

To find the category (Medicare Stars, Federal Employee Program®, etc.) this measure applies to, see our [chart of HEDIS® measures](#).

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

Let's work together to improve health outcomes. The Healthcare Effectiveness Data and Information Set (HEDIS®) helps us measure many aspects of performance. This tip sheet details key points of the featured HEDIS measure.

### What is the measure?

This measure is the percentage of episodes for members ages three months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in the member receiving an antibiotic prescription.

### Why This Measure is Important

Research on antibiotics and acute bronchitis concludes that antibiotics reduce coughing slightly, but may cause side effects and contribute to **antibiotic resistance**. At least 30% of antibiotic courses prescribed in an outpatient setting are unnecessary, meaning no antibiotic was needed at all. Most of this unnecessary use is for acute respiratory conditions, such as colds, bronchitis, sore throats caused by viruses, and even some sinus and ear infections.

[cdc.gov/getsmart/community/about/fast-facts.html](http://cdc.gov/getsmart/community/about/fast-facts.html)

### Antibiotic Safety



### How to Improve Your Quality Score

- Use proper coding.
- Submit a claim for all diagnoses including **comorbid** and **differential diagnoses** so our member is excluded from the measure. These codes are found in the following National Committee for Quality Assurance (NCQA) value sets: **HV**, **HV Type 2**, malignant neoplasms, other malignant neoplasm of skin, emphysema, COPD, comorbid conditions, and disorders of the immune system.
- Asthma (J45) and diabetes (E06-E13), tobacco use, fever or wheezing are **not** comorbid conditions or differential diagnosis exclusions for this measure.
- The Centers for Disease Control (CDC) recommends **delayed antibiotic prescribing** as a strategy.

*(continued next page)*

## HEDIS Measure:

### Avoidance of Antibiotic Treatment for Bronchitis/Bronchiolitis (continued)

#### Ways to Delay Antibiotic Prescribing

- Write a post-dated prescription
- Re-contact a patient after a clinical visit
- Provide a prescription and give a verbal order to fill the prescription after a predetermined length of time if symptoms do not improve

#### For Your Patients: CDC's Recommendations for Acute Bronchitis

##### See a medical professional if you or your child have any of the following:

- Temperature greater than 100.4 °F
- Cough along with bloody mucus
- Trouble breathing or feelings of shortness of breath
- Symptoms lasting greater than three weeks
- Recurring episodes of bronchitis

##### Recommended Treatment

- Get lots of rest
- Drink plenty of fluids
- Use a clean humidifier or cool mist vaporizer
- Breathe in steam from a hot shower
- Use lozenges (do not give to children younger than age 4)
- Ask your health care professional or pharmacist about over-the-counter medications that may help you feel better

##### Recommended Prevention

- Always use good hygiene
- Keep recommended vaccines up to date for you and your child
- Avoid smoking, secondhand smoke, chemicals, dust or air pollution
- Keep your mouth and nose covered when coughing or sneezing

##### Keep in mind

- **Acute bronchitis is usually caused by viruses and antibiotics are not recommended for viral infections.**
- **Antibiotics will not treat acute bronchitis.** Using antibiotics when not needed could do more harm than good.

#### Resources

The CDC's extensive GETSMART campaign includes patient and provider material that addresses inappropriate antibiotic use: [cdc.gov/getsmart/campaign-materials/print-materials.html](https://www.cdc.gov/getsmart/campaign-materials/print-materials.html)

For more information about Specifications and Evidence for Rationale for HEDIS measures, refer to the NCQA website: [ncqa.org/hedis-quality-measurement](https://www.ncqa.org/hedis-quality-measurement)