

Appropriate Treatment for Upper Respiratory Infection (URI) – Inverse Measure

Patients 3 months of age and older with a diagnosis of upper respiratory infection (URI) that **did not** result in an antibiotic dispensing event.

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:

Code	Description
J00	Acute nasopharyngitis (common cold)
J06.0	Acute laryngopharyngitis
J06.9	Acute upper respiratory infection, unspecified

Best Practices

- Review Innovaccer Dashboards and/or InNote 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.