

→Be sure to take the most recent report (from Valoree) on their ABX prescribing rates. Which “sampling” group are they part of?

Hello, my name is \_\_\_\_, and I am a researcher who works with the Urgent Care and Antibiotic Stewardship leadership teams.

We are hoping to understand the challenges and barriers of optimal antibiotic prescribing in the urgent care setting especially now since we have implemented the SCORE-UC Antibiotic Stewardship program in 2019.

Our goal is for these interviews to help leadership guide future implementation of stewardship practices and ultimately improve the care that patients receive.

I would like to reiterate that your participation is completely voluntary. If you would like me to stop the interview at any point, please just let me know. Your comments are being used for quality improvement purposes. Your name and organization’s name will not be identified when we report our findings back to Urgent Care and Antibiotic Stewardship leaders.

Would you be ok if we audio recorded these interviews?

Do you have any questions before we get started?

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## General

1. Let’s start by having you tell me a little about your clinical role in Urgent Care?  
*Record degrees, title & responsibilities*
2. Do you have a leadership role as well?
3. How long you have worked for Intermountain?

In Urgent Care?

4. What “market” or region do you practice in?

*[Provide a comfortable, non-threatening way into the interview; begin to establish a relationship; locate the person in the organization from his/her own perspective; and gain a sense of their role in the larger process of care.]*

## Perceived importance of antibiotic stewardship

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS H21-8, Atlanta, Georgia 30333; ATTN: PRA (0920-1308).

As clinicians, you are confronted with managing a myriad of public health issues, patient concerns, and contextual issues that affect your practice. How does prioritizing antibiotic stewardship improvements rank compared to other things in the clinic?

<Is the priority of stewardship higher or lower than....>

- Other common concerns that patients want to be seen for in UC (like fractures, need for pain medications, COVID)
- Navigating a patient's social needs or lack of health insurance or access to healthcare
- Busyness of the clinic; patient volumes
- Lack of staff

Do you think reducing antibiotic use in Urgent Care has meaningfully reduced antibiotic associated adverse events for patients?

<PROBE> Does this affect how you practice and how you prescribe?

Do you think reducing antibiotic prescribing in Urgent Care will slow the development of antibiotic resistance in our communities?

What do you hear from leaders, colleagues and fellow prescribers about antibiotic overuse and antibiotic resistance?

<PROBE> How much is antibiotic overuse and antibiotic resistance an issue for you in your practice today?

### **Attitudes about Antibiotic Prescribing**

When you are deciding whether or not to prescribe an antibiotic for a patient, what are some of the factors you consider?

(Specific examples to probe on below)

- confidence in diagnosis [viral vs. bacterial infection]
- patient demand/expectation
- how busy the clinic is
- side effects associated with antibiotic use
- AE risks such as C. diff, possible allergic reactions including diarrhea, or the potential for interactions with other medications patients may be taking
- public health concerns such as antibiotic resistance which each of us could experience in time

When patients present with ambiguous symptoms—for example, ones that could be associated with bacterial or viral infections-- do you see prescribing antibiotics for these patients as the safer option than watchful waiting or providing symptomatic therapy without antibiotics?

[Type here]

In most cases of uncomplicated respiratory infections, do you think the potential benefits of antibiotics outweigh the potential harms? Or for you, is it the other way around?

### **Global Picture of Disease vs. Reductionist view**

With your experience seeing a high volume of upper respiratory infections and patterns of symptoms circulating in the community at a given time, do you ever attribute an individual patient's constellation of symptoms to a likely specific virus causing their symptoms and provide additional anticipatory guidance based on that assessment?

When patients with normal vital signs present with a constellation of symptoms consistent with viral etiology, what characteristics of the illness lead you to attribute a bacterial etiology to only one part of the illness (i.e. sinusitis)?

### **Intervention success/failures**

What are the top 3 barriers that make it difficult to adhere to evidence-based guidelines for antibiotic prescribing in the urgent care setting?

In the past 2 years since SCORE UC (Antibiotic Stewardship program in Urgent Care) was implemented, how has it changed—or not changed—your interactions as a provider with patients?

Do you talk to your patient more often about the potential adverse events before you decide to prescribe?

Have you decided not to prescribe for a patient who was explicitly asking for a prescription?

Can you walk me through one of these conversations? For instance, if I am your patient, how would you talk to me about it?

How long, on average, does this type of discussion take? How much pushback do you received from patients?

Do patient satisfaction scores influence your decision making around prescribing antibiotics>

Thinking about the SCORE-UC stewardship program, which interventions or tools have helped you improve your antibiotic prescribing for respiratory infections?

<Listen for what helped and then go through each bullet>

[Type here]

- a. Access to Infectious Disease experts
- b. Access to physician education and training materials on antibiotic prescribing
- c. Access to materials for patient education on appropriate use of antibiotics; use of other therapies
- d. Marketing campaigns in the clinics
- e. Commitment posters from leaders
- f. Receiving your own data and feedback from leaders on regular interventions
- g. Comparison with others about their prescribing behaviors
- h. Changes in physician compensation
- i. iCentra Support like the Azithromycin Alert? Quick visits?
- j. Delayed Prescriptions vs. Watchful Waiting

Thinking about the interventions we just discussed, what should be removed or stopped?

What was unhelpful or even got in your way at times?

What is missing that you need? Are there just-in-time tools/materials that can be provided?

From your perspective, what is the perceived value of an antibiotic stewardship program in Urgent Care?

### **Continued Motivation(s) to improve**

Do you want to <continue to> change your antibiotic prescribing practices?

What motivates you to change your prescribing practices?

### **External factors affecting change**

How has the COVID19 pandemic helped or hurt antibiotic prescribing behaviors for respiratory tract infections?

<Probes if needed>:

- Patients are more informed consumers in the context of bacterial/viral infections?
- That there has been better infection control measures limiting respiratory tract infections?  
(example: Isolation and masking)
- Better use of antibiotics with only clear cases of bacterial RTIs?

[Type here]

How valuable do you find viral testing (covid, flu etc) in helping to determine the best treatment plan for your patients, especially in thinking about when to prescribe antibiotics?

**Conclusion**

Anything else that you would like to bring up that we have not talked about yet?

[Type here]