

Our Finest Hour

■ JASMEET BHOGAL, MD and LAUREL STOIMENOFF, PT, CHC

As you are most likely aware, the Centers for Disease Control and Prevention published a retrospective analysis of antibiotic prescribing, comparing urgent care centers, retail clinics, emergency departments, and other practice settings. Using 4-year-old data, the CDC assigned the site where a prescription originated using only place-of-service codes, and determined the appropriateness of a pharmacy-dispensed antibiotic based on the ICD-9 code. The study indicated that urgent care centers were prescribing inappropriately at a higher percentage than the other three sectors.

The publication was released the same day representatives of the College of Urgent Care Medicine, the Urgent Care Association, urgent care clinical and operational stakeholders, EHR leadership, and payer representatives were attending a summit cosponsored by UCA, the CDC, and the Antibiotic Resistance Action Center (ARAC).

The story was picked up by a number of media outlets, with “urgent care” prominent in the headlines. But let’s look at the numbers more closely in order to maintain some perspective. Even if the prescribing percentage is a true reflection of the actual rate, based on a limited set of diagnoses urgent care centers would have been responsible for 201,000 unnecessary prescriptions compared to 1.6 million in the remaining groups.

While concerns were expressed about the methodology, all industry representatives agreed that urgent care medicine has an opportunity to be part of the solution and take a leadership role in appropriate antibiotic prescribing.

A Serious Threat

Since their initial use in the 1940s, antibiotics have alleviated tremendous suffering and have saved millions of lives. Many organizations, including the CDC and the World Health Organization, agree that antibiotic resistance has become an increasing problem over the ensuing decades. On the Antibiotic/ Antimicrobial Re-

“We must continue to provide the highest quality care...while helping providers and patients improve antibiotic prescribing and utilization.”

sistance page of its website, the CDC estimates that at least 2 million people become infected with bacteria that are resistant to antibiotics each year in the United States, and that at least 23,000 people die each year as a direct result of these infections.

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As we head to Houston for the UCA Fall Conference, it is appropriate that we remember the words of Apollo 13 Flight Director Gene Kranz. Overhearing others lamenting the likely fate of the mission, he rallies his team by saying “With all due respect sir, I believe this is going to be *our finest hour.*”

We have a responsibility to make this our finest hour. We need to each take responsibility in our area of influence to effect change. CUCM has created an Antibiotic Stewardship Toolkit, available on UCA’s website. The CDC also has a plethora of resources and training programs, and has committed to ongoing public education. UCA, the Urgent Care Foundation, and CUCM will apply additional energies toward educational and stewardship resources. We must continue to pursue the overarching goal of providing the highest quality care to our patients, while helping providers and patients in positively improving antibiotic prescribing and utilization practices.

The Foundation will cohost a stewardship summit in Houston immediately following our Fall Conference. During that summit, we will work toward clearly articulated, solution-focused deliverables.

Many organizations have made a stewardship commitment. They have demonstrated success and are willing to share how they brought about change. Collectively, we can and will make a difference. We will report back to the media and it will be our finest hour. In the interim, continue to make a difference providing exceptional healthcare to your communities. UCA will persevere to ensure that message remains at the forefront. See you in Houston! ■



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