

Pay for performance programs cut antibiotic prescriptions at safety-net hospitals

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Real-world physician pay-for-performance (P4P) multicomponent

interventions are associated with a significant reduction in antibiotic prescriptions for acute respiratory tract infections (ARTIs) at safety-net hospitals, according to a study published online June 12 in the *American Journal of Managed Care*.

Richard K. Leuchter, M.D., from the David Geffen School of Medicine at University of California, Los Angeles (UCLA), and colleagues conducted a nonrandomized [intervention](#) at two large academic [safety-net hospitals](#): Los Angeles County+University of Southern California (LAC+USC) and Olive View-UCLA (OV-UCLA) to examine the effects of P4P-motivated interventions to reduce [antibiotic prescriptions](#). Five staggered Choosing Wisely-based interventions were launched in combination (audit and feedback, clinician education, suggested alternatives, procalcitonin, and public commitment) for safety-net patients with ARTIs.

The researchers found that the mean antibiotic prescribing rate decreased among 3,583 consecutive patients with ARTIs: from 35.9 to 22.9 percent at LAC+USC and from 48.7 to 27.3 percent at OV-UCLA after the intervention (adjusted odds ratios, 0.60 and 0.81, respectively). There were decreases in Healthcare Effectiveness Data and Information Set-inappropriate prescribing rates from 28.9 to 19.7 percent at LAC+USC and from 40.9 to 12.5 percent at OV-UCLA (adjusted odds ratios, 0.69 and 0.72, respectively). No evidence of unintended consequences was seen.

"This study provides real-world evidence that these types of behavioral interventions can reduce antibiotic overuse in less-well resourced patients without causing unintended harm such as decreased appropriate antibiotic use," Leuchter said in a statement.

More information: *American Journal of Managed Care* (2023). [www.ajmc.com/view/choosing-wis ... se-in-the-safety-net](http://www.ajmc.com/view/choosing-wis...se-in-the-safety-net)

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