

NEW YORK STATE OF OPPORTUNITY | Department of Health

## Get Smart: Know When Antibiotics Work in New York State

### Identification and Intervention in Outpatient Settings


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October 2<sup>nd</sup>, 2015

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## Identification

Identify outpatient settings with high rates of potentially-avoidable antibiotic use among patients with upper respiratory infections for intervention.

- Antibiotic prescribing data
  - 2013 NYS Medicaid outpatient visit and pharmacy claims data
  - Upper respiratory infections (URI) that don't usually require antibiotics
  - Adults (18 to 64 yrs)
  - Established county-level rates for antibiotics filled within four days of outpatient URI visit
  - Provider zip codes for mapping





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## Messaging

Notify healthcare providers of the concerning antibiotic use in their county

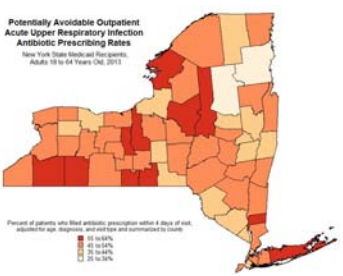
- Outpatient providers most likely to prescribe antibiotics for URI
  - Internal medicine
  - Family practice
  - Emergency care
- Letter & map "ice breaker"
- Follow up educational materials
- Inform of the issue
- Seek Peer Champions

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## Outreach

- Targeted the counties with the highest rates
  - Direct message
  - All identifiable healthcare providers in the selected counties
  - Mailings sent to >2,900 providers




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## Thank you!

## Questions?

**NYSDOH Get Smart Team Members:**


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## References

- Li P, Metlay JP, Marcus SC, Doshi JA. Factors associated with antimicrobial drug use in Medicaid programs. Emerg Infect Dis (Internet). 2014 May. [http://wwwnc.cdc.gov/eid/article/20/5/13-0493\\_article](http://wwwnc.cdc.gov/eid/article/20/5/13-0493_article). Accessed 9/11/2015.
- CDC Get Smart Programs Website: <http://www.cdc.gov/getsmart/index.html>



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## Methods – more info

**Setting:** outpatient: ED, Institutional Outpatient, Professional Outpatient  
**Population:** Non-dual Medicaid enrollee with at least 60 days (2 months) or eligibility prior to visit and 7 days post visit.  
**Time Period:** January 1, 2013 – December 24, 2013  
**Age groups:** Children 3 months to 17 years, Adults 18 to 64  
**Diagnosis:** primary diagnosis of URI (cold 460, acute URI 465, or acute bronchitis 466) and no secondary diagnoses that might require antibiotics (i.e. otitis media (382), nonsuppurative otitis media (381-381.4), chronic sinusitis (473), sinusitis (461), acute pharyngitis (462), acute tonsillitis (463), acute laryngitis (464), pneumonia (481-486), strep throat (034.0), UTI (559, 595, 597, 599.0), bacterial infections (041), emphysema (492), and chronic bronchitis (491)). Excluded patients diagnosed with COPD (491.20-491.21, 492.0-492.8, 494, 495.0-495.9, 496) or asthma (493) within 1 year prior and 7 days following the index date.  
**Index Episode:** Earliest URI visit in 2013 for a patient that has negative medication history for 30 days prior to episode and no competing diagnosis

