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Avoidance Antibiotics Acute Bronchitis (AAB) Focus Study

Training

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AAB Focus Study

- **Purpose:** To collect data on
  - Veteran's with a diagnosis of Acute Bronchitis or Acute Bronchiolitis that received an order or prescription for antibiotics
  - Whether antibiotics were dispensed to the patient
- **Study Timeframe**: 01/01/2019 to 12/31/2019
- There will be no Data Accountability Checklist (DAC) or Exit conferences for this focus study
- **Data captured will be used to score the National Committee for Quality Assurance (NCQA) HEDIS measure Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) measure**

NCQA Measure: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis

- **Denominator**: Patients 18 years and older with an outpatient visit with a diagnosis of Acute Bronchitis/Bronchiolitis
  - Negative for certain comorbidities, such as HIV, malignancy, COPD, AND have a negative medication history (i.e., a period of 30 days prior to the Episode Date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug), AND negative for a competing diagnosis, such as Pharyngitis
- **Numerator**: Dispensed prescription for an antibiotic from the Antibiotic Medications list/table
- **Exclusions**: Hospice
- **Scoring**: A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (i.e., the proportion for episodes that did not result in an antibiotic dispensing event)

Pre-filled Encounter & Diagnosis

- **(Q1) brchdt**: Computer will pre-fill the date of the outpatient encounter with a Physician/APA/PA for Acute Bronchitis/Bronchiolitis
  - This cannot be modified
- **(Q2) brchdx**: Computer will pre-fill the ICD-10-CM diagnosis code of Acute Bronchitis or Bronchiolitis documented in the record
  - This cannot be modified
- **(Q3) valbrchdt**: is there documentation of an outpatient encounter with a Physician/APN/PA for diagnosis of acute bronchitis or bronchiolitis
  - Outpatient encounters include: clinic visits, urgent care, Emergency Department (ED) and ED observation encounters
  - The encounter may be face to face, by telephone or clinical video telehealth
  - Exclude visits that result in an inpatient stay

Earliest Outpatient AAB Encounter

- **(Q4) brchdt2**: During the timeframe from (computer display 01/01/2019 to 12/31/2019), enter the date of the earliest outpatient encounter with a Physician/APN/PA at this VAMC for Acute Bronchitis or Bronchiolitis
  - **Include**: clinic visits, urgent care, Emergency Department (ED) and ED observation encounters; encounters may be face to face, by telephone or clinical video telehealth
  - **Exclude**: visits that result in an inpatient stay
  - **If there is no VA outpatient Physician/APN/PA encounter in the specified timeframe, enter 99/99/9999 and the case will be excluded**

Diagnosis of Acute Bronchitis or Bronchiolitis

- **(Q5) docbrchdx**: Enter the Acute Bronchitis or Bronchiolitis ICD-10-CM diagnosis code(s) documented in the medical record
  - Enter the ICD-10-CM Acute Bronchitis or Bronchiolitis diagnosis codes documented in the medical record
- Acute Bronchitis or Bronchiolitis ICD-10-CM diagnosis codes and descriptions are listed in the D/D rules and on the next slide

Acute Bronchitis or Bronchiolitis
ICD-10-CM Diagnosis Codes & Descriptions

Code	Code Description
J20.3	Acute bronchitis due to coxsackievirus
J20.4	Acute bronchitis due to parainfluenza virus
J20.5	Acute bronchitis due to respiratory syncytial virus
J20.6	Acute bronchitis due to rhinovirus
J20.7	Acute bronchitis due to echovirus
J20.8	Acute bronchitis due to other specified organisms
J20.9	Acute bronchitis, unspecified
J21.0	Acute bronchiolitis due to respiratory syncytial virus
J21.1	Acute bronchiolitis due to human metapneumovirus
J21.8	Acute bronchiolitis due to other specified organisms
J21.9	Acute bronchiolitis, unspecified

Exclusion: Hospice

- **(Q6) hospice**: In the last 12 months to the encounter date, is there documentation in the medical record the patient is enrolled in a VHA or community-based hospice program?
  - If value "1" is selected, the case is excluded
    - **Acceptable**: Enrollment in a VHA or community-based hospice program
    - **Unacceptable**: Enrollment in a VHA Palliative Care or HBPC program

Comorbidities

- **(Q7) comord1**: were any of the following comorbidities documented in the medical record?
  - Select all that apply:
    1. Human Immune Deficiency (HIV) or HIV Type 2
    2. Malignant Neoplasms or cancerous tumors (body or skin)
    3. Emphysema
    4. Chronic Obstructive Pulmonary Disease (COPD)
    5. Other existing lung comorbid conditions (see D/D rules)
    6. Disorders of the Immune System or Immunodeficiency (see D/D rules)
    99. None of the above
- Patients with any selected comorbidities (values "1 – 6" selected in Q7) are excluded from the measure and will end review
- **If the patient does not have any of the comorbidities documented within the past year of or on the encounter date, select option "99" and move on to Q8**

Prescribed Antibiotics 30 days prior

- **(Q8) antbiorx**: During the timeframe (If valbrchdt = 1, computer display brchdt – 30 days to brchdt – 1 day; else display brchdt2 – 30 days to brchdt2 – 1 day) was the patient prescribed any antibiotic(s) listed in Table 2?
  - **Look for documentation that the patient was prescribed antibiotics 30 days prior to the encounter date**
    - Table 2 provides a list of antibiotics (also on the next slide)
  - **Veterans prescribed antibiotics 30 days prior to the encounter for Acute Bronchitis or Bronchiolitis are excluded from the measure so a "1" value for Q8 will end review**

Table 2: ANTIBIOTIC PRESCRIPTION

Drug Class	Prescribed Antibiotic			
Aminoglycosides	Amikacin	Streptomycin	Gentamicin	Tobramycin
Aminopenicillins	Amoxicillin	Ampicillin		
Beta-lactamase inhibitors	Amoxicillin-clavulanate	Ampicillin-sulbactam	Piperacillin-tazobactam	
First-generation cephalosporins	Cefadroxil	Cefazolin	Cephalexin	
Fourth-generation cephalosporins	Cefepime			
Ketolides	Telithromycin			
Lincomycin derivatives	Clindamycin	Lincomycin		
Macrolides	Azithromycin	Clarithromycin	Erythromycin	
Miscellaneous antibiotics	Aztreonam	Chloramphenicol	Dalfopristin-quinupristin	Daptomycin
	Linezolid	Metronidazole	Vancomycin	
Natural penicillins	Penicillin G benzathine-procaine	Penicillin G potassium	Penicillin G procaine	Penicillin G sodium
	Penicillin V potassium	Penicillin G benzathine		
Penicillinase resistant penicillins	Dicloxacillin	Nafcillin	Oxacillin	
Quinolones	Ciprofloxacin	Gemifloxacin	Levofloxacin	Moxifloxacin
	Ofloxacin			
Rifamycin derivatives	Rifampin			
Second-generation cephalosporin	Cefaclor	Cefotetan	Cefoxitin	Cefprozil
	Cefuroxime			
Sulfonamides	Sulfadiazine	Sulfamethoxazole-trimethoprim		
Tetracyclines	Doxycycline	Minocycline	Tetracycline	
Third-generation cephalosporins	Cefdinir	Cefditoren	Cefixime	Cefotaxime
	Cefpodoxime	Ceftazidime	Ceftibuten	Ceftriaxone
Urinary anti-infectives	Fosfomycin	Nitrofurantoin	Nitrofurantoin macrocrystals-monohydrate	Trimethoprim

Pharyngitis or Competing Diagnoses on or 3 days after the Acute Bronchitis/Bronchiolitis Encounter

- **(Q9) othinfct**: During the timeframe from (If valbrchdt = 1, computer display brchdt to brchdt + 3 days; else display brchdt2 to brchdt2 + 3 days) did the Physician/APN/PA document that the patient has a diagnosis of pharyngitis, tonsillitis or a competing diagnosis?
  - Review documentation during the specified timeframe
  - Select value "1" if the patient has a diagnosis of:
    - Pharyngitis OR
    - Tonsillitis OR
    - Any Competing Diagnosis
      - Review Table 3 for applicable pharyngitis, tonsillitis or other competing diagnoses

Table 3: Diagnosis Pharyngitis/ Other Competing Diagnoses

Code	Code Description
J02.0	Streptococcal pharyngitis
J02.8	Acute pharyngitis due to other specified organisms
J02.9	Acute pharyngitis, unspecified
J03.00	Acute streptococcal tonsillitis, unspecified
J03.01	Acute recurrent streptococcal tonsillitis
J03.80	Acute tonsillitis due to other specified organisms
J03.81	Acute recurrent tonsillitis due to other specified organisms
J03.90	Acute tonsillitis, unspecified
J03.91	Acute recurrent tonsillitis, unspecified

- **Review the extensive list of other competing diagnoses in Table 3 involving other diagnoses where antibiotics may be appropriate and ensure that none of the diagnoses are present prior to selecting select value "2" or no to (Q9) othinfct; if "1" is selected, abstraction is complete**

Prescribed & Dispensed Antibiotic

- **(Q10) bncdocbio**: On (If valbrchdt = 1, computer display brchdt; else display brchdt2) did the Physician/APN/PA document the patient was ordered or prescribed an antibiotic for the diagnosis of Acute Bronchitis or Bronchiolitis?
- **(Q11) antbiodis**: During the timeframe from (If valbrchdt = 1, computer display brchdt to brchdt + 3 days; else display brchdt2 to brchdt2 + 3 days) was any antibiotic from Table 2 documented as dispensed to the patient?
  - Look for Pharmacy documentation that the antibiotic listed in Table 2 was actually dispensed to the patient during the timeframe displayed in the question

Next Steps & Questions

- The pull list has been received and will be processed and released by 4/19/22
  - The sample includes a minimum of 1 and a maximum of about 13 cases per VAMC
- Abstraction can begin once you have completed this education and notified your regional manager
- There are no DACs or Exit Reports
- The date to complete abstraction by is 06/01/22
- **If you have questions as you are reviewing, please contact Terra Stump**: tstump@qualityinsights.org **OR your Regional Manager**

Thank You for Your Participation in this Training Session!

Please email your Regional Manager and let her know you have completed this education!