

Unnecessary Use of Over-the-Counter Medicine for Coughs & Colds in Children

Elizabeth Vossenkemper
Tri-Cities Community Health | Pasco, WA



Overused Service & Rationale

- Prescribing over-the-counter medications for upper respiratory infections in children 0 – 13 years of age has more potential for harm than benefit.
- **Goal:** Be a positive catalyst to:
 1. Ensure high-value, evidence-based care; and
 2. Create an opportunity for providers, staff and patients to work as a cohesive team to prevent potential harm to our pediatric population.

Setting

Tri-Cities Community Health (TCCH) a Federally Qualified Health Center in Eastern Washington.

Patients are predominantly Hispanic. Most are migrant farmworkers with low health literacy and limited socioeconomic resources.



Early Critical Steps

- **Establish the extent of the problem** by collecting data through EHR, identifying inappropriate prescribing for viral URI.
- **Identify and engage key stakeholders** by sharing data on overuse, and developing an action plan with input from prescribers, pharmacy, nurses, frontline staff, parents and leadership.
- **Create resources.** Gather input from multiple departments and create a "URI Symptom Kit" for use instead of OTC medications.



URI Symptom Kit



Strategies

- **Assessment of parent and guardian beliefs:**

Early focus groups were useful to understand the interests and motivations of parents and guardians. Their feedback was useful in clinician engagement to address parent and guardian concerns and resistance.

- **URI Symptom Kit:**

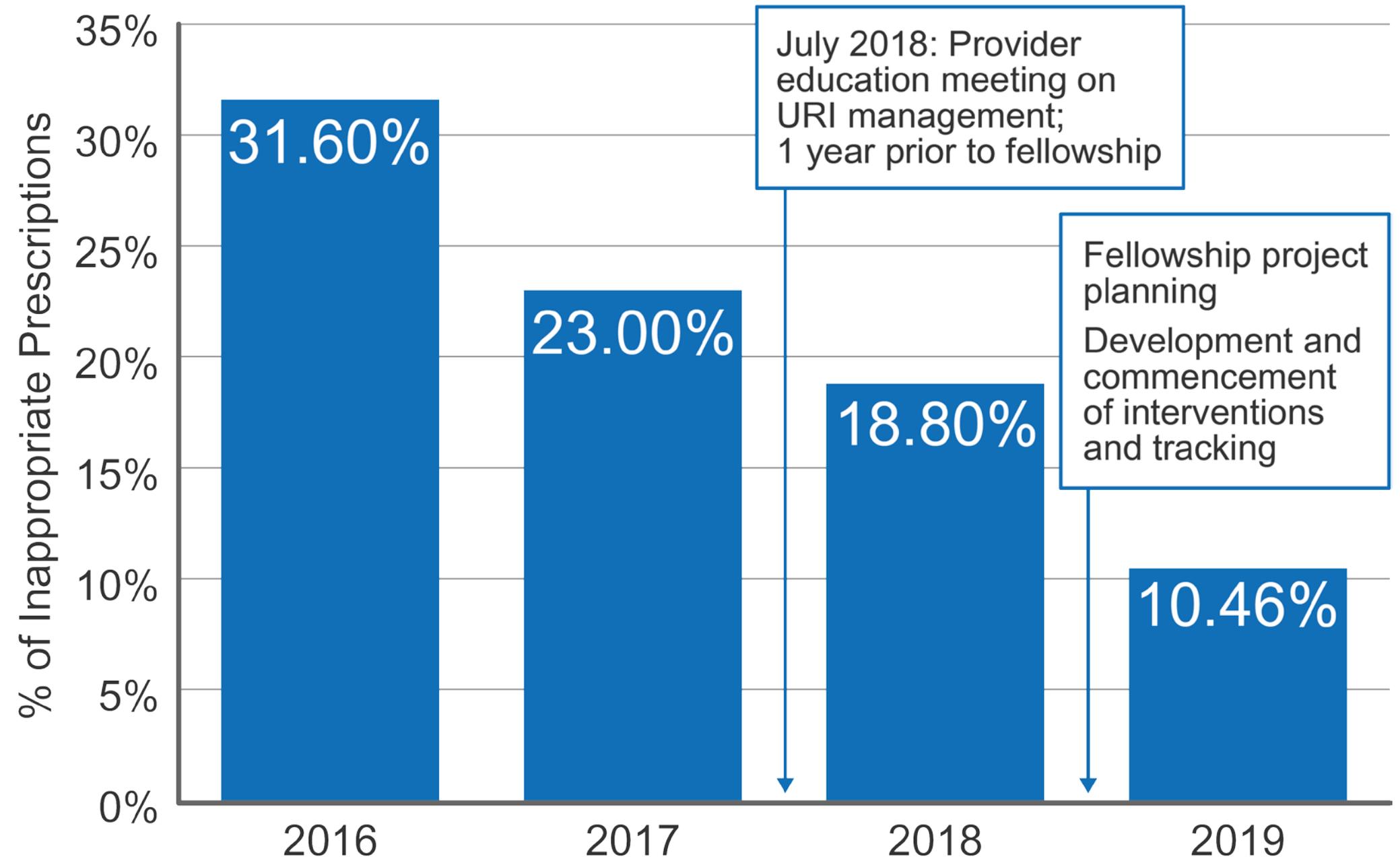
Offered at no cost to patients. The kit included patient education materials. Nursing staff and medical assistants were educated to provide parent teaching on how to use the kit, as well as how to support prescribers in implementation.

- **Provider education and support:**

Formal educational meetings to share data on current and past prescribing practices. Provided scripts for providers on how to talk to parents. Created a space for providers to discuss frustrations, concerns, and observations.

Findings

Inappropriate Prescriptions for URI Visits, Birth-13 years, All Specialties



Key Lessons Learned

- **Identify clinician motivators to de-implement.**
Being a clinical champion involves an immense amount of psychology.
- **Focus education and training on front-line staff** who are often tasked with patient education.
- **Collecting qualitative data is as important as quantitative data** because it speaks to the clinician and patient experience, as well as drivers of overuse.

Next Steps

- **Maintain the Gains:**
 - URI Symptom Kit handed off to pharmacy/purchasing department.
 - QI team at TCCH will pull OTC prescribing data quarterly to identify if a resurgence of inappropriate prescribing occurs.
- **QI Publication** of the project.
- Plans are in place for **discussions about future high-value care projects** within different departments.
- **Empower other providers** in these departments to take responsibility for ongoing implementation.