



Commercial Quality Improvement

ANTIBIOTIC STEWARDSHIP TOOLKIT 2024-25

ANTIBIOTIC STEWARDSHIP

Topics

In this presentation we'll cover:

- › Centers for Disease Control and Prevention (CDC) Updates for 2024-25
- › HEDIS® Measures
- › Additional Information
- › Provider Resources
- › Contacts

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See <http://www.ncqa.org/>.



Updates 2024-25

Antibiotic resistance is one of the most serious public health problems in the United States. To protect patients from harm and combat antibiotic resistance, the CDC advises:

- › Optimizing how you use and prescribe antibiotics
- › Using educational tools to inform patients
- › Practicing vigilant stewardship of antibiotic administration



Recommendations for 2024-25

Please note: We're making a shift to an antimicrobial focus.

The CDC's theme for U.S. Antibiotic Awareness Week (USAAW) is "Fighting Antimicrobial Resistance Takes All of Us."

- › The CDC recommends using a One Health approach to fight antimicrobial resistance, which recognizes the health of people is closely connected to the health of animals, plants and their shared environment.
- › Working together, we must improve the global prescribing and use of antibiotic and antifungal drugs and invest in global infection prevention.
- › Each day during USAAW, the CDC will focus on a different theme. A variety of resources are available in the [USAAW Toolkit](#).

Antimicrobial Resistance

- › Antimicrobial resistance happens when germs, like bacteria and fungi, develop the ability to defeat the drugs designed to kill them. It's an urgent global public health threat that's estimated to cause more than 1.27 million deaths around the world and nearly 35,000 deaths in the U.S. each year.
- › When C. diff is added to the annual U.S. death toll for all antimicrobial resistance threats, the number jumps to 48,000 deaths.
- › Improving appropriate antibiotic and antifungal use is critical. It helps improve patient outcomes by optimizing the treatment of infections, avoiding drug-related side effects and slowing the development of antimicrobial resistance.

Antibiotic Stewardship: AAB, URI, CWP

Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

- › **Goal of the measure:** Patients age **3 months and older** with a diagnosis of acute bronchitis/bronchiolitis alone shouldn't be given an antibiotic unless a competing diagnosis or comorbid condition is present and documented.

Appropriate Treatment for Upper Respiratory Infection (URI)

- › **Goal of the measure:** Patients age **3 months and older** with a diagnosis of an upper respiratory infection alone shouldn't be given an antibiotic unless a competing diagnosis or comorbid condition is present and documented.

Appropriate Testing for Pharyngitis (CWP)

- › **Goal of the measure:** Patients age **3 years and older** with a diagnosis of pharyngitis should receive a group A streptococcus (strep) test.

Note that patients may have **multiple** episodes. The intake period is a 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The intake period captures eligible episodes of treatment.

AAB, URI and CWP

Sample diagnoses that exclude patients from the denominator include:

- › Tonsillitis J03.90
- › Otitis media H66.93
- › Sinusitis J0.90, J01.91

The CWP measure is focused on the patient getting a strep test if they're given an antibiotic for a related pharyngitis diagnosis (acute pharyngitis, acute tonsillitis, streptococcal pharyngitis).

Including documentation of an in-office strep test on the claim form is the only way to close the CWP gap measure.

Note: Code listings are for example use and don't include all Value Set Codes. Please contact a Clinical Consultant if additional assistance is needed.

ADDITIONAL INFORMATION

Using Honey as an Alternative Treatment

Patients often ask for an antibiotic to ease their symptoms. As you know, antibiotics aren't helpful for symptoms of a cold, the flu or a viral upper respiratory infection.

Recent research published in [**BMJ Evidence-Based Medicine**](#) found honey may be a useful alternative in treating upper respiratory tract infections. So, when offering alternative treatments, consider adding honey to your usual advice of bed rest, fluids and over-the-counter medications.



Evaluating the Effectiveness of Honey

Researchers performed a systematic review and meta-analysis of 14 previously published, randomized trials.

Studies compared honey to placebos and usual-care remedies, including diphenhydramine and dextromethorphan.

In many cases, honey outperformed other treatments and helped to improve cough severity and frequency. More study is needed, but conclusions point to honey as a cheap, widely available and effective remedy for adults and children over the age of one.*

*The American Academy of Pediatrics doesn't recommend giving honey to children younger than 1 because of the risk of infant botulism.

A photograph of four medical professionals in a clinical setting. On the left, a man in blue scrubs looks towards the center. Next to him, a woman in blue scrubs also looks towards the center. In the center, a woman in a white lab coat holds a tablet and looks down at it. On the right, a man in a white lab coat holds a clipboard and looks down at it. The image has a blue and green color overlay.

Provider Resources

PROVIDER RESOURCES

Quality Care Quarterly

Our quarterly provider newsletter includes helpful updates and best practice tips for:

- › Quality care
- › Coding updates
- › Appropriate usage

You can find the current issue on our [Quality Care Initiatives page](#). An archive of previous issues is available [here](#).



PROVIDER RESOURCES

From the CDC

The CDC offers a variety of tools for providers online:

› Current patient education and promotional resources are available at: https://www.cdc.gov/antibiotic-use/communication-resources/?CDC_AAref_Val=https://www.cdc.gov/antibiotic-use/materials-references/index.html

- Print materials
- Video/Audio
- Web images and graphics

Viruses or Bacteria What's got you sick?

Antibiotics are only needed for treating certain infections caused by bacteria. Viral illnesses cannot be treated with antibiotics. When an antibiotic is not prescribed, ask your healthcare professional for tips on how to relieve symptoms and feel better.

Common Condition	Common Cause			Are Antibiotics Needed?
	Bacteria	Bacteria or Virus	Virus	
Strep throat	✓			Yes
Whooping cough	✓			Yes
Urinary tract infection	✓			Yes
Sinus infection		✓		Maybe
Middle ear infection		✓		Maybe
Bronchitis/chest cold (in otherwise healthy children and adults)*		✓		No*
Common cold/runny nose			✓	No
Sore throat (except strep)			✓	No
Flu			✓	No

* Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.



To learn more about antibiotic prescribing and use, visit www.cdc.gov/antibiotic-use.



Your BlueCross Commercial Quality Improvement Team



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Thank You



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