Visual Abstract

Mailed antibiotic prescribing feedback to primary care physicians: a randomized trial

SUMMARY

Peer comparison audit and feedback letters reduced antibiotic prescribing with no added benefit to harms messaging or adjustment based on patient population.

DESIGN

Randomized controlled trial with embedded 2x2 factorial design to assess added benefit of emphasizing antibiotic harms and providing risk-adjusted antibiotic use metrics.

Antibiotic Prescribing Feedback Letter

January 2022

- Data on antibiotic prescriptions/1000 visits
- Proportion of duration longer than 7 days
- Population median and lowest quartile target
- Education, strategies & communication tools
- Co-signed by provincial leaders

COMPARISON

5,097 general practice physicians

- n=4041 audit/feedback letter
- n=1056 no letter

RELATIVE IMPACT ON ANTIBIOTIC USE

- ↓ 5% **Overall prescribing**
- ↓ 11% **Unnecessary prescribing**
- ↓ 15% **Antibiotic duration over 7 days**
- ↓ 6% **Broad spectrum prescribing**

No added benefit was seen for including emphasis on antibiotic harms or patient population risk adjustment

Schwartz KL et al. Mailed antibiotic prescribing feedback to primary care physicians: A pragmatic factorial randomized controlled trial. BMJ. 2024

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