Appropriate Treatment for URI: Measure Definition

- **Measure Definition**

  Important Measure Changes in 2020 Noted in Red Text

  - The % of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription

Diagnostic Codes for URI

ICD 10 Codes	Definition
J00	[J00] Acute Nasopharyngitis [Common Cold]
J06.0	[J06.0] Acute Laryngopharyngitis
J06.9	[J06.9] Acute Upper Respiratory Infection, Unspecified

- **Important Features of Measure Definition**
  - ~~Excludes claims/encounters with more than one non-URI diagnosis~~
  - Excludes patients where a new or refill prescription for an antibiotic medication was filled 30 days prior to the episode date
  - Excludes patients who had an encounter with a competing diagnosis on or within three days after the episode date
  - Excludes patients with comorbid condition diagnosis in 12 months prior to episode
  - Includes patients who were prescribed antibiotics by a provider external to your practice
  - The eligible episodes of treatment are within a 12-month window that begins on July 1st of the year prior to the measurement year and ends on June 30th of the measurement year. (e.g. for 2021 performance, the 12-month window is from July 1st 2020 through June 30th 2021)

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- **Summary of Important Changes in Measurement Year 2020**
  - <u>Removed Exclusion</u> to Exclude Encounters with Any Diagnoses Other than URI

    Implication: Denominator Increases Significantly (<u>2.6 Times as Large</u>)

  - Changed From Member-Based Denominator to <u>Episode-Based Denominator</u>

    Implication: 1 Member May be Included in Measure Multiple Times

  - Expanded Age Range from 3 Months to 18 Years Old to 3 Months and Older
  - Minor Impact: Added Exclusion for Comorbid Conditions (identified during 12 months prior to URI episode | Includes HIV, malignancies, COPD, and other specialized pulmonary conditions such as tuberculosis)
  - Minor Impact: Added Telehealth Visits to the Criteria to Identify Episodes

- **Important:**
  - Measure evaluated July 1st of prior year to June 30th of the measurement year (similar to Pharyngitis measure)

    Example: Measurement Year 2022 Evaluation Starts July 1st, 2021 & Ends June 30th, 2022

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Appropriate Treatment for URI – Key Quality Improvement Tactics & Strategies

Measure Definition

The percentage of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription.

Important Patient Exclusions

- Claims/Encounters with a Competing Diagnosis (see list below) within 4 days of the URI diagnosis (i.e. another diagnosis warrants prescription of an antibiotic)

Important Notes

- A prescription for an antibiotic 4 days after initial URI diagnosis is OK. An antibiotic prescription within 4 days is OK if another Competing Diagnosis (see list below) warrants an antibiotic.

Key Tactics & Improvement Strategies Remain the Same!

Key Lessons Learned:

1. If a strep test is to be performed on a patient, include a pharyngitis diagnosis along with a URI diagnosis. The presence of both diagnoses appropriately excludes the patient from the URI measure. This is particularly important when the strep test comes back positive and warrants an antibiotic.
2. Ensure applicable competing diagnoses are "linked" to the claim (i.e. if the competing diagnosis is not linked to applicable CPT code, the payer will not exclude the patient).
3. Nonsuppurative otitis media diagnoses are not competing diagnoses since these diagnoses do not warrant an antibiotic.

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Appropriate Treatment for URI: CMHN Deep Dive Learnings

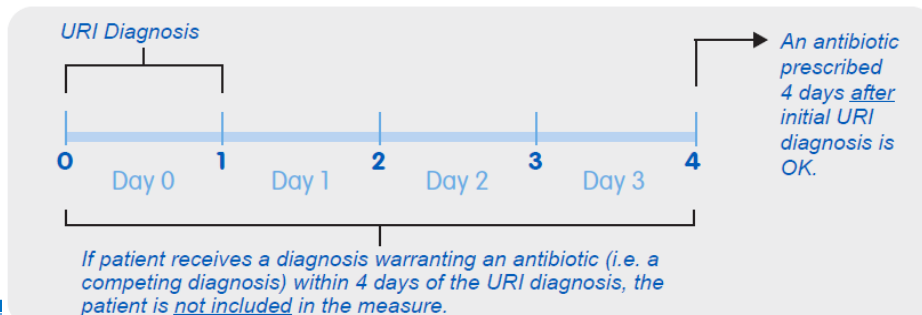- **Key Quality Improvement Learnings & Considerations**
  - Largest Number of Noncompliant Patients Prescribed Antibiotics <u>within the Practice</u> were Diagnosed with <u>Nonsuppurative Otitis Media</u>
  - <u>Nonsuppurative Otitis Media</u> Diagnoses are <u>NOT Competing Diagnoses</u> as these Diagnoses Do Not Warrant an Antibiotic

> Note: This key learning is not new and currently included on the <u>**URI Provider Quick Reference**</u>. However, the key learning is more applicable since many of these encounters are <u>now included</u> due to the new measure definition.

  - Ensure Competing Diagnoses are "Linked" to a Claim Within 4 Days of URI Diagnosis

Common Competing Diagnoses (i.e. Diagnoses Warranting an Antibiotic)

- Suppurative Otitis Media
- Acute/Chronic Sinusitis
- Pneumonia
- Pharyngitis, Streptococcal, or Tonsillitis
- Other Bacterial Infection Diagnoses

URI Diagnosis

An antibiotic prescribed 4 days *after* initial URI diagnosis is OK.

0 — Day 0 — 1 — Day 1 — 2 — Day 2 — 3 — Day 3 — 4

If patient receives a diagnosis warranting an antibiotic (i.e. a competing diagnosis) within 4 days of the URI diagnosis, the patient is <u>not included</u> in the measure.

If competing diagnoses are not included on claims, <u>payers will NOT exclude the episode.</u>

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Appropriate Treatment for URI:
Non-Compliance Analysis for Overall Network

- Summary of <u>Updated</u> Non-Compliance Analysis (Updated in January 2021)
  - Non-compliance distributed across both internal (47%) and external (53%) organizations

- Detailed Non-Compliance Analysis Summary & Practice-Level Report Available on Portal

- Quality Improvement Tactics Remain the Same:
  - Internal: Provider Education, CMHN Antibiotic Resource Packet
  - External: Practice Communication with Applicable Entity/Entities

Updated Distribution of Non-Compliant Records Based on New Measure Definition

Internal, 82, 47%

External, 93, 53%
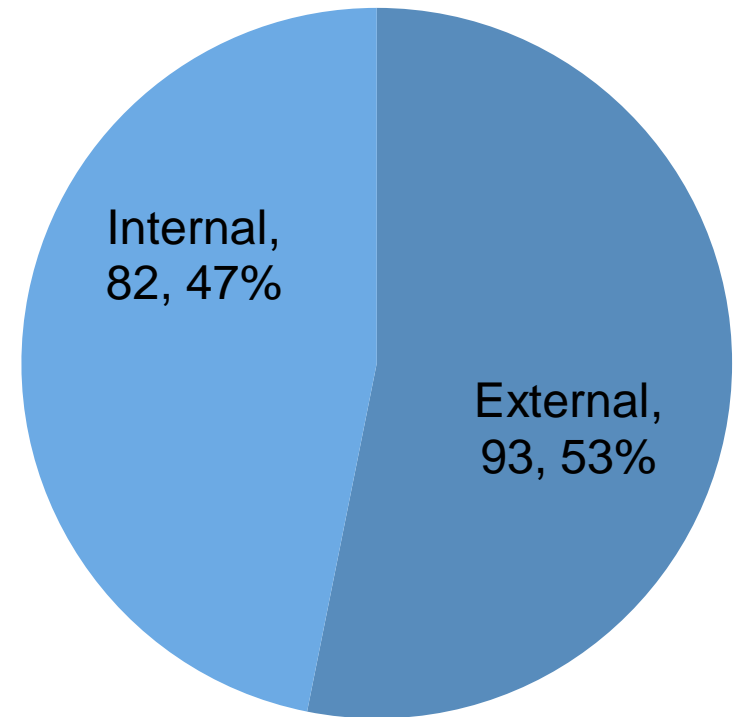
Previous Measure Definition Distribution:
57% Internal | 43% External

Appropriate Treatment for URI: QI Portal Report

Access URI Quality Improvement Report in CMHN's Report Center (Shown Below)

- **Appropriate Treatment for URI Summary Report**
  - Quickly Review What Entities are Inappropriately Prescribing URI
  - Use Volume and Compliance Rate to Inform Potential Quality Improvement Strategies
    - Low Internal Compliance Rate: Education Within Your Practice
    - High Volume and Low Performance for External/CMHN Entities: Communication

- **Appropriate Treatment for URI Patient Detail Report**
  - Review Entity/Provider Diagnosing URI AND Prescribing Antibiotics for Each Patient

Appropriate Treatment for URI: QI Portal Report

Appropriate Treatment for URI Summary Report

Report Overview: The following report includes all episodes for CMHN patients 3 months of age and older who were given a diagnoses of URI during the URI diagnosis measurement period. Patients who received a competing diagnoses (suppurative otitis media, acute/ chronic, pneumonia, pharyngitis, streptococcal, tonsillitis or other bacterial infection diseases) on or within three days of the initial diagnosis are not included.

URI Diagnosis Measurement Period: 6/1/2019 through 5/31/2020
Enrolled Health Plan: Aetna Commercial, BlueKC, BlueKC Quality, Cigna
Published Date: 8/30/2020

Attributed CMHN Practice	Entity Prescribing Antibiotic for URI	Prescribing Entity Category	# Non-Compliant Patients	# of URI Eligible Patients	Compliance Rate
ABC PEDIATRICS	ABC PEDIATRICS	Internal	0	31	100%
ABC PEDIATRICS	CHILDREN'S MERCY HOSPITALS AND CLINICS	CMHN	0	1	100%
ABC PEDIATRICS	EMERGENT CARE PLUS LLC	External	1	1	0%
ABC PEDIATRICS	SPIRA CENTERS VERA	External	1	1	0%
ABC PEDIATRICS	BLUEKC	External	0	1	100%
ABC PEDIATRICS	CHILDREN'S MERCY HOSPITALS AND CLINICS	CMHN	0	11	100%
ABC PEDIATRICS	ABC PEDIATRICS	CMHN	0	81	100%
ABC PEDIATRICS	KANSAS CARENOW URGENT CARE LLC	External	0	4	100%
ABC PEDIATRICS	MINUTECLINIC DIAGNOSTIC OF KANSAS	External	0	1	100%

Internal: Prescribed by <u>Your Practice</u> (the Attributed Practice)
External: Prescribed by Practice <u>Outside CMHN</u>
CMHN: Prescribed by <u>CMHN Practice</u>

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