

# Tip Sheet: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis



The California Health & Wellness Plan (CHWP) 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).<sup>1</sup> This tip sheet is designed to help increase the number of compliant patients, and includes best practices and suggested approaches for patients with acute bronchitis.

## WHAT IS THE AAB MEASURE?

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  $[1 - \text{numerator}/(\text{eligible population})]$ . 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.<sup>1</sup>

## 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.<sup>2</sup>

**WHERE:** Documentation in the medical record must include the 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.<sup>1</sup>

## 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:
  - Cancer any time during the patient's history through 28 days after the Index Episode Start Date (IESD). Robert Wood Johnson Foundation – Practice for real-life conversations with patients about antibiotics using virtual simulations: [www.conversationsforhealth.com/antibiotics](http://www.conversationsforhealth.com/antibiotics).
  - Refer to Alliance Working for Antibiotic Resistance Education (AWARE) provider and patient resources: [www.thecmafoundation.org/Resources/Physician-Resources](http://www.thecmafoundation.org/Resources/Physician-Resources).

**HOW:** Data for this measure is captured administratively; therefore, submitting a claim/encounter for any diagnosis in which imaging is clinically appropriate (red flags) is important so the patient is excluded from the measure.

## REFERENCES

<sup>1</sup> NCQA's HEDIS 2018 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2017.

<sup>2</sup> Centers for Disease Control and Prevention. Antibiotic statistics retrieved from [www.cdc.gov/features/getsmart/index.html](http://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
    - Emphysema
    - Comorbid conditions
    - HIV type 2
    - COPD
    - Disorders of the immune system
    - Malignant neoplasms
    - Cystic fibrosis
- 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 (see the AAB Antibiotic Medications List below) was filled 30 days prior to the episode date or was active on the episode date.

## AAB ANTIBIOTIC MEDICATIONS LIST

Description	Prescription		
Aminoglycosides	Amikacin, Gentamicin, Kanamycin, Streptomycin, Tobramycin		
Aminopenicillins	Amoxicillin	Ampicillin	
Antipseudomonal penicillins	Piperacillin		
Beta-lactamase inhibitors	Amoxicillin-clavulanate Ampicillin-sulbactam	Piperacillin-tazobactam	Ticarcillin-clavulanate
First-generation cephalosporins	Cefadroxil	Cefazolin	Cephalexin
Fourth-generation cephalosporins	Cefepime		
Ketolides	Telithromycin		
Lincomycin derivatives	Clindamycin, Lincomycin		
Macrolides	Azithromycin Clarithromycin	Erythromycin Erythromycin ethylsuccinate	Erythromycin lactobionate Erythromycin stearate
Miscellaneous antibiotics	Aztreonam, Chloramphenicol Dalfopristin-quinupristin	Daptomycin, Linezolid Erythromycin-sulfisoxazole	Metronidazole Vancomycin
Natural penicillins	Penicillin G benzathine-procaine Penicillin G potassium	Penicillin G procaine Penicillin G sodium	Penicillin V potassium Penicillin G benzathine
Penicillinase resistant penicillins	Dicloxacillin	Nafcillin	Oxacillin
Quinolones	Ciprofloxacin, Gemifloxacin, Levofloxacin, Moxifloxacin, Norfloxacin, floxacin		
Rifamycin derivatives	Rifampin		
Second-generation cephalosporin	Cefaclor, Cefotetan	Cefoxitin, Cefprozil	Cefuroxime
Sulfonamides	Sulfadiazine	Sulfamethoxazole-trimethoprim	
Tetracyclines	Doxycycline	Minocycline	Tetracycline
Third-generation cephalosporins	Cefdinir, Cefditoren, Cefixime	Cefotaxime, Cefpodoxime Ceftazidime	Ceftibuten, Ceftriaxone
Urinary anti-infectives	Fosfomycin, Nitrofurantoin Trimethoprim	Nitrofurantoin macrocrystals-monohydrate Nitrofurantoin macrocrystals	