

Improving Antibiotic Stewardship Through NCQA's HEDIS® Antibiotic Measures

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Objectives

- 1. Outline the importance of antibiotic stewardship.
- 2. Define the four HEDIS antibiotic measures.
- 3. Describe how NCQA evaluates health plan performance with the incorporation of the AXR measure in Measurement Year (MY) 2023.
- 4. Understand how to apply the HEDIS antibiotic measures to design, implement, and evaluate quality improvement initiatives aimed at optimizing antibiotic use and enhance antibiotic stewardship efforts.





Background

Antibiotic Utilization



Antibiotics are prescribed at high rates

Risks include

- Antibiotic-resistant infections affecting 2.8 million people and associated with 35,000 deaths each year¹
- Approximately 30% of outpatient antibiotic prescriptions in the U.S. are unnecessary²



Antibiotics are often prescribed without indication

Commonly prescribed for acute respiratory conditions:

- Common cold (rhinitis) and influenza
- Pharyngitis
- Bronchitis, Bronchiolitis

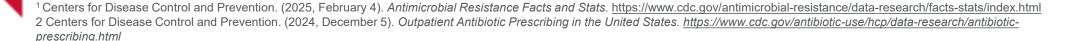


Antibiotics require careful consideration

Interventions targeting inappropriate antibiotic use may be informed by:

- Monitoring overall antibiotic utilization
- Leveraging data to identify areas for improvement

Antibiotic Stewardship





Antibiotic Clinical Guidelines

CDC "Be Antibiotics Aware: Virus or Bacteria 'What's got you sick?'"

	Common Cause			A A .dtbt.dt.a.
Common Respiratory Condition	Bacteria	Bacteria or Virus	Virus	Are Antibiotics Needed?
Strep throat	X			Yes
Whooping cough	X			Yes
Sinus infection		X		Maybe
Middle ear infection		X		Maybe
Bronchitis/chest cold		X		No*
Common cold/runny noise			X	No
Sore throat (except strep)			X	No
Flu			X	No

^{*}Studies show that in otherwise healthy children and adults, antibiotics for bronchitis won't help you feel better.



Antibiotic Stewardship

Outpatient settings

The effort to measure and improve how antibiotics are prescribed by clinicians and used by patients¹

Commitment

Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety

Action for Policy and Practice

Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working and modify as needed

Core
Elements of
Outpatient
Antibiotic
Stewardship²

Tracking and Reporting

Monitor antibiotic prescribing practices and offer regular feedback to clinicians, or have clinicians assess their own antibiotic prescribing practices themselves

Education and Expertise

Provide educational resources to clinicians and patients on antibiotic prescribing and ensure access to needed expertise on optimizing antibiotic prescribing





HEDIS Antibiotic Measures Set

3 measures assess avoidance of inappropriate antibiotic prescribing for key respiratory conditions

Acute
Bronchitis/
Bronchiolitis

(AAB)

Pharyngitis

(CWP)

Upper Respiratory Infection

(URI)

Domain

Effectiveness of Care

1 measure describes prescribing across all respiratory conditions

Respiratory Conditions

(AXR)

Domain

Utilization





Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Measure Description

Episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensed

Product Lines

Medicaid, Commercial, Medicare

Data Source

Administrative claims

Required Benefit

Medical and Pharmacy

Domain

Effectiveness of Care





Appropriate Treatment for Upper Respiratory Infection (URI)

Measure Description

Episodes for members ages 3 months and older with a diagnosis of upper respiratory infection that did *not* result in an antibiotic dispensed

Product Lines

Medicaid, Commercial, Medicare

Data Source

Administrative claims

Required Benefit

Medical and Pharmacy

Domain

Effectiveness of Care





Appropriate Testing for Pharyngitis (CWP)

Measure Description

Episodes for members ages 3 years and older where the member was diagnosed with **pharyngitis**, dispensed an **antibiotic**, and received a group A strep test

Product Lines

Medicaid, Commercial, Medicare

Data Source

Administrative claims

Required Benefit

Medical and Pharmacy

Domain

Effectiveness of Care





Antibiotic Utilization for Respiratory Conditions (AXR)

Measure Description

Percentage of episodes
for members 3 months of age
and older with a diagnosis
of a respiratory condition that
resulted in
an antibiotic dispensing
event

Captures both appropriate <u>and</u> inappropriate prescribing

Product Lines

Commercial, Medicaid, Medicare

Data Source

Administrative claims

Required Benefit

Medical and Pharmacy

Domain

Utilization



Example

How to Use HEDIS Antibiotic Measures for Stewardship



Patient has bronchitis, but is coded as having sinusitis and dispensed an antibiotic





Performance on bronchitis measure looks good (higher is better)



By focusing <u>only</u> on appropriate use, we are not aware that overall utilization may be too high



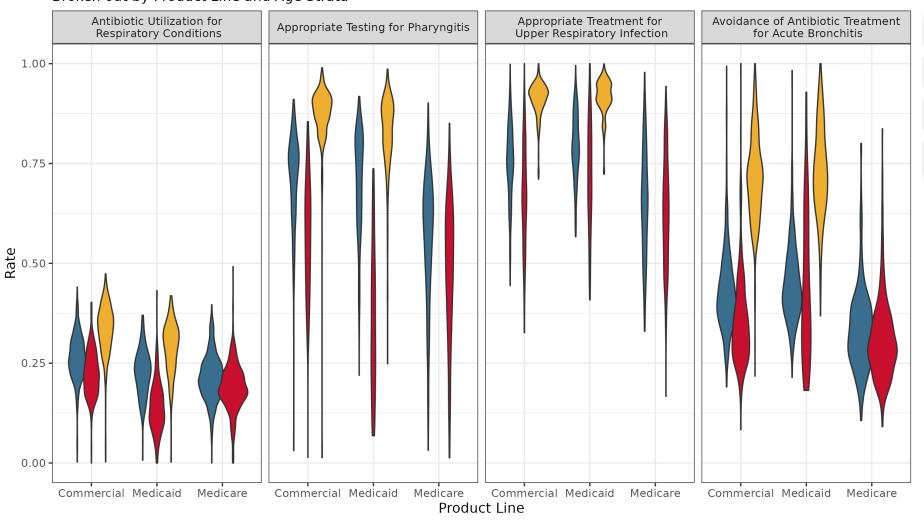
Tracking overall prescribing across <u>all</u>
respiratory conditions in conjunction with
the inappropriate prescribing measures
can illuminate areas to focus on



Performance Rates Across All Four HEDIS Antibiotic Measures

Measurement Year 2023

Rate Distribution for antibiotics measures (MY2023) Broken out by Product Line and Age Strata



Performance differs across measures, ages, and product lines





Considerations for Determining High Performers

Assess overall antibiotic utilization levels

A health plan's AXR measure rate must be at or in the bottom 50th percentile

Performance differs across measures, ages and product lines

Apply a consistent, percentile-based benchmark Calculate by measure, age band, and product line

A plan may not have reportable data for all indicators

Require at least two reportable indicators

A plan's performance is not uniform across measures

Require at least a third of indicators perform at or above the benchmark



Measure	Indicator	Plan A	Plan B	Plan C
Antibiotic Utilization for Respiratory Conditions	Total	√ 45th percentile	✓ 30th percentile	X 60th percentile
Meets criteria				X

Measure	Age Band	Plan A	Plan B
Bronchitis	Child		
	Adult 18-64		
	Adult 65+		
Upper Respiratory Infection	Child		
	Adult 18-64		
	Adult 65+		
Pharyngitis	Child		
	Adult 18-64		
	Adult 65+		

*Plan C removed from consideration



Measure	Age Band	Plan A	Plan B
	Child		
Bronchitis	Adult 18-64		
	Adult 65+		
Upper Respiratory Infection	Child		
	Adult 18-64		
	Adult 65+		
Pharyngitis	Child		
	Adult 18-64		
	Adult 65+		
	Reportable indicators	6	4

Measure	Age Band	Plan A	Plan B
Bronchitis	Child	\checkmark	
	Adult 18-64		
	Adult 65+		
Upper Respiratory Infection	Child	\checkmark	
	Adult 18-64		\checkmark
	Adult 65+	✓	
	Child	\checkmark	
Pharyngitis	Adult 18-64		
	Adult 65+		
	Reportable indicators	6	4
Appropriate Prescribing		4	1







Top Performer Results

Measurement Year 2023

Geographically Diverse

Represent all three product lines

Varied in enrollment size

	Count of Plans		High Performers
	High Performing	All Plans	as a Percent of All Plans
Commercial	57	384	14.8%
Medicaid	36	221	16.3%
Medicare	39	357	10.9%

Key Takeaways

Final Summary

- Inappropriate prescribing is one of the most significant risk factors for antibiotic resistance.
- Health plans can play an important role in antibiotic stewardship in outpatient settings.
- The AXR measure can be used in concert with the three appropriateness measures (URI, CWP, AAB) to outline a full picture of antibiotic utilization across a health plan's membership.
- A methodology to identify plans who are performing well on the four HEDIS antibiotic measures can help health plans understand how NCQA calculates high performing plans.









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