

GET SMART  
COLORADO  
USE ANTIBIOTICS WISELY

# Provider Newsletter

A resource for Colorado health care providers about antibiotic resistance and efforts to promote the judicious use of antibiotics throughout the state.

## Welcome

Welcome to the first health care provider newsletter from the Get Smart Colorado coalition (GSC)! In this and future issues, we'll provide you with new information regarding antibiotic resistance, prescribing guidelines, new campaign initiatives—both in Colorado and nationally—and other information that you tell us you'd like to see.

You are receiving this newsletter because you may have endorsed the principles of appropriate antibiotics use, asked to be on the GSC mailing list, or ordered material from GSC in the past. If you would like to receive the newsletter in another format, either electronic or hard copy, or would like to unsubscribe, please send your request by phone, fax or email (contact information is on the back page).

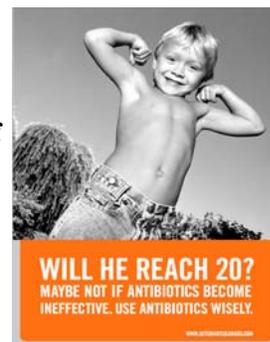
GSC is a partnership promoting the careful use of antibiotics. Our **mission** is to minimize the problem of antibiotic-resistant bacteria in Colorado by providing education about and support for the appropriate use of antibiotics through collaborative efforts of professional, aca-

demie, community, government, and labor and industry partners.

Our **vision** is that every person in Colorado will be aware and understand the impact of the global problem of antibiotic resistance and the consequences of inappropriate antibiotic use. Each person will participate in judicious antibiotic use.

GSC is currently located at the Colorado Department of Public Health and Environment. It began with funding from the U.S. Centers for Disease Control and Prevention and is now funded with additional support from the HealthONE Alliance.

Thank you for **your support of appropriate antibiotic use!**



## Communicating with Difficult Patients

By Kelly Kast, Candace Lacey, PA-C and Jody Mathie, MD

We all know that using antibiotics in situations where they are not necessary serves to accelerate the development of drug-resistant organisms. Yet still, we often prescribe antibiotics when they are unlikely to provide benefit.

Time and time again, we point to patient satisfaction and expectations as a cause for prescribing an antibiotic when not clinically indicated. Numerous studies, on the other hand, routinely cite that patients will accept a provider's decision not to prescribe an antibiotic if the pro-

vider explained why he or she was not prescribing them or offered a contingency plan (1-3).

In the February 1, 1999 issue of American Family Physician, S. Michael Marcy wrote an article outlining steps to effective communication (4). For those struggling with challenging parents or patients with viral illnesses, we've built upon his commentary to provide the following six steps to help bring clarity to communicating with patients or families about antibiotics. *(continued on next page)*

### Inside this issue:

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### By reading this issue, you will:

- Learn methods of communicating about antibiotics with difficult parents or patients.
- Understand the current trends in antibiotic resistance of *Strep. Pneumoniae* in Colorado.
- Learn 5 ways to become more involved with appropriate antibiotic use efforts.

## Communication (continued)

- **Empower the patient.** Remember that patients or parents come to you with a concern and preconceived understanding of their illness. When patients expect antibiotics, the first step is to show them you are not against antibiotics. So, don't disregard their expectations off-hand, but rather suggest that, "It's quite possible you are right. Let's see if you have some infection needing an antibiotic."
- **Acknowledge concerns.** A patient who took the time to see a health care provider is concerned about being ill. So, let them know what they don't have: "I've examined you and I don't see any signs of pneumonia or anything serious."
- **Explain the illness at hand.** As comforting as it is to know what illness they don't have, patients also want to know and understand what illness they do have. Don't dismiss the patient's illness. The illness is a big deal to the patient, so rather than dismiss the illness as 'only viral', describe the specific illness he or she does have.
- **Explain anticipated disease progression.** The next step is to fully explain how you anticipate the disease to progress and when your patient should expect to feel better. If your patient has a fever, explain how long you expect the fever to last. If your patient is a child, explain to the parent when the child should begin to feel better and when he or she should be completely better. Also, be sure to provide the parent with information about when the child can return to day care or school.
- **Prescribe self-care options.** In addition to alleviating concerns, patients go to their health care provider in hopes of feeling better. Prescribing specific over-the-counter remedies, including name, dosage and timeline, will not only provide a suggestion for symptom relief but may help your patient feel like he or she "got something out of the visit." Viral prescription pads can be downloaded or ordered from the website discussed at the end of the article. Addi-

*"Effective communication doesn't always happen on the first try. Practice ..."*

tional self-care tips such as getting extra rest and drinking extra fluids are also helpful in the discussion.

- **Identify causes for worry.** Finally, provide a contingency plan if symptoms do not resolve or get worse. The more specific you can be about symptoms of concern and steps to take should they occur, the more satisfied, comforted and empowered the patient or parent will feel.

Effective communication doesn't always happen on the first try. Practice all six steps with your patients this cold and flu season and you may find the experience to be far more satisfactory, not just for your patients, but for yourself as well.

While on the path toward more effective communication and improving your antibiotic prescribing, don't forget to involve your entire practice. Try implementing a discussion about antibiotic use at 4- and 12-month well-child visits. Also, start the educational process in the waiting room by hanging posters and distributing brochures. Finally, use other office personnel and staff, as they can be powerful reinforcers of educational messages.

Free educational materials are available for your office from *Get Smart Colorado*. Materials are available from their website in English and Spanish: [www.GetSmartColorado.com](http://www.GetSmartColorado.com).

### REFERENCES

1. Hamm RM, Hicks RJ, Bembem DA. Antibiotics and respiratory infections: are patients more satisfied when expectations are met? *J Fam Pract* 1996; 43: 56-62.
2. Magione-Smith R, McGlynn EA, et al. Parent Expectations for Antibiotics, Physician-Parent Communication, and Satisfaction. *Arch Pediatr Adolesc Med* 2001; 155: 800-806.
3. Gonzales R, Steiner JF, Maselli J, Lum A, Barrett PH Jr. Impact of reducing antibiotic prescribing for acute bronchitis on patient satisfaction. *Eff Clin Pract*. 2001 May-Jun;4(3):105-11.
4. Marcy SM. Curbside consultation: When a parent insists on antibiotics for a virus. *Am Fam Phys* 1999; 59: 687-688.

## Get Involved!

As a coalition, the strength of Get Smart Colorado comes from its partners. Here are a few ways you can get involved:

- Tell us what you would like to see in future newsletters. What content is important to you and your peers — literature updates? success stories? lessons-learned? — let us know.
- Schedule or become a speaker. If you know of a group who would be interested in a presentation, please contact us. Also, if you would like to become a speaker for GSC, we could use more presenters. Just let us know and we'll get you started.
- Volunteer! Volunteers are needed throughout the year. Let us know if you are interested in volunteering for GSC and

we'll keep you posted on upcoming events.

- Participate during the monthly meetings. Your input is invaluable. During our monthly meetings we plan our health care provider and community outreach activities. Join us in person or by phone!
- Order FREE office educational materials online or by contacting the office.

You may contact us using our website: [www.getsmartcolorado.com](http://www.getsmartcolorado.com), by email: [getsmartcolorado@state.co.us](mailto:getsmartcolorado@state.co.us) or by phone: 303-692-2459. We're looking forward to hearing from you!



The Colorado Department of Public Health and Environment (CDPHE) released its July 2004 through June 2005 report of drug-resistant *Streptococcus pneumoniae* (DRSP) surveillance. Highlights of the DRSP surveillance data are:

- From population-based surveillance in the Denver metro area, high-level penicillin resistance among invasive *S. pneumoniae* isolates decreased 65% from FY01 to FY04 and leveled off in 2004-05 (Figure 1). This decrease is most likely attributed to the increase use of the pneumococcal vaccine (Prevnar).
- High-level resistance of invasive *S. pneumoniae* isolates in the Denver metro area to multiple antibiotics decreased from FY01 to FY05; however, most of these trends leveled off in the past 2-3 years (Figure 2).
- Fluoroquinolone resistance among invasive isolates of *S. pneumoniae* has been sporadic.
- During the most recent surveillance period (7/04 – 6/05), penicillin non-susceptibility (high-level and total) was substantially higher in the non-Denver Front Range than in the Western Slope; there was no high-level resistance among Western Slope isolates.
- During the most recent surveillance period (7/04 – 6/05) there was no high-level cefotaxime resistance among non-Denver Front Range or Western Slope isolates.
- For the non-Denver Front Range, there has been a fluctuating trend in high-level penicillin resistance (Figure 3).
- For the Western Slope, there has been a decreasing trend in high-level penicillin resistance since FY02 (Figure 4).
- For both the non-Denver Front Range and Western Slope regions, high-level cefotaxime resistance has been very low; there has been a fluctuating trend among non-Denver Front Range isolates, and no high-level resistance since FY01 among Western Slope isolates.

Additional tables, figures and information, can be obtained from the full report published on the CDPHE website at: [http://www.cdph.state.co.us/dc/Epidemiology/DRSP\\_04\\_05.pdf](http://www.cdph.state.co.us/dc/Epidemiology/DRSP_04_05.pdf).

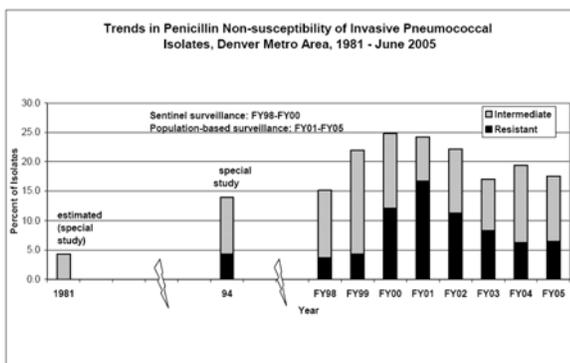


Figure 1

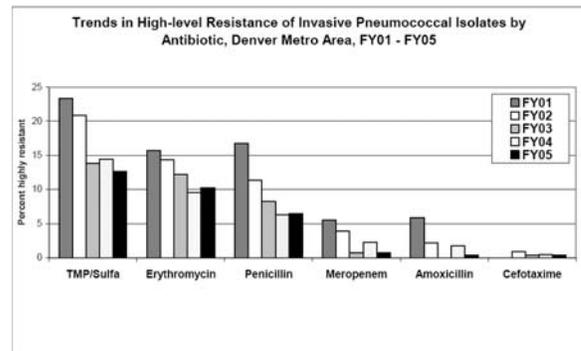


Figure 2

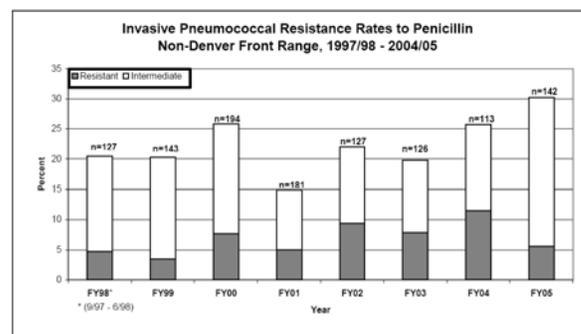


Figure 3

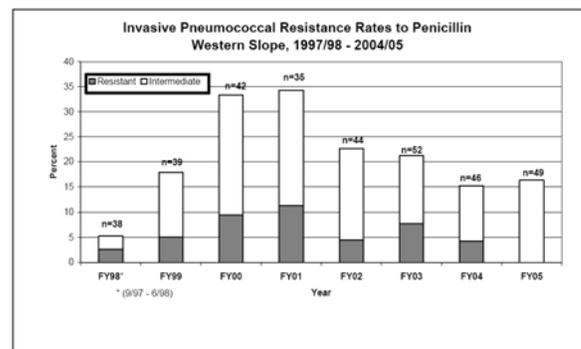


Figure 4

## Contributors

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**WE'RE ON THE WEB!**

**[WWW.GETSMARTCOLORADO.COM](http://WWW.GETSMARTCOLORADO.COM)**



## What's New:

### Over 150 more physicians endorse the Principles of Appropriate Antibiotic Use.

In October 2005, GSC — along with the Colorado Medical Society and CDPHE — sent a letter to physicians in the southern, central and western areas of Colorado, asking for their support of the principles of appropriate antibiotic use. Through this mailing, GSC hopes more physicians became aware of GSC, the seriousness of antibiotic resistance, and the availability of free office educational materials.

As a result of this effort, more than 150 physicians have joined the already more than 1000 physicians, nurse practitioners, and physician assistants in Colorado who also endorse the principles of appropriate antibiotic use.

To find out how you can endorse the principles, please contact the GSC office at 303-692-2459 or by email: [getsmartcolorado@state.co.us](mailto:getsmartcolorado@state.co.us).

### Mesa County physicians and public health join GSC efforts.

Mesa County Physicians Independent Practice Association and the Mesa County Health Department are new partners with GSC. They have actively been getting information out to health care providers and the public within Grand Junction and the rest of Mesa County. Some of their efforts include: a grand rounds presentation at St. Mary's Hospital and a mailing to physicians in the county. If you'd like to see a similar effort in your area, contact the GSC office.

#### **Principles of Appropriate Antibiotic Use**

1. Antibiotic resistance is a major public health threat.
2. The overuse of antibiotics promotes antibiotic resistance in our community.
3. Limiting excess or unnecessary antibiotic use for viral infections such as colds, flu, and bronchitis constitutes is the "best practice" for my patients.

### Albertsons and Sav-On pharmacies join King Soopers and City Market, Inc in supporting appropriate antibiotic use.

King Soopers and City Market, Inc. and Albertsons have been playing the CDC Get Smart public service announcements over their in-store radio this fall and winter. Listen for the jingle, "Snort. Sniffle. Sneeze. No Antibiotics Please!" next time you shop!