**Title: Understanding Physician Treatment Decisions for the Management of Upper Respiratory Tract Infections**

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**Background: Inappropriate antibiotic use for upper respiratory tract infections (URI) is a problem. We performed a qualitative study of high and low prescribers to understand the factors which influenced their decision making in the management of URI.**

**Methods: Primary care physicians whose rate of antibiotic prescribing above or below the mean were identified using electronic health record data. An interview guide was created and physicians were invited to participate. Interviews were conducted by study team members who were blinded to the physicians’ prescribing rates. Using an inductive qualitative content analysis approach, two team members concurrently analyzed 5 transcripts adding descriptive codes and discussed results. Once consensus was reached 1 team member analyzed the remainder of the transcripts until thematic saturation was achieved. Codes were then sorted into pertinent themes.  
  
Results: Physicians reported that clinical factors (e.g. patient age and comorbidities, duration and severity of symptom), desire to follow evidence based practice, and concern about adverse effects of antibiotics influenced prescribing patterns. Non-clinical factors identified included 1) physician-patient relationship, 2) concern for patient satisfaction being adversely affected, 3) patient expectation and preferences, and 4) patient convenience. High and low prescribers expressed variability in the above themes. When asked “Do you believe you prescribe antibiotics more, less or about the same as your colleagues?.” Majority of low prescribers correctly identified themselves as prescribing less vs high prescribers who most often thought they prescribed the same as their colleagues. Low prescriber often cited evidence-based medicine, while high prescribers often expressed concerns about meeting patient expectations.  
  
Conclusions: Physicians report that non-clinical factors frequently influence their decision to prescribe antibiotics for URI. High prescribers were concerned about patient satisfaction or expectation and appeared to be unaware that they differed from peers. Comparative reports and education about patient satisfaction might be effective for reducing antibiotic prescribing.**