

APPROPRIATE TREATMENT FOR URI

Important Changes in MY2020 Noted in Red Text

- **Measure Definition**

- 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)

APPROPRIATE TREATMENT FOR URI

- **Summary of Important Changes in Measurement Year 2020**

- Removed Exclusion to Exclude Encounters with Any Diagnoses Other than URI

Implication: Denominator Increases Significantly (2.6 Times as Large)

- Changed From Member-Based Denominator to Episode-Based Denominator

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

Network Reps to Share Comorbid/Telehealth Codes for Reference

- **Important:**

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

Implication: Measurement Year 2021 Evaluation Started July 1st, 2020!

BLUE KC URI PERFORMANCE CHANGES

• Reminder: Change in URI Performance Due to Definition Changes

- Denominator Increased from 970 to 2542 (2.6 Times Larger)
- CMHN Rate Decreased 3.8% Points to 91.1% | No Longer Exceeding 2020 CMHN Goal Threshold of 93.3%
- 9 Practices with Decreased Performance | 11 Practices with Same/Increased Performance

CHN Practice Name	URI 2019			URI 2020			Denominator Difference (2.6x Larger)	% Point Difference in Rate
	July 2018 to June 2019			June 2019 to May 2020				
	Den	Num	Rate	Den	Num	Rate		
Cass County Pediatrics	6	5	83.3%	20	17	85.0%	14	1.7%
Children's Mercy Primary Care	2	2	100.0%	8	8	100.0%	6	0.0%
Cockerell and McIntosh	54	50	92.6%	142	136	95.8%	88	3.2%
Cradle Thru College	18	17	94.4%	39	37	94.9%	21	0.4%
Healthcare For Children	39	35	89.7%	55	49	89.1%	16	-0.7%
Independence Pediatrics	12	11	91.7%	16	16	100.0%	4	8.3%
Johnson County Pediatrics	25	25	100.0%	118	114	96.6%	93	-3.4%
Leawood Pediatrics	25	24	96.0%	47	43	91.5%	22	-4.5%
Meritas Pediatrics	30	28	93.3%	64	57	89.1%	34	-4.3%
Pediatric Associates	329	312	94.8%	720	593	82.4%	391	-12.5%
Pediatric Care North	90	84	93.3%	225	208	92.4%	135	-0.9%
Pediatric Care Specialists	104	100	96.2%	172	163	94.8%	68	-1.4%
Pediatric Partners	41	40	97.6%	165	161	97.6%	124	0.0%
Pediatric Professional Association	48	45	93.8%	175	165	94.3%	127	0.5%
Preferred Pediatrics	3	3	100.0%	34	34	100.0%	31	0.0%
Redwood Pediatrics	5	5	100.0%	20	18	90.0%	15	-10.0%
Shawnee Mission Pediatrics	80	77	96.3%	248	239	96.4%	168	0.1%
Summit Pediatrics	19	19	100.0%	28	28	100.0%	9	0.0%
Tenney Pediatrics	7	7	100.0%	29	29	100.0%	22	0.0%
Village Pediatrics	33	32	97.0%	217	202	93.1%	184	-3.9%
CHN Network Rate	970	921	94.9%	2,542	2,317	91.1%	1,572	-3.8%
2019/2020 CHN Goal Threshold			91.5%			93.3%		
90th Percentile Performance			94.9%			95.8%		

APPROPRIATE TREATMENT FOR URI – KEY INSIGHTS & LESSONS LEARNED

Key Tactics & Improvement Strategies
Remain the Same! (Enclosure #3, Page 28)

Measure Definition

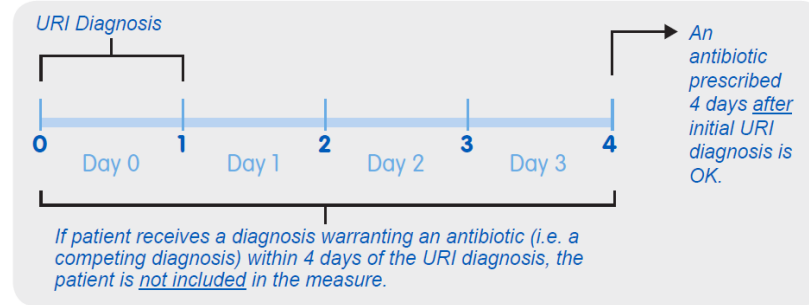
The percentage of episodes for patients 3 months and older who were given a diagnosis of upper respiratory infection (URI) and were **NOT** dispensed an antibiotic prescription.

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 Lessons Learned:

- 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.
- 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).
- Nonsuppurative otitis media diagnoses are not competing diagnoses since these diagnoses do not warrant an antibiotic.

APPROPRIATE TREATMENT FOR URI: PEDIATRIC ASSOCIATES DEEP DIVE LEARNINGS

- **Key Quality Improvement Learnings & Considerations**

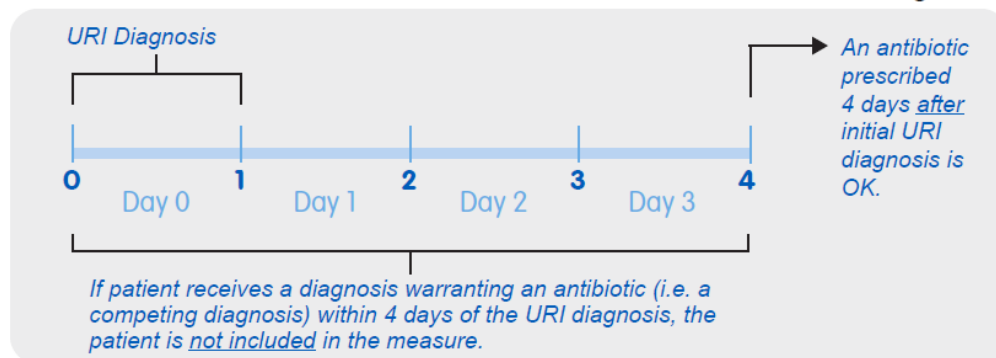
- Largest Number of Noncompliant Patients Prescribed Antibiotics within the Practice were Diagnosed with Nonsuppurative Otitis Media
- Nonsuppurative Otitis Media Diagnoses are NOT Competing Diagnoses as these Diagnoses Do Not Warrant an Antibiotic

Note: This key learning is not new and currently included on the **URI Provider Quick Reference** (*Enclosure #3, Page 28*). However, the key learning is more applicable since many of these encounters are now included 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



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