives and programs, which will improve individual patient outcomes, reduce the overall burden of antibiotic resistance, and save healthcare dollars.
  - Recognize and participate in CDC’s Get Smart About Antibiotics Week initiatives.

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**Inpatient Settings**

- Overuse of antibiotics creates an unnecessary risk for adverse drug events, such as Clostridium difficile infection, which is sometimes deadly diarrhea.
- Antibiotic resistance adversely impacts the health of millions of hospitalized patients every year.
- Some infections in hospitals are now resistant to all available antibiotics.
- About 40% of the patients receiving antibiotics receive unnecessary or inappropriate therapy.

**Outpatient Settings**

- Each year, millions of antibiotics are prescribed unnecessarily for viral infections.
- Antibiotics can cause adverse drug events and promote antibiotic resistance:
  - There are more Clostridium difficile infections in places with more antibiotic use.
  - Antibiotic use in primary care is associated with antibiotic resistance at the individual patient level.
- Antibiotics cause 1 in 5 emergency department visits for adverse drug events and are the most common cause of emergency department visits for adverse drug events in children.

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For more information, visit CDC’s Get Smart program website:

Centers for Disease Control and Prevention
For more information, please contact Centers for Disease Control and Prevention.
1600 Clifton Road N.E., Atlanta, GA, 30333
Telephone: 1-800-CDC INFO (1-800-232-4636)
TTY: 1-888-215-2565
Email: prumberg2@cdc.gov; Web: www.cdc.gov/抗菌素

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Continuing Education Opportunities

Available from the CDC

• Healthcare Professionals
  • https://www.conversationsforhealth.com/antibiotics/

• Medical Students
  • http://www.wakehealth.edu/School/CAUSE/Get-Smart-About-Antibiotics.htm

• Pharmacists
  • https://www.cdc.gov/getsmart/community/for-hcp/pharmacists-ce-courses.html

Main CDC Link: https://www.cdc.gov/getsmart/community/for-hcp/continuing-education.html
Antibiotics Aren’t Always the Answer

Prescribing antibiotics when not needed increases your patient’s risk for adverse drug events and future resistant infections.

Health Care Providers:

✓ Avoid prescribing antibiotics for:
  - Viral upper respiratory tract infection
  - Uncomplicated bronchitis
  - Ear infection without middle ear effusion
✓ Suggest treating and easing symptoms with:
  - Clean humidifier or cool mist vaporizer
  - Warm compresses
  - Saline nasal spray or drops
  - Anti-pyretic, anti-inflammatory drugs

There’s no excuse for overuse.
Take a stand against antibiotic resistance.


Los Antibióticos No Son Siempre La Solución

La prescripción de antibióticos cuando no es necesario aumenta el riesgo de eventos adversos por medicamentos y futuras infecciones resistentes.

Proveedores de Servicios Médicos:

✓ Evite la prescripción de antibióticos para:
  - Infección viral del tracto respiratorio
  - Bronquitis sin complicaciones
  - Infección del oído sin efusión del oído medio
✓ Sugerir el tratamiento y alivio de síntomas con:
  - Humificador limpio o vaporizador de aire frío
  - Compresas tibias
  - Solución salina en aerosol o gotas
  - Medicamentos anti-piréticos y anti-inflamatorios

No hay excusa por el uso excesivo
Tome una posición contra la resistencia antibiótica.

Antibiotics: Will They Help You or Hurt You?

Antibiotics can help you. But they can also harm you.
Talk to your health care provider to make sure you only use antibiotics for the right reasons — and at the right time. If you do take antibiotics, make sure to take full amount that you were prescribed.

Consumer Reports suggests asking your health care provider questions before taking any antibiotics.


Antibiotics: ¿Te ayudarán o te harán daño?

Los antibióticos te pueden ayudar. Pero, también te pueden hacer daño.
Habló con su proveedor de atención médica para asegurarse de usar antibióticos únicamente por las razones correctas, y en los momentos correctos. En caso de que sí tome antibióticos, asegúrese de tomar la cantidad completa que te hayan recetado.

Consumer Reports sugiere hacerle algunas preguntas a tu proveedor de atención médica antes de tomar antibióticos.

Viruses are germs that cause infections, such as a cold, the flu, and bronchitis.
CMS Quality Payment Program (QPP) and AS
What Will Determine My MIPS* Score?

The MIPS composite performance score will factor in four weighted categories:

- Quality: 60%
- Cost: 0%
- Improvement activities: 15%
- Advancing care information: 25%

*Merit-Based Incentive Payments System (MIPS)

Source: The Centers for Medicare & Medicaid Services
Examples of MIPS Quality Measures that align with the Outpatient AS Initiative:

- Quality ID 331—**Adult Sinusitis**: Antibiotic Prescribed for Acute Sinusitis (Overuse)
- Quality ID 332—**Adult Sinusitis**: Appropriate choice of Antibiotic: Amoxicillin, with or without Clavulanate prescribed for patients with Acute Bacterial Sinusitis (Appropriate Use)
- NQF* 0058—Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

*National Quality Forum (NQF)*
Example of MIPS Improvement Activity that aligns with the Outpatient AS Initiative:

Implementation of AS Program (Weight: Medium)

Implementation of an AS program that measures the appropriate use of antibiotics for several different conditions (URI* Rx** in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.

*Upper Respiratory Infection (URI)
**Medical Prescription (Rx)
Suggested Project Timeline*

Commitment
- September 2017

Action for Policy and Practice
- November 2017

Tracking and Reporting
- March 2018

Education and Expertise
- May 2018

* Timeline is not evidence-based and is provided for discussion purposes only.
Next Steps

• Complete baseline self-assessment by September 7, 2017.
• Attend monthly “office-hours” coaching calls every first Thursday at 12 noon (PT) beginning October 5, 2017.
• Review recorded “hot topic” webinars beginning in December 2017.
• Schedule first quarterly check-in call with HSAG specialist before October 31, 2017.
• Contact HSAG at any time to be connected with AS subject-matter experts for coaching or troubleshooting.
Q&A Session
Thank You!

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