

# Antibiotic Stewardship Conference: FROM EXPERT CONSENSUS TO EUROPE-WIDE ACTION AT THE POINT OF CARE

## CLOSING REMARKS

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**ENASPOC**

European Network  
for Antibiotic Stewardship  
at the Point of Care



# Objective

## WHAT WE ARE TRYING TO ACHIEVE

### Reduce AMR



by **reducing antibiotic over-prescription** for RTIs in primary care



by **optimizing the use of CRP POCT** together with complementary strategies in Europe

# Methodology

## HOW WE WILL ACHIEVE THE OBJECTIVE

Define **‘European guidance’ to enable improved practice** with a credible, international team of experts



**Co-create regional implementation plans** with key stakeholders to enable the approach to the European guidance



**Support the execution** of country-level action plans, that will positively **affect the desired behavioral change**

# Underlining the importance of Antibiotic Stewardship

 <b>OLIVER VAN HECKE</b> United Kingdom	<b>WELCOME AND INTRODUCTION</b> <b>08:30 - 08:45</b>
 <b>IVAN GENTILE</b> Italy	<b>THE IMPORTANCE OF ANTIBIOTIC STEWARDSHIP IN PRIMARY CARE</b> <b>08:45 - 09:00</b>
<b>PANEL INTERACTION</b> <b>INTERNATIONAL ORGANIZATIONS ON CRP POCT IN PRIMARY CARE</b> <b>(Hosted by Health First Europe – Speakers TBD)</b> <b>09:00 – 10:00</b>	

## CONSENSUS STATEMENT 1:

Antimicrobial resistance is a global threat that must **urgently** be addressed




## CONSENSUS STATEMENT 2:

Antibiotic **over-prescribing** for respiratory tract infections in primary care is a significant contributor to rising antimicrobial resistance

## CONSENSUS STATEMENT 3:

CRP POCT is an established tool that is **proven** to effectively and safely reduce over-prescribing of antibiotics for lower respiratory tract infections in adults presenting at primary care

# CRP POCT and complementary strategies for Adults

EXPERT CONSENSUS ON CRP POINT OF CARE TESTING TO GUIDE ANTIBIOTIC PRESCRIPTIONS FOR RESPIRATORY ILLNESS IN ADULT PRIMARY CARE		
	<b>ANDREAS PLATE</b> Switzerland	THE STATE OF CLINICAL EVIDENCE 10:30 – 10:40
	<b>ROGIER HOPSTAKEN</b> The Netherlands	EXPERT CONSENSUS: HOW AND WHEN TO USE CRP POCT TO GUIDE ANTIBIOTIC PRESCRIPTION 10:40 – 11:00
	<b>CARL LLOR</b> Spain	THE IMPORTANCE OF COMPLEMENTARY STRATEGIES 11:00 - 11:15

## CONSENSUS STATEMENT 3:

CRP POCT is an established tool that is **proven** to effectively and safely reduce over-prescribing of antibiotics for lower respiratory tract infections in adults presenting at primary care

## CONSENSUS STATEMENT 4:

To safely reduce antibiotic prescribing in primary care for patients presenting with respiratory illness, a **broader application** of CRP POCT globally **is recommended**

## CONSENSUS STATEMENT 5:

An effective implementation combining CRP POCT together with **complementary strategies** can contribute to a more appropriate antibiotic prescribing

# CRP POCT and complementary strategies for Children

EXPERT CONSENSUS ON CRP POINT OF CARE TESTING TO GUIDE ANTIBIOTIC PRESCRIPTIONS FOR RESPIRATORY ILLNESS IN CHILDREN



**JAN VERBAKEL**  
Belgium

THE STATE OF CLINICAL EVIDENCE  
11:15 – 11:25



**ANNAMARIA STAIANO**  
Italy

HOW AND WHEN TO USE CRP POCT TO GUIDE ANTIBIOTIC PRESCRIPTION IN CHILDREN  
11:25 – 11:45

## CONSENSUS STATEMENT 6:

In the ambulatory care of febrile children presenting with symptoms of respiratory illness, CRP POCT can be **useful to guide decisions** regarding antibiotic prescribing and hospital referrals

# Healthcare economics of CRP POCT in Primary Care

## CONSENSUS STATEMENT 7:

The use of CRP POCT for the management of patients presenting symptoms of LRTIs in primary care, has been shown to be **economically viable** in several contexts

OVERCOMING THE BARRIERS TO EUROPE-WIDE ACTION

MAARTEN POSTMA



HEALTHCARE ECONOMICS OF CRP POCT  
IN PRIMARY CARE  
11.45 – 12:00

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# Inspiration for implementation

CRP POCT AS A CATALYST FOR ANTIBIOTIC STEWARDSHIP IN PRIMARY CARE FROM NATIONAL SUCCESS STORIES TO EUROPE-WIDE ACTION		
PANEL INTERACTION		
13:00 – 14:00		
	<b>LARS BJERRUM</b> Denmark	DENMARK
	<b>ANDREAS PLATE</b> Switzerland	SWITZERLAND
	<b>HASSE MELBYE</b> Norway	NORWAY
	<b>ROGIER HOPSTAKEN</b> The Netherlands	NETHERLANDS

## BEST PRACTICE COUNTRY CASES

Sharing the implementation journey of countries with mature CRP POCT adoption in primary care:

- Operation and implementation
- Best practices and keys to success
- Antibiotic consumption and antibacterial resistance rates

# Country-level action plan co-creation

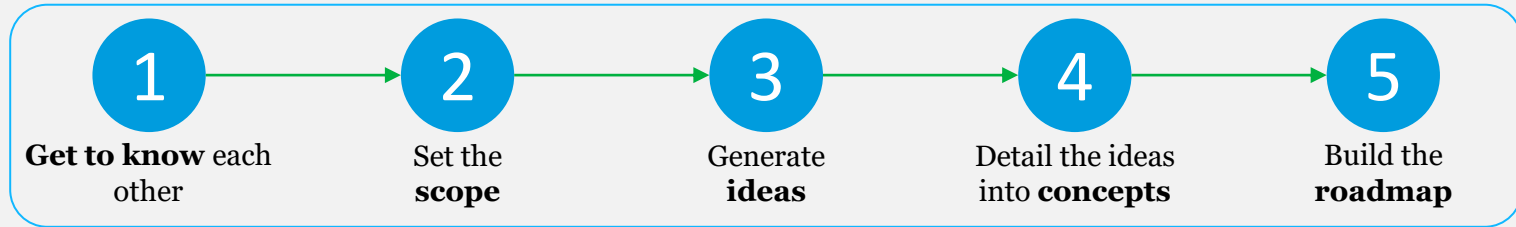


Italy, Spain, Germany, France, UK, Belgium

- Collaborate with the stakeholders that will be key in driving and enabling implementation actions
- Each country team to produce first draft of national implementation plan
  - key stakeholders
  - major steps per workstream
  - sequence/interdependencies

# Co-creation of country-level plans for Europe-wide action

*Specific process to...*



*... define a country specific roadmap focusing on key challenges (some examples)*



How might we **strengthen commitment and belief** for the payers (government) on the **cost effectiveness** of CRP POCT?



How can we **continue to create more awareness and education** about the benefits of using CRP POCT?



How might we **improve collaboration** between **GP's, pediatricians & other local groups** for the use of **CRP POCT**



How might we **reinforce recommendations** about CPR POCT in **national guidelines**?




How might we **enhance the adoption** of CRP POCT by primary care providers




How might we **obtain reimbursement and / or incentives** for use of CRP POCT

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# AMR is the silent pandemic

## ACTION ON NATIONAL LEVEL IS NOW REQUIRED



- AMR discussed since decades, but now need to focus on where the antibiotics are prescribed (=Primary Care)
- Selective attention: call for new tests
- Available solution: CRP POCT
  - Proven
  - Recommended in several Guidelines
  - Value highlighted already by OECD in report 2018
- **AMR does not stop at borders: Action on national level is now required**

## CLOSING REMARKS

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### Finalized

- Paper ready for submission: New and Established roles of CRP POCT
- Consensus Statements (as shared with all conference participants)

### Additional Guidance in preparation for publication - close to submission:

- CRP POCT and Complementary Strategies for **adults** with LRTIs in primary care
- CRP POCT and Complementary Strategies for **children** in Ambulatory Care
- Information for **Policy makers** on CRP POCT and complementary strategies in primary care

### Let's stay connected!

Visit ENASPOC webpage: <https://www.enaspoc.com/>

## Next Steps

**IT DOES NOT STOP HERE... THIS IS JUST THE BEGINNING!**

Share a summary of the outputs of the day  
with all of you

Organize country-level follow-up to start  
working on the action plans next year

## Thanks you's and Acknowledgements

- First and foremost: All Participants
- Expert Group and all speakers
- Health First Europe and panelists
- Abbott Rapid Diagnostics
- MindGap Healthcare Market Research and Consultancy
- Venue and technical support



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## Closing remarks

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