# **Untapped Solutions to Expand Antibiotic Stewardship**

Can be as close as local pharmacies



As the harms and costs of antibiotic resistance continue to rise, community pharmacies offer **solutions** to help you address this growing problem.

# **PROTECT** YOUR MEMBERS **AGAINST**

**INAPPROPRIATE ANTIBIOTIC USE** 

### Did you know?

Nearly 30% of outpatient antibiotic use is inappropriate.1

#### **Antibiotic resistance is responsible for:**

2.8 Million **Infections** 

in the U.S. annually<sup>2</sup>

More than \$1 **Trillion Per Year** 

Attributable to antibiotic resistance by 2050 worldwide<sup>3</sup>

35,000 **Deaths** in the U.S. annually<sup>2</sup>

More than \$1,400 Per **Hospital Visit** 

Attributable to antibiotic resistance in the U.S.3



#### **Antibiotic Stewardship Impacts Plan Quality HEDIS Measures:**

Antibiotic Utilization for Respiratory Conditions (AXR) Appropriate Testing for Pharyngitis (CWP) Appropriate Treatment for Upper Respiratory Infection (URI) Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)



## **How Community Pharmacy Partnerships Enhance Antibiotic Stewardship**

Community pharmacy-based testing and treatment for common illnesses like COVID-19 and influenza can help direct appropriate therapy, avoid unnecessary antibiotics, and improve access to care at pharmacies. 4-6

> **Community pharmacy-based health and wellness programs** can promote improvements in overall patient health.7-10

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- 1. Hersh AL, King LM, Shapiro DJ, Hicks LA, Fleming-Dutra KE. Unnecessary Antibiotic Prescribing in US Ambulatory Care Settings, 2010-2015. Clin Infect Dis. 2021;72(1):133-137. doi:10.1093/cid/ciaa667
- 2. CDC. Antibiotic Resistance Threats in the United States, 2019. Atlanta, GA: U.S. Department of Health and Human Services, CDC
- 3. Dadgostar P. Antimicrobial Resistance: Implications and Costs. Infect Drug Resist. 2019;12:3903-3910. Published 2019 Dec 20. doi:10.2147/IDR.S234610
- 4. Hohmeier KC, McKeirnan K, Akers J, et al. Implementing community pharmacy-based influenza point-of-care test-and-treat under collaborative practice agreement. Implement Sci Commun. 2022;3(1):77. Published 2022 Jul 16. doi:10.1186/s43058-022-00324-z
- 5. Grabenstein JD. Essential services: Quantifying the contributions of America's pharmacists in COVID-19 clinical interventions. J Am Pharm Assoc (2003), 2022;62(6):1929-1945.e1. doi:10.1016/j.japh.2022.08.010
- 6. Koski RR, Klepser N, Koski M, Klepser M, Klepser D. Community pharmacist-provided test and treat programs for acute infectious conditions. J Am Coll Clin Pharm. 2023;6(9):1030-1040. 7. Prudencio J, Cutler T, Roberts S, Marin S, Wilson M. The Effect of Clinical Pharmacist-Led Comprehensive Medication Management on Chronic Disease State Goal Attainment in a Patient-Centered Medical Home. J Manag Care Spec Pharm. 2018;24(5):423-429. doi:10.18553/jmcp.2018.24.5.423
- 8. Ameer H, Jain SH. How pharmacists can help ensure that patients take their medicines. Harvard Business Review. Published online January 31, 2019.
- 9. Wehbi NK, Wani RJ, Klepser DG, Murry J, Khan AS. Impact of implementing a technology platform in community pharmacies to increase adult immunizations rates. Vaccine. 2019;37(1):56-60. doi:10.1016/j.vaccine.2018.11.043
- 10. CDC. Be Antibiotics Aware Partner Toolkit, 2023. Atlanta, GA: U.S. Department of Health and Human Services, CDC.