BlueCross BlueShield of Tennessee

Partners in the Pursuit of Health

QUALITY

Common Conditions and Antibiotic Stewardship

NEW Measure Changes Inside!

Let's Work Together to Combat Antibiotic Resistance

In Tennessee and across the country, winter means cold and flu season. Waiting rooms get overcrowded, and patients will often ask for an antibiotic to ease their condition.

As doctors, we all know antibiotics are the first line of defense when treating bacterial infections. However, it's our shared responsibility to ensure antibiotics are being prescribed for the right conditions at the right time.

The goal of our antibiotic stewardship program is to increase awareness about the appropriate prescribing of antibiotics and ways to decrease antibiotic resistance. This brochure shares information about common winter illnesses and ways your team can ensure the proper use of antibiotics.

We want you to stay ahead of the game, so we've updated this brochure with new requirements and guidelines for the antibiotic use measures. Being aware of these changes now will help you meet the quality standards for these measures going forward.

Thank you for your partnership as we work together to lower antibiotic resistance across Tennessee.

Andrea Willis, MD
Senior Vice President and Chief Medical Officer
BlueCross BlueShield of Tennessee

Common Conditions and Treatment Measures

The National Committee for Quality Assurance recently made changes to the Healthcare Effectiveness Data and Information Set (HEDIS®) measures for appropriate antibiotic use. These updates have the potential to significantly increase the number of your patients included in the eligible population for these measures.

Changes made to the appropriate antibiotic use measures include:
- An adjusted age range for each measure
- **Episode-based compliance:** Each episode where a patient is diagnosed with an upper respiratory infection or acute bronchitis and prescribed an antibiotic, without documentation of a co-morbid condition or competing diagnosis, will open a gap in care that can't be closed.
- Lines of business measured: Commercial, Medicaid and Medicare

We've updated the following measure names and descriptions to reflect these changes.

Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB)*

Description
This measure focuses on providing appropriate treatment to patients 3 months of age and older who have been diagnosed with acute bronchitis. **Appropriate treatment is when the patient is NOT dispensed antibiotics**.

For these cases, we offer information on the right side of this page to assist in addressing their care needs. This advice does not apply if your patient has a co-morbid condition, competing diagnosis, and/or a bacterial infection.

Appropriate Treatment for Upper Respiratory Infection (URI)*

Description
This measure focuses on making sure your patients 3 months of age and older receive the appropriate treatment when they are diagnosed with a URI. **Appropriate treatment is when the patient is NOT dispensed antibiotics.**

For these cases, we offer information on the right side of this page to assist in addressing their care needs. Antibiotics may be appropriate if your patient has a co-morbid condition or a bacterial infection, and if evident, these competing diagnoses should be documented appropriately.

Sample Competing Diagnoses

- Sinusitis (Acute/Chronic)
- Tonsillitis
- Bacterial Infection (unspecified)
- Pneumonia
- Otitis Media
- Cholera
- Salmonella
- Escherichia Coli Infection
- Botulism
- Whooping Cough
- Cellulitis
- Osteomyelitis
- Congenital Syphilis
- Mastoiditis
- Pharyngitis

Sample Co-Morbid Conditions

- Tuberculosis
- Chronic Obstructive Asthma
- Chronic Obstructive Pulmonary Disease
- Cystic Fibrosis
- Emphysema
- Immunodeficiency
- Malignant Neoplasm
- Sickle Cell
- Pulmonary Edema
- Pneumonitis
- Abscess of Lung
- Pyothorax
- Pleural Effusion
- Human Immunodeficiency Virus (HIV)

Tips for Improving the AAB and URI Quality Measures

- Offer alternative treatment options such as over-the-counter drugs, bed rest, fluids, etc., when necessary.
- Discuss appropriate antibiotic use with your patients and offer supporting educational material.
- Code specifically, to indicate clearly when a bacterial infection is present requiring antibiotic therapy. For instance, 460 and 465 might not be the most appropriate diagnosis codes because they are considered a "presumed viral" diagnosis. Consider other codes that reflect a bacterial infection.
- Code all cases appropriately, especially those that involve antibiotic prescriptions, so that an accurate diagnosis is included.

* Note: If you feel an antibiotic prescription may be necessary, or unavoidable if symptoms worsen, you can offer an alternative for patients with an uncomplicated acute bronchitis diagnosis or upper respiratory infection. This would include patient education and the antibiotic prescription with instructions **not to be filled until greater than three days after the date of service** if they are not feeling better. You will maintain patient compliance for each of the antibiotic avoidance measures if prescriptions are filled at least three days after the diagnosing visit.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Appropriate Testing for Pharyngitis (CWP)

Description

This measure focuses on making sure that all patients 3 years of age and older who are diagnosed with pharyngitis – and prescribed an antibiotic – receive strep testing.

Sample Diagnoses (where a strep test is required prior to prescribing antibiotics for compliance)	Tips for Improving This Quality Measure
• Acute Pharyngitis • Acute Tonsillitis • Streptococcal Pharyngitis	**Before** prescribing antibiotics for diagnosed pharyngitis, perform a group A streptococcus test and confirm a bacterial infection. This is required documentation.
Sample CPT® & LOINC Codes for Group A Strep Testing	
CPT® Codes: 87070-87071, 87081, 87430, 87650-87652, 87880 LOINC Codes: 11268-0, 17656-0, 17898-8, 18481-2, 31971-5, 49610-9, 5036-9, 60489-2, 626-2, 6557-3, 6558-1, 6559-9, 68954-7, 78012-2	

Flu Vaccinations for Adults (FVA)

Description

This measure focuses on your patients 18 to 64 years of age who should receive an influenza vaccination every year. All adults and children 6 months and older should get an annual flu vaccine.

Tips for Improving This Quality Measure

- Schedule annual vaccinations for your patients.
- Send out appointment reminders to keep your patients up-to-date on all vaccinations.
- During yearly checkups, discuss the flu vaccine and complications that can come from not getting the vaccination.
- Consider flu vaccinations for the whole family, not just adults. If you have young patients who will turn 6 months old towards the end of flu season, don't forget to order extra doses of the vaccine. The vaccine is often in short supply in February, March and April.

For more information about the proper use of antibiotics and additional materials to help you with antibiotic stewardship, visit the Centers for Disease Control and Prevention at **https://www.cdc.gov/antibiotic-use/index.html.** To order print materials from the CDC, visit **https://wwwn.cdc.gov/pubs/cdcinfoondemand.aspx,** select **Antibiotic Use** from the drop-down programs filter, and click **Search** to view all available publications.