

# Antibiotic Stewardship: Using Performance Measures in Practice to Drive Change

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**Shawn Trivette, PhD**, has no financial relationships to disclose relating to the subject matter of this presentation.

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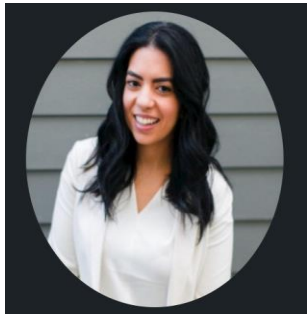
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# Faculty



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# Objectives

By the end of this session, you will be able to:

- Understand overall performance of HEDIS antibiotic measures in Measurement Year 2020 and what defines a high performer
- Understand the role health plans can play in antibiotic stewardship
- Describe strategies for promoting antibiotic stewardship that can be implemented by health plans
- Understand challenges and opportunities for improving measure performance through quality improvement efforts, communication and more



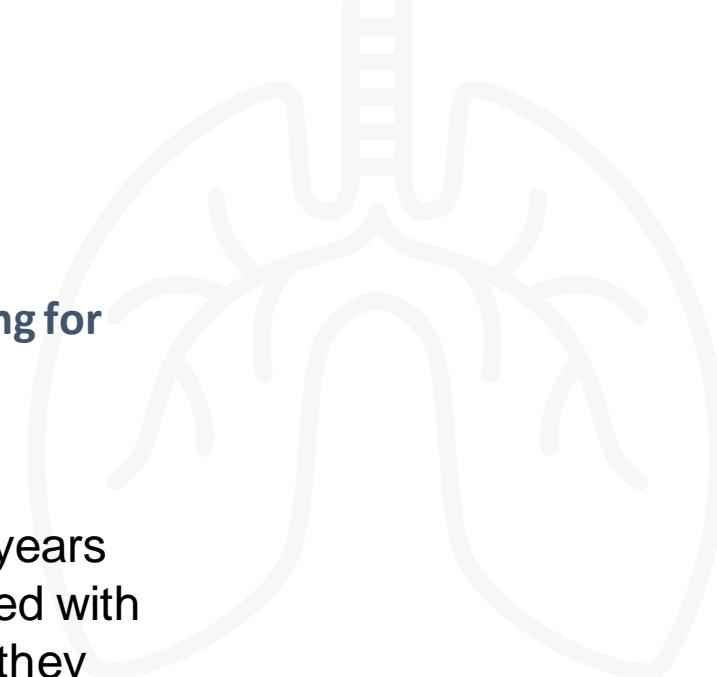
## Identifying High Performing Health Plans

Shawn Trivette, PhD  
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# HEDIS® Antibiotic Measures Set



## Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis

Were antibiotics *avoided* for those age 3 months and older with acute bronchitis/ bronchiolitis

## Appropriate Treatment for Upper Respiratory Infection

Were antibiotics *avoided* for those age 3 months and older with upper respiratory infection

## Appropriate Testing for Pharyngitis

For those age 3 years and older diagnosed with pharyngitis, did they receive a strep test prior to being prescribed an antibiotic

### Product Lines

Commercial  
Medicaid  
Medicare

### Data Source

Administrative claims

### Measurement Year

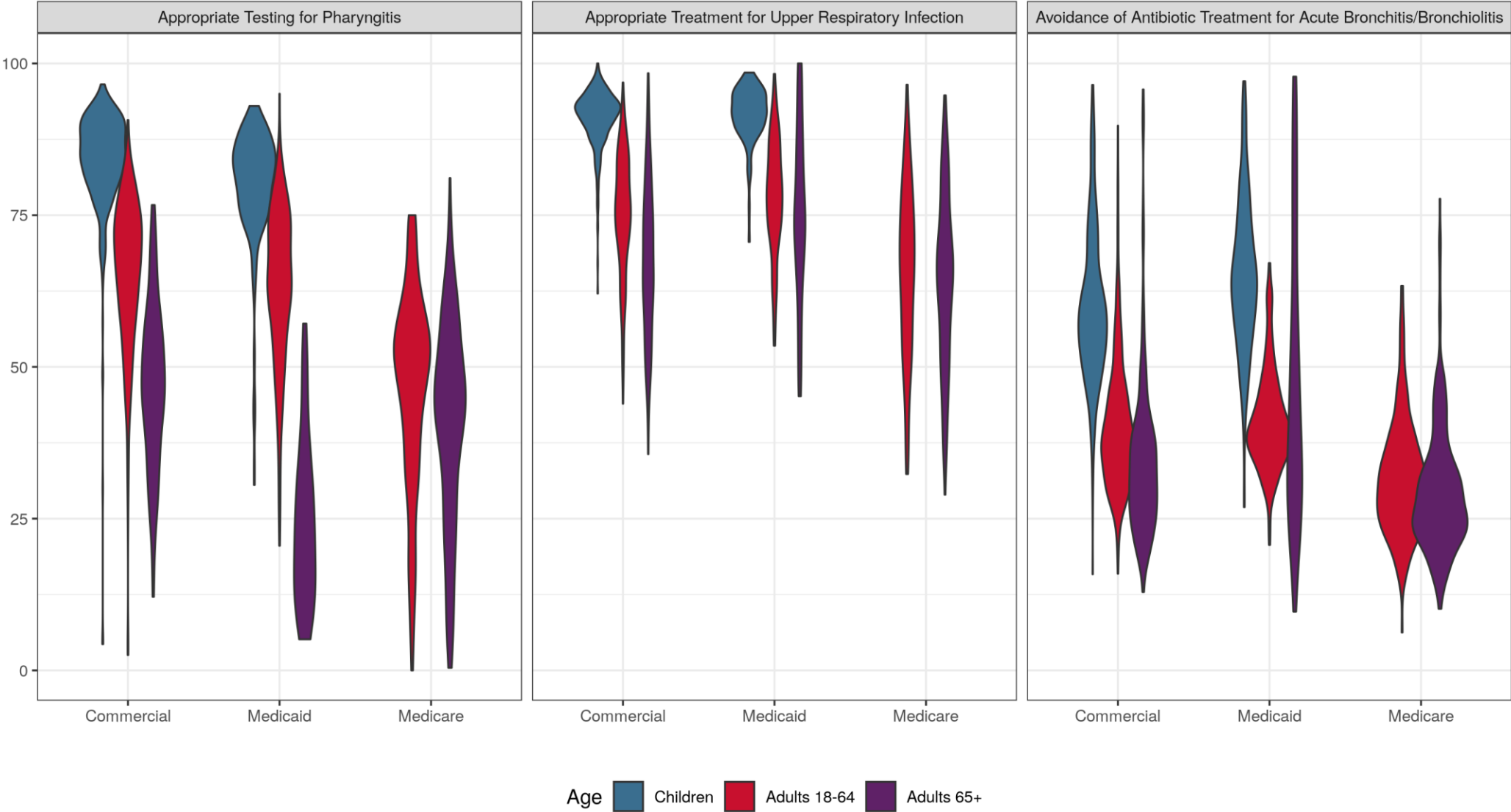
2020

### Three age bands

Under 18 years  
18-64 years  
65 years and older

# Considerations for Determining High Performers

Rate Distribution by Measure and Product Line for MY2020



Performance differs across measures, ages, and product lines



# Considerations for Determining High Performers

Performance differs across measures, ages and product lines

Apply a consistent, percentile-based benchmark  
Calculate by measure, age band, and product line

A plan may not have reportable data for all indicators

Require at least two reportable indicators

A plan's performance is not uniform across measures

Require at least a third of indicators perform at or above the benchmark

# Identifying Top Performers

| Measure                     | Age Band    | Plan A | Plan B |
|-----------------------------|-------------|--------|--------|
| Bronchitis                  | Child       |        |        |
|                             | Adult 18-64 |        |        |
|                             | Adult 65+   |        |        |
| Upper Respiratory Infection | Child       |        |        |
|                             | Adult 18-64 |        |        |
|                             | Adult 65+   |        |        |
| Pharyngitis                 | Child       |        |        |
|                             | Adult 18-64 |        |        |
|                             | Adult 65+   |        |        |

# Identifying Top Performers

| Measure                      | Age Band    | Plan A            | Plan B            |
|------------------------------|-------------|-------------------|-------------------|
| Bronchitis                   | Child       | Top Performer     | Not Top Performer |
|                              | Adult 18-64 | Top Performer     | Not Top Performer |
|                              | Adult 65+   | Not Top Performer | Top Performer     |
| Upper Respiratory Infection  | Child       | Top Performer     | Not Top Performer |
|                              | Adult 18-64 | Not Top Performer | Top Performer     |
|                              | Adult 65+   | Top Performer     | Not Top Performer |
| Pharyngitis                  | Child       | Top Performer     | Top Performer     |
|                              | Adult 18-64 | Top Performer     | Not Top Performer |
|                              | Adult 65+   | Not Top Performer | Top Performer     |
| <b>Reportable indicators</b> |             | <b>6</b>          | <b>4</b>          |

# Identifying Top Performers

| Measure                        | Age Band    | Plan A | Plan B |
|--------------------------------|-------------|--------|--------|
| Bronchitis                     | Child       | ✓      |        |
|                                | Adult 18-64 |        |        |
|                                | Adult 65+   |        |        |
| Upper Respiratory Infection    | Child       | ✓      |        |
|                                | Adult 18-64 |        | ✓      |
|                                | Adult 65+   | ✓      |        |
| Pharyngitis                    | Child       | ✓      |        |
|                                | Adult 18-64 |        |        |
|                                | Adult 65+   |        |        |
| <b>Reportable indicators</b>   |             | 6      | 4      |
| <b>Appropriate Prescribing</b> |             | 4      | 1      |



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Plans were compared *within* product lines

# Top Performer Results

|            | Count of Plans  |           | High Performers           |
|------------|-----------------|-----------|---------------------------|
|            | High Performing | All Plans | as a Percent of All Plans |
| Commercial | 76              | 410       | 18.5%                     |
| Medicaid   | 54              | 226       | 24.9%                     |
| Medicare   | 66              | 348       | 19.0%                     |

Top performing plans:

- come from all regions of the U.S.
- had enrollments representatives of plans overall
- were in the top 15% on half or more of their reportable rates





## UnitedHealthcare Community Plan – Rhode Island

Stacey Aguiar, MPH, CPHQ, CHES  
Sr. Director of Clinical Quality  
UnitedHealthcare Community Plan -  
RI

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# High-level Overview of UnitedHealthcare Community Plan, RI

- ~100K members in our Medicaid line of business
- ~70K of those members are attributed to an Accountable Care Organization (ACO)
- Quality is a State priority
- Collaborative relationship with the State, ACOs and health plans

# Approach to Antibiotic Stewardship

## Members

- Reward members for Child and Adolescent Well Care Visits (WCV)
- Use live calls to schedule Well Visits for children, adolescents and Adult's
- Use Interactive Voice Response (IVR) calls for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visits
- Share member education materials via emails/ letters

## Physicians/Other Providers

- Provider incentive for completed WCV
- Meet with high volume providers (i.e., >100 Medicaid members) and share gap in care reports, educational materials, and best practices

## General

- Collaborative workgroups (e.g., pharmacist, care management, behavioral health, marketing, etc.)
- Monitor quality priority measures bi-weekly (e.g., decrease in rates)



# Barriers

- Continues to impact access to care (e.g., increase in telehealth visits)
- Staff turnover in provider offices/ unable to fill open positions
- Lack of supplies/tests
- Measure specifications have changed for Appropriate Testing for Pharyngitis (CWP) over time (i.e., increasing age range) and adults are less likely to schedule well visits with their primary care provider due to seeing other providers (e.g., OBGYN, cardiologist, behavioral health, etc.)

# Recommendations

Partner with your State, ACOs and health plans to align priority measures, interventions, messaging, etc.





## LifeWise Health Plan of Washington

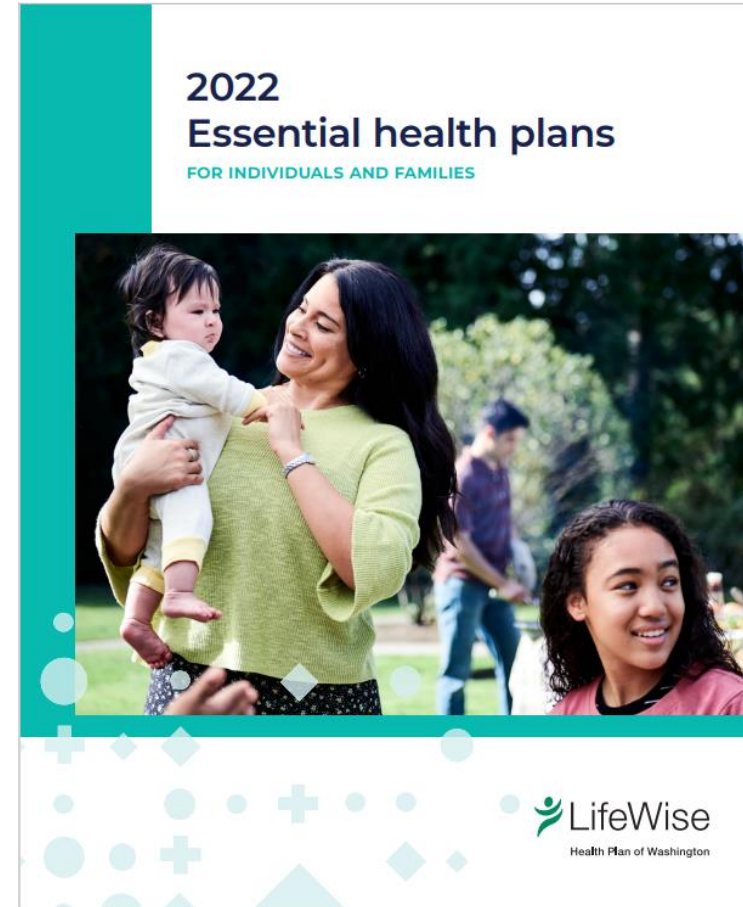
Steven Jacobson, MD, MHA  
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# LifeWise Health Plan of Washington

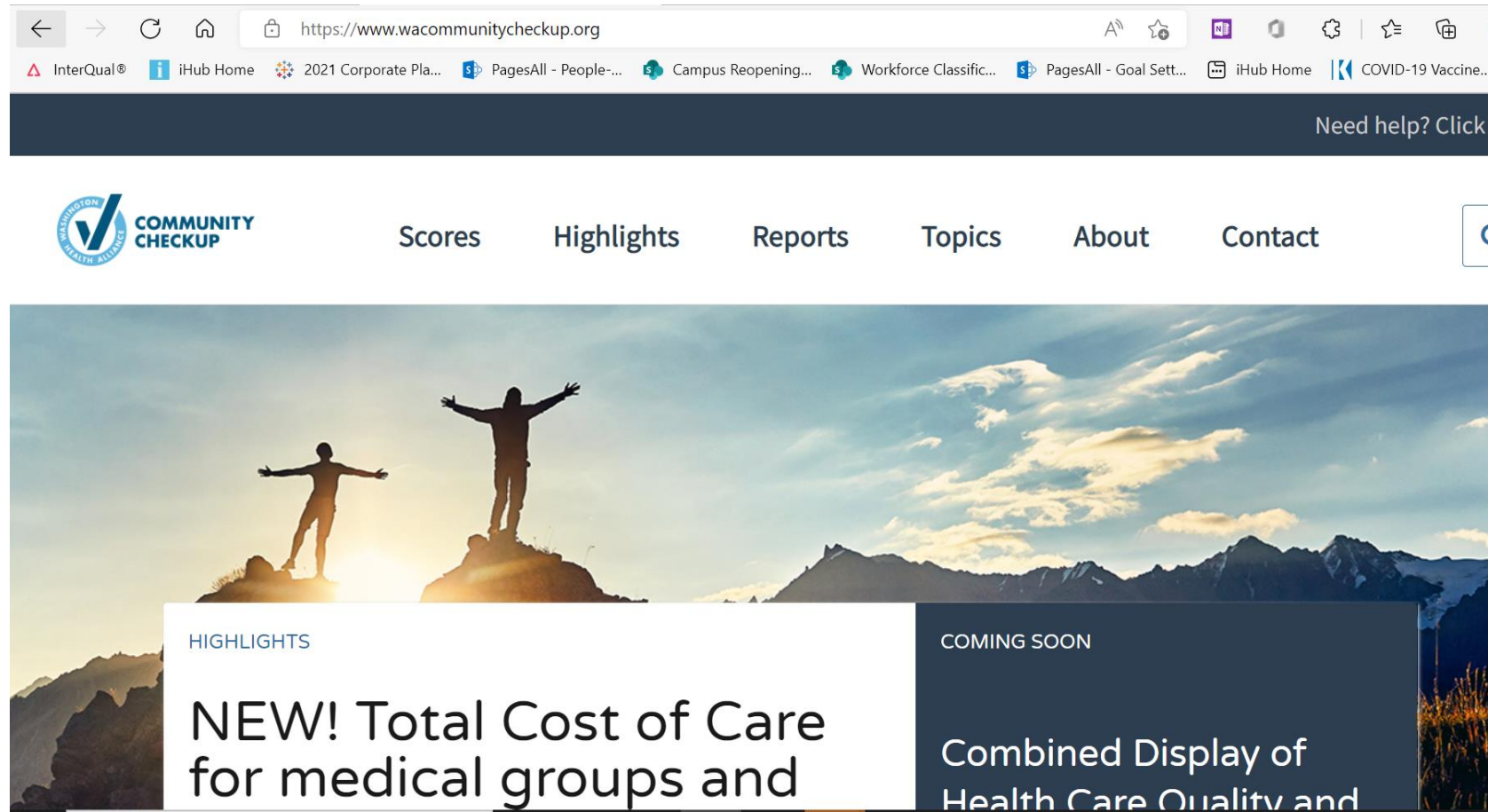
- Individual market plan
- Affordable Care Act (ACA)
- State of Washington ACA exchange
- Public option plan alternative available in accordance with Washington State guidelines



# LifeWise of Washington Antibiotic Stewardship – Impacts on Performance

- State of Washington
  - Washington Health Alliance (WHA) - Statewide collaborative focused on quality
  - Lifewise/Premera Blue Cross participation in the WHA – over 185 member groups representing payors, providers, purchasers, regulators and user groups with goal of sharing best practices and helping each other improve
  - WHA Quality Improvement Committee – Over 25 clinicians from around the State working on Statewide and organization specific performance improvement
  - Statewide strong performance on antibiotic stewardship measures reflecting a provider culture of the importance of wise use of antibiotics
- LifeWise of Washington
  - Member portal education tools – to educate members on viral illnesses and that antibiotic use is often not appropriate
  - Narrow network selected for high quality, cost-effective care and access

# Washington Health Alliance (WHA)



The screenshot shows the website <https://www.wacommunitycheckup.org>. The navigation menu includes: Scores, Highlights, Reports, Topics, About, and Contact. A banner features a background image of two people on a mountain peak with their arms raised. The banner contains the following text:

**HIGHLIGHTS**  
**NEW! Total Cost of Care for medical groups and**

**COMING SOON**  
**Combined Display of Health Care Quality and**

# WHA Initiatives

## Initiatives & Campaigns



### Washington Health Alliance

The Washington Health Alliance is a nonprofit that works with its more than 185 member organizations to improve the quality of health care for all Washington residents.

The Alliance helps individuals make informed health care decisions by producing the Community Checkup and other reports on health care quality, value, and pricing.

By working with health plans, employers, labor union trusts, hospitals and hospital systems, health care professionals, start-ups, consultants, consumers, and other health care partners, the Alliance is helping improve the health care system.

➤ [Visit the Alliance website](#)



### Own Your Health

Own Your Health is a campaign from the Washington Health Alliance to empower consumers to become active participants in their own health and health care. Our goal is to give you the tools and information you need to maintain and improve your health, and to make sure you're getting quality health care.

➤ [Visit the Own Your Health Website](#)



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# WHA Community Checkup

About the Community Checkup

[Introduction](#)

[Inside Our Reports](#)

[Process](#)

[Methodology](#)

[Common Measure Set](#)

[Glossary](#)

[Need Help?](#)

[Terms of Use](#)

## Introduction

### What is the Community Checkup?

The Community Checkup is the umbrella under which the Washington Health Alliance (Alliance) releases all of its public reports on the quality of health care in Washington state, including the Community Checkup report. In addition, the Community Checkup encompasses a broad range of reports that rely upon the Alliance's data for analysis.



The 2022 Community Checkup annual report reflects:

- Care provided to approximately 4 million people in Washington state.
- 67 measures of health care value in the state-sponsored Common Measure Set for Health Care Quality and Cost.
- Data supplied by more than 25 health plans, self-insured employers and union trusts, as well as Washington state agencies.

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# WHA Respiratory Conditions Community Checkup Scores



Scores

Highlights

Reports

Topics

About

Contact



## Respiratory conditions

Respiratory problems are common both in children and adults. Because bronchitis and colds are caused by viruses, antibiotics won't help the cold go away or make you feel better. Both will usually clear up on their own. A sore throat can have many causes. It may be the symptom, such as from a cold, or it can be its own illness, such as strep throat. Antibiotics are necessary to treat strep throat, but won't work on a sore throat not caused by a bacterial infection. That's why it's important to be tested before you get a prescription for antibiotics.

View

State

Select Place

Washington

[Need help?](#)



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# WHA Respiratory Conditions Community Checkup Scores

## Respiratory Conditions

Respiratory problems are common both in children and adults. Adults have an average of two or three colds a year, and children have even more. Because colds are caused by viruses, antibiotics won't help the cold go away or make you feel better.

Bronchitis is an inflammation of the bronchial tubes, which carry air to and from the lungs. It is often accompanied by a cough that can linger for weeks. Like a cold, bronchitis is a viral infection, so you shouldn't take antibiotics to treat it. Also, like a cold, bronchitis will usually clear up on its own.

A sore throat can have many causes. It may be the symptom, such as from a cold, or it can be its own illness, such as strep throat. Antibiotics are necessary to treat strep throat, but won't work on a sore throat not caused by a bacterial infection. That's why it's important to be tested before you get a prescription for antibiotics.



➤ [Compare scores for respiratory conditions](#)

# WHA Upper Respiratory Infection Score Options

## Select Category

Respiratory conditions

## Year

2022

## Insurance Type

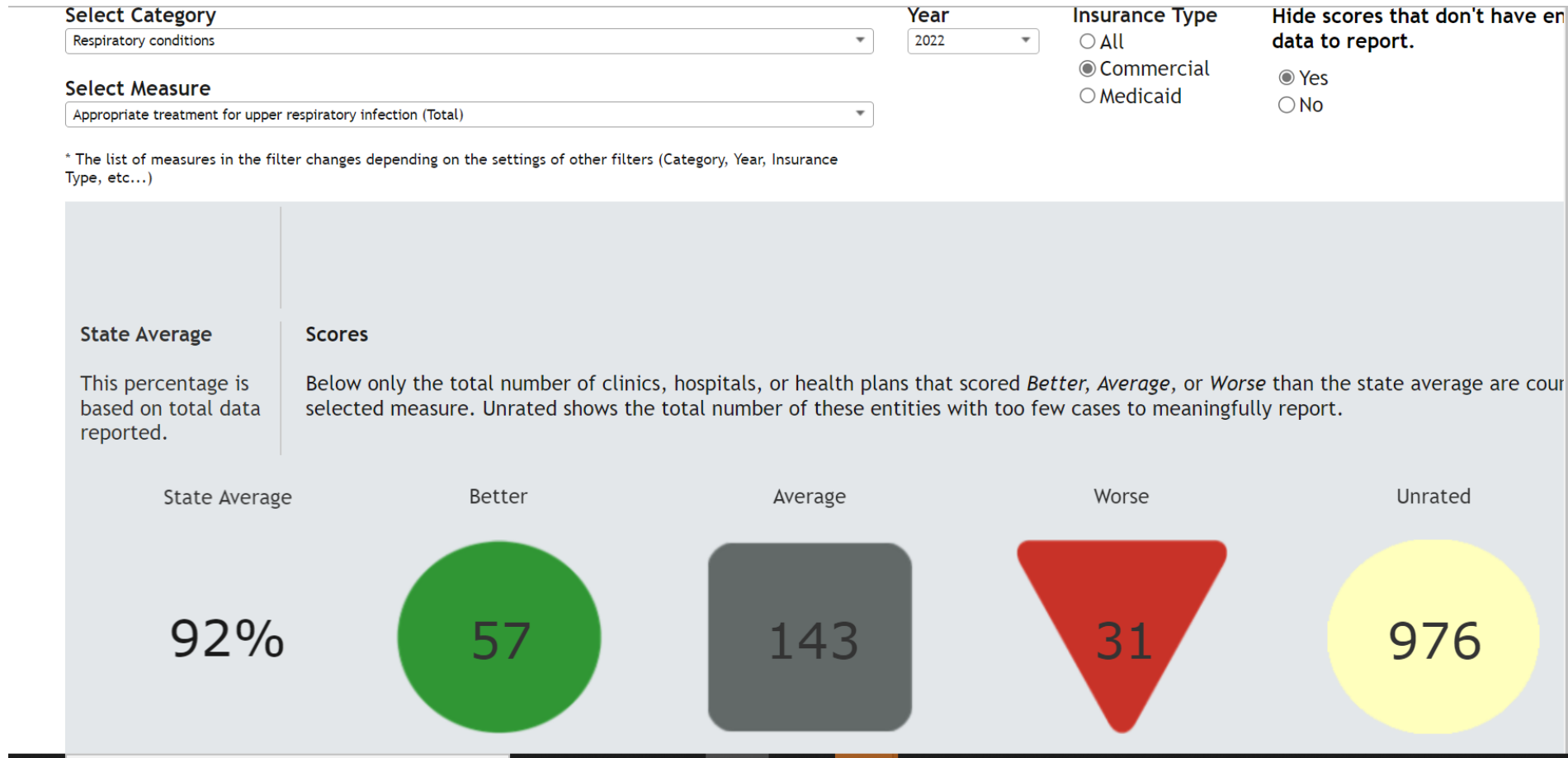
- All
- Commercial
- Medicaid

## Select Measure

Appropriate treatment for upper respiratory infection (Total)

- Appropriate testing for pharyngitis (Total)
- Appropriate testing for pharyngitis (Total) (Health Plan)
- Appropriate treatment for upper respiratory infection (Total)
- Appropriate treatment for upper respiratory infection (Total) (Health Plan)
- Avoiding antibiotics for adults with acute bronchitis
- Avoiding antibiotics for adults with acute bronchitis (Health Plan)

# HEDIS Upper Respiratory Infections by Provider



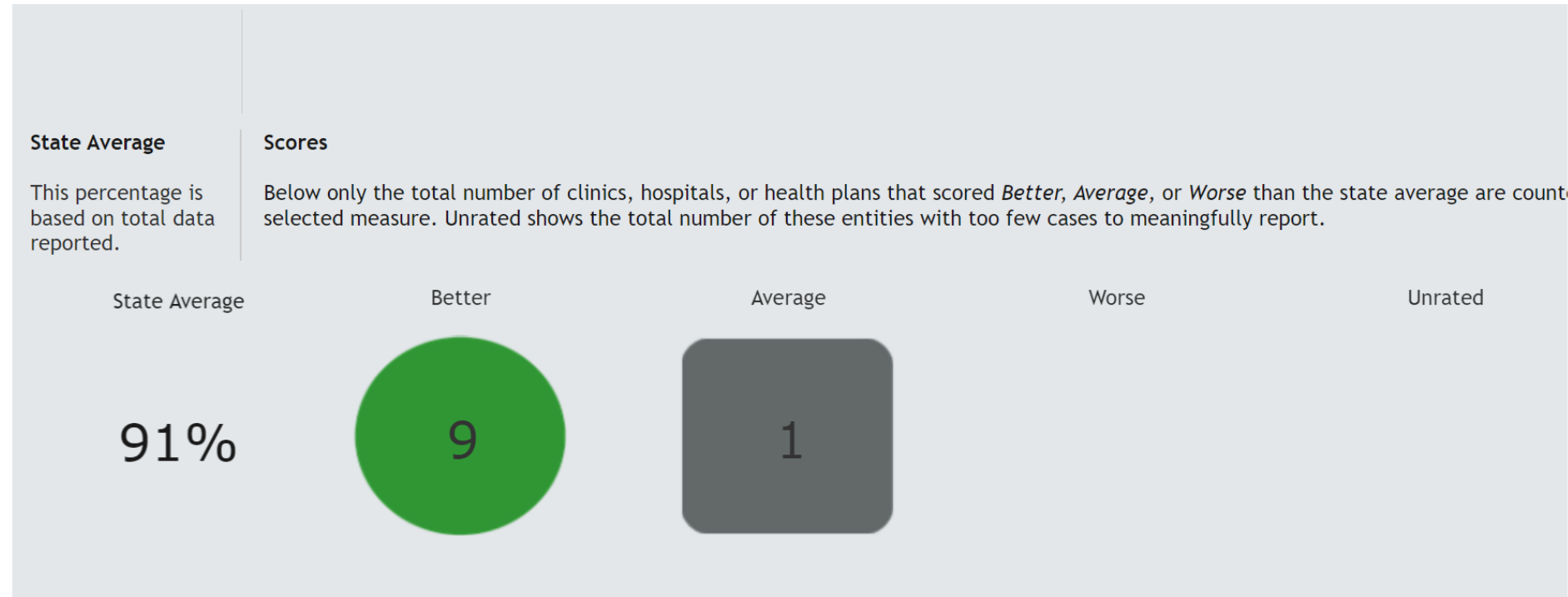
# HEDIS Upper Respiratory Infections by Health Plan

Year  
2022

Insurance Type  
 All  
 Commercial  
 Medicaid

Hide scores that don't have  
enough data to report.  
 Yes  
 No

Measures  
Appropriate treatment for upper respiratory infection (Total) (Health Plan)



# HEDIS Upper Respiratory Infections by Health Plan

| Measure   | Place or Organization                                | Score  | Rate |
|---|--|--|------|
| Appropriate treatment for upper respiratory infection (Total) (Health Plan) | <a href="#">Aetna</a>                                |  BETTER   | 93%  |
|   | <a href="#">Asuris Northwest Health</a>              |  AVERAGE  | 88%  |
|   | <a href="#">Cigna</a>                                |  BETTER   | 92%  |
|   | <a href="#">Kaiser Permanente NW</a>                 |  BETTER   | 94%  |
|   | <a href="#">Kaiser Permanente Washington</a>         |  BETTER   | 95%  |
|   | <a href="#">Kaiser Permanente Washington Options</a> |  BETTER   | 94%  |
|   | <a href="#">LifeWise Health Plan of Washington</a>   |  BETTER   | 98%  |
|   | <a href="#">Premera Blue Cross</a>                   |  BETTER   | 88%  |
|   | <a href="#">Regence BlueShield</a>                   |  BETTER | 91%  |
|   | <a href="#">UnitedHealthcare</a>                     |  BETTER | 89%  |

# LifeWise Member Portal



[Become a Customer](#)

[Use Your Plan](#)

[Sign In](#)

## Welcome to your plan

Learn 5 ways to use your plan, starting with creating your online account.

[Get started](#)



## Take care of your physical and mental health

[Explore your virtual care options](#)

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# LifeWise Member Healthcare Decision Support



[Become a Customer](#)

[Use Your Plan](#)

[Sign In](#)

## Help with healthcare decision

Ultimately, it's up to you to decide what medical care to have. Healthwise is an independent, nonprofit that offers guides and tools in clear language and give you the same science-backed information your doctor has.

That way, you can understand your options and priorities. Then you can have a discussion with your doctor about your best care. [Use the tools.](#)



[#QISeries](#)



# Decision Support – Written and Video



◀ [Home](#)

🌐 [En español](#)

## Colds



Children and Cough and Cold Medicines



Taking Your Child's Temperature



Why Children Don't Need Antibiotics for Colds or Flu

[Condition Basics](#)

[Related Information](#)

[Credits](#)

### What are colds?

Colds are the most common infection of the nose, sinuses, or throat (upper respiratory infection). Colds are caused by viruses. They're spread by coughs, sneezes, and close contact. You can catch a cold at any time of year, but they're more common in late winter and early spring. There's no cure for colds.



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# Decision Support – Red Flags

## When should I call for help?

Call **911** anytime you think you may need emergency care. For example, call if:

- You have severe trouble breathing.

Call **your doctor now** or seek immediate medical care if:

- You seem to be getting much sicker.
- You have new or worse trouble breathing.
- You have a new or higher fever.
- You have a new rash.

Watch closely for changes in your health, and be sure to contact your doctor if:

- You have a new symptom, such as a sore throat, an earache, or sinus pain.
- You cough more deeply or more often, especially if you notice more mucus or a change in the color of your mucus.
- You do not get better as expected.

# LifeWise of Washington – Narrow Network

- Quality
- Cost-effective care
- Network adequacy and access by geography



# Q&A

# Thank You

# Steps to claim continuing education credits

## 1. Register for your course

- Navigate to [education.ncqa.org](https://education.ncqa.org)
- Select Login with NCQA Account
- Select “Create Account” if you do not have an existing account, complete the requested information to complete the form and to gain access to the account. If you have an existing account, log in using those same credentials.
- Once you have logged on, click the course link to register: [How Health Plans Approach Antibiotic Stewardship and HEDIS Antibiotic Measures](#)

## 2. Complete your course and download your certificate

- Complete the Evaluation and Attestation to gain access to your certificate.
- Click on your name at the top right to select your profile.
- On profile, please be sure you have entered your Name and Credential(s) as they should appear on your certificate by clicking “edit” → “info” → “save”
- Select Awards on the left to retrieve the certificate and download the PDF file
- If you are a pharmacist completing a course offering CPE credits, please notify NCQA through [ncqa.org](https://ncqa.org) within 14 calendar days that you have completed a CPE course. You must provide the title of the course, your NABP identification number and your DOB (month/date) within the notification to NCQA. We also recommend you update your [education.ncqa.org](https://education.ncqa.org) profile with your NABP identification number