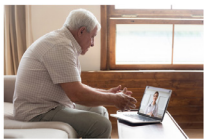


Communicating With Patients and Families Around Antibiotic Decisions in Telemedicine

Slide Title and Commentary	Slide Number and Slide
Communicating With Patients and Families Around Antibiotic Decisions in Telemedicine SAY: Welcome to the presentation titled, “Communicating With Patients and Families Around Antibiotic Decisions in Telemedicine.”	Slide 1 AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families Around Antibiotic Decisions in Telemedicine    AHRQ Pub. No. 26271-0021 October 2020
Objectives SAY: By the end of this presentation, participants will be able to effectively communicate with patients and families about appropriate antibiotic use in children and adults in a telemedicine setting.	Slide 2 Objectives By the end of this presentation, participants will be able to effectively communicate with patients and families about appropriate antibiotic use in children and adults in a telemedicine setting.  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating with Patients and Families 2

Slide Title and Commentary	Slide Number and Slide
False Perceptions About Antibiotic Prescribing SAY: This presentation will start by discussing some clinician perceptions around antibiotic prescribing over telemedicine. A common scenario faced by clinicians is a patient or family member requesting antibiotics. However, perception of what the clinician <i>thinks</i> the patient wants may not always correlate with what the patient <i>actually</i> wants. In a systematic review of 13 pediatric studies on parent-clinician communication and antibiotic decision making, parental concerns were often misinterpreted as pressure for antibiotics and perceived antibiotic expectation was a major source of antibiotic overprescribing. Additionally, there is a common belief that patients who do not receive an antibiotic prescription report lower patient satisfaction. However, the data are conflicting. One study of satisfaction in telemedicine showed a positive correlation between satisfaction and antibiotic prescribing for upper respiratory tract infections or URIs. Another study evaluating satisfaction scores for acute sinusitis encounters outside of telemedicine found that a primary care clinician was two times as likely to get a favorable satisfaction score if they had a good relationship with their patient. In this second study, antibiotics had no significant impact on satisfaction scores regardless of whether patient saw their primary care clinician or another person in the practice. Another large study included 100 patients who requested antibiotics during an outpatient in-person encounter. Among those patients, there was no significant difference in satisfaction among those who received antibiotics and those who did not. Some clinicians also may perceive that it takes a lot longer to explain why an antibiotic is unnecessary than it does to provide an antibiotic prescription. One study of over 13,000 telemedicine encounters for URIs found that visits where antibiotics were not prescribed took only about a minute longer than visits when an antibiotic was prescribed. Similarly, an outpatient study in adults evaluating encounters for URIs found that antibiotic prescribing was only marginally predictive of a shorter visit time. In summary, simply because patients inquire about antibiotics at a telemedicine visit does not mean they will be dissatisfied if you explain why antibiotics may not be needed, and this explanation does not significantly prolong the visit.	Slide 3 False Perceptions About Antibiotic Prescribing¹⁻⁶ • The patient or family wants antibiotics • No antibiotics will mean low patient satisfaction • It takes a lot longer to explain why an antibiotic is unnecessary than to prescribe one AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 3

Slide Title and Commentary	Slide Number and Slide
Why Focus on Communication? SAY: A focused history allows you to accurately assess which patients need immediate testing and treatment versus symptom management and close followup. Watchful waiting, which is allowing several days to pass before making further diagnostic or treatment suggestions, has been shown to reduce unnecessary test ordering in the outpatient setting. In 8 out of 10 randomized control trials evaluated in a 2017 systematic review, shared decision-making training for clinicians reduced outpatient antibiotic prescribing for URIs. An open dialogue around diagnosis, expectations, and agreement about when to seek followup is effective both in reducing prescribing and increasing patient satisfaction. By using consistent language, reasoning, and clear messaging you will spend less time looking for justification and backtracking, and more time listening and explaining. You can also build communication strategies into your triage systems. For those who see patients in person for some portion of visits, you can create communication workflows upfront to reduce lower value visits. For example, you can establish a nurse triage protocol to provide expectant management for patients with URIs instead of scheduling formal visits. For those who spend significant quantities of time involved with patient portal messaging, developing approaches to respond to common infectious complaints asynchronously with streamlined communication can save you time. For example, you can use a standard templated message with guidance for patients with common infectious complaints, such as those available on the AHRQ Safety Program's website.	Slide 4 Why Focus on Communication?⁷⁻⁹ • Understanding how to communicate with patients around antibiotics can improve antibiotic prescribing ◦ Shared decision making and communication training can reduce inappropriate antibiotic prescribing ◦ Improve visit efficiency • For practices seeing some patients in person, reduce lower value visits ◦ Reduce patient portal messaging AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 4

Slide Title and Commentary	Slide Number and Slide
Communication SAY: So, what is the best way to communicate with patients? Just remember that patients want to be heard and they want their clinicians to validate their feelings. A 2013 overview of communication in medical consultations found that patients highly valued a genuine emotional connection in patient-clinician conversation. In essence, trust-building and empathy are key. A 2020 qualitative review described the importance of understanding patient perceptions of antibiotics, understanding and eliciting patient concerns and expectations, reassurance, and shared decision making in reducing inappropriate antibiotic prescribing. A 2024 qualitative study focusing on communication over telemedicine confirmed that patients want these same communication approaches over telemedicine as they do in in-person settings. They want a sense of trust with their clinicians, which may require some additional work if it is a clinician's first interaction with the patient. Patients want to feel like active participants in their care. References for these three studies are provided on this slide. Two ways of rapidly establishing rapport in the acute visit include summarizing the patient's story in their own words and maintaining eye contact even while viewing a computer screen. Even though eye contact can be a little more challenging with telemedicine visits, patients will be able to easily tell if you appear to be looking at them versus only looking at the medical record. If the patient or family member is not looking at the computer screen, you can also ask them to move the camera so that you can more easily make eye contact. Summarizing the patient's story in their words emphasizes that you are listening and synthesizing what they are telling you.	Slide 5 Communication¹⁰⁻¹² Patients want to be heard • Verbal and nonverbal cues • Listening Patients want their feelings validated • Patient knows you know they are suffering and their illness is impacting their life Telemedicine patients want to feel like active participants in their care  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 5

Slide Title and Commentary	Slide Number and Slide
The Dialogue Around Respiratory Illness Treatment (DART) Approach SAY: In a 2020 clinical trial, pediatricians and pediatric nurse practitioners in 19 ambulatory practices were trained in the Dialogue Around Respiratory Illness Treatment, or DART, approach to communication. First, they would give parents negative treatment recommendations. This meant a recommendation about why antibiotics were not needed. Then, they would follow these statements with positive treatment recommendations. This meant specific advice about what treatments could help the patient's symptoms. Finally, the clinician would provide a contingency plan. This meant the clinician would provide advice about when and how to reach out if the patient was not improving. The DART intervention led to a 7 percent decrease in antibiotic prescribing for respiratory tract infections overall, and a 40 percent decrease in antibiotic prescribing for URI infections. Think about how you can quickly and efficiently use this approach to provide a negative treatment recommendation, a positive treatment recommendation, and a contingency plan in your interactions with patients and families.	Slide 6 The Dialogue Around Respiratory Illness Treatment (DART) Approach¹³⁻¹⁴ • Negative treatment recommendation ◦ "Antibiotics will not help you" • Positive treatment recommendation ◦ Specific advice about ways to make you feel better • Contingency plan ◦ How and when to reach out for followup if things aren't getting better • 7 percent decrease in antibiotic prescribing for respiratory tract infections ◦ 40 percent decrease in antibiotic prescribing for viral respiratory tract infections  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 6
Patient Concerns SAY: Let's go through three specific concerns patients often raise and potential responses.	Slide 7 Patient Concerns¹⁵⁻²⁰ • Three concerns patients often raise, and potential responses: ◦ Past experiences with clinicians ◦ Antibiotics have helped before ◦ Friend or family member with different management  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 7

Slide Title and Commentary	Slide Number and Slide
Patient Concern 1 SAY: You are seeing a patient for bronchitis over telemedicine. She says: “My doctor always gives me an antibiotic for a cough.” The problem is that another clinician has prescribed antibiotics for similar symptoms in the past. It is difficult to question the judgement of another colleague. Unfortunately, the other clinician may know the patient better than you. It is important to validate the patient’s feelings but explain clearly how your suggested management is still in their best interest.	Slide 8 Patient Concern 1 Past Experience With Clinicians “My doctor always gives me an antibiotic for a cough.”  Problem: Another clinician has prescribed antibiotics for similar symptoms • Social norm in medicine to avoid questioning judgement of other colleagues • The person’s clinician may know that patient better than you do AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 8

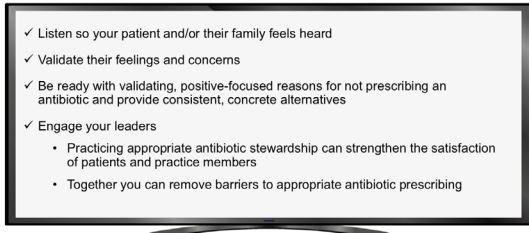
Slide Title and Commentary	Slide Number and Slide
Patient Concern 1: Potential Response SAY: Begin by sharing up to date information with the patient to indicate that you are doing is best practice and confirming your focus on improving their symptoms. For example, you could say: “There’s newer evidence showing antibiotics have more side effects than we used to realize. One out of eight patients visiting the emergency department for a medication-related side effect is having a side effect from an antibiotic. We are becoming more careful about only prescribing antibiotics when they are really needed, to avoid exposing people to unnecessary harm. I know you are not feeling well, and I can give you a few other recommendations that will help you feel better as you gradually recover.” You can then follow this with a few examples of over-the-counter cough suppressants, honey, throat lozenges, and analgesics, with dose and frequency suggestions. Give specific information, like generic medication names, or sleeping with extra pillows for a few nights, or considering a humidifier. This provides a negative treatment recommendation followed by a positive treatment recommendation. Your patient may ask, “What are the side effects of antibiotics?” You may say something like, “There is a bacteria called <i>C. difficile</i> that can cause bad stomach pain and diarrhea, and it changes the good bacteria in your gut so you may continue to feel bloated and uncomfortable for several months even after treatment for <i>C. diff</i>.” You can also say, “When people take antibiotics, the bacteria around us can get stronger, and it becomes harder to fight future infections. The more careful we are about antibiotics now, the more we can protect people against bad infections in the future.”	Slide 9 Patient Concern 1: Potential Response²¹⁻²² “My doctor always gives me an antibiotic for a cough.”  Potential response: “There’s newer evidence showing antibiotics have more side effects than we used to realize. One in eight patients visiting the emergency department for a medication-related side effect is having a side effect from an antibiotic. We are becoming more careful about only prescribing antibiotics when they are really needed, to avoid exposing you to unnecessary harm. I know you are not feeling well, and I can give you a few other recommendations that will help you feel better while you recover from this.” AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 9

Slide Title and Commentary	Slide Number and Slide
Patient Concern 2 SAY: Your patient might also say, “But antibiotics are the only thing that has ever helped this cough get better in the past.” It’s possible that the symptoms previously improved because of other supportive measures or because of the natural course of bronchitis. This may have coincided with starting antibiotics—leading the patient to falsely believe that the antibiotics were helpful.	Slide 10 Patient Concern 2 Antibiotics Have Helped Before “But antibiotics are the only thing that has ever helped this cough get better in the past.”  Problem: Antibiotics do not help acute bronchitis A patient’s symptoms are often starting to improve by the time they seek help. The patients attribute the improvement to antibiotics, but really it was probably just time. AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families: 10
Patient Concern 2: Potential Response SAY: A response to this might be to emphasize that it is a good thing that the patient does not need antibiotics, then explain why. Then shift the focus to steps the patient can take to feel better. For example: “I understand that you feel terrible, and coughs can certainly be frustrating. You most likely have a viral infection, and antibiotics actually don’t work against viruses. This is good news because we want to avoid putting you at risk for the diarrhea or other discomfort that can come with antibiotic use, especially when we know they are not helpful. Let’s discuss some other things that could help you feel better.” You are providing a negative treatment recommendation and following it up with a positive treatment recommendation. As previously discussed, clear communication and an empathetic tone are better predictors of satisfaction than an antibiotic prescription.	Slide 11 Patient Concern 2: Potential Response “But antibiotics are the only thing that has ever helped this cough get better in the past.” Potential response: “The good news is that this time, you most likely have a virus, and antibiotics don’t fight viruses. We want to avoid putting you at risk for unnecessary diarrhea or discomfort that comes with antibiotic use. Let’s work on some other things that could help you feel better.”  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families: 11
Patient Concern 3 SAY: Let’s discuss another scenario. A parent presents their otherwise healthy child for a telemedicine evaluation for a URI. The parent says, “I had the same thing as my child, and my doctor gave me an antibiotic. So, I think he might need one too.”	Slide 12 Patient Concern 3 Friend or Family Member With Different Management A parent of a child with an acute respiratory infection, for which no antibiotic is indicated, says: “I had the same thing as my child, and my doctor gave me an antibiotic. So, I think he might need one too.” Problem: Another clinician has prescribed antibiotics for a family member who sounds like they have similar symptoms as your patient AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families: 12

Slide Title and Commentary	Slide Number and Slide
Patient Concern 3: Potential Response SAY: In this case, it is important to formulate a response that acknowledges the parent’s feelings, demonstrates diligence in evaluating the child prior to making your decision, and offers alternative options that might reduce symptoms. For example, you could say to the parent: “I am sorry your son is also not feeling well. After thinking about his symptoms and the examination over telemedicine, it looks like your child has a virus. Antibiotics don’t help viruses, and viruses are actually quite common in children. Most kids will bounce back quickly on their own, but here are some things that can help your child feel better.” Follow this up with specific recommendations while also including realistic expectations for when the child should feel better and specific criteria that warrant a return to medical care. This way you’d provide a negative treatment recommendation, a positive treatment recommendation, and a contingency plan. As you are evaluating the child over telemedicine, it is helpful to say out loud what is normal on the physical exam with positive adjectives. For example, “His throat does not look red or inflamed. That’s great. He looks like he is breathing comfortably.” In a 2010 study of 522 pediatric URI encounters, parents were more likely to question nonantibiotic treatment plans when pediatricians made no comment or named only problematic findings, versus those encounters where normal exam findings were mentioned prior to a no-antibiotic treatment plan.	Slide 13 Patient Concern 3: Potential Response²³ “I had the same thing as my child, and my doctor gave me an antibiotic. So, I think he might need one too.” Potential response: “I am sorry your son is also not feeling well. After thinking about his symptoms and the examination over telemedicine, it looks like your child has a virus. Antibiotics don’t help viruses, and viruses are actually quite common in children. Most kids will bounce back quickly on their own, but here are some things that can help your child feel better.” AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 13

Slide Title and Commentary	Slide Number and Slide
What Not To Say SAY: This presentation discusses how to communicate with patients and families about antibiotic use. Here are a few suggestions about what not to say. First, don't discount patient complaints or symptoms. Instead of saying, "Your symptoms don't sound that bad!" you can say "It sounds like your symptoms are really bothering you" to avoid making the patient or family feel that you aren't listening to them. Second, avoid judging other clinicians' prior antibiotic decision making. The patient's situation now may be different. Furthermore, our understanding of antibiotics has changed. You may not want to say, "That other doctor shouldn't have given you antibiotics." If the patient had a close relationship with the other clinician, it may make the patient or family trust you less. In addition, focus more on the individual patient rather than just on antibiotic resistance, which may be an abstract concept to many patients. In a survey of 250 adults sitting in the waiting room of a family practice office, statements focusing on antibiotic resistance were not perceived to be as impactful as statements focused on the potential impact of antibiotics on the patient or those close to the patient. Many patients in the study were confused about what antibiotic resistance meant. So, instead of saying, "We need to give fewer antibiotics to reduce antibiotic resistance," consider talking about the potential side effects of antibiotics on the patient or on those close to them.	Slide 14 What Not To Say²⁴ • Rethink discounting complaints or symptoms ◦ Avoid saying, "Your symptoms don't sound that bad!" • Try not to second-guess prior antibiotic decision making ◦ Avoid saying, "That other doctor shouldn't have given you antibiotics." • Reconsider focusing only on antibiotic resistance ◦ Avoid saying, "We need to give fewer antibiotics to reduce antibiotic resistance." AHRQ Safety Program for Telemedicine: Improving Antibiotic Use  Communicating With Patients and Families 14
Patient Satisfaction SAY: As mentioned, limiting antibiotic prescribing can cause clinician concerns about the potential of low patient satisfaction scores from surveys or in online social media-based reviews.	Slide 15 Patient Satisfaction • Patient satisfaction surveys • Online or social media-based reviews  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use  Communicating With Patients and Families 15

Slide Title and Commentary	Slide Number and Slide
Addressing Patient Satisfaction SAY: Patient satisfaction can be improved by demonstrating active listening, summarizing what is heard, and validating concerns. Provide negative and positive treatment recommendations as well as a contingency plan.	Slide 16 Addressing Patient Satisfaction  Remember your communication tools: ✓ Listen to patient concerns ✓ Validate those concerns ✓ Provide negative and positive treatment recommendations ✓ Provide a contingency plan AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 16
Demonstrate Commitment to Safe Antibiotic Prescribing SAY: As you think about culture change, consider displaying commitment posters. One study found a 20 percent reduction in inappropriate antibiotic prescribing when commitment to safe antibiotic prescribing posters were displayed on walls of an in-person clinic with pictures of clinicians with their signatures. Perhaps you could show these commitment posters when patients are accessing the practice website or logging into the telemedicine portal. It's helpful to also remind clinicians of their commitment to safe antibiotic prescribing. You could also display these commitment posters on the clinician's portal.	Slide 17 Demonstrate Commitment to Safe Antibiotic Prescribing²⁵⁻²⁶ • Display commitment posters • 20% reduction in inappropriate antibiotic prescribing  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 17
Engage Leadership SAY: Another important component is senior leadership engagement. One specific proposal for your senior leaders may be unlinking patient satisfaction surveys from compensation and bonuses. The purpose would be to eliminate the potential influence of the satisfaction survey on antibiotic prescribing decision making for a diagnosis for which antibiotics are commonly inappropriately prescribed. Consider showing antibiotic prescribing rates before and after to see if you can show reduction in inappropriate antibiotic prescribing, then expand from there.	Slide 18 Engage Leadership²⁵ Problem: Bonuses or compensation tied to patient satisfaction surveys Solution: Unlink patient satisfaction surveys from compensation and bonuses • Engage administrative leadership in this project as they may remove barriers to appropriate antibiotic prescribing AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 18

Slide Title and Commentary	Slide Number and Slide
Take-Home Messages SAY: To summarize, remember to listen without frequent interruptions so your patient or their family members feel like their feelings and concerns are validated. Provide positively focused messages about why it is a good thing that they do not need antibiotics and provide concrete alternatives as well as guidance on when they should return to medical care. Remember to engage your leadership so that all clinicians and patients understand that your practice is dedicated to safe and responsible antibiotic prescribing. Together you can remove barriers to appropriate antibiotic prescribing! Please consider reviewing the one-pager on patient communication intended for healthcare workers and consider using the patient and family education materials to effectively manage patient communication around antibiotic decisions.	Slide 19 Take-Home Messages  AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 19
Disclaimer SAY: Please review this disclaimer.	Slide 20 Disclaimer - The findings and recommendations in this presentation are those of the authors, who are responsible for its content, and do not necessarily represent the views of AHRQ. No statement in this presentation should be construed as an official position of AHRQ or of the U.S. Department of Health and Human Services. - Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not meant to serve as a guideline for patient management. Any procedures, medications, or other courses of diagnosis or treatment discussed or suggested in this activity should not be used by clinicians without evaluation of their patient's conditions and possible contraindications and/or dangers in use, review of any applicable manufacturer's product information, and comparison with recommendations of other authorities. AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 20
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Slide Title and Commentary	Slide Number and Slide
References 2 SAY: Here are the references.	Slide 22 References 2 14. Mangione-Smith R, Bultman AJ, Zhou C, et al. Fidelity evaluation of the dialogue around respiratory illness treatment (DART) program communication training. <i>Patient Educ Couns</i>. 2022 Jul;105(7):12611-6. Epub 2022 Mar 14. PMID: 35341612 15. Keller CG, Tamura PD, Coggeshall SE, et al. Ambulatory antibiotic stewardship through a human factors engineering approach: a systematic review. <i>J Am Board Fam Med</i>. 2018 May-Jun;31(3):17-26. PMID: 29813225 16. Linder JA, Masekar D, Fox CR, et al. Effects of behavioral interventions on inappropriate antibiotic prescribing in primary care 12 months after stopping interventions. <i>JAMA</i>. 2017 Oct 10;318(14):1391-2. PMID: 28949577 17. Szymczak JE, Faasster KA, Zancuto TE, et al. Pediatrician perceptions of an outpatient antimicrobial stewardship intervention. <i>Infect Control Hosp Epidemiol</i>. 2014 Oct;135(Suppl 3):S69-76. PMID: 25222001 18. Kohn LK, Tamura PD, Coggeshall SE, et al. Treating fear: emotional factors that shape antibiotic prescribing in acute care settings. Abstract #9990. SHEA Spring 2018 Conference April 18-20, 2018. Portland, OR. 19. Szymczak JE, Keller SC, Linder JA. "I Never Get Better Without an Antibiotic": Antibiotic appeals and how to respond. <i>Mayo Clin Proc</i>. 2021 Mar;96(3):543-8. PMID: 33879607 20. Fleming-Dutra KE, Mangione-Smith R, Hicks LA. How to prescribe fewer unnecessary antibiotics: Taking points that work with patients and their families. <i>Am Fam Physician</i>. 2016 Aug 1;93(2):200-2. PMID: 27419620 21. Geller AI, Lovegrove MC, Shehab H, et al. National estimates of emergency department visits for antibiotic adverse events among adults-United States, 2011-2015. <i>J Gen Intern Med</i>. 2018 Jul;33(7):1090-8. Epub 2018 Apr 20. PMID: 29679226 22. https://www.cdc.gov/antibiotic-use/news/pdfs/On-Antibiotics-Leave-Safe-Effects-508.pdf Accessed March 17, 2026. 23. Heritage J, Elliott MN, Stevens T, et al. Reducing inappropriate prescribing: the role of online commentary on physical exam findings. <i>Patient Educ Couns</i>. 2010 Oct;81(1):119-25. PMID: 20223616 24. Miller RJ, Carlson KA, Keller S. Educating patients on unnecessary antibiotics: Personalizing potential harm aids patient understanding. <i>J Am Board Fam Med</i>. 2020 Nov-Dec;33(6):969-77. PMID: 33219075 25. Weaver D, Knight TK, Friedberg KA, et al. Reducing guideline-concordant antibiotic prescribing: a randomized clinical trial. <i>JAMA Intern Med</i>. 2014 Mar;174(3):275-81. PMID: 24474634 26. Sanchez GV, Kallians R, Tary SV, et al. Antibiotic stewardship in outpatient telemedicine: adapting centers for disease control and prevention core elements to optimize antibiotic use. <i>Telemed J E Health</i>. 2024 Apr;30(4):95-142. Epub 2023 Oct 19. PMID: 37866148 AHRQ Safety Program for Telemedicine: Improving Antibiotic Use Communicating With Patients and Families 22

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