Sometimes No Antibiotic is the Best Prescription

Development of an antibiotic stewardship educational video with patient and family advisor input

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Goals

1. Determine patient barriers and motivators to using antibiotics wisely.
2. Using a "Design Thinking" methodology, develop a video that briefly highlights the benefits and risks of antibiotics and approaches patients can take to feel better without antibiotics.
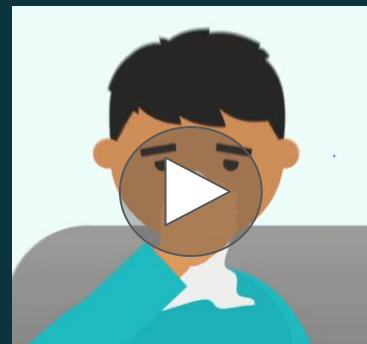
Challenges

- Ensure a balanced discussion between benefits and risks of antibiotics.
- Identify salient points that align both with video creator's objectives and patients' interests.
- Communicate message in a short 2 minute video.

Lessons Learned

- Patient's perspective is invaluable.
- Start early!
- Align with other efforts (CWC, Antibiotic Awareness Week).

Check out the Video!

tiny.cc/antibiotics

UNITY HEALTH TORONTO

Special Thanks to Patient Advisors: Angela Cianfrini, Linda Dohoo, John DiLallo

Patient engagement for informed choice in diagnostic imaging referrals: a systematic review of the literature

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Purpose: Review the scientific literature to determine the most effective way to increase patient and provider understanding of medical imaging tests and associated risks and benefits.

Why is this important?

- Family physicians want better methods of discussing imaging decisions with patients, particularly in cases where the patient and physician disagree on appropriateness
- There is limited understanding among physicians and patients about the risks and benefits of specific imaging tests
- There is evidence that a significant portion of imaging studies are not justified or appropriate
- A baseline analysis of ordering patterns showed significant variation in referral rates among family physicians referring to our imaging centre
- Many of the physicians with high rates of referrals are ordering tests that have been identified as potentially inappropriate: CT of the head for headache, MRI for lumbar spine pain

Solution: Conduct a systematic review to determine the following:

- How much do referring physicians, patients and caregivers know about imaging tests and their risks and benefits?
- Are there evidence-based methods of improving this understanding?
- Do physicians and patients have preferences about how they discuss imaging decisions?

Findings to-date:

- Over 150 original English language studies were published between 2005 and 2018, surveying 45,000 patients and 8,295 providers
- The peak period for publication of these studies was in 2015; very few were published in major radiology journals; fewer than 8 percent were conducted in Canada
- Understanding of imaging tests and their risks and benefits has not improved in this time frame
- Very few interventions to improve knowledge of imaging tests have been tested in controlled trials
- Only one interventional study of parental caregivers was conducted in Canada; there were no Canadian studies of patient decision aids related to diagnostic imaging
- Methods for informing patients about risks have limited information on ionizing radiation and its risks, very few take into consideration health literacy standards or limited numeracy

Conclusions:

- There is a large gap in knowledge about how to improve patient and provider understanding of the risks and benefits of medical imaging, particularly with regard to ionizing radiation
- Prospective observational studies and randomized control trials of decision aids for diagnostic imaging and screening tests that use ionizing radiation, such as Low-Dose CT for lung cancer, need to be developed for patients with low health literacy and should focus on measuring "informed choice"

UNDERSTANDING THE ROLE OF THE PUBLIC IN REDUCING LOW-VALUE CARE: A SCOPING REVIEW

Emma E. Sypes, Chloe de Grood, Jeanna Parsons Leigh, Fiona M. Clement, Henry T. Stelfox, Daniel J. Niven

METHODS

Research Question: What is know about public involvement in initiatives to reduce aspects of healthcare considered to be low-value?

Sources of Evidence: Medline, CINAHL & Embase databases; Grey literature using the CADTH tool; reference lists of included studies; expert consultation

Inclusion Criteria: Articles that referred to public involvement in reducing low-value care

FINDINGS

151 articles included   77% published 2012-2018   65% original research

Level of public involvement	Number (%) of included articles	Examples of strategies for public involvement
Patient-clinician interaction	117 (77.5)	• Shared-decision making • Patient-oriented educational materials
Low-value care research	23 (15.2)	• Patient-reported outcomes for a de-adoption intervention • Including a patient advisor in the development of a Choosing Wisely list • Involving a patient advisor in a de-adoption intervention
Healthcare policy & administration	27 (17.9)	• Hospital involves a patient advisor in the implementation of Choosing Wisely suggestions • Public representatives in disinvestment decision-making

KEY POINTS

- Shared-decision making and patient-oriented educational materials were among the most cited and supported strategies for involving the public
- Researchers have engaged members of the public as advisors in the research process and included patient-reported outcomes when evaluating de-adoption interventions
- Members of the public have been involved in administrative and policy-level decision making but stakeholder support for this strategy is unclear

Are patients' beliefs and attitudes towards deprescribing predictive of deprescribing success?

Canadian Deprescribing Network

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THEME: Patient Engagement

BACKGROUND: Deprescribing requires an investment of time and resources in clinical practice. While >70% of Canadian seniors say they would be willing to deprescribe a medication if their doctor told them it was possible, identifying them in clinical practice remains difficult.

GOAL: To determine if deprescribing success can be predicted by patient completed questionnaires assessing:
- Patients' attitudes (Patients' Attitudes Towards Deprescribing (PATD))
- Patients' beliefs (Beliefs about Medicines Questionnaire (Specific section) (BMQ-Specific))

ACTIVITIES: This is a post-hoc secondary analysis of the D-PRESCRIBE trial. doi:10.1001/jama.2018.16131
- Community dwelling adults ≥65 years who were chronic users (≥3 months) of a benzodiazepine, first-generation antihistamine, long-acting sulfonylurea, or non-steroidal anti-inflammatory drug, were randomized to a pharmacist-led educational intervention or usual care.
- Baseline responses to the PATD and BMQ-Specific were collected.

Willingness to deprescribe at baseline and actual deprescribing at 6 months
- Continued at 6 months
- Successfully deprescribed at 6 months

ROC Curve
AUC = 0.627
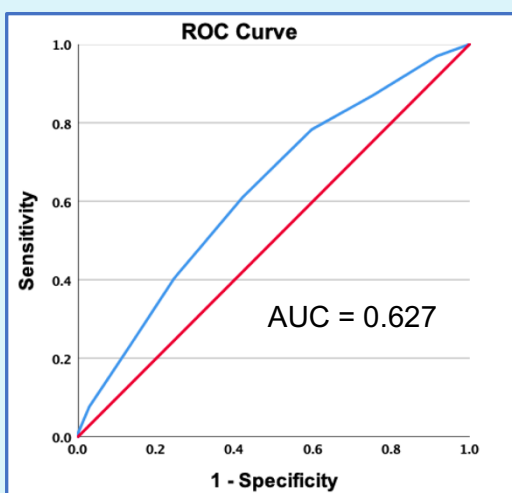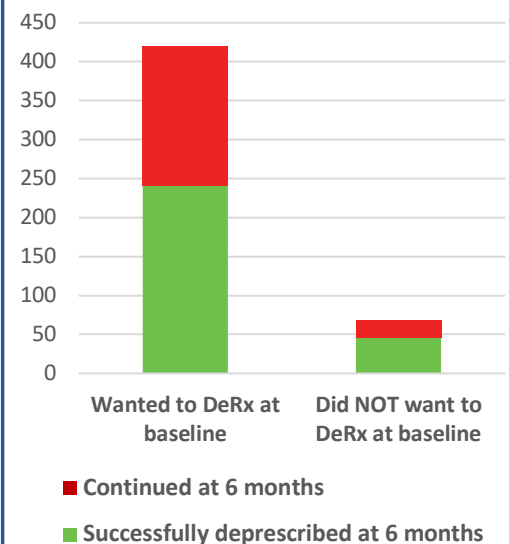
IMPACT: n=489, age=75±7 [66-96], ♀=66%
- Baseline willingness to deprescribe=86%
- Successful deprescribing at 6 months = 41% (Graph 1)
- 8 questions were associated with deprescribing
- **No PATD or BMQ-Specific question – either independently or in combination – could meaningfully distinguish success or failure of deprescribing attempts at 6-months (AUC<0.7)** (ROC Curve 1)

CHALLENGES: Current questionnaires do not include all critical domains relevant to deprescribing.

LESSONS LEARNED: Current tools assessing patient's attitudes and beliefs towards medication use and/or deprescribing have low predictive validity for successful deprescribing. All patients should be invited to trial deprescribing regardless of their initial attitudes and beliefs towards deprescribing.