

Poster #933

Antibiotic Prescribing Changes in Adults During COVID-19 in Outpatient Patient Centered Medical Homes (PCMH) in Arkansas

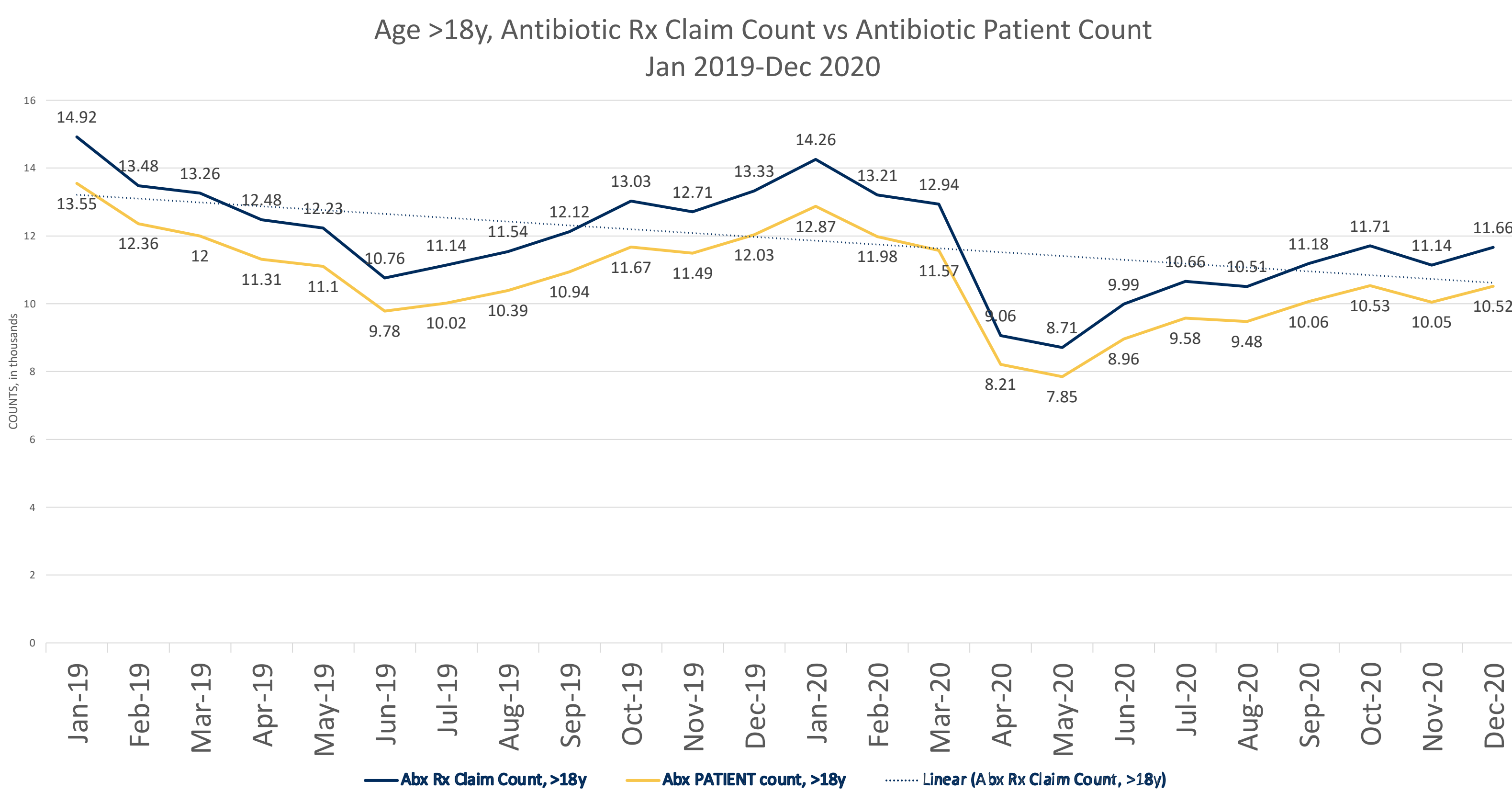
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Background

Outpatient antibiotic (OP Abx) prescribing in adults in Arkansas (AR) was among the country's highest in 2019. AR Medicaid analyzed prescription (Rx) claims data and communicated the relative prescribing intensity as an informational metric to each patient-centered medical home (PCMH) beginning in 2020.



Objective

To describe the Abx prescribing patterns in calendar years 2019 and 2020, during the COVID-19 pandemic.

Methods

Data from AR Medicaid paid claims for OP Abx Rx in adult patients attributed to a PCMH practice for ≥ 6 months were analyzed. Annual Abx Rx claims per 1000 patients were calculated for rural or urban status and by 2019 prescribing rate histories, defined as the low-, middle-, and high-rate prescribers based on 1st, 2nd - 3rd, & 4th quartiles, respectively. The five most common classes in 2019 and fluoroquinolones were explored. A paired t-test, Wilcoxon signed rank test, and one-way ANOVA with post hoc least significant difference test were used to determine statistical significance.

Results

183 PCMHs qualified for analysis. There was a significant decrease in overall annual Abx claim rate, from 1034 to 910 (-12.0%, p< 0.0001). Claim rates decreased in rural (-10.9%, p< 0.0001) and urban areas (-13.3%, p< 0.0001) with no difference between groups (p=0.240). Low-rate prescribers did not change practice from 2019 to 2020, with claim rates of 666 to 665 (-0.2%, p=0.957), while middle- and high-rate prescribers decreased, from 1032 to 897 (-13.1%, p< 0.0001), and from 1404 to 1183 (-15.7%, p< 0.0001), respectively. Claim rates significantly decreased for penicillins (-16.0%, p< 0.0001), fluoroquinolones (-15.5%, p< 0.0001), sulfonamides (-13.1%, p< 0.0001), macrolides (-9.9%, p=0.0001), and tetracyclines (-6.3%, p=0.021). First-generation cephalosporins down trended (-7.9%, p=0.111).

Table 1. Adult Overall Antibiotic Utilization

Table with 6 columns: Overall Antibiotics, N, Mean annual antibiotic claim per 1000 patients (2019, 2020), Difference (% change), p-value a, p-value b. Rows include Whole group, Geographic areas subgroups (Rural, Urban), and Pre-COVID-19 prescribing history subgroups (Low, Middle, High).

a p-Values calculated using paired t-test and Wilcoxon signed rank test. b p-Values calculated using one-way ANOVA.

Table 2. Adult-Specific Antibiotic Claims Among Low, Middle, & High Prescribers

Table with 6 columns: Antibiotic Classes, N, Mean annual antibiotic claim per 1000 patients (2019, 2020), Claim Rate Difference (% change), p-value a, p-value b. Rows include Penicillins, Macrolides, Tetracyclines, Absorbable Sulfonamide Antibacterial Agents, Cephalosporins - 1st Generation, and Quinolones.

a p-Values calculated using paired t-test and Wilcoxon signed rank test. b p-Values calculated using one-way ANOVA.

Table 3. Adult-Antibiotic Claims Among Low, Middle, & High Prescribers with Significant One-Way ANOVA Test Statistics

Table with 4 columns: Antibiotics, Between Group Comparisons, Difference Between the Mean Percent Change, p-value c. Rows include Overall Antibiotics and Macrolides.

c p-Values calculated using Post hoc least significant difference (LSD) test.

Limitations

We were unable to capture the number of prescriptions given per visit, thus, we were unable to calculate a prescription rate to discern whether these changes were due to reduced visits during COVID-19 or whether they were due to fewer prescriptions but with the usual visits per year.

Conclusions

OP Abx Rx claims significantly decreased from 2019 to 2020 in middle and high-rate prescribers. Low-rate prescribers maintained low Abx Rx claim rates throughout 2020. Future analyses are needed to highlight any rebound effect of Abx prescribing when the pandemic subsides, discerning the informational metric effect versus COVID-19, and informing the next steps for antimicrobial stewardship for PCMHs in AR.