CMS Antibiotic Stewardship Initiative

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I do not have relevant financial relationships with commercial interests.
Objectives

1. Provide an overview of the CMS\(^1\) Antibiotic Stewardship initiative

2. Identify the CDC\(^2\) core elements of antibiotic stewardship program

3. Discuss the relationship between antibiotic stewardship and MACRA\(^3\)

1. Centers for Medicare & Medicaid Services
2. Centers for Disease Control and Prevention
HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.

Nearly 25 percent of the nation’s Medicare beneficiaries

HSAG’s QIN-QIO\textsuperscript{1} Territory
CMS Quality Strategy: Concurrently Pursue Three Aims

Better Care

Improve overall quality by making healthcare more patient-centered, reliable, accessible, and safe.

Healthier People

Improve population health by supporting proven interventions to address behavioral, social, and environmental determinants of health, in addition to delivering higher-quality care.

Smarter Spending

Reduce the cost of quality healthcare for individuals, families, employers, and government.

Source: The Centers for Medicare & Medicaid Services
CMS Antibiotic Stewardship Initiative
Antibiotic Stewardship

Antibiotic Stewardship means the effort to:

- Improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed.
- Minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics.
- Ensure that the right drug, dose, and duration are selected when an antibiotic is needed.¹

Why implement outpatient Antibiotic Stewardship?

- Approximately 60 percent of US antibiotic expenditures for humans is related to care received in the outpatient settings.²

¹ MMWR, vol.65. No.6, Nov.11, 2016
Antibiotic Stewardship is a Balancing ACT
CMS Antibiotic Stewardship Initiative

A. Implement the CDC Core Elements of Outpatient Antibiotic Stewardship in outpatient settings.
   • Outpatient settings include: physician practices, clinics, EDs, dialysis facilities, urgent care clinics, etc.
   • Recruitment ends by May 2017.

B. Develop a multidisciplinary advisory team with expertise in the area of Antibiotic Stewardship.
   • Examples of team members include practitioners with expertise in the area of antibiotic stewardship, clinical pharmacists, faculty leadership, and beneficiary representation.
C. Provide no cost education and technical assistance to spread antibiotic stewardship principles and build expertise.

- Educate recruited outpatient settings, including healthcare leadership and patients who receive antibiotic prescriptions, on the fundamentals of antibiotic stewardship and the risks of misuse/overuse of antibiotics in healthcare.
- Provide tools, resources, and examples of evidence-based best practices.
- Conduct virtual webinars for peer to peer learning.
Core Elements of Outpatient Antibiotic Stewardship

**Commitment:** Demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety.

**Action for policy and practice:** Implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed.

**Tracking and reporting:** Monitor antibiotic prescribing practices and offer regular feedback to clinicians or have clinicians assess their own antibiotic use.

**Education and expertise:** Provide educational resources to clinicians and patients on antibiotic prescribing and ensure access to needed expertise on antibiotic prescribing.
Implementation examples of each core element:

**Commitment**
- Identify a single leader.
- Write and display public commitments.

**Action**
- Use evidence-based diagnostic criteria and treatment recommendations.
- Provide support for clinical decisions.
Implementation examples of each core element:

**Tracking and Reporting**
- Track and report antibiotic prescribing for one or more high priority conditions.
- Track and share performance on quality measures and establish reduction goals.

**Education and Expertise**
- Educate patients about potential harms of antibiotics.
- Provide continuing education activities for clinicians.
MACRA streamlines these programs into the Quality Payment Program.

- Physician Quality Reporting System (PQRS)
- Value-Based Modifier (VBM)
- Medicare Electronic Health Record (EHR) Incentive Program
- Merit-based Incentive Payment System (MIPS)
- Alternative Payment Modules (APMs)

Source: The Centers for Medicare & Medicaid Services
MACRA Changes How Medicare Pays Clinicians

The system after MACRA:

- Services Provided
- Medicare Fee Schedule
- Adjustments
- Final Payment to Clinician

*MIPs

*or special lump sum bonuses through participation in eligible APMs

Source: The Centers for Medicare & Medicaid Services
How Are MIPS Performance Categories Weighted?

Weights assigned to each category is based on a 1 to 100 point scale

**Transition Year Weights**

- **Quality**: 60%
- **Cost**: 0%
- **Improvement activities**: 15%
- **Advancing care Information**: 25%

*Note: These are defaults weights; the weights can be adjusted in certain circumstances*
MIPS Quality Measures Related to Appropriate Antibiotic Use

• Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy—Avoidance of Inappropriate Use
• Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)
• Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
• Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
• Perioperative Care: Selection of Prophylactic Antibiotic—First *or* Second Generation Cephalosporin
HEDIS® Measures Related to Appropriate Antibiotics Use

• Appropriate testing for children with pharyngitis

• Appropriate treatment for children with upper respiratory infection

• Avoidance of antibiotic treatment in adults with acute bronchitis
Patient Safety and Practice Assessment Subcategory, medium weight (10 points)

• Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI, bronchitis, pharyngitis) according to clinical guidelines for diagnostics and therapeutics.
How Can We Work Together?

• Refer outpatient providers and organizations eligible for recruitment to HSAG.

• Send your thoughts, advice, and/or recommendations regarding this initiative to HSAG.

• HSAG’s main point of contact: Matt Lincoln, mlincoln@hsag.com
Thank you!

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