New York State “Get Smart Campaign”
Overview

- NYSDOH Get Smart program
- Targeted intervention
  - Data analysis
  - Outreach
- Statewide outreach
  - Get Smart materials
- Conclusions and looking forward
Get Smart Program Overview
Get Smart: Know when antibiotics work

• CDC campaign to decrease unnecessary antibiotic use and reduce the spread of antibiotic resistance

• Objectives
  • Promote appropriate antibiotic prescribing
  • Decrease consumer demand for antibiotics
  • Promote adherence to prescribed therapies

• Focus
  • Common infections in ambulatory care settings, especially acute respiratory tract infections

http://www.cdc.gov/getsmart/
GET SMART: KNOW WHEN ANTIBIOTICS WORK
Many antibiotics prescribed in doctors' offices, clinics, and other outpatient settings are not needed. This program focuses on appropriate prescribing and use for common illnesses in children and adults.

GET SMART FOR HEALTHCARE
Many patients in hospitals, nursing homes, and other healthcare facilities receive antibiotics to fight infections, but these drugs are often prescribed incorrectly. CDC helps clinicians prescribe the right drugs for the right patients at the right doses and times.

GET SMART: KNOW WHEN ANTIBIOTICS WORK ON THE FARM
Antibiotics are sometimes used on farms to prevent or treat illness among livestock. CDC's guidance helps protect public health by ensuring that antibiotics are used correctly and responsibly.

New Initiative to Fight Antibiotic Resistance
CDC's Antibiotic Resistance Solutions Initiative would support prevention programs, outbreak surveillance, antibiotic use and resistance monitoring, and antibiotic stewardship programs to address this threat.
NYS Get Smart activities

- CDC funded
- Promote Get Smart program in outpatient settings
- Outreach and education
  - NYS School Nurses
  - Professional practice organizations
  - Social media
- Workgroup
- Use of data to target intervention & messaging
National Data: Prescribing for acute bronchitis in ambulatory care, 1996-2010

Bottom line: No improvement and getting worse!
Group A Streptococcal Pharyngitis

Figure. Antibiotic Prescribing to Adults With Sore Throat in the United States, 1997-2010

Antibiotic Prescriptions per 1000 Persons of All Ages By State, 2010

Lowest prescribing rate (529/1000)

Highest prescribing rate (1237/1000)
NYS Specific Data (eQARR)

- NYS mandated program for managed care health plans
- Reporting includes quality of care measures
  - National Committee for Quality Assurance (NCQA)
  - Healthcare Effectiveness Data and Information Set (HEDIS)
- NCQA HEDIS measures on antibiotic use in adults:
  - *Avoidance of Antibiotics Therapy in Adults with Acute Bronchitis*
    The percentage of adults, ages 18 to 64 years, with acute bronchitis who did **NOT** receive a prescription for antibiotics. (Commercial HMO, Commercial PPO, Medicaid, HIV SNP)

https://www.health.ny.gov/health_care/managed_care/reports/eqarr/2014/about.htm
NYS Health Plan eQARR Data

Percent of encounters where antibiotics were avoided for patients with acute bronchitis
Interventions That Work

- Print materials alone have little impact on prescribing
- Audit and feedback of current practice has been successful
- Academic detailing, opinion leader education effective
- Clinical decision support promising
- Other options:
  - Delayed prescribing practices
  - Poster interventions involving public commitment to prescribe judiciously

Targeted Intervention
Targeted Intervention: Data Analysis

• 2013 New York State Medicaid population
• Age 3 months to 64 years old
• Identify initial visits to outpatient providers (including emergency department visits) for acute upper respiratory infections (ARIs)
• Use pharmacy claims to identify visits when an antibiotic was prescribed and subsequently filled
• Determine regional rates of antibiotic prescribing for ARIs to identify targets for intervention
Antibiotic Prescribing Rates

• In NYS, children (aged 3 months to 17 years) had lower antibiotic prescribing rates compared to adults.
• Focus on adult prescribing.
• Adult antibiotic prescribing rates were calculated at the county level to identify areas in need of improvement.
Map of 11 Targeted NYS Counties
Same Map for Pediatric Population

Adjusted Potentially Preventable Outpatient Acute Upper Respiratory Infection Antibiotic Prescribing Rates* by County
New York State Medicaid Recipients Children 3 months to 17 years old, 2013

*Data is collected only for prescriptions that are filled; adjusted for age, diagnosis, and visit type.
Adult and Pediatric Maps Side by Side
Identifying our population

• Message not focused on individual prescribing history
  • All providers within the county who could be identified
• Used existing resources to identify providers
• Limited to those most likely to see patients with acute upper respiratory infections
  • Primary care, emergency care, urgent care
• ~2900 providers in 11 counties
  • Physicians, nurse practitioners and physician assistants

https://www.health.ny.gov/health_care/medicaid/redesign/providernetwork/
Outreach Strategy

Three phase outreach to the 11 counties with the highest rates:

1. Provided information to providers in these areas
   • Letter and map
Letter to Prescribers

NYSDOH analyzed 2013 Medicaid claims data to determine NY counties where there is a high rate of avoidable antibiotic prescribing.

Based on analysis, NYSDOH sent “Dear Provider” letters to all potential antibiotics prescribers in 11 targeted counties.

Dear Provider:

The Centers for Disease Control and Prevention (CDC) and the New York State Department of Health (Department) are working together to curb the overprescribing of antimicrobial agents.

Recently, the Department performed an analysis of statewide adult outpatient Medicaid claims data from 2013. Based upon this analysis, your practice has been identified as being located in an area of New York State that has an unexpectedly high rate of potentially avoidable antibiotic prescribing. Please see the enclosed map.
Outreach Strategy

Three phase outreach to the 11 counties with the highest rates:

1. Provided information to providers in these areas
   - Letter and map
2. Follow-up mailing with educational materials
   - Provide viral prescription pads for use as a patient take-away
   - Supply posters and brochures for patient education
3. Recruitment of local champions to provide outreach and support the project locally
   - Academic detailing
   - Local Health Departments
Statewide Outreach
Statewide Get Smart Outreach

• Get Smart Week - November 14\textsuperscript{th} to 20\textsuperscript{th}
  • Get Smart About Antibiotics Roundtable Forum
  • Local Health Department Get Smart campaigns
• Provide education at provider conferences or organization meetings
  • Medical grand rounds
• Outreach through provider organizations such as medical societies, medical college and residency programs, NYS School Nurses, Medicaid, and more...
• Social media
WARNING: Antibiotics don’t work for viruses like colds and the flu. Using them for viruses will NOT make you feel better or get back to work faster.

Antibiotics are strong medicines. Keep them that way. Prevent antibiotic resistance. Antibiotics don’t fight viruses—they fight bacteria. Taking antibiotics for viruses can put you at risk of getting a bacterial infection that is resistant to antibiotic treatment. Talk to your healthcare provider about antibiotics, visit www.cdc.gov/getsmart, or call 1-888-CDCINFO to learn more.

Cold or Flu. Antibiotics Don’t Work for You.

A VECES, EL REMEDIO ES PEOR QUE LA ENFERMEDAD

Compás para promover el uso correcto de los antibióticos.

BE SMART
Antibiotics Will Not Keep a Cold or the Flu.

FOR PARENTS

Your health is important to me.

That’s why I’m signing the “Get Smart Guarantee.”

Antibiotics don’t work for viral infections like the common cold, most coughs, and most sore throats. Taking antibiotics when they don’t work can do more harm than good by causing stomach upset, diarrhea, or allergic reactions.

I guarantee I will do my best to prescribe antibiotics only when you need them.

Antibiotics can be life-saving, but bacteria are becoming more resistant. If we’re not careful about how we prescribe and use the antibiotics we’ve relied on for years, they might not work for us in the future.

To learn more visit: cdc.gov/getsmart

Signature(s) ________________________________

For More Information call 1-800-CDC-INFO or visit www.cdc.gov/getsmart
Your health is important to me.

That's why I'm signing the “Got Smart Guarantee.”

Antibiotics are effective in treating illnesses like the common cold, most coughs, and most cold sores. Taking antibiotics when they don't work can do more harm than good by causing bacterial super infections, or allergic reactions.

I guarantee I will do my best to prescribe antibiotics only when you need them.

Antibiotics can be life-saving, but bacteria are becoming more resistant. It's very easy to develop an antibiotic-resistant strain, so let's not overuse them.

To learn more visit cdc.gov/gotsmart.
Conclusions and Looking forward
Conclusions

• The antimicrobial resistance threat is real
  • ‘Everyone should be concerned about this issue because antibiotic resistance anywhere is antibiotic resistance everywhere’
    Dr. Lauri Hicks, Director for CDC’s Office of Antibiotic Stewardship

• Evaluation of national and statewide data reveal significant opportunities for improvement

• A multifaceted approach is likely necessary
Looking Forward

• Use a multifaceted outreach approach
  • Combinations of interventions that work
• Review data on prescribing patterns in NYS
  • Analyze additional years of Medicaid data
  • Look at broad vs narrow spectrum antibiotic prescribing
  • Look at other diagnoses
  • Consider other sources of data
• Focus more narrowly on practices or prescribers
• Focus on settings of concern
Thank you!

Questions?

Contacts:
Emily Lutterloh, MD, MPH

Mary Beth Wenger
Get Smart Project Coordinator
References


• CDC Get Smart Programs Website: http://www.cdc.gov/getsmart/index.html