



## **AAO 25: Percentage of patients with allergic rhinitis who do not receive IgG-based immunoglobulin testing**

This measure is intended to improve appropriate test selection for patients with allergic rhinitis undergoing evaluations for allergens.

**Quality Domain:** Efficiency and Cost Reduction

While a presumptive diagnosis of AR can be made based on a history and physical examination, the presence of a specific IgE antibody to a specific inhalant allergen(s) to which the patient has reported symptoms helps confirm the diagnosis of AR. Patients may benefit from identification of specific allergic cause. As AR is an IgE-mediated disease, testing for non-IgE antibodies (i.e., IgG) when trying to identify specific allergen triggers is not beneficial. Measurement of total IgE also has limited diagnostic value in the diagnosis of AR. There are 2 main categories of useful IgE-specific tests: skin and blood testing. Skin testing is a bioassay performed by introducing a specific allergen into the patient's skin. We did not specify which specific IgE test (blood or skin) to order. According to guidelines from the World Health Organization (WHO), allergy testing can be considered as well as other treatment measures such as immunotherapy in patients in whom antihistamines and moderate-dose intranasal steroids (INS) insufficiently control symptoms, with an adequate trial of medications being 2 to 4 weeks in duration. The guideline authors did not specify which allergens to test, as that was beyond the scope of this guideline. They did not specify what constitutes empiric treatment, although this is generally treatment that is initiated prior to confirmatory, IgE-specific testing and could include recommending environmental controls, allergen avoidance, or medical management. Lack of response to empiric treatment is not defined to allow the clinician to exercise judgment in making this determination but is generally thought to include patients with persistent symptoms despite therapy. Flexibility: Moderate—Shared decision making in discussion of harms and benefits of testing; clinicians and patients should discuss potential costs, benefits, and adverse effects of additional testing, and type of testing, either skin or blood, if neither is contraindicated

**Denominator:** Patients seen for a visit during the measurement period where allergic rhinitis is diagnosed.

**Denominator Exclusions:** None

**Denominator Exceptions:** None

**Numerator:** Patients who do not receive IgG testing for evaluation of allergic rhinitis.

**Measure Type:** Process, Traditional, Proportional, High Priority

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