



Appropriate Treatment for Upper Respiratory Infection (URI)

HEDIS® Measurement Year 2020 & 2021 Measures

Measure Description: The percentage of members 3 months of age and older who were given a diagnosis of Upper Respiratory Infection (URI) and were not dispensed an antibiotic prescription. Member can either be seen in an outpatient setting, telephone, online assessment, observation, or ED visit that does not result in an inpatient stay with only a diagnosis of URI.

Calculation

The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{eligible population})]$. A higher rate indicates appropriate treatment of children with URI; that is, the proportion for whom antibiotics were not prescribed.

Eligible Population

Ages: Members 3 months of age and older as of December 31 of the measurement year.

Strategies for Improvement

- Utilize NCQA coding tips to actively reflect care rendered.
- Document competing diagnosis — If you are prescribing an antibiotic for a child who has been diagnosed with an URI and also has a competing diagnosis, be sure to document the proper diagnosis code on the claim to ensure that you do not get inappropriately counted as prescribing an antibiotic for an URI.

- Instruct parents on difference between viral and bacterial infections.
- Provide tips for managing viral infections and their symptoms such as OTC medications, aromatherapy and steam baths, etc.
- Educate parents on “super bugs” and antibiotic resistance from overuse of antibiotics.

Measure Adherence

Adherence for the URI measure is determined by the member not getting prescribed an antibiotic for an upper respiratory infection (common cold). This is determined by pharmacy claims data (the plan will capture data each time the member fills their prescription).