



I'm a Germaphobe—Here's Why

■ LAUREL STOIMENOFF, PT, CHC

I started my career as a hypochondriac with my *Merck Manual* always at my fingertips for quick reference, but subsequently elected to simplify my phobias and narrowed it down to being a germaphobe.

This evolution occurred as I spent the bulk of my patient care years in the hospital setting. Each year I would go through my mandatory training on infection prevention, receiving instruction on the latest research and best practices. MRSA was the enemy and we were committed to its eradication. I dutifully washed my hands in accordance with policy and donned and doffed personal protective equipment where indicated. Taking the full dose of any prescribed antibiotics was routine, so I didn't risk hosting some superbug for life. Nonetheless, I was incredibly naïve about the looming crisis that would make even the non-germaphobe shudder. Antimicrobial resistance (AMR) is believed to be responsible for the deaths of over 700,000 people per year worldwide. That number is anticipated to grow exponentially, to a point where *Review on Antimicrobial Resistance* predicts, if unchecked, it will grow to 10 million deaths by 2050, exceeding the impact of cancer. Simple surgeries will be high risk, the disease state will be prolonged, and the financial ramifications will be devastating unless radical action is taken by medical and agricultural communities.

A Partnership is Forged

The Urgent Care Foundation, UCAOA's 501(c)3 organization, has partnered with the Antibiotic Resistance Action Center (ARAC) at George Washington University. ARAC secured a grant that is being shared with the Foundation. Recognizing that antibiotic stewardship and proper prescribing is a complex issue and that withholding antibiotics when they're not indicated can be a patient dissatisfier, ARAC is working with UCAOA to identify best practices without adversely impacting the patient experience.



Laurel Stoimenoff, PT, CHC, is Chief Executive Officer of the Urgent Care Association of America.

To that end, UCAOA collaborated with ARAC and released a position statement that states, in part, "To combat AMR, UCAOA will work with its members and constituents in the following four areas: 1) education and training, 2) clinical decision support, 3) antibiotic use data collection, and 4) evidence-based practice."

Urgent Care Under the Microscope

Top diagnoses in most non-occupational medicine-focused urgent care centers are highly relevant to antibiotic prescribing. This may be one reason UCAOA is fielding frequent calls suggesting ways we might partner to ensure industry-wide antibiotic stewardship. And I have yet to speak to a medical provider who does not lament the oft-protracted dialogue with the patient who is expecting antibiotics while other patients await care and the reception area is filling up.

That provider may be concerned about personal patient satisfaction scores, throughput time, and the fear that the patient who just paid a \$75 copayment and "is not leaving without a prescription" may be one who frequently posts reviews on Yelp. A recent survey by Demi & Cooper Advertising and DC Interactive Group revealed that 41% of people allow social media to impact their choice of a specific doctor, hospital, or medical facility.

While there are no data indicating that urgent care providers are more likely to prescribe antibiotics than those in any other medical setting, the boards of UCAOA, the College of Urgent Care Medicine, and the Urgent Care Foundation acknowledge that we have an obligation to do our part in thwarting the grim prognostications emanating from the CDC, the World Health Organization, and other venerable institutions.

Inappropriate prescribing in the medical community is only one piece of a very complex problem. We look forward to our ongoing partnership with ARAC and the urgent care community to influence change, educate our communities, and preserve patient confidence. Sean McNeeley, MD, network medical director of University Hospitals' Urgent Care in Cleveland and chair of the College of Urgent Care Medicine, summarized our responsibility nicely: "We want to do more than just our part in helping achieve this goal. *We want to lead the way.*" ■