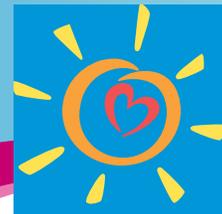




HEDIS Hospital Tip: Appropriate Testing for Children with Pharyngitis

Treatment Setting: ED/Urgent Care



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Pharyngitis is a leading cause of pediatric ambulatory care visits in an Urgent Care or a hospital ER. Bacterial Pharyngitis is primarily caused by group A beta-hemolytic streptococci (GABHS) and can be validated through lab results. A throat culture or strep test should be administered as an indicator for appropriate antibiotic use. Unnecessary prescription of antibiotics can lead to antibiotic resistance.

WHAT CAN HOSPITALS DO?

- ▶ Perform a rapid strep test to confirm diagnosis before prescribing antibiotics.
- ▶ Begin antibiotic therapy **ONLY** if the rapid strep test is positive. Use Penicillin or Amoxicillin as the drug of choice.
- ▶ If strep screen is negative, educate parents/caregivers on the difference between viral vs. bacterial infections.
- ▶ Use ICD-10 **J02.8** and **J02.9** and CPT code **87880** for billing and HEDIS compliance.
- ▶ Encourage follow-up with PCP if strep test is negative, if no relief within 3-5 days, or if symptoms worsen.
- ▶ To access or download a copy of this reference guide and other reference materials, please visit: <http://www.lacare.org/providers/provider-resources/hedis-resources>.

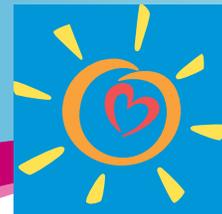


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HEDIS Tip Sheet:

Appropriate Treatment for Children with Upper Respiratory Infection

Treatment Setting: ED/Urgent Care



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For children 3 months to 18 years of age, an upper respiratory infection (URI) is one of the most common illnesses, leading to frequent doctor visits and visits to the emergency room. URI is a viral infection that usually lasts 5 – 7 days and can go away with *symptomatic treatment* as outlined below. *Antibiotics are not recommended* in the treatment of URI and can cause adverse drug events and antibiotic resistance in children.

WHAT CAN THE DOCTOR DO?

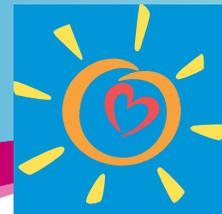
- ▶ Avoid treating viral syndromes with antibiotics, even if they are requested.
- ▶ Do not prescribe low-dose inhaled corticosteroids and oral prednisolone for non-asthmatic children as they do not improve outcomes.
- ▶ Recommend plenty of rest and suggest the use of a cool-mist humidifier.
- ▶ Encourage lots of fluids to keep the lining of the nose and throat moist and to keep the child hydrated.
- ▶ For a sore throat recommend gargling with salt water, by adding ½ teaspoon salt in 1 cup warm water.
- ▶ For younger children, consider saline nose drops or use of a bulb syringe to remove the mucus.
- ▶ Prescribe Acetaminophen and NSAIDs to decrease pain and fever.
- ▶ Do not give Aspirin to a child with a fever. Aspirin, when given for a viral illness, has been associated with Reye's syndrome, a potentially deadly disorder in children.
- ▶ For quick access to the L.A. Care Appropriate Use of Antibiotics Toolkit, developed by California Medical Association (CMA), go to: <http://www.lacare.org/providers/provider-resources/provider-tool-kits>
- ▶ To access or download a copy of this reference guide and other reference materials, please visit: <http://www.lacare.org/providers/provider-resources/hedis-resources>.



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HEDIS Hospital Tip: Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Treatment Setting: ED/Urgent Care



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Acute bronchitis (inflammation of the bronchial tubes) is a short-term respiratory illness, most commonly characterized by a cough, with or without sputum production. Bronchitis typically lasts from three to six weeks and in most cases is viral in origin. Routine treatment of uncomplicated acute bronchitis with antibiotics is not warranted nor recommended. The unnecessary overuse of antibiotics can lead to antibiotic resistance and should be avoided.

WHAT CAN HOSPITALS DO?

- ▶ Avoid prescribing antibiotics as a routine treatment for acute bronchitis.
- ▶ Educate patient/caregiver on the difference between viral vs. bacterial infections. Evidence reveals this leads to a more satisfying encounter than receiving a prescription for an antibiotic.
- ▶ Use "chest cold" rather than acute bronchitis in patient communications. This is more readily accepted by the patient/caregiver when an antibiotic is not prescribed.
- ▶ Use ICD-10 CM code **J20.0 – J20.9** for proper billing and HEDIS compliance.
- ▶ Encourage patient to quit smoking if a smoker.
- ▶ Encourage follow-up in 5 days if no relief or sooner if symptoms worsen.
- ▶ To access or download a copy of this reference guide and other reference materials, please visit: <http://www.lacare.org/providers/provider-resources/hedis-resources>.



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HEDIS Hospital Tips: Hepatitis B Immunization for Newborn

Treatment Setting: Inpatient



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***The first Hepatitis B vaccine dose is routinely given to newborns prior to discharge. However, capturing this service is essential to both clinicians and health plans to facilitate completion of the vaccine series and track quality performance measures.**

WHAT CAN HOSPITALS DO?

- ▶ Educate expectant mothers during prenatal classes regarding the importance of Hep B vaccination for newborn.
- ▶ Educate new mothers on the benefits of adhering to the ACIP recommended childhood immunization schedule.
- ▶ Administer Hep B vaccine to all newborns.
- ▶ Upload Hep B vaccination on to California Immunization Registry (CAIR) (<http://cairweb.org/>).
- ▶ Use ICD-10 PCS code **3E0234Z** for billing and HEDIS compliance.
- ▶ Provide parents with documentation of Hep B immunization to share with baby's PCP.
- ▶ To access or download a copy of this reference guide and other reference materials, please visit: <http://www.lacare.org/providers/provider-resources/hedis-resources>.



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HEDIS Hospital Tips: Obstetrical (OB) Services



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***Postpartum care is an important component of successful health outcomes for women after delivery. The postpartum visit is important for educating new mothers on what to expect during this period and address any concerns that may arise. NCQA recommends a postpartum visit on or between 21-56 days after delivery.**

WHAT CAN HOSPITALS DO?

- ▶ Reinforce the importance of postpartum follow up visit during discharge planning.
- ▶ Assist with scheduling of a postpartum appointment within 21-56 days after delivery.
- ▶ Give appointment card to the patient once appointment is scheduled.
- ▶ Conduct reminder calls to the patient regarding postpartum appointment.
- ▶ Emphasize importance of postpartum follow-up in the discharge instructions.
- ▶ To access or download a copy of this reference guide and other reference materials, please visit: <http://www.lacare.org/providers/provider-resources/hedis-resources>.



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HEDIS Hospital Tip: Pharmacotherapy Management of COPD Exacerbation

Treatment Settings: ED and Inpatient



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This HEDIS® measure focuses on patients 40 years of age and older with a diagnosis of Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis or emphysema, who were dispensed appropriate medications to manage an exacerbation. An exacerbation is defined as an inpatient or emergency room visit with a primary discharge diagnosis of COPD. Two rates are reported:

1. The patient was dispensed a systemic corticosteroid, or there is evidence of an active prescription within 14 days of the event.
2. The patient was dispensed a bronchodilator, or there is evidence of an active prescription within 30 days of the event.

WHAT CAN HOSPITALS DO?

- ▶ Inquire and document in the medical record whether the patient has a prescription at home for a corticosteroid and/or bronchodilator.
- ▶ Ask the patient if they have been filling their prescriptions and taking the COPD medication as prescribed by their primary care physician.
- ▶ Discuss with the patient the reasons why they are reluctant to take their medications. Encourage patient to adhere to the agreed treatment plan.
- ▶ Encourage the patient to have a sick day plan when they become ill or have a COPD "flare-up."
- ▶ Prescribe an appropriate systemic corticosteroid and bronchodilator prior to discharge.
- ▶ Educate the patient on how to take the medication as ordered and encourage patient to contact their primary care physician if they are ill or have COPD "flare-up."

HEDIS Hospital Tip: Pharmacotherapy Management of COPD Exacerbation

Treatment Settings: ED and Inpatient



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RECOMMENDED MEDICATIONS

Systemic Corticosteroids

Description	Prescription			
Glucocorticoids	Betamethasone	Hydrocortisone	Prednisolone	Triamcinolone
	Dexamethasone	Methylprednisolone	Prednisone	

Bronchodilators

Description	Prescription		
Anticholinergic agents	Albuterol-ipratropium	Ipratropium	Umeclidinium
	Aclidinium-bromide	Tiotropium	
Beta 2-Agonists	Albuterol	Formoterol	Olodaterol hydrochloride
	Arformoterol	Indacaterol	Pirbuterol
	Budesonide-formoterol	Levalbuterol	Salmeterol
	Fluticasone-salmeterol	Mometasone-formoterol	Umeclidinium-vilanterol
	Fluticasone-vilanterol	Metaproterenol	
Methylxanthines	Aminophylline	Dyphylline	
	Dyphylline-guaifenesin	Theophylline	
	Guaifenesin-theophylline		

ICD-10 DIAGNOSIS CODES

Description	ICD-10-Diagnosis Codes
COPD	J44.0, J44.1, J44.9
Chronic Bronchitis	J41.0, J41.1, J41.8, J42
Emphysema	J43.0, J43.1, J43.2, J43.8, J43.9

For quick access to the L.A. Care COPD Tool Kit go to:

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