Recruitment Webinar Transcript:
AHRQ Safety Program for Telemedicine

AHRQ Safety Program for Telemedicine: Improving Antibiotic Use

Hello and welcome. We're pleased you have joined us today for this brief presentation on the upcoming AHRQ Safety Program for Telemedicine: Improving Antibiotic Use. This program is funded and guided by the Agency for Healthcare Research and Quality (AHRQ) and co-led by NORC at the University of Chicago and Johns Hopkins University.

Some of you may have heard of or even participated in the AHRQ Safety Program for Improving Antibiotic Use ambulatory cohort. The current program significantly adapts and enhances previously developed content to accommodate telemedicine delivery including assisting clinicians in managing common infectious conditions in the absence of a traditional physical examination.

The program is designed for primary care and ambulatory practices, including pediatric and gynecology practices, as well as urgent care clinics, that provide care via a mix of in-person and telemedicine visits or exclusively via telemedicine, such as a direct-to-consumer or virtual first practice. Using evidence-based approaches, this program will help improve the diagnosis and treatment of infections in the telemedicine setting.

Presenter

My name is Sara Keller. I am an associate professor of infectious diseases at The Johns Hopkins University School of Medicine, where I see patients in the hospital, in the clinic, and over telemedicine. I am one of the leaders of this antibiotic stewardship project, alongside my colleagues at NORC at the University of Chicago and Johns Hopkins University. Today, we will provide a brief overview of the project and then welcome your questions. Should you have additional questions after this webinar, please note the Safety Program's email address is SafetyProgram4Telemedicine@norc.org. This email will be provided again at the end of the presentation.

Clinical Importance

We developed this program because of a need to reduce inappropriate antibiotic prescribing in the era of telemedicine. Telemedicine use exploded during the COVID-19 pandemic.

In the US, antibiotic resistance causes two million infections per year with antibiotic-resistant organisms and 35,000 deaths per year. Side effects from antibiotics prescribed in ambulatory care lead to about 150,000 emergency department visits per year. Judicious use of antibiotics is especially important in the telemedicine environment, as infection-related complaints make up a large portion of telemedicine visits and two-thirds of visits for upper-respiratory infections inappropriately result in an antibiotic prescription.

Unnecessary and overly broad antibiotic use directly contribute to antibiotic resistance and make future infections more difficult to treat.

These statistics underscore that antibiotic stewardship in telemedicine is essential, but improving appropriate antibiotic use requires addressing multiple barriers. This program will address many of these barriers including time pressure, inability to perform a physical exam, and lack of access to diagnostic testing. The program will also address issues surrounding patient satisfaction and communication as sometimes there is a consumer desire for antibiotics while patients may not understand antibiotics or their negative consequences.

AHRQ Safety Program for Improving Antibiotic Use Toolkits

AHRQ previously funded the development of antibiotic stewardship toolkits for the acute care, long-term care, and ambulatory care settings. The toolkits were delivered as one-year safety programs. 402 acute care hospitals, 439 long-term care facilities, and 389 ambulatory clinics participated.

These three previous Safety Programs led to statistically significant reductions in antibiotic use and improvements in appropriate antibiotic use. In the program focused on antibiotic stewardship in ambulatory practices, participating practices saw a 9% decrease in antibiotic prescribing overall and a 15% decrease for acute respiratory infections (RTIs). Pediatric practices saw a 11% decrease in antibiotic prescribing overall and a 13% decrease for RTIs. These improvements occurred during a period when many practices converted primarily to telemedicine due to the COVID-19 pandemic. We hope to see similar improvements during this program.

AHRQ Safety Program Overview

The main goal of this program is to improve antibiotic decision making and patient safety in primary and urgent care settings that provide care via telemedicine-only or a mix of telemedicine and in-person care.

Additional goals of the safety program are to reduce prescriptions of unnecessary antibiotics and patient harm while maintaining patient satisfaction. We will help practices implement evidence-based strategies to improve the diagnosis and treatment of infectious conditions over telemedicine. This program also aims to strengthen the culture of safety and improve communication and teamwork around antibiotic decision-making in telemedicine.

Benefits of Participation

There are many benefits to participating in the program. Specifically, participants will:

- Learn evidence-based strategies from nationally-renowned experts in the diagnosis and treatment of infectious conditions in telemedicine settings
- Improve patient satisfaction and communication in patient visits and interactions focused on infectious conditions and appropriate antibiotic use

- Improve efficiency, using approaches such as scripting for live and patient portal interactions
- Improve compliance with and performance on antibiotic-related quality measures such as Healthcare Effectiveness Data and Information Set (HEDIS), Merit-based Incentive Payment System (MIPS), and The Joint Commission Antimicrobial Stewardship standards

AHRQ Safety Program Details

The AHRQ Safety Program for Telemedicine: Improving Antibiotic Use is an 18-month program that will run from June 2024 through the end of November 2025. The deadline for enrollment is May 23, 2024.

This program is offered at no cost for enrolled practices and does not require a contract or IRB review.

Most participants will only need to spend 30 minutes a month on the program. Participants who are supporting data collection for their practice may need to spend around 2 hours per month. Participants will spend time on activities including attending live monthly educational webinars, or viewing recordings of these webinars if they cannot attend live; implementing evidence-based best practices taught in the program; meeting with a dedicated implementation adviser, a quality improvement expert, who will provide expert coaching throughout the program; and attending optional monthly office hours with subject matter experts. Program materials are designed to be easy to implement and improve efficiencies in your practice such as providing patient portal messaging scripts.

Continuing medical education credits (CMEs) and continuing education units (CEUs) are available for participating physician and nursing personnel. To earn these credits, participants must attend live webinars, or review recorded project webinars or the slides and script for the webinars asynchronously. Maintenance of Certification points, or MOCs, will also be available.

Eligibility Criteria

We'll now discuss eligibility criteria for the program. Primary care practices (including internal medicine, family, and pediatrics), outpatient specialty practices that provide primary care (such as gynecology), community-based health clinics, student health clinics, retail clinics, occupational health, and urgent care clinics are eligible to participate. Eligible practices can see patients exclusively via telemedicine or via a mix of in-person and telemedicine visits, and can be in any location, including rural, suburban, or urban settings. Practices must have telehealth with video available.

Planned Webinars (<20 minutes in Length)

This slide includes a preliminary list of topics we plan to cover in the educational webinars. Sessions focus on topics such as how you can implement antibiotic stewardship in telemedicine and diagnosing and treating common infections over telemedicine. We have designed the

webinars to be brief and actionable so that participants can easily implement what they learn in the program.

AHRQ Safety Program Timeline

In June 2024, participants will gain access to the Safety Program website, which will house the program's content. During the onboarding process, participants will meet with an implementation adviser who will provide individual coaching throughout the program. Participants will also attend the orientation webinar.

Between June 2024 and November 2025, participants will attend short monthly educational webinars, implement the evidence-based interventions, attend optional office hours with subject matter experts, complete data collection forms, and participate in monthly calls with their assigned implementation adviser.

Data Collection From Participating Practices

During the project, participants will be asked to engage in data collection activities to help understand the program's impact on practice culture and prescribing patterns. Participants will be asked to complete surveys at the beginning and end of the program. Every quarter, practices will be asked to submit antibiotic prescribing data extracted from the electronic health record (EHR). Finally, there are also optional (voluntary) interviews at the end of the program.

The program staff will be available to assist in understanding how to collect data from the EHR. The EHR data will be used to measure the total number of antibiotic prescriptions per 100 respiratory tract infection (RTI)-related telemedicine visits and the total number of antibiotic prescriptions per 100 antibiotic-inappropriate respiratory tract infection (RTI)-related telemedicine visits.

Data Confidentiality

The program is attentive to data safety and confidentiality. The program is collecting only de-identified data and will not request any PHI. The data collected do not include any patient identifiers.

Your data will be aggregated and anonymized by NORC at the University of Chicago—the program implementers—and then shared only with partners Johns Hopkins University and AHRQ. Data on providers can be de-identified by the practice based on practice preference. Data submission occurs via a secure portal and all data are stored in a secure manner.

Finally, AHRQ's privacy and security recommendations for quality improvement activities will be shared with participating sites.

Please note that this program is considered quality improvement, not research.
The Johns Hopkins Medicine IRB reviewed the project and determined that it is not human subjects research.

Anticipated Outcomes of Participation

As mentioned at the start of this webinar, the previous program saw decreases in overall antibiotic prescribing and in antibiotic prescribing for acute respiratory infections. This program can address the use of telemedicine as a key tool for addressing infectious conditions. Additional anticipated outcomes of participation include improving patient safety and reducing harm from side effects and adverse reactions to antibiotics. Additionally, this program may improve the patient-provider relationship by improving communication about appropriate antibiotics, while streamlining clinic visits. This will include scripting for both patient portal messages and live interactions with patients to decrease provider burden.

Thank You

Thank you for your time today and for attending this webinar on the AHRQ Safety Program for Telemedicine: Improving Antibiotic Use.

To learn more and enroll, visit https://safetyprogram4telemedicine.org or email SafetyProgram4Telemedicine@norc.org.

Again, the deadline to enroll is May 23, 2024.

This program can help you and your practice implement best practices for antibiotic prescribing while maintaining patient satisfaction.

We understand that committing to such a program may be a difficult choice. This program addresses a common problem by providing an opportunity to improve the diagnosis and treatment of infectious conditions in telemedicine. If you choose to join the program, we will ensure you have access to tools that will assist and support you and your teams in your implementation efforts. If your practice encounters unforeseen challenges, we will work with you to meet your needs.

We hope that this presentation has helped you understand the value of this program. Please seriously consider joining the project. We look forward to working with you to improve antibiotic use.

Thank you. I will be happy to answer questions at this time.