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Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis – *Tip Sheet*

The Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) Quality Improvement (QI) program monitors provider performance for clinical care and services, such as avoidance of antibiotic treatment in adults with acute bronchitis, through various initiatives, including promoting recommended clinical practices and using the Healthcare Effectiveness Data and Information Set (HEDIS®) measures as developed and maintained by the National Committee for Quality Assurance (NCQA).[1] This tip sheet is designed to help increase the number of compliant Health Net patients, and includes best practices and suggested approaches for Health Net patients with acute bronchitis.

What: The Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB) HEDIS measure is defined as the percentage of adults ages 18–64 with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription. The rate for this measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of adults with acute bronchitis (the proportion for whom antibiotics were not prescribed). The time frame of this measure is January 1 through December 24 of the measurement year.[1]

AAB Facts

Antibiotic use is the primary cause of antibiotic resistance. In the United States, 47 million unnecessary antibiotic prescriptions are written yearly in doctors' offices, emergency rooms and hospital-based clinics. To help reduce antibiotic resistance and avoid adverse drug reactions, antibiotics should be prescribed only when appropriate.[2]

Where: Documentation in the medical record must include patient name; date of birth; Index Episode Start Date (IESD), which is the earliest date of an encounter with a principal diagnosis of acute bronchitis during the measurement year; documentation of diagnosis of acute bronchitis on the IESD; and no documentation of or dispensation of antibiotic prescription on or three days after the IESD.[1]

Medical Record Documentation and Best Practice Tips

- Discourage the use of antibiotics for routine treatment of uncomplicated acute bronchitis, unless clinically indicated.
- If a patient is requesting antibiotics for acute bronchitis, educate the patient on the difference between bacterial and viral infections.
- If patients insist on an antibiotic, refer to their illness as a "chest cold" or viral upper respiratory infection in patient communications.
- Offer the patient symptomatic relief, as needed, such as cough suppressants, nonsteroidal anti-inflammatory drugs (NSAIDs), multi-symptom over-the-counter (OTC) medications, and possibly bronchodilators (if there is any bronchospasm).
- If prescribing an antibiotic for a bacterial infection, use the diagnosis code for the bacterial infection and/or comorbid condition.
- Use resources available for providers and patients to learn other strategies for effective antibiotic stewardship:
    - Robert Wood Johnson Foundation – Practice for real-life conversations with patients about antibiotics using virtual simulations: www.conversationsforhealth.com/antibiotics.
    - Refer to Alliance Working for Antibiotic Resistance Education (AWARE) provider and patient resources: www.phcdocs.org/aware.

How: Data for this measure is captured administratively; therefore, submitting a claim/encounter for all diagnoses, including comorbid and competing diagnoses, is important so the patient is excluded from the measure if appropriate.

References

[1]NCQA's HEDIS 2018 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2017.

[2]Centers for Disease Control and Prevention. Antibiotic statistics retrieved from www.cdc.gov/features/getsmart/index.html, October 31, 2017.

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Exclusions to the AAB HEDIS Measure

- Emergency department visits or observation visits that result in a hospitalization.
- Onset of illness where the patient had a claim/encounter with diagnosis for a comorbidity during the 12 months prior to or on the onset of the illness.
    - Diagnoses for comorbidity include:
        - HIV
        - HIV type 2
        - Malignant neoplasms
        - Emphysema
        - Chronic obstructive pulmonary disease (COPD)
        - Cystic fibrosis
        - Comorbid conditions
        - Disorders of the immune system
- Patients who had a claim/encounter with any competing diagnosis, including pharyngitis, during the period 30 days prior to the episode date through seven days after the episode date (38 total days).
- Episode dates where a new or refill prescription for an antibiotic medication was filled 30 days prior to the episode date or was active on the episode date.