

Antibiotic Stewardship: Practical Guidance for Oral Health Teams

CareQuest Institute Continuing Education Webinar

January 12, 2023

Housekeeping

- We will keep all lines muted to avoid background noise.
- We will send a copy of the slides and a link to the recording via email after the live program.
- We'll also make the slides and recording available on carequest.org.

To receive CE Credits:

- Look for the evaluation form, which we'll send via email within 24 hours.
- Complete the evaluation by **Friday, January 20**.
- Eligible participants will receive a certificate soon after via email.

We appreciate your feedback to help us improve future programs!

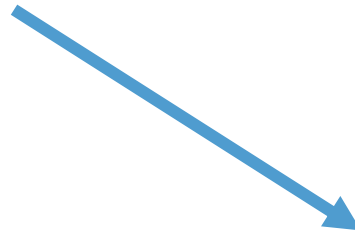


The CareQuest Institute for Oral Health is an ADA CER-P Recognized Provider. This presentation has been planned and implemented in accordance with the standards of the ADA CER-P.

*Full disclosures available upon request

Question & Answer Logistics

- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

A screenshot of a 'Question and Answer' box interface. The window has a title bar with a blue icon and the text 'Question and Answer'. Inside the window, the text 'Welcome' is centered, followed by 'Feel free to ask the host and panelists questions'. At the bottom, there is a text input field with the placeholder text 'Type your question here...'. The window has standard minimize, maximize, and close buttons in the top right corner.

Learning Objectives

At the end of this webinar, you'll be able to:

- Describe antibiotic prescribing by dentists in the United States.
- Identify the risks of antibiotic prescribing for dental indications and what tools are available for clinicians to aid prescribing.
- Discuss the implementation and practice of antibiotic stewardship in dentistry.
- Assess the impact of stewardship on appropriate antibiotic use and patient safety.

Our Strategy

Vision

A future where every person can reach their full potential through optimal health

Mission

To improve the oral health of all

Purpose

To catalyze the future of health through oral health



Antibiotic Stewardship: Practical Guidance for Oral Health Teams



WEBINAR | Thursday, January 12, 2023 | 1–2 p.m. ET | ADA CERP Credits: 1

MODERATOR



Frances Kim, DDS, MPH, DrPH
Executive Director, American
Association of Public Health
Dentistry

PRESENTER



Erinne Kennedy DMD, MPH, MMSc
Director of Pre-doctoral Education,
College of Dental Medicine,
Kansas City University

PRESENTER



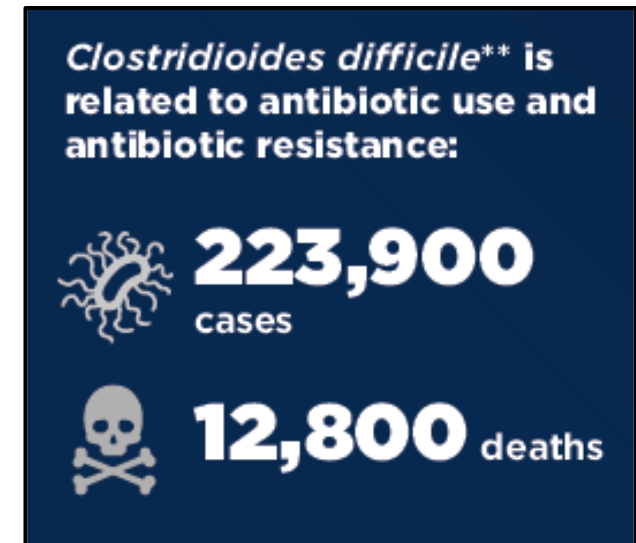
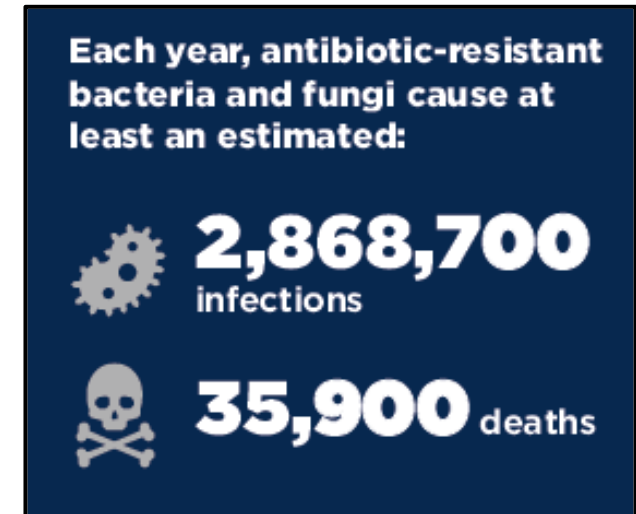
Katie J. Suda, PharmD, MS
Professor of Medicine, Center
for Research on Health Care,
University of Pittsburgh

Why is Antibiotic Stewardship Needed in Dentistry?

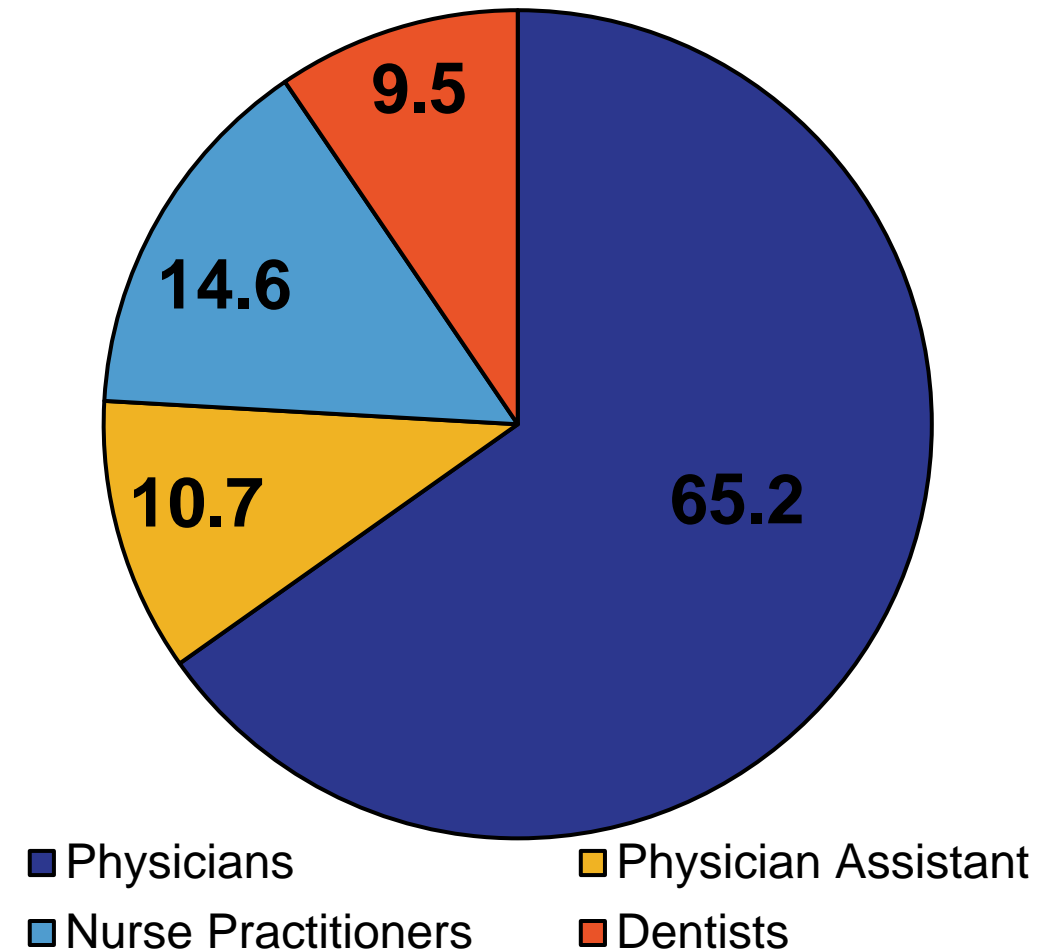
Dr. Katie J. Suda
January 12, 2023

Antibiotics Are Not “SAFE” Drugs

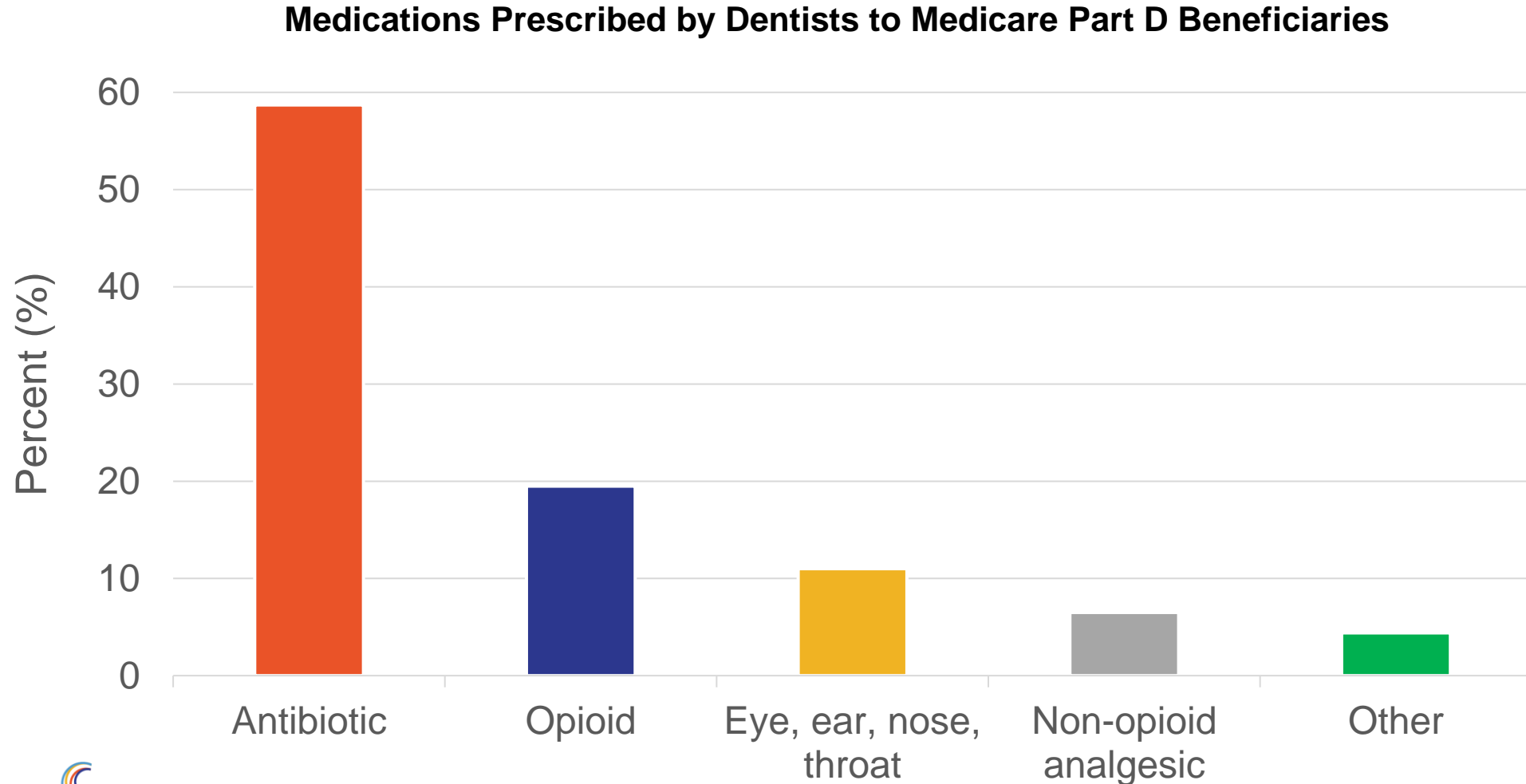
- **Leading factor** in the emergence of bacterial resistance and *C. difficile* infection
- Antibacterial drug development is **limited**
- **Primary** reason for ED visits



Dentists
prescribe **1** out
of every **10**
antibiotics
in the US



What Do Dentists Prescribe?



How Do Medical Clinicians and Dentists Compare?

VA MEDICAL CLINICIANS



Lower antibiotic prescribing rates

VA DENTISTS



Higher antibiotic prescribing rates

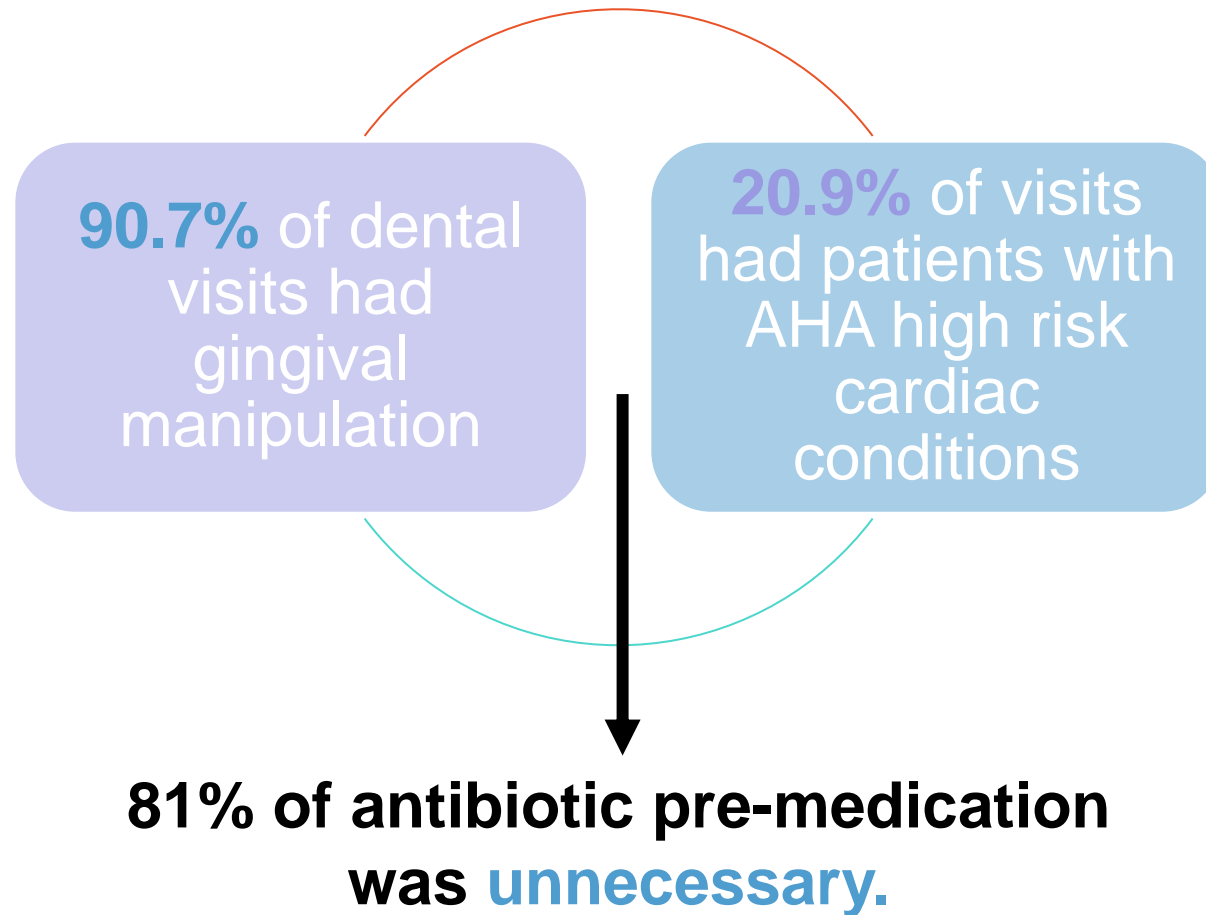
Dentists Prescribe Differently than Medical Clinicians . . .

As compared to other medical clinicians, dentists prescribe:

- Penicillins most frequently
- **Fewer** broad-spectrum antibiotics
- Clindamycin **more** frequently
- **More** antibiotics for preventative reasons

Dentists are pressured to prescribe antibiotics by patients and **medical clinicians**

Dentists Overprescribe Antibiotic Pre-Medication



Antibiotics for Acute Oral Infections in Veterans

Infection	Guideline Concordant	Guideline Discordant
Irreversible Pulpitis† (n=385,040)	88.3% (339,800)	11.7% (45,240)
Apical periodontitis† (n=33,938)	82.6% (28,016)	17.4% (5922)

†Guideline concordance = Antibiotic not prescribed

Infection	Antibiotic Prescribed	No antibiotic Prescribed
Acute apical abscess‡ (n=51,061)	27.7% (14,121)	72.3% (36,940)

‡Guideline concordance not assessed (systemic symptoms difficult to assess in administrative data)

- **40% of antibiotics exceed 7 days**

- **First-line agents were most frequently prescribed**

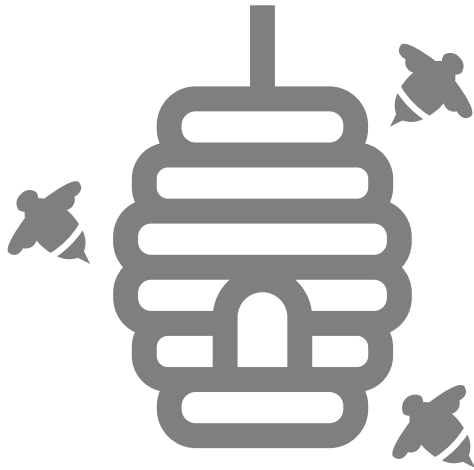
Medical Clinicians Also Overprescribe Antibiotics . . .

1 in 3 antibiotics in
primary medical clinics
are unnecessary

>50% of antibiotics are
inappropriately selected

>70% of acute
bronchitis visits receive
an antibiotic

Adverse events are associated with antibiotics prescribed by dentists and for oral indications



Allergic Reactions



Emergency Department Visits



***C. difficile* Infection**

Antibiotic Stewardship in Action

Dr. Erinne Kennedy
January 12, 2023



**“What can we do
tomorrow?”**

Imagine we . . .

Core Elements of a Stewardship Program

1. Core Elements of Hospital Antibiotic Stewardship Programs
2. **Core Elements of Outpatient Antibiotic Stewardship**
3. Core Elements of Antibiotic Stewardship for Nursing Homes
4. Core Elements of Human Antibiotic Stewardship Programs in Resource-Limited Settings



Challenges in Implementing CDC Core Elements in a Private Practice Dental Setting

Difficulty to connect and observe adverse events in private practice

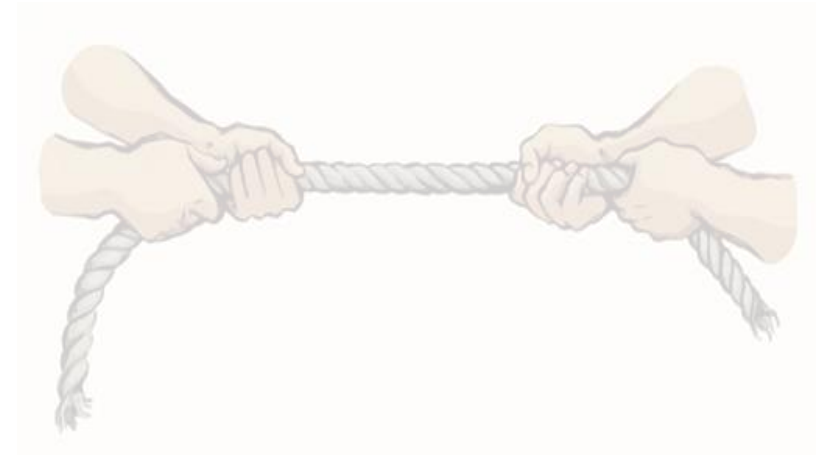
Lack of integration of electronic health records making tracking difficult

Opportunities for more national dental guidelines for specific dental conditions

Missing centralized department implementing the program or champion

Time

Clinical decision-making resources/support are often associated with larger health systems



Step 1: Make a Commitment

- ❑ Define antibiotic stewardship and make a commitment as a practice.
- ❑ Print custom posters for your office, one for each operatory and waiting area, and hang up as a team!
- ❑ Update office website, send out a newsletter to patients, or use social media!
- ❑ Identify a team member that will serve as the “stewardship champion.”

Recommendations for using antibiotics in dentistry have changed

Many patients with heart conditions or prosthetic joints no longer require antibiotics before procedures

Dear Patient,

I want to give you some important information about antibiotics:

Antibiotics can save lives but they only work on bacteria, not viruses or any other type of germs.

If you take antibiotics when you don't really need them, they can cause more harm than good

- ✓ You can get diarrhea, rashes or yeast infections
- ✓ Antibiotics may NOT work when you need them
antibiotics make bacteria more resistant to them, this can make future infections harder to treat

As a patient:

- Do not pressure your dentist to give you an antibiotic when antibiotics are not necessary
- Ask how some oral infections can be treated without antibiotics
- Tell your dentist if you have had any serious side effects or allergic reactions to antibiotics in the past
- Ask your dentist if a shorter duration of antibiotics is appropriate

As your dental provider, I promise to give you the best care possible

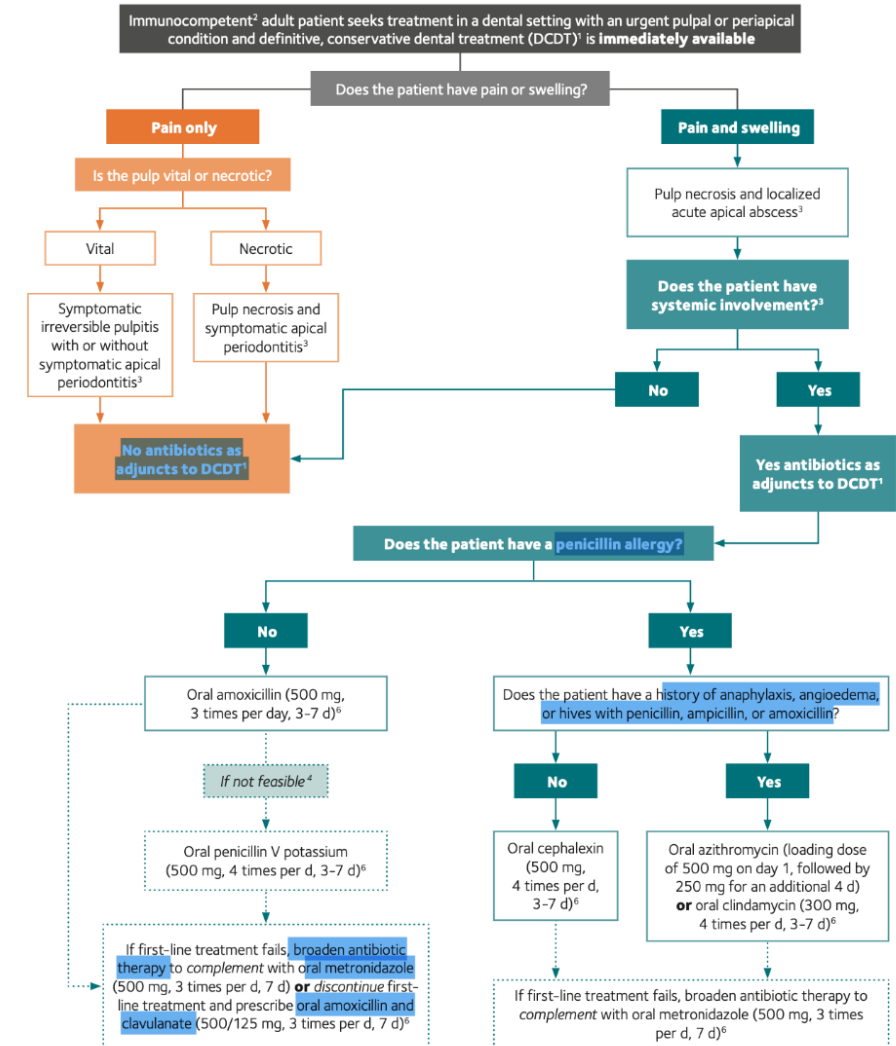
I am dedicated to avoiding prescribing antibiotics when they are likely to do more harm than good

Please feel free to ask me if you have any questions

Step 2: Act

- ☐ Place chairside guides in each operatory (prophylaxis & tooth pain and swelling).
- ☐ Diagnose, apply guidelines.
- ☐ Use delayed prescribing or watchful waiting.
- ☐ Participate in team decisions on difficult cases (Ex. study clubs, in-office team decision making, interdisciplinary care).

Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling: A Report from the American Dental Association



See footnotes on opposite side.

Resources: OSAP.org

Working with OSAP and CDC to create patient-facing and public-facing tools with up-to-date information!

Prescribers

Dental Team

Policymakers

Patients



Policy Statement: Antibiotic Stewardship



Association of State and Territorial Dental Directors

Policy Statement: Promoting Antibiotic Stewardship in Dentistry
Adopted: April 2020

Problem

Medical-dental integration has been a priority in public health since the release of the Surgeon General's Report, *Oral Health in America*, in 2000. Treating oral infections is often an interdisciplinary effort involving infectious disease and physicians.¹

Antimicrobial stewardship is and practices that result in sound stewardship practices improved clinical outcomes, of antibiotics.^{3,4}

In the United States between prescriptions, a significant c habits by dentists in the U.S. Control and Prevention (CD medical clinics are unnecess

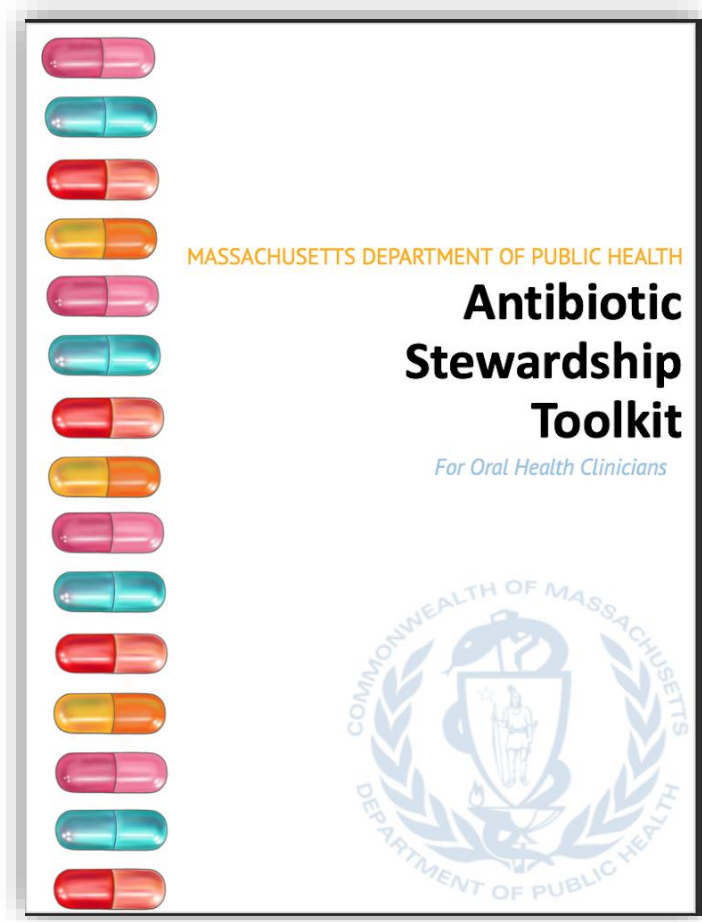
Concluding Statement

ASTDD supports adopting antibiotic stewardship strategies in oral health care at the state and territorial levels through encouraging healthcare provider and public education, resource development, and prescription monitoring. State and territorial oral health programs (S/TOHPs) can encourage healthcare providers to better understand their own prescribing trends through regular self-monitoring and evaluation of their prescribing practices and processes. In turn, this can lead to safer treatment planning and lower the risk of antibiotic resistance.⁴⁷ S/TOHPs can play a critical role in interdisciplinary collaborations to develop and implement effective ways to engage healthcare providers to create change and protect the public.

Although the lifesaving benefit of using antibiotics is well-documented, the use of antibiotics is not without risk. One common myth in stewardship is that the misuse of antibiotics is a threat only at the population level. However, antibiotics have the potential to cause a range of adverse reactions for individuals, from mild rashes to life-threatening opportunistic infections ("superinfections").^{4,8,9}

<https://www.astdd.org/dental-public-health-policy-committee/>

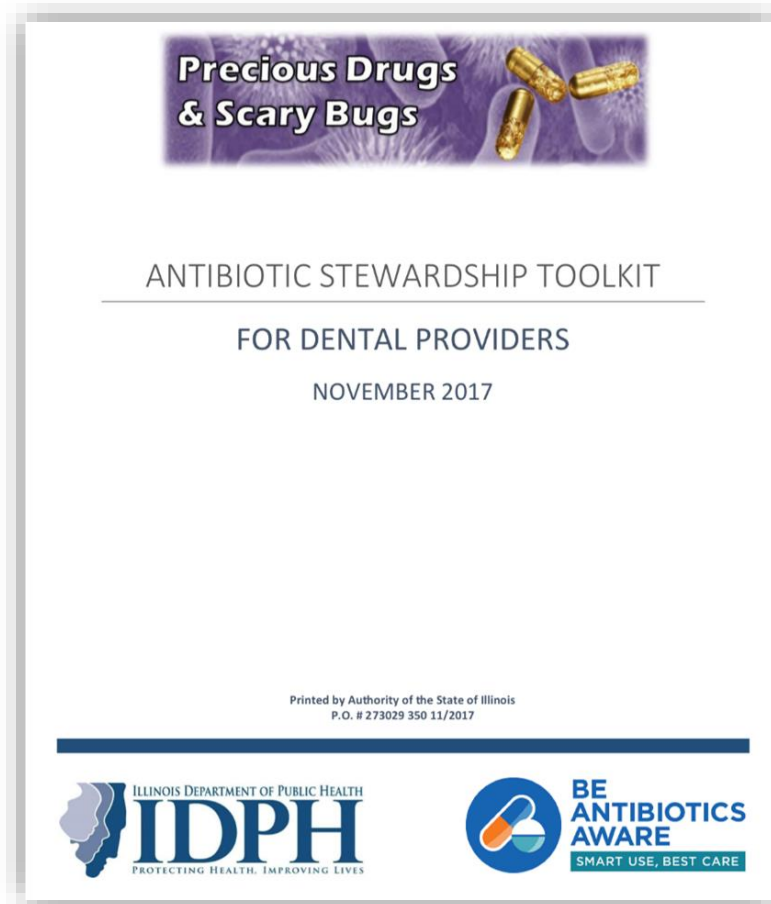
State Resources: Massachusetts



- ✓ Custom education or “commitment posters”
- ✓ Sample job descriptions
- ✓ Case vignettes
- ✓ Self-audit forms

State Resources: Illinois

Illinois



- ✓ “Make a Commitment” custom posters
- ✓ Communication module
- ✓ Provider survey
- ✓ Downloadable resources

State Resources: Minnesota

- ✓ Web-based resources (PPT, PDF)
- ✓ State surveillance and survey data
- ✓ Downloadable resources

Minnesota

Minnesota Department of Health

Dental providers

I made a commitment to responsible antibiotic prescribing!

This poster is for dental providers who have made a commitment to responsible antibiotic prescribing. Download this template, add your photo, and post it in your office.

[Sample poster: responsible antibiotic prescribing \(PDF\)](#)
View this sample

DENTISTS ARE ANTIBIOTIC STEWARDS!
I pledge to preserve the power of antibiotics.

This poster is for dental providers who want to show their commitment to responsible antibiotic prescribing. Download this template, fill in your information, and post it in your office.

[Sample poster: DENTISTS ARE ANTIBIOTIC STEWARDS! \(PPT\)](#)
[Sample poster: DENTISTS ARE ANTIBIOTIC STEWARDS! \(PDF\)](#)
View this sample

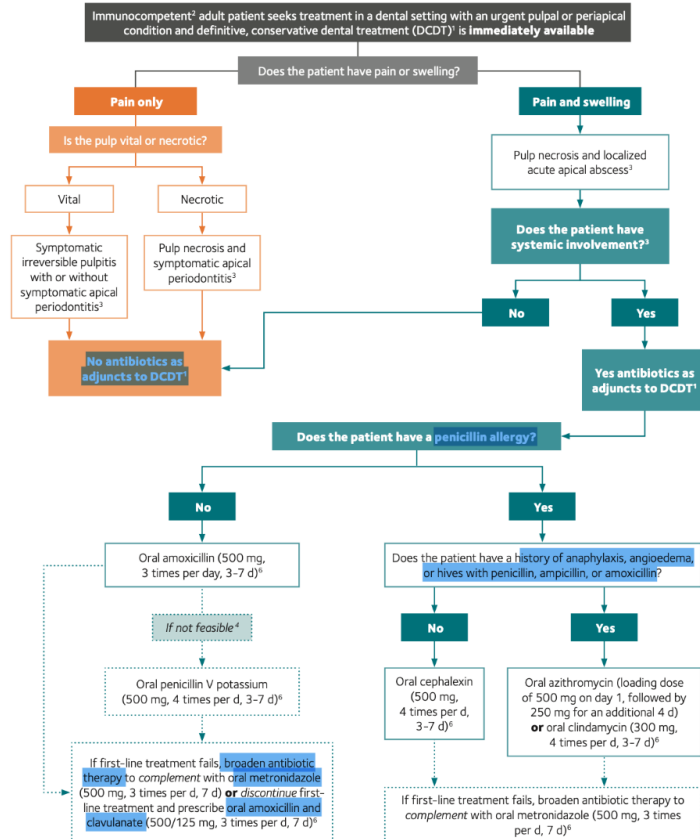
Our Dental Clinic
is committed to using antibiotics responsibly!

This poster is for dental organizations who want to show their commitment to responsible antibiotic stewardship. Download this template, fill in your organization's information, and post it in your office.

[Sample poster: Our Dental Clinic is committed to using antibiotics responsibly! \(PPT\)](#)
[Sample poster: Our Dental Clinic is committed to using antibiotics responsibly! \(PDF\)](#)
View this sample

Resources

Evidence-Based Clinical Practice Guideline on Antibiotic Use for the Urgent Management of Pulpal- and Periapical-Related Dental Pain and Intraoral Swelling: A Report from the American Dental Association



WAIT!

Don't have your antibiotic prescription filled yet!

Your dentist believes that your dental pain and swelling may get better without antibiotics.

Waiting to see if you really need an antibiotic can help you take antibiotics **ONLY** when needed.



If you feel better and your pain is improving, you do NOT need to fill the antibiotic prescription.

If you do not feel better in _____ days, get your prescription filled.

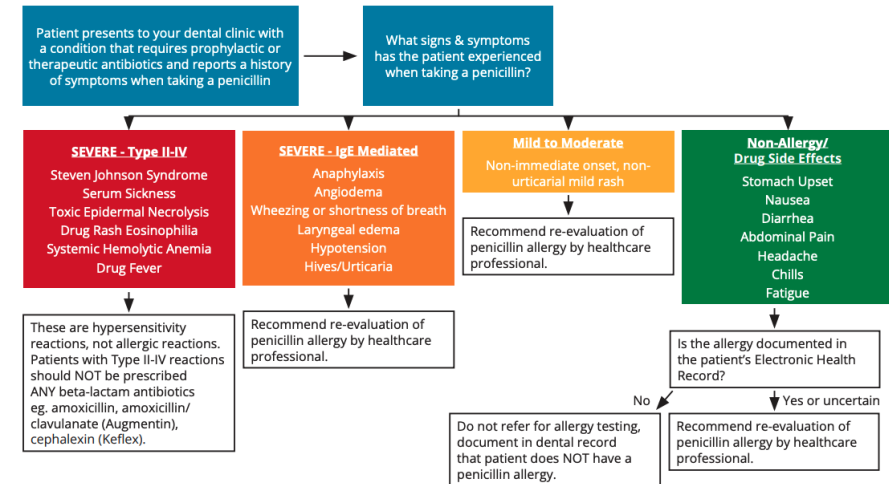
If you fill your antibiotic prescription, you should STOP taking it 24 hours after your pain gets better. Contact your primary care provider if you have diarrhea with 3 or more loose stools/day.

Contact your dentist at _____ if:

- Your pain and swelling get worse
- Your pain and swelling do NOT improve in 2-3 days
- You have any questions about these instructions

You should not save any unused medicines.

For directions on disposing unused medicines, visit: <https://www.michigan.gov/deqdrugdisposal>.



*References for antibiotic choices and dosing:

For management of oral pain and swelling: <https://ebd.ada.org/en/evidence/guidelines/antibiotics-for-dental-pain-and-swelling>

For prophylaxis: https://aoos.webauthor.com/go/auc/terms.cfm?actionxm=Terms&auc_id=224965

Step 3: Feedback and Monitoring

Pros

- Empowers leadership
- Compares prescribing patterns
- Personalized feedback

Cons


- Adaptability to private practice
- Costly
- Might require team of experts

Establishing a Sustainable System of Monitoring

Core Elements of Sustainable Monitoring

- Checklists:
 - *Clinician*
 - *Health care facility*
- Adaptable baseline assessment for each individual and teams (offices)
- Review progress in expanding stewardship activities

Checklist for Antibiotic Prescribing in Dentistry



Pretreatment

- Correctly diagnose an oral bacterial infection.
- Consider therapeutic management interventions, which may be sufficient to control a localized oral bacterial infection.
- Weigh potential benefits and risks (i.e., toxicity, allergy, adverse effects, *Clostridium difficile* infection) of antibiotics before prescribing.
- Prescribe antibiotics only for patients of record and only for bacterial infections you have been trained to treat. **Do not** prescribe antibiotics for oral viral infections, fungal infections, or ulcerations related to trauma or aphthae.
- Implement national antibiotic prophylaxis recommendations for the medical concerns for which guidelines exist (e.g., cardiac defects).
- Assess patients' medical history and conditions, pregnancy status, drug allergies, and potential for drug-drug interactions and adverse events, any of which may impact antibiotic selection.

Prescribing

- Ensure evidence-based antibiotic references are readily available during patient visits. **Avoid** prescribing based on non-evidence-based historical practices, patient demand, convenience, or pressure from colleagues.
- Make and document the diagnosis, treatment steps, and rationale for antibiotic use (if prescribed) in the patient chart.
- Prescribe only when clinical signs and symptoms of a bacterial infection suggest systemic immune response, such as fever or malaise along with local oral swelling.
- Revise empiric antibiotic regimens on the basis of patient progress and, if needed, culture results.
- Use the most targeted (narrow-spectrum) antibiotic for the shortest duration possible (2-3 days after the clinical signs and symptoms subside) for otherwise healthy patients.
- Discuss antibiotic use and prescribing protocols with referring specialists.


Patient Education

- Educate your patients to take antibiotics exactly as prescribed, take antibiotics prescribed only for them, and not to save antibiotics for future illness.

Staff Education

- Ensure staff members are trained in order to improve the probability of patient adherence to antibiotic prescriptions.

National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



CDDE7105-1

Track and Report

- Review a sample of your own patient cases per quarter where you do and do not prescribe antibiotics to evaluate your prescribing patterns.
- Implement question below as fields in a note template.

Antibiotic Stewardship Chart Audit Tool									
Reviewer Name:		Reviewed from Date to Date:							
Clinician Name:		Date of Review:							
<p>Instructions: This Antibiotic Stewardship QA Tool can be used by clinicians to self-audit or to use an audit tool among clinicians. For each of the Criteria below write 0 for "Yes", 1 for "No", "NA" for not applicable, or "S" for See Comments. Any "S" indications that require notes, reflections, or suggestions can be explained in the "Comments" section. When the review and any resolutions are completed, this chart QA tool will be signed and dated by the QA Reviewer and filed within the Quality Management binder. 3 Selection Options: 1) Select 10 cases at random to evaluate when you are prescribing antibiotics. 2) Select 10 cases where you prescribed prophylaxis and review your evidence-based practice. 3) Select 10 dental emergency cases to evaluate when you are prescribing antibiotics</p> <p>Note: Other indicators or criteria may be added as determined by site staff.</p>									
Antibiotic Stewardship Chart Review Section I									
Indicator(s)	Chart #	Criteria	Date of Treatment						
Informed Consent & Medical History		Is a thorough and up-to-date medical history documented? *							
		Was a history of recent medical or dental treatment that required antibiotics documented?							
		Was an intraoral/extra, hard and soft tissue oral examination completed?							
Diagnosis		Were appropriate radiographs obtained?							
		Was full endodontic testing of affected teeth completed? (including percussion, palpation, probing depths, cold or heat test, and electronic pulp testing)							
		Was a conclusive diagnosis reached?							
Indication for Antibiotic Use		Please check any of the following common symptoms that suggest an antibiotic was warranted:							
		Prophylaxis due to Joint Replacement							
		Prophylaxis due to Cardiac Condition							
		Prophylaxis due to Other Condition (Write in your Post – Audit Notes)							
		Prophylaxis due to Surgical Procedure							
		Localized fluctuant swelling							
		Gross or diffuse swelling							
		Elevated Temperature							
		Fatigue or Malaise							
		Unable to remove drain or source of infection							
		Uncertainty of Diagnosis							
		Delayed Treatment or Specialty Referral							
	Patient Expectation								
	Other								

Revised 2/6/2019 Page 1 of 2

Antibiotic Stewardship Chart Audit Tool									
Treatment	Was a clinical intervention rendered?								
	If not, did the patient need to be referred to a specialist?								
	Were antibiotics prescribed as an adjunct to definitive treatment?								
	Were antibiotics prescribed as palliative treatment?								
	Did the condition resolve?								
Stewardship Review	If necessary, was the referral completed?								
	After reviewing the case and the guidelines, did you prescribe an antibiotic appropriately?								
	Was the correct drug prescribed for the diagnosed condition based on the current guidelines?								
	Was the dose of the antibiotic prescription appropriate?								
	Was the duration of the antibiotic prescription appropriate?								
	Was the frequency of the antibiotic prescription appropriate?								

Antibiotic Stewardship Chart Review Section II		
Charts with a "0" or "S":	Notes	Date Reviewed or Resolved

Quality Assurance Review Completion: _____ Date: _____
Signature of Person Performing QA Review

Revised 2/6/2019 Page 2 of 2

Antibiotic Stewardship Chart Audit Tool

Reviewer Name:		Reviewed from Date to Date:	January 1 – March 31, 2019
Clinician Name:	Erinne Kennedy	Date of Review:	April 5th, 2019
<p>Instructions: This Antibiotic Stewardship QA Tool can be used by clinicians to self-audit or to use an audit tool among clinicians. For each of the Criteria below write ✓ for “Yes”, 0 for “No”, “NA” for not applicable, or “S” for See Comments. Any “S” indications that require notes, reflections, or suggestions can be explained in the “Comments” section. When the review and any resolutions are completed, this chart QA tool will be signed and dated by the QA Reviewer and filed within the Quality Management binder. 3 Selection Options: 1) Select 10 cases at random to evaluate when you are prescribing antibiotics. 2) Select 10 cases where you prescribed prophylaxis and review your evidence-based practice. 3) Select 10 dental emergency cases to evaluate when you are prescribing antibiotics</p> <p>Note: Other indicators or criteria may be added as determined by site staff.</p>			
Antibiotic Stewardship Chart Review Section I			
Indicator(s)	Chart #	X385	X386
	Criteria	4/5	4/ 5
Informed Consent & Medical History	Is a thorough and up-to-date medical history documented? *	✓	0
	Was a history of recent medical or dental treatment that required antibiotics documented?	✓	0
Diagnosis	Was an Intraoral/extra, hard and soft tissue oral examination completed?	✓	✓
	Were appropriate radiographs obtained?	0 / S	✓
	Was full endodontic testing of affected teeth completed? (including percussion, palpation, probing depths, cold or heat test, and electronic pulp testing)	NA	✓
	Was a conclusive diagnosis reached?	✓	S
Indication for Antibiotic Use	Please check any of the following common symptoms that suggest an antibiotic was warranted:		
	Prophylaxis due to Joint Replacement		
	Prophylaxis due to Cardiac Condition	✓	
	Prophylaxis due to Other Condition (Write in your Post – Audit Notes)		
	Prophylaxis due to Surgical Procedure		
	Localized fluctuant swelling		
	Gross or diffuse swelling		
	Elevated Temperature		
	Fatigue or Malaise		
	Unable to remove drain or source of infection		
	Uncertainty of Diagnosis		
	Delayed Treatment or Specialty Referral		
	Patient Expectation		
	Other		✓

Antibiotic Stewardship Chart Audit Tool

Treatment	Was a clinical intervention rendered?	✓	○								
	If not, did the patient need to be referred to a specialist?		○								
	Were antibiotics prescribed as an adjunct to definitive treatment?		NA								
	Were antibiotics prescribed as palliative treatment?		○								
	Did the condition resolve?										
	If necessary, was the referral completed?										
Stewardship Review	After reviewing the case and the guidelines, did you prescribe an antibiotic appropriately?	✓	○								
	Was the correct drug prescribed for the diagnosed condition based on the current guidelines?	✓	○								
	Was the dose of the antibiotic prescription appropriate?	✓	○								
	Was the duration of the antibiotic prescription appropriate?	✓	✓								
	Was the frequency of the antibiotic prescription appropriate?	✓	✓								

Antibiotic Stewardship Chart Review Section II

Charts with a "O" or "S":	Notes	Recommendation if Any	Date Reviewed or Resolved
X385	New patient presented and had previous radiographs that were taken last week at another office, waiting on transfer prior to taking radiographs.	None	4/5/2019
X386	Patient did not have up to date medical history, align diagnosis (irreversible pulpitis and SAP) with prescribing, offer definitive treatment options, incorrect antibiotic given to patient is allergic, incorrect dose was give (adult vs pediatric dose)	Slow down long enough to take an updated medical history, align prescribing with evidence, double check or have a staff double check prescription prior to distribution	

Quality Assurance Review Completion: _____ Date: _____
 Signature of Person Performing QA Review

**WHERE'S
WALDO?**

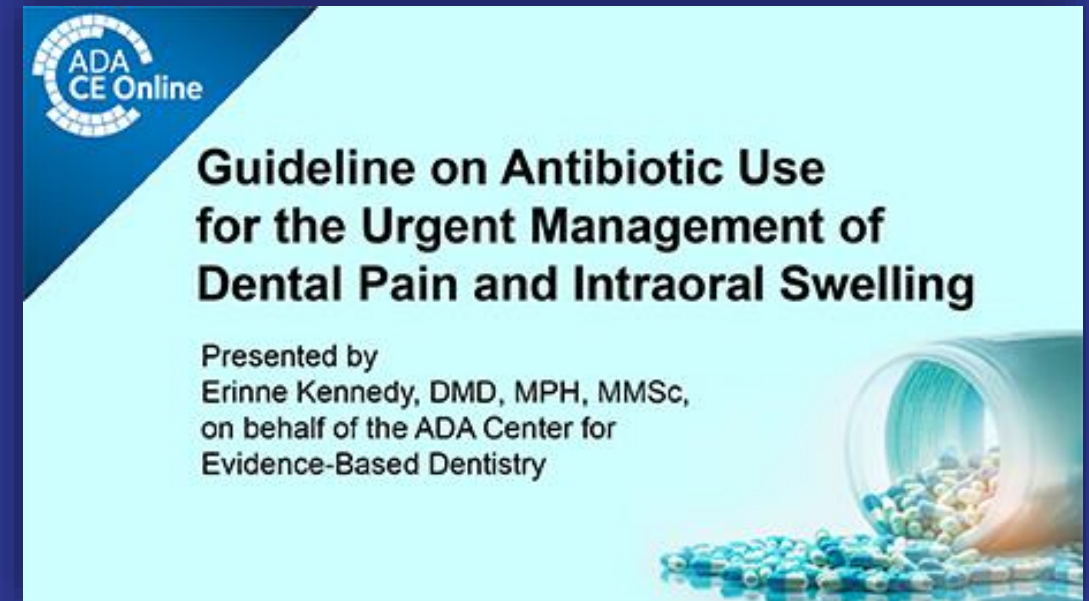


What Are You Looking For?

- **What are your prescribing patterns?**
- **Are you over prescribing? Or are you under prescribing?**
- **Do you have missing data in your patient charts?**
- **Can you adapt your patient chart to easily collect missing data?**
- **Is there a CE course, guideline, or peer reviewed resource that could aid your decision making?**
- **Are there clinicians pressuring you? Could you have a 1:1 conversation?**

Step 4: Education and Training

- ☐ Take a CE course in antibiotic prescribing.
- ☐ Sign up team members interested in learning more about antibiotic stewardship.
- ☐ Provide a summary at your next team meeting.
- ☐ Order brochures for your office, and place in operatories for patients.
- ☐ Add videos to patient iPads or waiting room communication tools.



Education: Patient Education Points

Your doctor will weigh the risks vs. benefits of antibiotics.

Antibiotics do not treat viruses.

An antibiotic will not help you feel better if you have a virus.

Certain infections caused by bacteria can get better without antibiotics.

When antibiotics aren't needed, they won't help you and the side effects may cause harm.

Taking antibiotics can contribute to the development of antibiotic resistance.

Take antibiotics exactly as prescribed.

Talk to your health care professional if you develop any side effects.

Do your best to stay healthy and keep others healthy.

How can you Be Antibiotics Aware at the dentist?

- Talk to your dentist about when antibiotics are and are not needed as part of your dental care.
- Take your antibiotics exactly as prescribed by your dentist.
- Follow up with your dentist if you experience any side effects or allergic reactions.

How can you keep your mouth healthy?

- Drink fluoridated water and brush your teeth twice a day with fluoride toothpaste.
- Floss daily between teeth to remove dental plaque.
- Visit your dentist at least once a year, even if you have no natural teeth or have dentures.
- Do not use any tobacco products. Smoking causes immediate damage to your body, which can lead to long-term health problems. The only way to protect yourself from harm is to never smoke, and if you do smoke or use tobacco products, quit.

Do You Need Antibiotics From Your Dentist?

Improving antibiotic use in dental care will keep you healthy now, help prevent side effects, and help fight antibiotic resistance.

To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use or call 1-800-CDC-INFO.

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

CDC

CS32741A

Education: Patient Education

Resources for the Guideline on Antibiotic Use for Dental Pain and Intra-oral Swelling

- [MouthHealthy](#): "Will antibiotics help treat my dental pain?"
- [For the Patient](#): "Using antibiotics wisely"
- [Video](#): "Why your dentist might not prescribe antibiotics"
- [Video](#): "Su Dentista Podría No Recetarle Antibióticos"









Erinne Kennedy, DMD, MPH, MMSc
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College of Dental Medicine
Kansas City University
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Stewardship Works in Dentistry

Dr. Katie J. Suda
January 12, 2023

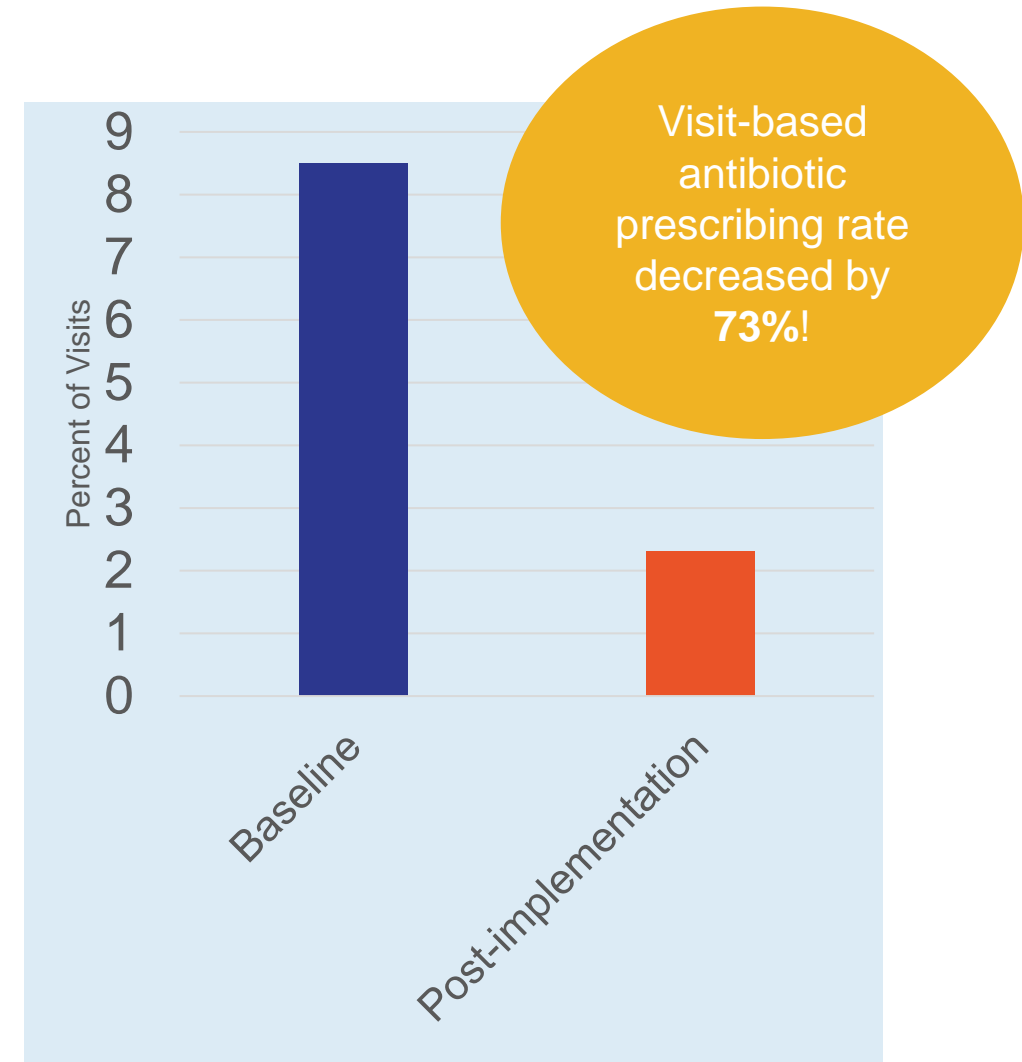


Overall Impact of Antibiotic Stewardship in Health Care Settings

	Increase good patient outcomes
	Decrease antibiotic resistance
	Decrease <i>C. difficile</i> infections
	Decrease costs

Antibiotic Stewardship Works in Academic Dentistry!

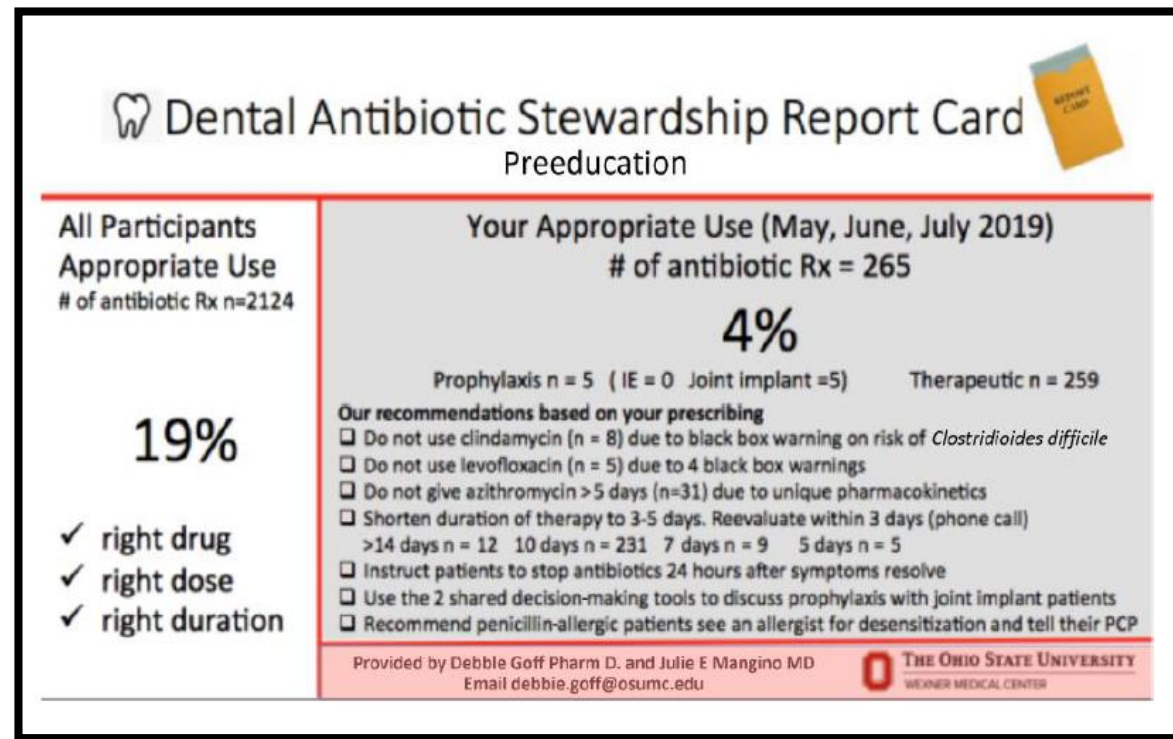
- **Commitment:** Appointed leader, inclusion in strategic plan
- **Education and expertise:** Infectious disease, oral surgeon, multi-modal education, “nudge” posters
- **Action for policy and practice:** Local guidelines, decision flowchart
- **Tracking and reporting:** Peer comparison



Antibiotic Stewardship Works in Private Practice!

3 phases of educational sessions with weekly audit and prescribing feedback for 3 months

Appropriate
prescribing
increased from
19% to 88%



Antibiotic
duration
decreased from
7.7 to 5.1 days

International Examples of Antibiotic Stewardship Strategies in Dentistry

- Audit and feedback (Scotland; N=1988 dentists)
 - 6% decrease in antibiotic prescribing
- Self prescribing audits (England; N=175; N=212 dentists)
 - >40% decrease in antibiotic prescribing
 - Improvement in guideline-concordant prescribing
- Education & online prescribing tool (Australia; N=26 dentists)
 - 44% decrease in antibiotic prescribing
 - Improvement in antibiotic selection and analgesic prescribing

Antibiotic Stewardship Is Supported by Dentistry and Federal Organizations



US Dentists Prescribe Antibiotics Most Frequently . . .



*p<0.0001

. . . With Similar Oral Health

What Actions Can Dentists Take Today to Preserve Antibiotics in Our Communities?



Avoid prescribing:

- Clindamycin for prophylaxis
- Clindamycin in penicillin allergic
- Prosthetic joint pre-medication
- “Just in case” antibiotics



Minimize durations:

- Avoid prescribing antibiotics for extended durations; 3-5 days should be sufficient
- Only prescribe antibiotic prophylaxis for a single appointment



Provide expertise:

- **Educate** medical clinicians on appropriate indications for antibiotic prophylaxis
- Be a **resource** for ED and urgent care clinicians



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Question and Answer

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Missed Connections
Providers and Consumers Want
More Medical-Dental Integration

Oral health and overall health are inextricably linked. There is mounting evidence to suggest that poor oral health is related to a variety of chronic health conditions, such as high blood pressure, dementia, diabetes, and obesity. Despite this known connection, dental care is still largely siloed from medical care. The Centers for Disease Control and Prevention (CDC) estimates that integrating basic health screenings into a dental setting could save the health care system up to \$100 million every year.¹

CareQuest Institute for Oral Health conducted a nationally representative survey in January and February 2021 to assess consumers' perspectives on oral and overall health (n=5,320). CareQuest Institute also conducted a nationwide survey of oral health providers to assess perspectives and current behaviors related to interprofessional practice (n=377). Consumers and oral health providers described a lack of integration between medical and oral health care, and a desire for increased interprofessional collaboration.

Key Findings:
Medical-dental collaboration is currently uncommon.

63% of consumers report that their primary medical doctor "rarely" or "never" asks about their oral health.

33% of consumers report that their oral health provider "rarely" or "never" asks about their overall health.

45% of responding oral health providers report "rarely" integrating their care with clinicians outside of dentistry, with only 14% reporting it is part of their "daily" practice.

- Less than a third of consumers report receiving general health screenings from their oral health provider.
- A majority (89%) of adults report never receiving a referral from their oral health provider to a non-oral health professional.
- Almost a fourth (24%) of participating oral health providers report currently implementing interprofessional practice.

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Webinar Evaluation

Complete the **evaluation by Friday, January 20** to receive CE credit. You will receive a link to the survey within 24 hours.

Next Webinar:

January 26: Understanding and Providing Trauma-Informed Oral Health Care at 7–8 p.m. ET

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