

HEDIS HINTS – (URI) Upper Respiratory Infection Appropriate Treatment

What are the measures?

This measure assesses patients of any age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription. A higher rate indicates appropriate treatment of patients with URI (antibiotics were not prescribed). This measure is reported per episode and not per member.

Why are these measures important?

Most URIs, also known as the common cold, are caused by viruses that require no antibiotic treatment. Too often, antibiotics are prescribed inappropriately, which can lead to antibiotic resistance (when antibiotics can no longer cure bacterial infections). Antibiotic resistance is a major health concern in the United States and around the world.

Recent efforts to decrease unnecessary prescribing have resulted in patients receiving antibiotics in recent years, but inappropriate use remains a problem.¹ Increased education and awareness of appropriate treatment for URIs can reduce the danger of antibiotic-resistant bacteria.

How can I improve my HEDIS scores?

- Obtain a comprehensive medical history; perform a thorough physical exam; document all findings in the medical record and use correct coding.
- Discuss facts:
 - A majority of upper respiratory infections are caused by viral infections.
 - According to the CDC, an antibiotic will not help the patient get better.
 - Taking antibiotics when not indicated could cause more harm than good.
 - Taking antibiotics will not make you feel better if this is a viral infection.
- Educate on the recovery time for symptoms and comfort measures
- For patients insisting on an antibiotic, prescribe medication to relieve symptoms as applies
- Encourage follow-up after 3 days if symptoms persist or get worse.

Claim Coding

ICD 10 Codes to Identify URI:	J00; J06.0; J06.9
If ordering antibiotics, list all competing or comorbid diagnosis codes on claim when submitting	Examples: Acute Pharyngitis, Acute Sinusitis Otitis Media, or comorbid condition history such as: Emphysema, COPD, Chronic Bronchitis

Antibiotic Medications

Description	Prescription
Aminopenicillins	Amoxicillin Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate
First-generation cephalosporin	Cefadroxil Cefazolin Cephalexin
Folate antagonist	Trimethoprim
Lincomycin derivatives	Clindamycin
Macrolides	Azithromycin Clarithromycin Erythromycin Erythromycin ethylsuccinate Erythromycin lactobionate Erythromycin stearate
Natural penicillins	Penicillin G potassium Penicillin G sodium Penicillin V potassium Penicillin G benzathine
Penicillinase-resistant penicillins	Dicloxacillin
Quinolones	Ciprofloxacin Levofloxacin Moxifloxacin Ofloxacin
Second generation cephalosporins	Cefaclor Cefprozil Cefuroxime
Sulfonamides	Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline Minocycline Tetracycline
Third-generation cephalosporins	Cefdinir Cefixime Cefpodoxime Ceftibuten Cefditoren Ceftriaxone

Reference: National Committee for Quality Assurance. (2019). HEDIS 2019 Volume 2 Technical Specifications for Health Plans Washington, DC 20005: American Medical Association. Pg. 328-333