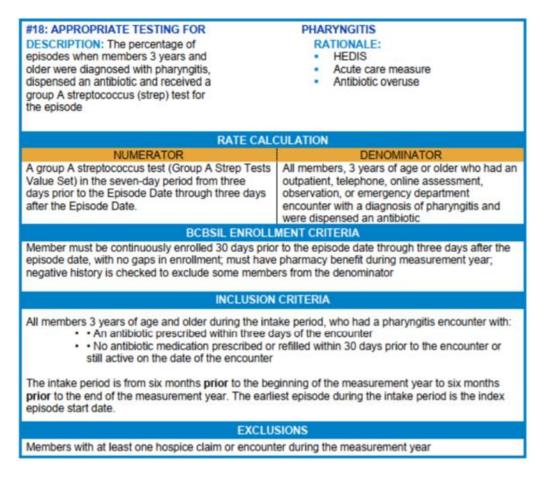


The following three measures are included in the quality component of our QHP/Blue Cross ACO contract. All are related to reducing antibiotic use. The clinical rationale is to reduce bacterial resistance by reducing overprescribing of antibiotics in instances when they may not be needed to treat the illness presented during the visit.

To help us meet the following measure, **Appropriate Testing for Pharyngitis**, the QHP Clinical Committee recommends the following:

- 1. Make sure a strep screen is performed before prescribing an antibiotic.
- 2. Only prescribe an antibiotic if you think the infection is bacterial.
- 3. Especially in walk-in clinics, have a dialogue around bacterial resistance and how to know when an antibiotic may not be needed.
- 4. Write the prescription if necessary and recommend the patient does not fill unless they still feel ill after three days (on day four).





To help us meet the following measure, **Appropriate Treatment for Upper Respiratory Infection**, the QHP Clinical Committee recommends the following:

- 1. Only prescribe an antibiotic if you think the infection is bacterial.
- 2. Especially in walk-in clinics, have a dialogue around bacterial resistance and how to know when an antibiotic may not be needed.
- 3. Write the prescription if necessary and recommend the patient does not fill unless they still feel ill after three days (on day four).

| #19: APPROPRIATE TREATMENT FOR | UPPER RESPIRATORY INFECTION |
|--|---|
| DESCRIPTION: The percentage of episodes | RATIONALE: |
| when a member 3 months of age and older was | HEDIS |
| given a diagnosis of upper respiratory infection | Acute care measure |
| (URI) and was not dispensed an antibiotic | Antibiotic overuse |
| prescription | |
| RATE CALCULATION | |
| NUMERATOR | DENOMINATOR |
| Dispensed prescription for an antibiotic medication | All episodes incurred by members 3 months of |
| from the CWP Antibiotic Medications List on or 3 | age and older as of the episode date who had an |
| days after the Episode Date. | outpatient, telephone, online assessment, |
| | observation, or ED visit with a URI diagnosis |
| BCBSIL ENROLLMENT CRITERIA | |
| 30 days prior to the index episode start date through three days after the index episode start date with no gaps in enrollment | |
| INCLUSION CRITERIA | |
| All members, 3 months of age and older during the intake period, who had a URI encounter with: | |
| No antibiotic medication prescribed or refilled within 30 days prior to the encounter or still active on the date of the encounter | |
| No specified competing diagnosis on or within three days following the encounter | |
| The intake period is from six months prior to the beginning of the measurement year to six months prior | |
| to the end of the measurement year. The earliest episode during the intake period is the index episode start date. | |
| EXCLUSIONS | |
| Members with at least one hospice claim or encounter during the measurement year | |



To help us meet the following measure, Avoidance of Antibiotic Treatment with Acute Bronchitis/Bronchiolitis, the QHP Clinical Committee recommends the following:

- 1. Only prescribe an antibiotic if you think the infection is bacterial.
- 2. Especially in walk-in clinics, have a dialogue around bacterial resistance and how to know when an antibiotic may not be needed.
- 3. Write the prescription if necessary and recommend the patient does not fill unless they still feel ill after three days (on day four).

