



IMPROVING HEALTH CARE QUALITY

Avoidance of Antibiotic Treatment for Acute Bronchitis

Blue Cross and Blue Shield of New Mexico (BCBSNM) collects data from our providers to measure and improve the quality of care our members receive. The Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

We capture the percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in the member receiving an antibiotic prescription.

AAB is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the [National Committee for Quality Assurance \(NCQA\) website](#) for more details.

Why It Matters

Research on antibiotics and acute bronchitis concludes that antibiotics slightly reduce coughing but may cause side effects and contribute to antibiotic resistance. **At least 30% of antibiotic courses prescribed in an outpatient setting are unnecessary.** Most of this unnecessary use is for acute respiratory conditions, such as colds, bronchitis, sore throats caused by viruses and sinus and ear infections. To learn more, see the [Centers for Disease Control and Prevention \(CDC\) website](#).

Eligible Population

Members ages 3 months and older as of the episode are included in this measure.

- Three age groups and a total rate are reported: 3 months-17 years, 18-64 years and 65 and older.

Exclusions: Members are excluded who are in hospice or who have a comorbid condition or competing diagnosis, such as another bacterial infection.



Tips to Consider

- Use proper coding.
- Provide handouts, such as [these](#) from the CDC, explaining that viruses, not bacteria, cause colds and flu.
- Submit a claim for all diagnoses, including comorbid and differential diagnoses, so members are excluded from the measure, as appropriate.
- Be aware that asthma, diabetes, tobacco use, fever or wheezing are not comorbid conditions or differential diagnosis exclusions for this measure.
- For more on antibiotic use, see the CDC website, which recommends [delayed antibiotic prescribing](#) as a strategy.

How to Document

AAB data is collected through claims data only. Hybrid chart review doesn't apply.

For more information, see [NCQA's HEDIS Measures and Technical Resources](#).



Questions?

Contact your BCBSNM Network Representative.



The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the condition of the patient in determining the appropriate course of treatment. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

HEDIS is a registered trademark of NCQA. Use of this resource is subject to NCQA's copyright, [found here](#). The NCQA HEDIS measure specification has been adjusted pursuant to NCQA's Rules for Allowable Adjustments of HEDIS. The adjusted measure specification may be used only for quality improvement purposes.