

Antibiotic Avoidance: Upper Respiratory Infection

PATIENT POPULATION: Patients 3 months of age and older

NUMERATOR COMPLIANCE: Per HEDIS®¹, patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that **did not** result in an antibiotic dispensing event on or 3 days after the diagnosis

EXCLUSIONS

- » Comorbidities present at or within the 12 months prior to the encounter; including HIV, Malignant Neoplasms, Emphysema, COPD, Malignant Neoplasms of the Skin, and Disorders of the Immune System
- Diagnosis of an infection for which an antibiotic prescription is appropriate – such as bacterial pharyngitis – on or within 3 days after the encounter
- » An antibiotic medication dispensed within the 30 days prior to the URI encounter
- » Encounters that result in an inpatient stay

DOCUMENTATION REQUIREMENTS

This measure is not met if a prescription for an antibiotic is dispensed within 3 days of a diagnosis of Upper Respiratory Infection (URI) – barring any exclusions – and this data is captured via pharmacy claims.

COMMON DOCUMENTATION INSUFFICIENCIES

- » Failing to document comorbidities and/or competing diagnoses
- » These diagnoses/codes do not indicate necessity for antibiotic treatment:

DESCRIPTION
Acute nasopharyngitis (common cold)
Acute laryngopharyngitis
Acute upper respiratory infection, unspecified

BEST PRACTICES

- Review ACN Provider
 Portal for patients identified as non-compliant for this measure and provide education to clinicians as appropriate.
- Educate patients and caregivers on appropriate antibiotic use and the risks of overuse (i.e., resistance to future bacterial strains), and instead recommend at-home treatments to help alleviate symptoms.
- Our care coordination team can provide patients with individualized support. To refer a patient please contact us:

602-406-7226 or 855-218-3451 CareCoordination@azcarenetwork.org

