♦ Measure #65 (NQF 0069): Appropriate Treatment for Children with Upper Respiratory Infection (URI) – National Quality Strategy Domain: Efficiency and Cost Reduction

2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES:
REGISTRY ONLY

DESCRIPTION:
Percentage of children 3 months through 18 years of age who were diagnosed with upper respiratory infection (URI) and were not dispensed an antibiotic prescription on or three days after the episode

INSTRUCTIONS:
This measure is to be reported once for **each occurrence** of upper respiratory infection during the reporting period. Claims data will be analyzed to determine unique occurrences. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

Measure Reporting via Registry:
ICD-9-CM/ICD-10-CM diagnosis codes, CPT or HCPCS codes, and patient demographics are used to identify patients who are included in the measure's denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions; however, these codes may be submitted for those registries that utilize claims data.

DENOMINATOR:
Children 3 months through 18 years of age who had an outpatient or emergency department (ED) visit with only a diagnosis of upper respiratory infection (URI) during the measurement period

> **Denominator Instructions:** To determine eligibility, look for any of the listed antibiotic drugs below in the 30 days prior to the visit with the URI diagnosis. As long as there are no prescriptions for the listed antibiotics during this time period, the patient is eligible for denominator inclusion.
>
> **Denominator Criteria (Eligible Cases):**
> Patients aged 3 months through 18 years on date of encounter
> **AND**
> **Diagnosis for URI (ICD-9-CM) [for use 1/1/2015-9/30/2015]:** 460, 465.0, 465.8, 465.9
> **Diagnosis for URI (ICD-10-CM) [for use 10/01/2015-12/31/2015]:** J00, J06.0, J06.9
> **AND**
> **Patient encounter during the reporting period (CPT or HCPCS):** 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99217, 99218, 99219, 99220, 99281, 99282, 99283, 99284, 99285, G0402

Antibiotic Medications

Description	Prescription	
Aminopenicillins	• Amoxicillin	• Ampicillin
Beta-lactamase inhibitors	• Amoxicillin-clavulanate	
First generation cephalosporins	• Cefadroxil • Cefazolin	• Cephalexin
Folate antagonist	• Trimethoprim	

Description	Prescription	
Lincomycin derivatives	• Clindamycin	
Macrolides	• Azithromycin • Clarithromycin • Erythromycin	• Erythromycin ethylsuccinate • Erythromycin lactobionate • Erythromycin stearate
Miscellaneous antibiotics	• Erythromycin-sulfisoxazole	
Natural penicillins	• Penicillin G potassium • Penicillin G sodium	• Penicillin V potassium
Penicillinase-resistant penicillins	• Dicloxacillin	
Quinolones	• Ciprofloxacin • Levofloxacin	• Moxifloxacin • Ofloxacin
Second generation cephalosporins	• Cefaclor • Cefprozil	• Cefuroxime
Sulfonamides	• Sulfamethoxazole-trimethoprim	• Sulfisoxazole
Tetracyclines	• Doxycycline • Minocycline	• Tetracycline
Third generation cephalosporins	• Cefdinir • Cefixime • Cefpodoxime	• Ceftibuten • Cefditoren • Ceftriaxone

NUMERATOR:
Patients who were **not** prescribed or dispensed a prescription for antibiotic medication on or within 3 days after the URI Episode date

Numerator Instructions: For performance, the measure will be calculated as the number of patient's encounter(s) where antibiotics were neither prescribed nor dispensed on or within three days of the episode for URI over the total number of encounters in the denominator (patients aged 3 months through 18 years with an outpatient or ED visit for URI. A higher score indicates appropriate treatment of patients with URI (eg, the proportion for whom antibiotics were not prescribed or dispensed following the episode).

Numerator Options:
Performance Met: Patient **not** prescribed or dispensed antibiotic **(G8708)**

OR

Medical Performance Exclusion: Patient prescribed or dispensed antibiotic for documented medical reason(s) (eg,intestinal infection, pertussis, bacterial infection, Lyme disease, otitis media, acute sinusitis, acute pharyngitis, acute tonsillitis, chronic sinusitis, infection of the pharynx/larynx/tonsils/adenoids, prostatitis, cellulitis, mastoiditis, or bone infections, acute lymphadenitis, impetigo, skin staph infections, pneumonia/gonococcal infections, venereal disease (syphilis, chlamydia, inflammatory diseases [female reproductive organs]),

infections of the kidney, cystitis or UTI, and acne **(G8709)**

OR

Performance Not Met: Patient prescribed or dispensed antibiotic **(G8710)**

RATIONALE:

In 1998, 25 million patients (adults and children) sought care for non-specific upper respiratory infections (URI, also known as the common cold) and 30 percent received antibiotics (Gonzales 2001).

Inappropriate antibiotic prescriptions for URI, pharyngitis and bronchitis are estimated to amount to 55 percent (22.6 million) of all antibiotics prescribed for acute respiratory infections, costing $726 million in 1998 (Gonzales 2001).

Using antibiotics inappropriately can lead to antibiotic resistance, which can result in increased morbidity and mortality (Feikin 2000). The resulting increased effort to treat drug-resistant pathogens can also lead to more repeated health care visits, greater risk of disease complications and increased health care costs (Feikin 2000; Dagan 2000; Watanabe 2000).

CLINICAL RECOMMENDATION STATEMENTS:

American Family Physician (Wong, Blumberg, and Lowe 2006)

- A diagnosis of acute bacterial rhinosinusitis should be considered in patients with symptoms of a viral upper respiratory infection that have not improved after 10 days or that worsen after five to seven days. (C)
- Treatment of sinus infection with antibiotics in the first week of symptoms is not recommended. (C)
- Telling patients not to fill an antibiotic prescription unless symptoms worsen or fail to improve after several days can reduce the inappropriate use of antibiotics. (B)