



Q3 2025 MD Snapshot- Prescribing Companion: How to navigate the MD Snapshot-Prescribing antibiotics section

How-to Guide

Physician Prescribing Practices (PPP) Program
October 2025

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Background

CPSA's Physician Prescribing Practices (PPP) team offers resources and tools to help physicians provide safe and informed prescribing practices. The MD Snapshot-Prescribing report presents physicians with a clear overview of their prescribing trends, including information on opioids, benzodiazepines/Z-drugs and antibiotics.

Purpose of the MD Snapshot-Prescribing report's new antibiotic section

The issue of overprescribing antibiotics remains a key public health concern. We have identified an opportunity to offer additional personalized data to physicians, supporting their self-reflection on antibiotic prescribing trends.

In early 2025, we began a collaborative partnership with the Canadian Antibiotic prescribing feedback initiative: Building a national framework to combat Antimicrobial Resistance in primary care (CANBuild-AMR), to improve the antibiotic page of the MD Snapshot-Prescribing report. This how-to guide document is intended to assist prescribers in navigating the following pages in the updated antibiotics section of the MD Snapshot-Prescribing report:

- **Prescribing Summary page**
- **Antibiotic Review page**
- **Antibiotic Summary page**
- **Antibiotic Patient Review List page**
- **Prescriber Comparison Groups**

While we recognize that the absence of indication and denominator data presents certain limitations, this tool is intended to support meaningful self-reflection and foster ongoing quality improvement in prescribing practices.

Disclaimer: The data displayed in the following figures are simulated for illustrative purposes and do not reflect real patient or provider information.

Questions?

For inquiries or feedback, please contact us by email at **AIR.Inquiries@cpsa.ab.ca**.

How to navigate: Antibiotics section

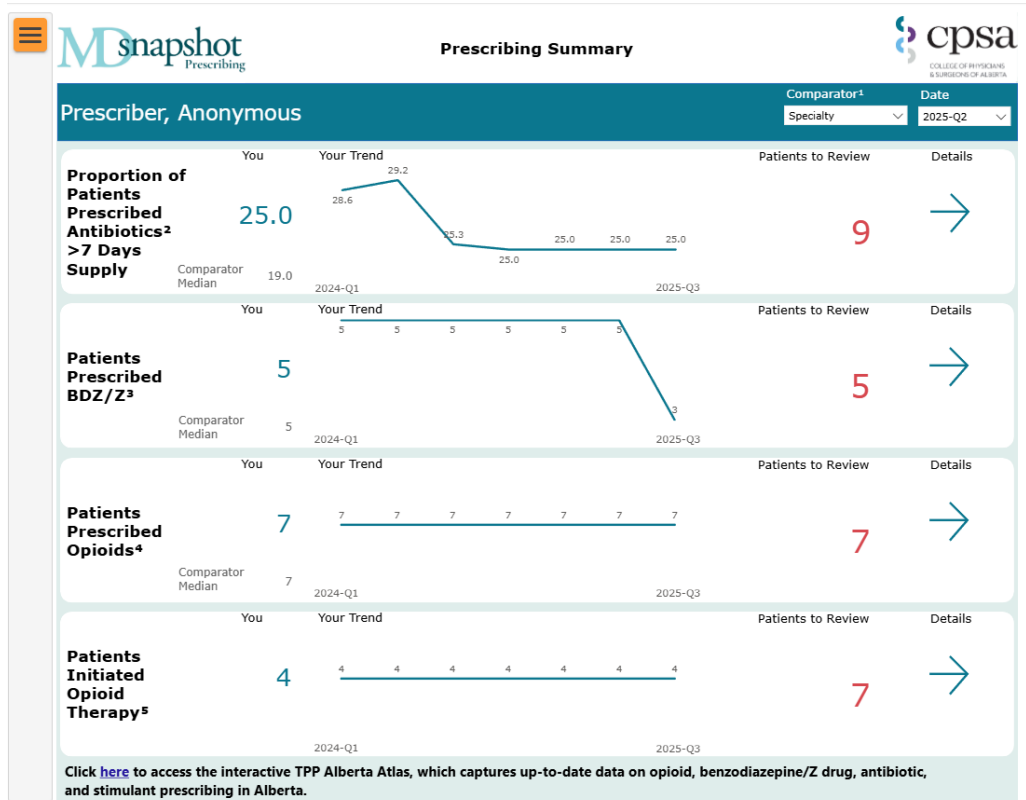
Prescribing Summary page

The **Prescribing Summary page** provides an overview of your prescribing activity through four distinct trend charts. These charts allow you to compare your prescribing patterns with the comparator median, helping you identify areas for reflection or further review.

The prescribing patterns displayed include:

- Proportion of patients prescribed antibiotics with a supply greater than seven days
- Patients prescribed benzodiazepines/z-drugs
- Patients prescribed opioids
- Patients initiated on opioid therapy

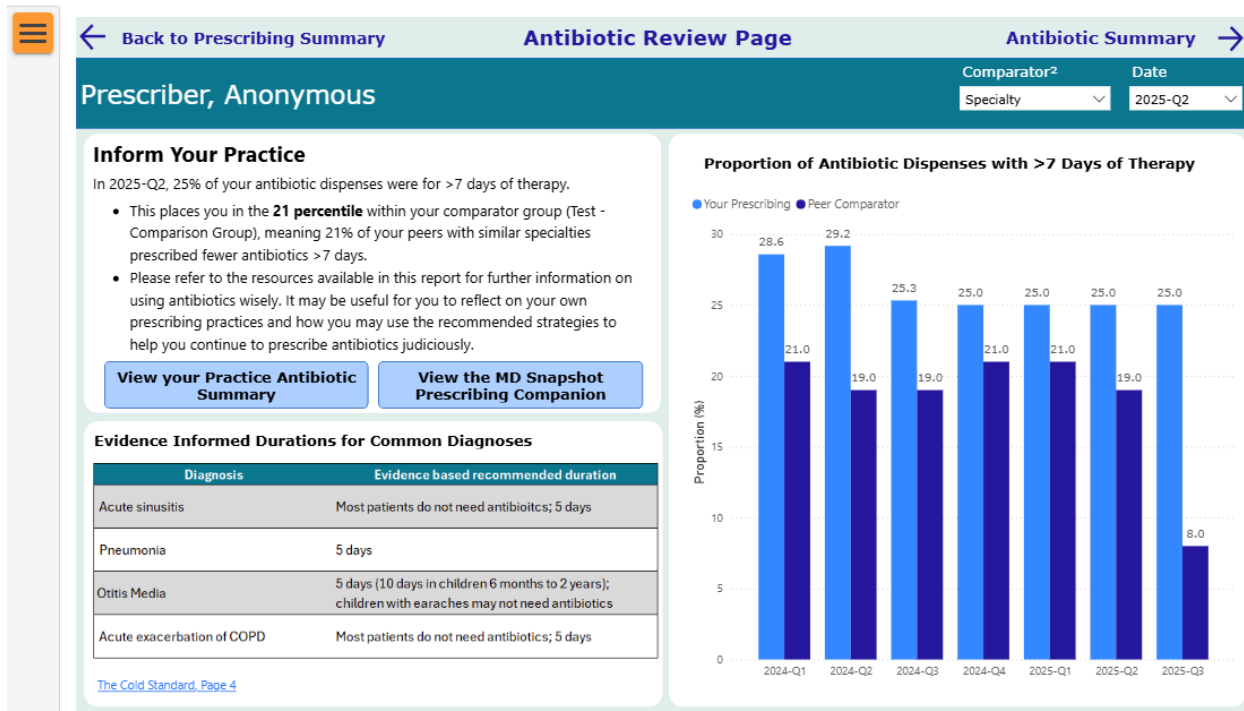
A link is also provided to the interactive TPP Alberta Atlas, a valuable tool that offers five years of data on opioid, benzodiazepine/Z-drug, antibiotic and stimulant prescribing across Alberta.



Antibiotic Review page

The **Antibiotic Review page** presents insight into your antibiotic prescribing patterns, focusing on the duration of therapy. It displays the proportion of antibiotic dispenses exceeding seven days of therapy and compares your prescribing to that of your peer comparator group over time. The page also includes a summary of evidence-informed durations for common diagnoses, offering reference points for appropriate prescribing durations. Additionally, links are provided to view your Practice Antibiotic Summary and the MD Snapshot Prescribing Companion for further context and guidance.

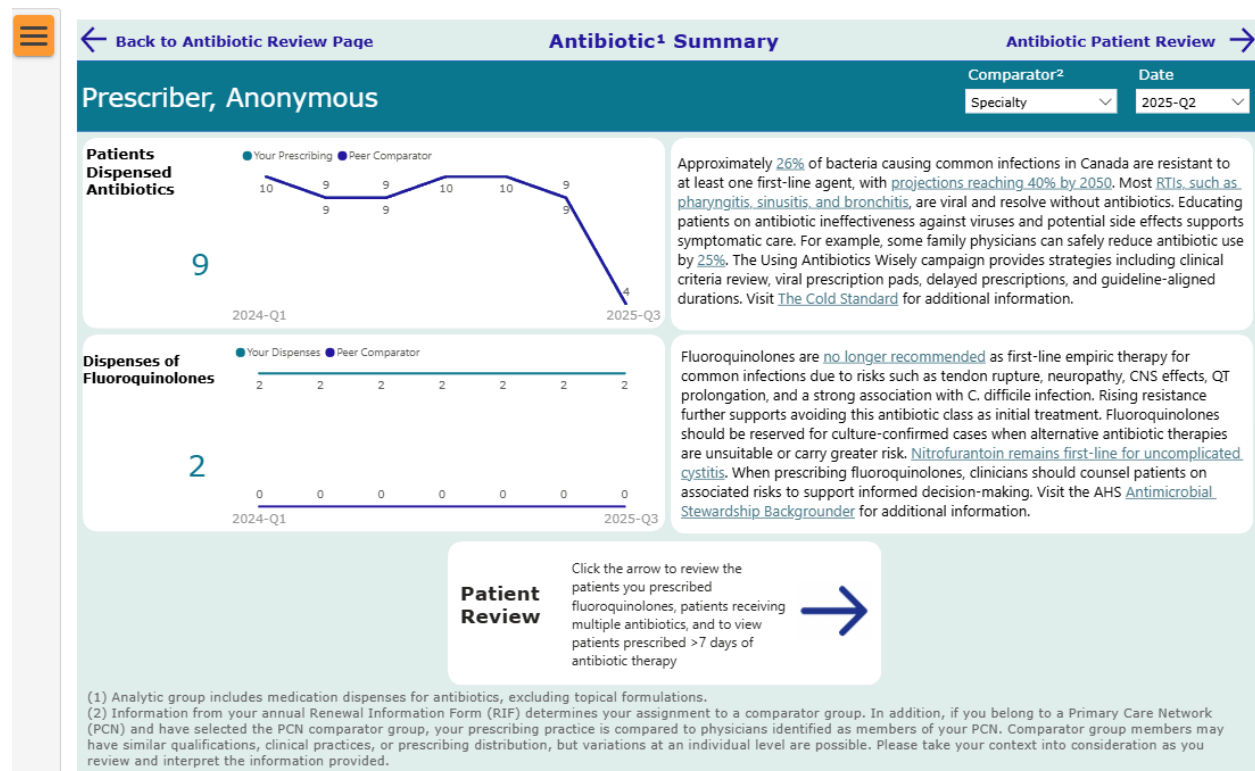
The graph shows the proportion of antibiotic dispenses exceeding seven days of therapy for the physician compared to peers over several quarters. In this example, the physician's rate remained between 25.0% and 29.2% between 2024-Q1 and 2025-Q3, consistently higher than the peer comparator range of 8.0%–21.0%, indicating longer average durations of antibiotic courses. This suggests an opportunity for the physician to review prescribing durations and align more closely with evidence-based recommendations, which typically support shorter treatment courses to promote judicious antibiotic use and reduce resistance risk.



Antibiotic Summary Page

The **Antibiotic Summary Page** displays antibiotic prescribing patterns, including the number of patients dispensed antibiotics and dispenses of fluoroquinolones compared to peer medians over time. It provides context on antibiotic resistance and stewardship, emphasizing appropriate antibiotic use and the avoidance of fluoroquinolones as first-line therapy. This page also links to a Patient Review section for further exploration of individual prescribing details.

These graphs indicate that the physician's overall antibiotic prescribing was comparable to peers from 2024-Q1 to 2025-Q2 but declined sharply in 2025-Q3, suggesting a recent reduction in antibiotic prescribing. In contrast, the physician's fluoroquinolone prescribing remained consistently higher than peers, who reported no use of this antibiotic class. This pattern suggests the physician may have opportunities to review antibiotic selection practices, particularly the continued use of fluoroquinolones, to align more closely with current antimicrobial stewardship recommendations and evidence-based guidelines.



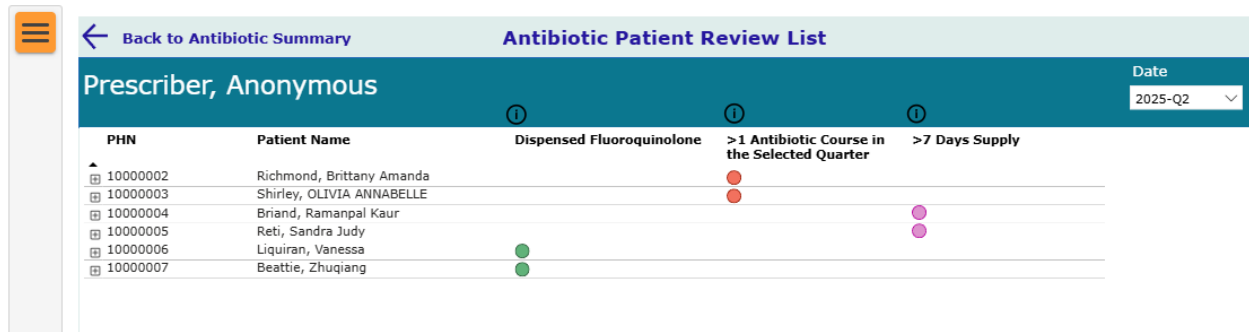
Antibiotic Patient Review List page

The **Antibiotic Patient Review List page** lists individual patients meeting key antibiotic prescribing review criteria for the selected quarter.

It identifies patients who:

- Were dispensed a fluoroquinolone
- Received more than one antibiotic course
- Had an antibiotic prescription with a supply greater than seven days

The table enables physicians to review individual cases, with the colour-coded indicators to draw attention to patients who may warrant further review. Physicians can use this information to reflect on individual prescribing decisions, ensure alignment with antimicrobial stewardship principles, and identify opportunities to optimize patient care and antibiotic use. The aim is to encourage physicians to reaffirm or adjust their approach to uphold antibiotic stewardship and mitigate the risk of antibiotic resistance.



The screenshot shows the 'Antibiotic Patient Review List' interface. It includes a sidebar with a menu icon, a header with a 'Back to Antibiotic Summary' link, and a table of patient data. The table has columns for PHN, Patient Name, and three criteria: 'Dispensed Fluoroquinolone', '>1 Antibiotic Course in the Selected Quarter', and '>7 Days Supply'. Each criterion is marked with a colored dot (green for 'Dispensed Fluoroquinolone', red for '>1 Antibiotic Course in the Selected Quarter', and purple for '>7 Days Supply'). The date is set to '2025-Q2'.

PHN	Patient Name	Dispensed Fluoroquinolone	>1 Antibiotic Course in the Selected Quarter	>7 Days Supply
10000002	Richmond, Brittany Amanda		●	
10000003	Shirley, OLIVIA ANNABELLE		●	
10000004	Briand, Ramanpal Kaur			●
10000005	Reti, Sandra Judy			●
10000006	Liquiran, Vanessa	●		
10000007	Beattie, Zhuqiang	●		

Prescriber Comparison Groups

The **Prescriber Comparison Groups** were refined to present your prescribing data alongside that of physicians with similar practice characteristics. While these groups share comparable practice profiles, each physician's clinical context and patient population remain unique. These comparisons are intended to promote thoughtful self-reflection on prescribing practices and to support ongoing quality improvement, rather than to rank or formally assess individual performance.



[← Back to Prescribing Summary](#)

Prescriber Comparison Groups

Anatomical Pathology	Obstetrics & Gynecology & Women's Health (Family Medicine (Obstetrical Surgical Skills); Gynecologic Reproductive Endocrinology & Infertility; Maternal-Fetal Medicine; Obstetrics & Gynecology)
Anesthesiology	Oncology (Gynecologic Oncology; Medical Oncology)
Cardiac Surgery	Ophthalmology
Cardiology	Orthopedic Surgery
Cardiovascular & Thoracic Surgery	Otolaryngology - Head and Neck Surgery
Child and Adolescent Psychiatry	Palliative Medicine (CAC (Palliative Care); Family Medicine (Palliative Care); Palliative Medicine)
Clinical Immunology & Allergy	Pathology & Laboratory Medicine (Forensic Pathology; Hematological Pathology; Medical Genetics and Genomics; Medical Microbiology; Neuropathology; Pathology, General)
Critical Care Medicine	Pediatrics & Pediatric Subspecialties (Adolescent Medicine; Developmental Pediatrics; Pediatric Cardiology; Pediatric Endocrinology; Pediatric Gastroenterology; Pediatric Hematology & Oncology; Pediatric Nephrology; Pediatric Oncology; Pediatric Respiriology; Pediatric Surgery; Pediatrics)
Dermatology	Physical Medicine & Rehabilitation & Sports Medicine (Family Medicine (Sport and Exercise Medicine); Occupational Medicine; Physical Medicine & Rehabilitation; Sport and Exercise Medicine)
Emergency Medicine (Emergency Medicine; Family Medicine (Emergency Medicine); Pediatric Emergency Medicine)	Plastic Surgery
Endocrinology & Metabolism	Psychiatry (Forensic Psychiatry; Geriatric Psychiatry; Psychiatry)
Family Medicine/General Practice (Family Medicine; Family Medicine (Addiction Medicine); Family Medicine (Care of the Elderly); Family Medicine (Enhanced Surgical Skills); General Practice)	Public Health & Preventive Medicine (Community Medicine; Public Health and Preventive Medicine)
Family Practice Anesthesia (CAC (Family Practice Anesthesia); Family Medicine (Family Practice Anesthesia))	Radiation Oncology
Gastroenterology	Radiology & Imaging (Diagnostic Radiology; Interventional Radiology; Neuroradiology; Nuclear Medicine; Pediatric Radiology)
General Surgery & Subspecialties (Colorectal Surgery; General Surgery; General Surgical Oncology; Vascular Surgery)	Respirology
Geriatric Medicine	Rheumatology
Hematology	Urology (Pediatric Urology; Urology)
Infectious Diseases	
Internal Medicine & Subspecialties (Clinical Pharmacology and Toxicology; General Internal Medicine; Internal Medicine)	
Neonatal-Perinatal Medicine	
Nephrology	
Neurology (Neurology (Adult and Pediatric); Pediatric Neurology)	
Neurosurgery	
None (N/A; None; Pain Medicine)	

Questions?

For inquiries or feedback, please contact us through the secure **Report an Issue** function located under the Analytics tab, by email at AIR.Inquiries@cpsa.ab.ca or telephone at **780-969-4935 or 1-800-561-3899 (extension 4935)**.

To protect patient confidentiality, please refrain from including any patient-specific information in email correspondence.

We value your input and encourage you to share how the MD Snapshot has informed your prescribing decisions, as well as any recommendations to enhance its value for physicians across Alberta.