An estimated 30% of outpatient antibiotic prescriptions are unnecessary. Antimicrobial stewardship programs (ASP) are associated with decreased antibiotic prescribing and improved patterns of antimicrobial resistance. The objective of Targeting Appropriate Prescribing in Outpatient settings (TAP OUT) is to study how public health jurisdictions may assist implementation of ASP in primary and urgent care and to measure the impact on reducing inappropriate antibiotic prescribing.

Methods. Los Angeles County Department of Public Health (DPH) partnered with an outpatient medical group to implement an ASP in 2017. The TAP OUT ASP included public commitment, communication skills training, clinical treatment education, and prescribing audits. Implementation characteristics were collected via key informant interviews and provider surveys and were analyzed following the Consolidated Framework for Implementation Research. Historical (November 2016–March 2017) and intervention (November 2017–March 2018) period prescribing data from electronic health records were compared with calculating antibiotic prescribing rates for uncomplicated acute upper respiratory infection (URI) encounters.

Results. Twenty primary care and three urgent care clinics, representing 208 providers, participated in TAP OUT. The baseline inappropriate antibiotic prescribing rate for URI was 15.5% amongst all prescribers (range: 0–100%). During the intervention period, the inappropriate prescribing rate decreased to 7.6% (51% reduction, P < 0.0001) (Figure 1). Several key implementation elements were identified, such as leadership buy-in and on-site peer champions. Visible and recurring prescribing reminders were useful. To improve adoption, the ASP was integrated into existing workflow. Costs were limited and related to information technology resources to analyze prescribing data and create feedback reports.

Conclusion. The TAP OUT program met all of the Centers for Disease Control and Prevention (CDC) Core Elements of Outpatient Stewardship and was associated with a decrease in inappropriately prescribed antibiotics with low implementation costs. DPH will develop a TAP OUT implementation guide and work with local providers to develop ASPs.

Disclosures. I. Tong, Doctor On Demand: Shareholder, Salary. K. Dean, Doctor On Demand: Shareholder, Salary. J. Thompson, Doctor On Demand: Shareholder, Salary.

196. Public Health Can Play a Role Implementing a Successful Outpatient Antimicrobial Stewardship in Primary and Urgent Care
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Session: 51. Antimicrobial Stewardship: Interventions to Improve Outcomes
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