

Overview CHARE GD-II sub projects.

Title: What do we do with the flu? Cross-border comparison of healthcare decision-making processes of general practitioners and patients regarding antibiotic prescription for upper respiratory infections.

Scientific project leaders:

German side	Dutch side
Prof. Dr. Michael Freitag	Dr. Nienke Beerlage-de Jong Dr. Adriana Tami

Student / researcher conducting the project: TBD

Starting date of the project: TBD

Project description:

Primary patient care amplifies antibiotic resistance (ABR) through mis- and over-prescribing of antibiotics (ABX). This mis- and over-prescribing of ABX is referred to as Potentially Inappropriate Prescribing (PIP) and it has many potential adverse health effects. Especially in primary care, many factors contribute to PIP. For example, research has shown that physicians are more prone to prescribe (redundant) ABX if they feel pressured by their patients. Simultaneously, patients also actually feel more satisfied and are less likely to re-consult if they are prescribed ABX. And this even goes for viruses such as the flu, for which ABX are not indicated and will not work.

Studies have also shown that there are cross-border differences in ABX prescribing, although the reasons for these differences are not yet fully understood. This CHARGE GD II project is aiming to dive into this knowledge gap, and to learn from each other across the Dutch-German border. After all, individual behaviours are shaped by the individual's beliefs and attitudes, but also by the context in which they operate (e.g. culture, politics, guidelines). This means that both physicians and their patients should be studied. But it also means that it is of added value to study the PIP phenomenon in a cross-border setting, since it offers a unique opportunity to study the impact of different cultural and health system contexts.

Therefore in our project, we will compare journeys of patients with respiratory infections, and the corresponding GPs' decision-making processes, on both sides of the border. By doing so, we will identify factors that are linked to PIP and learn from Dutch and German strengths and weaknesses to obtain a first glimpse of 'best aspects of practice'.