



BCBS Commercial: 2021 Quality Measure Additions

Appropriate Treatment for Upper Respiratory Infection (URI)

Patients ages 3 months and older with only an upper respiratory infection should not be prescribed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen.

Sample diagnoses where antibiotics may be appropriate: Sinusitis (Acute/Chronic), Tonsillitis, Bacterial Infection (unspecified), Pneumonia, Otitis Media

Exclusions: Hospice; Patients with: HIV; malignant neoplasms; COPD, emphysema, outpatient visits that result in an inpatient stay

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

Patients ages 3 months and older with only acute bronchitis/ bronchiolitis should not be prescribed an antibiotic unless a competing diagnosis or an exclusion applies, or the patient continues to worsen.

Sample diagnoses where antibiotics may be appropriate: Otitis Media, Sinusitis, Pneumonia, Pharyngitis

Exclusions: Hospice; Patients with: HIV, cancer, COPD, emphysema, disorders of the immune system

For both of the above measures, compliance will be measured for every visit where the specified condition is diagnosed. If an antibiotic is given for the condition alone, a gap will open, and it cannot be closed. If a patient's condition does not improve, and an antibiotic is indicated, a gap will not occur if the antibiotic is filled by the patient three full days after the encounter when the condition was diagnosed.

Helpful Tip: Providers can write an antibiotic prescription for the patient at their initial visit and post-date the prescription to be filled **four days after the patient's initial visit**. This ensures measure compliance and prevents the patient from having to contact the office again to obtain an antibiotic prescription.