Direct-to-Consumer Telemedicine Offers Some Evidence of Appropriate Antibiotic Use but Still Room for Improvement

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This past May, Ray et al. (10.1542/peds.2018-2491) published a study on higher rates of antibiotic prescribing when parents seek advice using Direct-to-Consumer (DTC) telemedicine consultation. That study generated a number of comments from DTC organizations that disagreed with the implication that they had an inappropriately high rate of antibiotic prescribing. This month, we revisit DTC antibiotic prescribing, with a focus on the prescribing clinicians and the indications for treatment. Foster et al. (10.1542/peds.2019-0844) provide us with information on 12,842 DTC consults involving 560 physicians and found similar results to Ray et al., with a high rate of antibiotic prescribing (55%) for upper respiratory infections. Interestingly, families rated DTC telehealth physicians with high satisfaction ratings even when they did not prescribe antibiotics as long as they took the time to explain why antibiotics were not being used. In addition, pediatricians were less likely to prescribe antibiotics than other clinicians.

Foster et al.'s study suggests that although the use of antibiotics is high, some clinicians might be better stewards of antibiotics. Why is this happening despite the guidelines for antibiotic stewardship that are available? Drs. Eli Sprecher and Jonathan Finkelstein from Boston Children's Hospital (10.1542/peds.2019-1585) weigh in with an accompanying commentary to try to explain the good, the bad, and the ugly findings in the Foster study regarding DTC antibiotic utilization for upper respiratory infections. We suspect that another barrage of comments from other DTC companies or practices that offer telehealth services about how their findings are far better than those reported in the Foster et al. study. If so, we welcome your sharing of how you have been able to instill overall stewardship guidelines to a busy DTC network in ways we can all learn and consider adding these services into our practices.