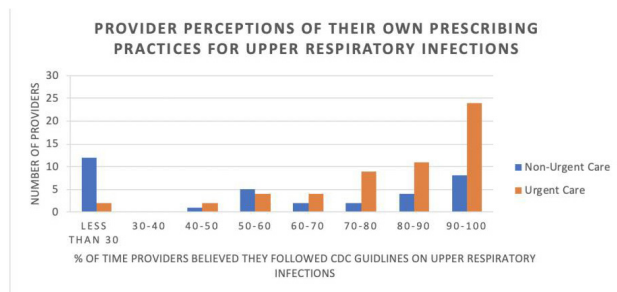


Table 1

Provider's Perception of their own Antibiotic Prescription Practices and of Antibiotic Stewardship			
Question	Non-Urgent Care	Urgent Care	P-Value
In order to improve patient satisfaction, I sometimes prescribe antibiotics even when I don't feel they're necessary.	1.74	2.13	0.0683
I use the antibiogram information to inform my prescribing practices.	1.82	2.57	0.0007
I know how to access the AltaMed-specific antibiogram (antibiotic susceptibility pattern)	1.85	2.29	0.0510
Antibiotics are beneficial for treating uncomplicated acute bronchitis.	2.00	1.77	0.2718
disease might be of bacterial etiology, it is preferable to prescribe an antibiotic.	2.74	2.65	0.7301
Antibiotics are overused at this clinic	3.24	3.36	0.5813
Antibiotic Resistance is a problem in my community	3.76	4.00	0.2848
I would like to get feedback on my antibiotic prescribing practices.	3.88	3.82	0.7629
Antibiotic stewardship programs reduce the risk of developing antimicrobial-resistant organisms.	4.15	4.27	0.4479
I only use antibiotics to treat bacterial infections.	4.21	4.21	0.9634
I would like more education on antibiotic stewardship programs.	4.29	4.13	0.3332
I support the implementation of an antibiotic stewardship program.	4.35	4.30	0.7666
I follow CDC guidelines in prescribing antibiotics for uncomplicated, Upper Respiratory Infections at least 70% of the time	4.38	4.41	0.8749

Likert Scale Assessment, 1 - Strongly Disagree, 3 - Neutral, 5 - Strongly Agree, Highlights reflect answers that are non-concordant with antibiotic stewardship

Graph 2



Conclusion: Our study limitations included uneven or incomplete charting, the narrow time frame of the study, and the limited survey response rate of Altamed providers. Nevertheless, we are able to ascertain that inappropriate prescribing practices continue to be a challenge in the outpatient setting and are of greater concern among urgent care providers.

Disclosures: All Authors: No reported disclosures

221. Comparison of dental antibiotic prescribing between Australia, England, the United States and British Columbia in 2017

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Session: P-8. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background: Antibiotic resistance is recognised as a major public health burden. Dentists overprescribe antibiotics and prescribe for unnecessary indications. Tracking and investigating prescribing practices by healthcare professionals provides insights needed to inform targeted antibiotic stewardship interventions. It is unclear how dental antibiotic prescribing patterns differs between countries. The aim of this study

was to compare antibiotic prescribing by dentists in Australia, England the United States (US) and British Columbia (BC).

Methods: This was a cross-sectional study of dispensed dental antibiotic prescriptions between January 1 and December 31, 2017, from Australia, England, US and BC. Dispensed dental antibiotic prescriptions included those from outpatient pharmacies and healthcare settings. Outcome measures included the proportion of dental antibiotic prescriptions by location and prescribing rates by population.

Results: English dentists prescribed 1.6 times more antibiotics than those in Australia, and dentists in BC and US prescribed around twice more than Australian dentists. (Australia: 33.2 prescriptions/1000population; England: 53.5 prescriptions/1000population; US: 72.6 prescriptions/1000 population; BC: 65.0 prescriptions/1000 population). The types of antibiotics prescribed were similar across all countries, where penicillins were the predominant class prescribed (66.8–80.5% of antibiotic prescriptions). US dentists and dentists in BC prescribed more clindamycin compared to the dentists in other countries.

Conclusion: Dentists in the US, England and BC prescribed at relatively higher rates than Australian dentists. The findings from this study should initiate an evaluation by dentists of their prescribing practices and responsibilities regarding their contribution towards antibiotic resistance. Further investigations can be aimed at determining country-specific factors that influence dental antibiotic prescription.

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222. Comparison of Outpatient Antibiotic Prescriptions in a High Prescribing State, 2016–2018

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Session: P-8. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background: About 80% of antibiotic prescriptions are written in outpatient settings. Outpatient antibiotic use (AU) is highest in the Southern United States. Tennessee consistently has one of the highest AU rates in the country. Previous analyses found that 1,195 prescriptions were filled in Tennessee per 1,000 total population in 2016. Moreover, 50% of all outpatient antibiotic prescriptions were written by 9.3% of prescribers. We sought to assess Tennessee outpatient antibiotic prescribing trends, comparing 2016 with 2018 data.

Methods: The Tennessee IQVIA outpatient antibiotic prescription dataset from January 1 to December 31, 2018 was analyzed and compared to 2016 results. Orally administered antibacterial agents were included. Patients < 20 years old were classified as pediatric. County level population data were obtained from the Tennessee Department of Health. Antibiotic prescription rates were calculated as antibiotics prescribed per 1,000 population in the specified age group. Analysis was performed using SAS 9.4.

Results: The statewide AU rate decreased from 1,195 in 2016 to 1,074 in 2018 per 1,000 population. Consistent with the previous analysis, female patients (1,288), those over 65 years (1,459), and those < 2 years (1,372) had the highest rates of AU in 2018. Lower rates were observed in all age groups in 2018 except for the 3–9 years group. While narrow penicillins and macrolides remain the most frequently prescribed antibiotics, amoxicillin-clavulanate and ciprofloxacin fell out of the top five antibiotics used in adults, and amoxicillin-clavulanate fell out of the top five antibiotics used in pediatrics. Similar to 2016, 9.2% (3,098) of the providers contributed to 50% of the total prescriptions in 2016, and 2,090 of the 2,994 (69.8%) 2016 highest prescribing providers were also among the highest prescribers in 2018.

Conclusion: Despite a decline in outpatient antibiotic prescription volume, Tennessee remains one of the nation's highest prescribing states. While a decline in broad spectrum antibiotic prescriptions may indicate a shift to more appropriate usage, these data do not include indication, excluding appropriate use assessment. Identifying and focusing antibiotic stewardship interventions for consistently high prescribers remains a priority for Tennessee.

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223. Difference in Carbapenem Use by ASP Intervention in Japanese Healthcare Facilities

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Session: P-8. Antimicrobial Stewardship: Trends in Antimicrobial Prescribing

Background: Antimicrobial stewardship program (ASP) interventions have been reported to reduce unnecessary antimicrobial use (AMU). In this study, we investigated the difference in the use of carbapenems by ASP intervention in Japanese healthcare facilities.

Methods: Data on two components of AMU and ASP registered in Japan Surveillance for Infection Prevention and Healthcare Epidemiology (J-SIPHE) from January to December 2019, were used. Facilities with an infection control team in