

HEDIS measures – Antibiotic dispensing guidelines

Summary of update: Overuse of antibiotics is directly linked to prevalence of antibiotic resistance. Promoting judicious use of antibiotics is important for reducing the emergence of harmful bacteria that is unresponsive to treatment. The following HEDIS® measures assess appropriate antibiotic dispensing for pharyngitis, upper respiratory infection, and bronchitis/bronchiolitis. Changes for HEDIS 2020 include expanded age range and additional stratifications.

Appropriate Testing for Pharyngitis (CWP)

The *Pediatric Clinical Practice Guidelines* recommend only children with lab-confirmed group A strep or other bacteria-related ailments be treated with appropriate antibiotics. This measure reports the percentage of episodes for members 3 years of age and older where the member was diagnosed with pharyngitis, prescribed an antibiotic at an outpatient visit, and received a group A strep test. A higher rate indicates better performance and completion of the appropriate testing required to merit antibiotic treatment.

Appropriate Treatment for Upper Respiratory Infection (URI)

This measure calculates the percentage of episodes for members 3 months of age and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Reducing unnecessary use of antibiotics is the goal of this measure. It is reported as an inverted rate. A higher rate indicates appropriate upper respiratory treatment (in other words, the proportion of episodes that did not result in an antibiotic dispensing event).

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

There is considerable evidence that prescribing antibiotics for uncomplicated acute bronchitis is not indicated unless it is associated with a comorbid diagnosis. This measure assesses the percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. It is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (in other words, the proportion of episodes that did not result in an antibiotic dispensing event).



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Helpful tips:

- When patients present with symptoms of pharyngitis, ensure proper testing for strep is performed to avoid the unnecessary prescribing of antibiotics. Record the results of the strep test.
- If prescribing an antibiotic to members with acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.
- Educate members on the difference between bacterial and viral infections. Refer to the illness as a common cold, sore throat, or chest cold. Parents and caregivers tend to associate these labels with a less frequent need for antibiotics.
- Write a prescription for symptom relief. This includes rest, fluids, cool mist vaporizers, and over-the-counter medicines.
- If a patient insists on an antibiotic, consider using delayed prescribing. Refer to the CDC handout for patients titled *What is Delayed Prescribing?* This is available at cdc.gov/antibiotic-use > Training and Resources for Healthcare Professionals > Educational Resources for Healthcare Professionals > Under Prescription Pads, select *What is Delayed Prescribing?*

Resources:

- CDC's Be Antibiotics Aware campaign: <https://cdc.gov/antibiotic-use/index.html>
- CDC's antibiotic use handouts for patients: <https://cdc.gov/antibiotic-use/community/materials-references/index.html>