

AHRQ Safety Program for Telemedicine: Improving Antibiotic Use

Communicating With Patients and Families Around Antibiotic Decisions in Telemedicine



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.



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

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

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



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



Patient Concerns¹⁵⁻²⁰

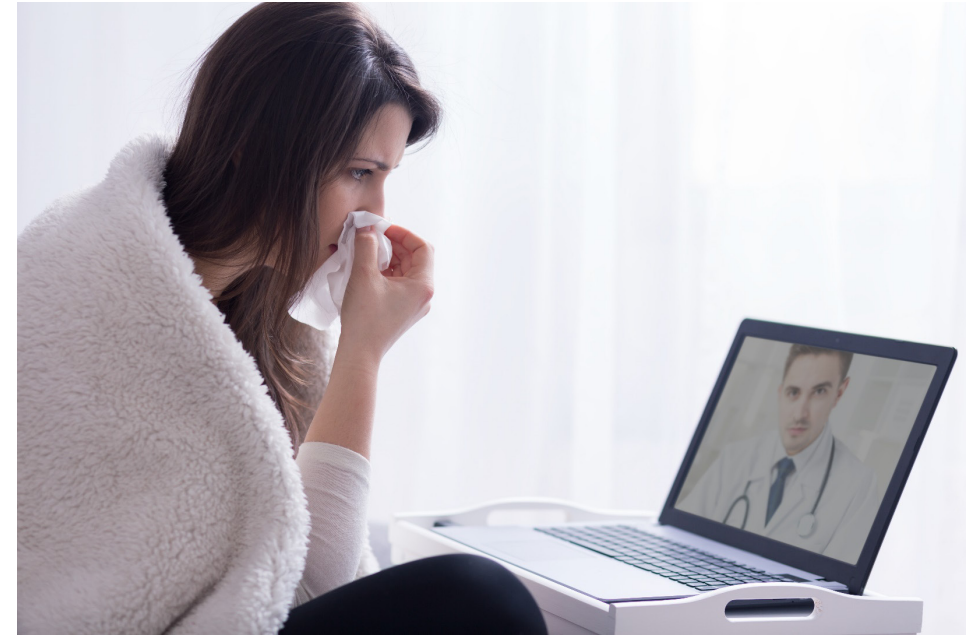
- Three concerns patients often raise, and potential responses:
 - Past experiences with clinicians
 - Antibiotics have helped before
 - Friend or family member with different management



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

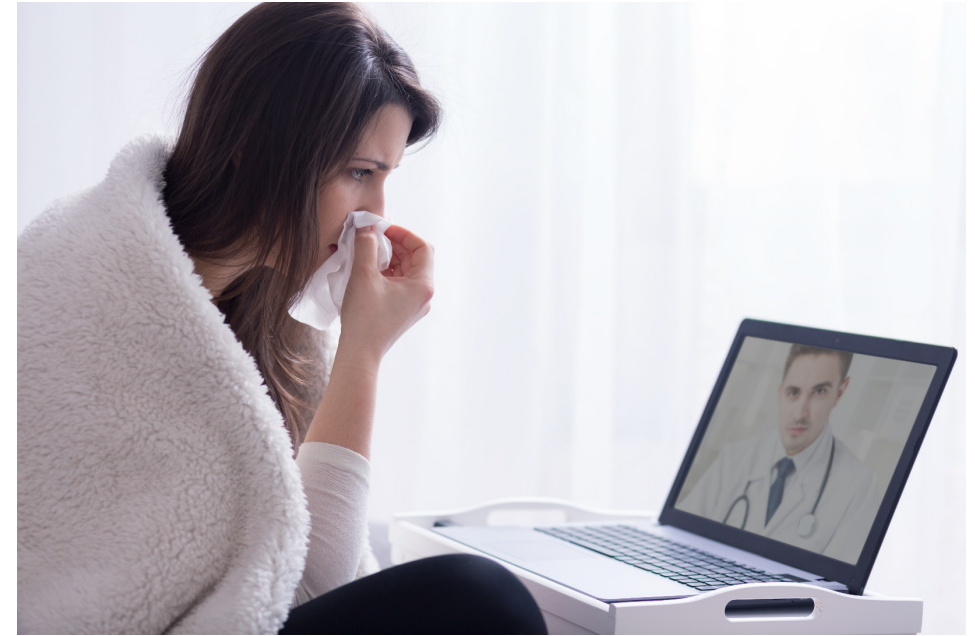
- Social norm in medicine to avoid questioning judgement of other colleagues
- The person's clinician may know that patient better than you do

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.”



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.

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.”



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

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.”

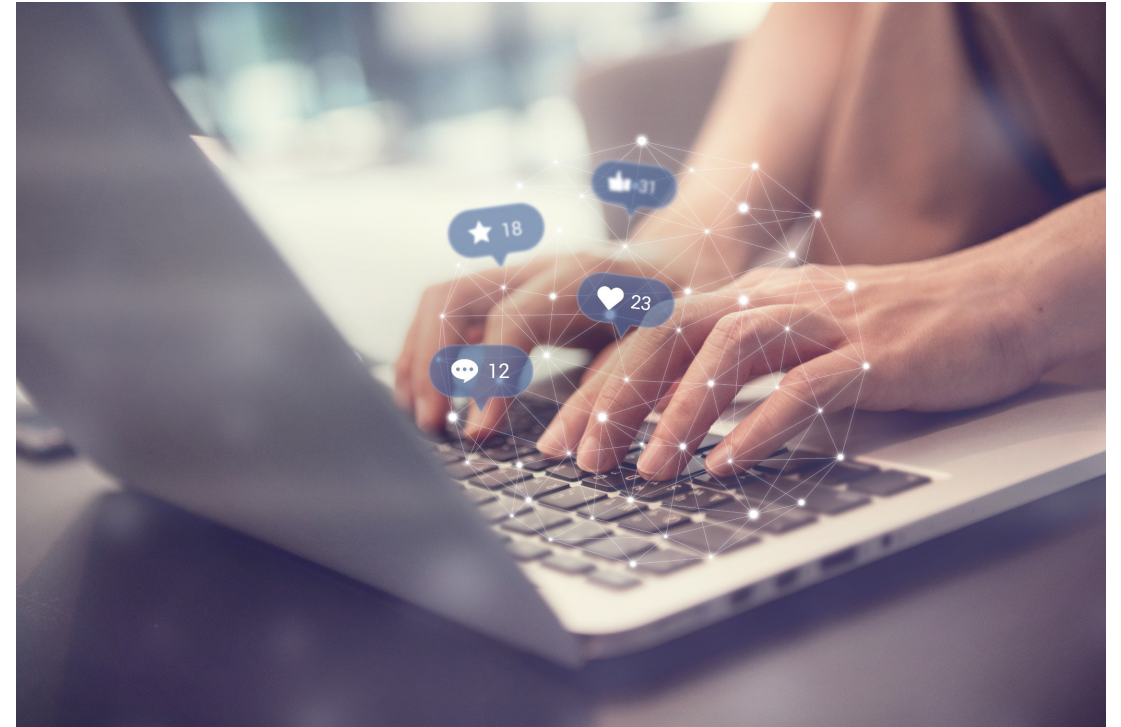


What Not To Say²⁴

- 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.”

Patient Satisfaction

- Patient satisfaction surveys
- Online or social media–based reviews



Addressing Patient Satisfaction



Remember your communication tools:

- ✓ Listen to patient concerns
- ✓ Validate those concerns
- ✓ Provide negative and positive treatment recommendations
- ✓ Provide a contingency plan

Demonstrate Commitment to Safe Antibiotic Prescribing²⁵⁻²⁶

- Display commitment posters
- 20% reduction in inappropriate antibiotic prescribing



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

Take-Home Messages

- ✓ Listen so your patient and/or their family feels heard
- ✓ Validate their feelings and concerns
- ✓ Be ready with validating, positive-focused reasons for not prescribing an antibiotic and provide consistent, concrete alternatives
- ✓ Engage your leaders
 - Practicing appropriate antibiotic stewardship can strengthen the satisfaction of patients and practice members
 - Together you can remove barriers to appropriate antibiotic prescribing

Disclaimer

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