



June 22, 2016

Bruce Gellin, MD, MPH, Deputy Assistant Secretary for Health
Presidential Advisory Council on Combating Antibiotic Resistant Bacteria
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Gellin:

On behalf of the American Academy of Family Physicians (AAFP), which represents 124,900 family physicians and medical students across the country, I am responding to the [request for information](#) (RFI) by the Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (the Advisory Council) as published in the May 23, 2016 *Federal Register*.

In the RFI, the Advisory Council invites feedback on five questions related to efforts and strategies to combat antibiotic-resistance. The AAFP is pleased to offer the following feedback which we hope assists in carrying out the Advisory Council's mission of providing advice, information, and recommendations regarding programs and policies intended to preserve the effectiveness of antibiotics.

While primary care physicians are the most frequent prescribers of antibiotics, it is a concern to the AAFP that the Advisory Council currently lacks representation from family physicians and any other primary care physicians. HHS needs to remedy this deficiency by filling future vacancies on the Advisory Council with family physicians and other primary care physicians.

As President of the AAFP, I was pleased to attend the White House Conference on Antibiotic Stewardship and provide feedback on this topic. Both Secretary Burwell and Agriculture Secretary Thomas Vilsack discussed the proper use of antibiotics to curb the tide of multi-drug resistant bacteria and *C difficile* colitis. This included the impact of "shared classes of antibiotics" which are those antibiotics used in both humans and animals.

The AAFP's policy on [antibiotics](#) recognizes inappropriate use of these important drugs as a risk to both personal and public health. As a strong proponent of patient-centered evidence-based care, the AAFP encourages members to be judicious with antibiotic prescribing. For example, it would be inappropriate to prescribe antibiotics for the management of simple otitis media and sinusitis, as noted in the Choosing Wisely Campaign recommendations. The AAFP

www.aafp.org

President Wanda Filer, MD York, PA	President-elect John Meigs, Jr., MD Brent, AL	Board Chair Robert L. Wergin, MD Milford, NE	Directors Yushu "Jack" Chou, MD, Baldwin Park, CA Robert A. Lee, MD, Johnston, IA Michael Munger, MD, Overland Park, KS Mott Blair, IV, MD, Wallace, NC John Cullen, MD, Valdez, AK Lynne Lillie, MD, Woodbury, MN	John Bender, MD, Fort Collins, CO Gary LeRoy, MD, Dayton, OH Carl Olden, MD, Yakima, WA Marie-Elizabeth Ramas, MD, (New Physician Member), Mount Shasta, CA Richard Bruno, MD, (Resident Member), Baltimore, MD Tiffany Ho (Student Member), Baltimore, MD
Speaker Javette C. Orgain, MD Chicago, IL	Vice Speaker Alan Schwartzstein, MD Oregon, WI	Executive Vice President Douglas E. Henley, MD Leawood, KS		

acknowledges that all antibiotic prescribing should be based on evidence where possible and on best practices otherwise.

Furthermore, AAFP policy on [antibiotic resistance in food production and human health](#) states that due to the serious human health consequences of non-therapeutic antibiotic use, the AAFP advocates:

- Restricting antibiotic use in farm animals to treatment of established disease;
- Requiring that industry provide proof of efficacy and a positive cost/benefit analysis for any antibiotics used in food production with the analysis taking into account the ultimate costs to human health with such analysis including not only economic but morbidity and mortality costs; and
- Supporting federal legislation intended to accomplish these measures.

1. Describe how organizations are influencing curricula regarding primary prevention (antibiotic stewardship, infection prevention, and control). Please include information about certification examinations, requirements, and continuing education, if relevant.

The Association of Family Medicine Residency Directors and Society of Teachers of Family Medicine are pleased to offer two [curriculum modules](#) (Throat and Ear) that list learning objectives around appropriate antibiotic use. The Throat and Ear residency curriculum resources are used by approximately 225 family medicine residency programs around the country.

Furthermore, the AAFP has addressed antibiotics and infection prevention by addressing these topics in Continuing Medical Education activities over the last six years.

- In Board Review Express and Self-Study, Common ENT Problems specifically directs physicians to avoid overuse of antibiotics and addresses the appropriate use of antibiotics for treatment of Acute Otitis Media and Bacterial Rhinosinusitis.
- 2016 FMX: Pneumonia - Community and Hospital Acquired
- 2015 Family Medicine Update: Antibiotic Resistance Threats in the US
- 2015 FMX: Pneumonia - Community and Hospital Acquired
- 2014 & 2011 Assembly: Emerging Infectious Disease
- 2010-2014 Assembly: Pneumonia - Community and Hospital Acquired
- 2013 Assembly: Sinusitis
- 2013 Assembly: Rhinitis
- 2010 FP Essentials/FP Audio: #373M Respiratory Tract Infections
- 2010 Family Medicine Update and Review: Antibiotics/Infectious Disease Breakout

Additionally, the AAFP CME Credit System has certified 23 activities covering these topics in the last four years.

- Antibiotic Administration. Use and Control
- Antibiotic Stewardship
- Judicious Use of Antibiotics: a Guide for Oregon Clinicians
- Update in Infectious Diseases: Making Intelligent Antibiotic Choices
- Update on New Drugs and Antibiotics in the Primary Care Setting
- Cardiovascular Risk Reduction in Primary Prevention
- Infectious Diseases: Evidence-Based Primary Prevention and Treatment
- 20th Annual "The Heart of Infection Control" Conference

- ADVICE Collaborative II: Turning the Tide on Infection
- APIC New Mexico, "The Heart of Infection Control", 18th Annual Conference
- APIC New Mexico's 19th Annual "Heart of Infection Control" Conference
- Challenges in Prevention and Treatment of Infections: 6th Sergio Rabinovich Infectious Disease Seminar
- Clostridium Difficile Infections (CDI): Opportunities for Prevention
- Controversies in Management of Infections in Nursing Home Patients – Case Discussions for Emergency Clinicians
- Controversies in the Management of Nursing Home Infections I and II
- Drexel University-ILADS Conference: Tick-Borne and Other Chronic Infections, Research and Practice
- Emerging and Re-Emerging Infections: 7th Sergio Rabinovich Infectious Disease Seminar
- Hepatitis C Infection: Risk Factors, Evaluation, and Treatment Webcast
- Hepatitis C Virus Infection: Looking Beyond the Interferon Alfa Era
- Infection Prevention Collaboration: Hospitals and SNFs
- Mid-Cumberland Primary Care Providers Meeting Focusing: Evaluation and management of polycystic ovary syndrome; Upper respiratory infection in children; Management of recent TB active cases; and Regional primary care concerns.

2. Describe how healthcare organizations can best: (a) Educate and provide feedback to providers in clinics/ facilities about infectious diseases diagnostic testing, optimal antibiotic prescribing, and infection prevention; where relevant, please include information about what incentives and disincentives these organizations have in place with the goal of improving antibiotic prescribing (e.g., using clinical decision support) and prevent spread of resistant infections; and, (b) encourage and/or incentivize providers to report antibiotic use and resistance data for all patient populations.

The AAFP offers several suggestions:

- Surveillance and Prevalence Reports: Recommend better local reports on antibiotic resistance patterns in the community – perhaps via a Department of Health app or emails sent directly to clinicians or to clinics in the outpatient setting.
- Develop point of care diagnostics to differentiate viral/bacterial etiology of infections seen in outpatient settings.
- Develop and implement (and provide incentives for use) of EHR clinical decision support for select infections (e.g., URI, sinusitis, UTI).
- Distribute patient education materials by clinics and hospitals in public spaces, waiting rooms, bathrooms;
- Develop and standardize metrics for stewardship, beyond cost and prevalence, for outpatient setting since most articles discuss metrics, indicators and outcomes for hospitals, which is not where patients usually learn about antibiotic resistant bacteria.
- Address provider knowledge by creating a good reminder sheet for providers to use at point of care and when faced with patients whom they perceive to want antibiotics inappropriately.
- Build an awareness of an app named BugDrug which was created as a quick reference for medical students and residents who needed a handy resource on prescribing antibiotics; the app is designed to help physicians-in-training learn which antibiotics are effective against which pathogenic bacteria.

Finally, we believe the appropriate use of antibiotics should be one of the main parameters of quality of care measures, and payments can and should be based on their appropriate use.

3. Please provide examples of successful behavior change models that can be applied to preventive strategies, such as infection control and antibiotic stewardship.

- Need to develop and promote a campaign similar to 'Ask Me 3' [<http://www.npsf.org/?page=askme3>] specifically related to antibiotic use (for patients).
- Consider modifying, developing, and validating behavioral change models such as the 5As (Assess, Advise, Agree, Assist, Arrange) for antibiotic use/prescribing.
- Continue the oversight of antibiotic use that is already being done at many hospitals. It also is monitored in many ACO's and medical home settings, with appropriate feedback to providers.

4. Please provide information on the best ways to collect data on antibiotic use [and resistance] in animal agriculture through public-private collaborations. Your response can include information on the types of data to be collected, including the method of collection, and the metrics for reporting the data. If helpful, please cite sample models as examples to depict your answer.

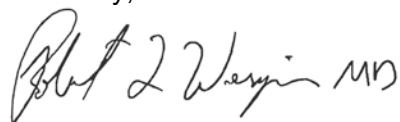
The AAFP supports the One Health Initiative which is a worldwide strategy for expanding interdisciplinary collaboration and communication in all aspects of health care for humans, animals, and the environment. <http://www.onehealthinitiative.com>

5. Please provide information on the different resources that exist to promote the understanding of how antibiotics are being used in humans and animals in different parts of the world. Your response can include information on the types of support to connect with such resources, as appropriate (examples include public-private partnerships, strategic resourcing, or other means).

The AAFP is a supporter of the One Health Initiative which is a worldwide strategy for expanding interdisciplinary collaboration and communication in all aspects of health care for humans, animals, and the environment. <http://www.onehealthinitiative.com>

The AAFP remains an available resource as HHS considers further antibiotic-resistance policies and programs. For any questions you might have, please contact Bellinda Schoof, MHA, CPHQ, Division Director of Health of the Public and Science, at 800-274-2237, extension 3160 or bschoof@aafp.org.

Sincerely,



Robert L. Wergin, MD, FAAFP
Board Chair

CC:

Jomana F. Musmar, MS, PhDc