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The Pressure to Prescribe: Clinician Assessment of Prescribing Practices for Acute Respiratory Infections

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Background: More than 50% of antibiotic (AB) prescriptions for acute respiratory infection (ARI) are inappropriate, contributing to community bacterial resistance. Nebraska (NE) ranks among the highest in AB prescriptions dispensed and is in the 50th percentile for appropriate use. NE Antimicrobial Stewardship Assessment and Promotion Program (ASAP) is supported by NE Department of Health & Human Services through a CDC grant to promote AS activities. Prior to an outpatient antimicrobial stewardship program (OASP) campaign targeting patient education for ARI, NE ASAP evaluated clinician experiences with patient prescribing pressure for ARI. Open-ended questions identified how NE ASAP could help support judicious AB use.

Methods: NE ASAP created an anonymous, web-based 10-item survey for clinicians (N=164) in 10 primary care clinics. We asked clinicians about their experiences with patient interactions about AB over the last 6-12 months. Responses were captured using 5-point Likert scales ranging from *slight/rarely* to *extreme/most of the time*. The survey was open for 3 weeks, with reminders sent weekly.

Results: A response rate of 54% included 27% trainees, 60% in practice ≤5 years, 70% caring for both children and adults, and 28% caring for adults only. A total of 45% reported feeling moderate to extreme pressure from patients to prescribe AB for ARI and 33% reported AB requests for ARI more often than not (≥4/10 patients). When asked about prescribing AB for ARI upon patient request, 34% reported they did so occasionally (2-3 of 10 requests) and 6% often (4-5 of 10 requests). More than 41% of clinicians were successful most of the time in convincing greater than half their patients that AB were not beneficial for ARI, while 21% successfully convinced only 3 or fewer patients requesting AB. Figure 1 describes major themes in written comments about clinician experiences and opportunities for NE ASAP to intervene.

Conclusion: Ambulatory clinicians regularly experience pressure from patients to prescribe AB for ARI, but almost a quarter of clinicians have difficulty convincing patients that AB are unnecessary. OASP campaigns should include patient education materials with tools and resources made available to clinicians.

Figure 1: Common themes shared by surveyed clinicians about their patient interactions for ARI and opportunities/barriers for improvement

