



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).

#18: APPROPRIATE TESTING FOR PHARYNGITIS DESCRIPTION: The percentage of episodes when members 3 years and older were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode		PHARYNGITIS RATIONALE: <ul style="list-style-type: none"> ▪ HEDIS ▪ Acute care measure ▪ Antibiotic overuse
RATE CALCULATION		
NUMERATOR	DENOMINATOR	
A group A streptococcus test (Group A Strep Tests Value Set) in the seven-day period from three days prior to the Episode Date through three days after the Episode Date.	All members, 3 years of age or older who had an outpatient, telephone, online assessment, observation, or emergency department encounter with a diagnosis of pharyngitis and were dispensed an antibiotic	
BCBSIL ENROLLMENT CRITERIA		
Member must be continuously enrolled 30 days prior to the episode date through three days after the episode date, with no gaps in enrollment; must have pharmacy benefit during measurement year; negative history is checked to exclude some members from the denominator		
INCLUSION CRITERIA		
All members 3 years of age and older during the intake period, who had a pharyngitis encounter with: <ul style="list-style-type: none"> ▪ An antibiotic prescribed within three days of the encounter ▪ No antibiotic medication prescribed or refilled within 30 days prior to the encounter or still active on the date of 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, **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 when a member 3 months of age and older was given a diagnosis of upper respiratory infection (URI) and was not dispensed an antibiotic prescription		RATIONALE: <ul style="list-style-type: none"> • HEDIS • Acute care measure • Antibiotic overuse
RATE CALCULATION		
NUMERATOR	DENOMINATOR	
Dispensed prescription for an antibiotic medication from the CWP Antibiotic Medications List on or 3 days after the Episode Date.	All episodes incurred by members 3 months of age and older as of the episode date who had an 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: <ul style="list-style-type: none"> • 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).

#20: AVOIDANCE OF ANTIBIOTIC TREATMENT WITH ACUTE BRONCHITIS/BRONCHIOLITIS	
<p>DESCRIPTION: The percentage of episodes when a member 3 months of age or older with a diagnosis of acute bronchitis/bronchiolitis was not dispensed an antibiotic prescription</p>	<p>RATIONALE:</p> <ul style="list-style-type: none"> HEDIS Acute care measure Antibiotic overuse
RATE CALCULATION	
NUMERATOR	DENOMINATOR
<p>Dispensed prescription for an antibiotic medication (AAB Antibiotic Medications List) on or three days after the Episode Date</p>	<p>All members, 3 months of age or older, who had an outpatient, telephone, online assessment, observation, or emergency department encounter with a diagnosis of acute bronchitis/bronchiolitis</p>
BCBSIL ENROLLMENT CRITERIA	
<p>Member must be continuously enrolled 30 days prior to the episode date through three days after the episode date, with no gaps in enrollment; must have pharmacy benefit during measurement year; negative history is checked to exclude some members from the denominator.</p>	
INCLUSION CRITERIA	
<p>Members who meet the denominator criteria with none of the diagnostic codes that describe comorbid conditions (such as tuberculosis, tracheostomy, lung abscess, pneumothorax, etc.) during the 12-month period prior to the encounter, no prescription for an antibiotic medication filled 30 days prior to the encounter or active on the episode date, and none of the specified competing diagnoses during the period from 30 days prior to the encounter to seven days after 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 episode date.</p>	
EXCLUSIONS	
<p>Members with at least one hospice claim or encounter during the measurement year</p>	