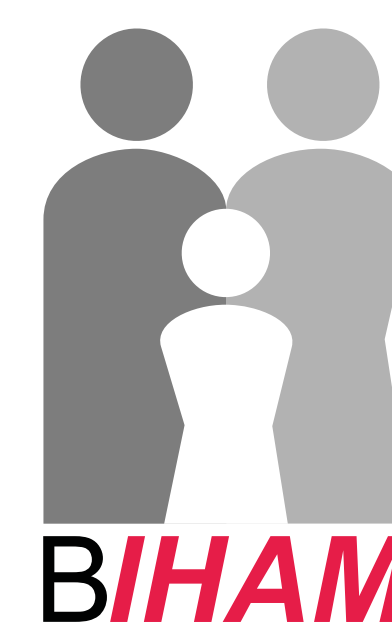


# Primary care physicians in Quality Circles can use evidence-based summaries and shared decision-making instruments to reduce antibiotic prescriptions for the most common infections, lowering the rate of antibiotic resistance

u<sup>b</sup>

## DEVELOPING SHARED DECISION-MAKING TOOLS FOR PRIMARY CARE PHYSICIANS IN SWITZERLAND: CHOOSING ANTIBIOTIC PRESCRIPTIONS RECOMMENDED BY GUIDELINES



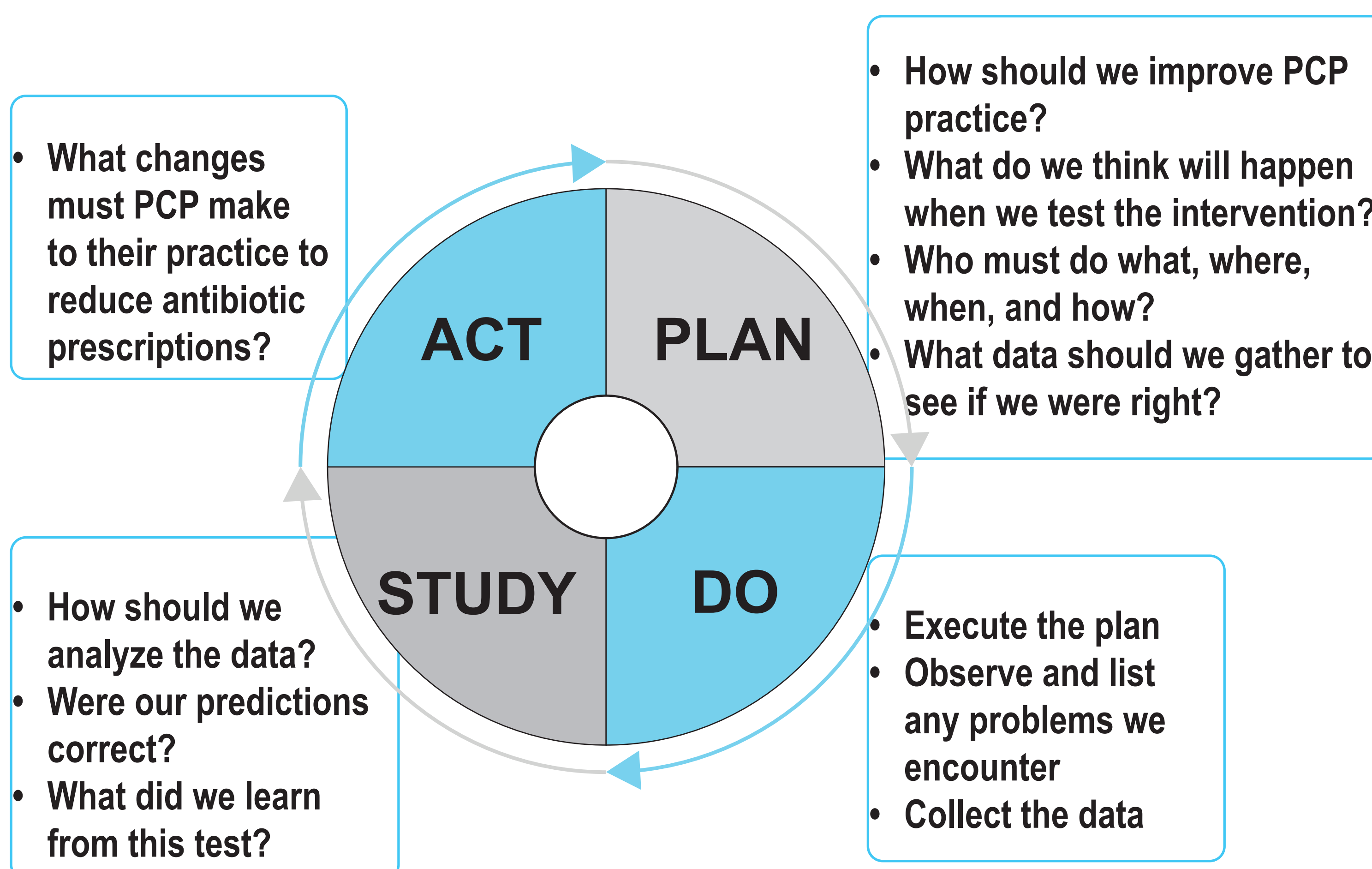
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### INTRODUCTION

- Prescribing fewer antibiotics should lower the antibiotic resistance rate
- Though self-limiting, acute otitis media, uncomplicated urinary tract infection and tonsillopharyngitis account for 25% of antibiotic prescription in ambulatory care
- Quality Circles and shared decision-making (SDM) help PCP reduce antibiotic prescriptions
- We should develop SDM instruments and evidence-based summaries (EBSI), test them, and integrate them into daily routine

### METHODS



### RESULTS

#### Sore throat

For children over 1 year old and adults

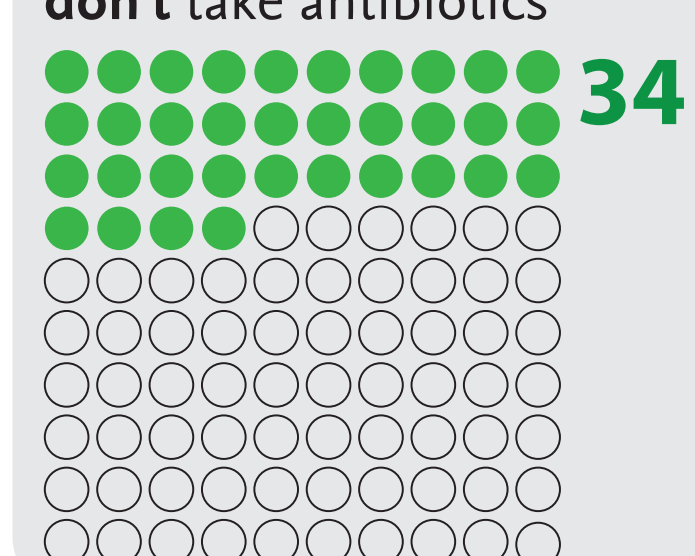
##### What causes a sore throat?

It can be caused by a viral, or rarely, by a bacterial infection in school children 15-30% and in adults 5-15% group A streptococci.

##### How long does a sore throat last?

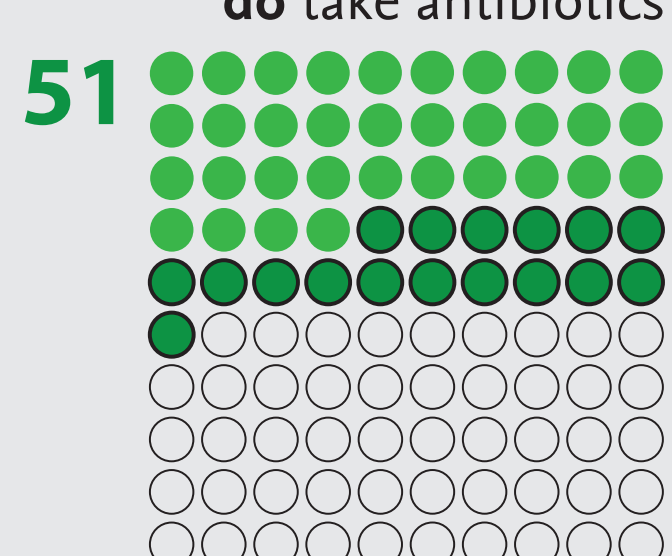
Improvement of sore throat in 2-3 days, regardless of whether the infection is bacterial or viral.

100 affected persons who don't take antibiotics

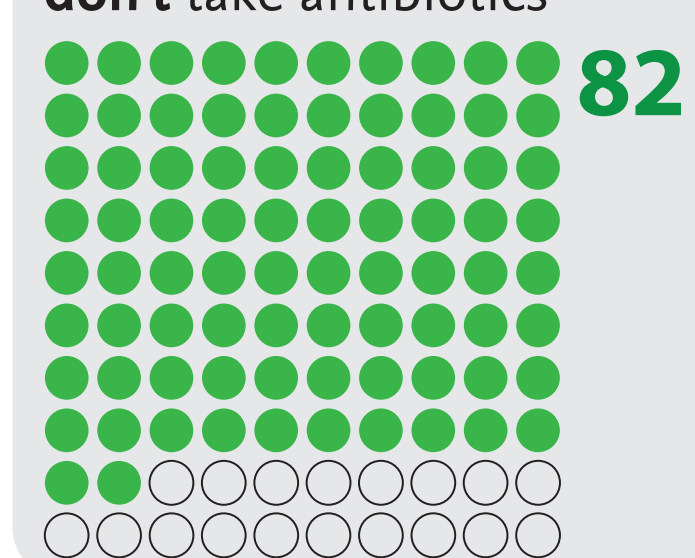


With antibiotics, 17 more people will be pain free after 3 days

100 affected persons who do take antibiotics

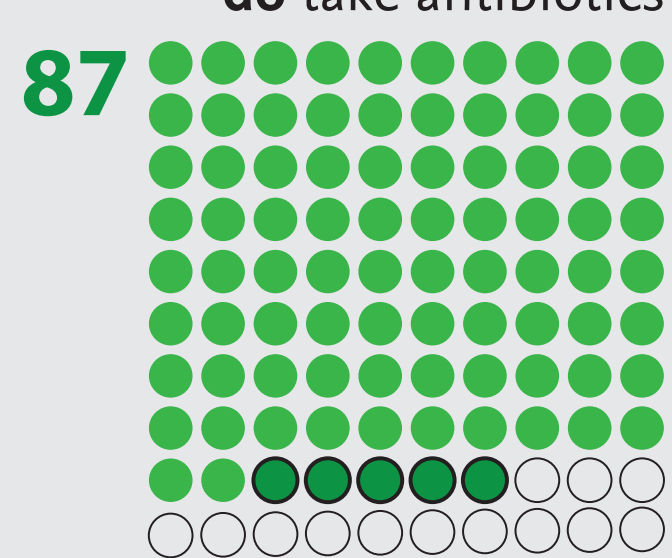


100 affected persons who don't take antibiotics

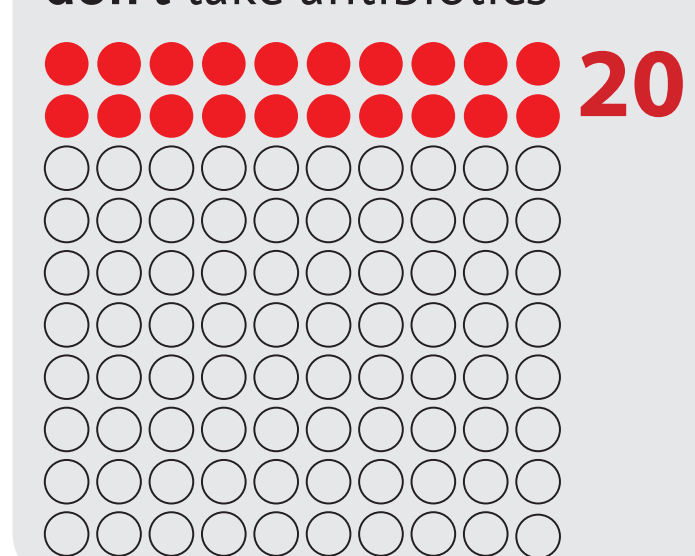


With antibiotics, 5 more people will be pain free after 7 days

100 affected persons who do take antibiotics



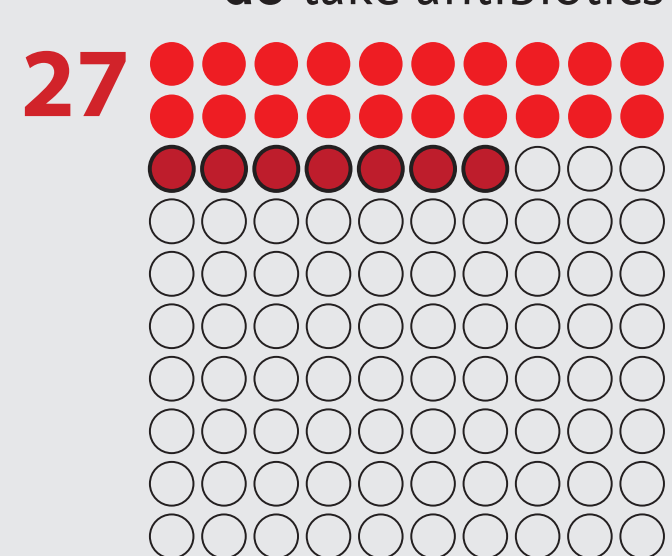
100 affected persons who don't take antibiotics



##### Side effects from antibiotics

With antibiotics, 7 more people will have symptoms like vomiting, diarrhoea and/or skin rash.

100 affected people who do take antibiotics



- We developed and tested EBSI and SDM instruments over four Plan-Do-Study-Act (PDSA) cycles:
  - 1.) Literature review
  - 2.-3.) Feedback from PCP in QC and patients in interviews
  - 4.) Feedback from experts in interviews and different medical associations per mail
- Survey before the first QC and after the second QC captured changes in PCPs knowledge of and attitude about treatment options

- Feedback from 39 PCPs in three QC, 11 patients and 6 experts in separate interviews (infectiologists, paediatricians, internists, patient safety representatives)
- Discussing the EBSI in QC increased PCP knowledge about antibiotic prescription
- Most PCP would use our materials in clinical practice
- The patients appreciated the SDM Instruments and participating in decision making
- Documents can be downloaded from [www.biham.unibe.ch](http://www.biham.unibe.ch)

### NEXT STEPS

- Develop interventions to increase the confidence PCPs have in their knowledge of current evidence. Provide a safe environment within QCs so PCPs can practice communication skills and familiarize themselves with the SDM process.
- Determine if this interventions effectively reduce antibiotic prescriptions

