



Minute Update

82% FAIL RATE?

We all know that we're being measured and graded more and more. While it is at times annoying, it is a fact of life, and we need to get *very* good at studying to the test (Remember, the "Learn to Surf" Update a few weeks ago?) Additionally, we should look at many of these measures as reminders and motivators to get all of us doing what we (*should*) know are the "right things" for our patients.

Let's talk about one of the Health Effectiveness Data and Information Set (HEDIS) measures that:

- Is being measured by *everyone*.
- Has some serious direct financial impacts. Among them, the CHOMP employee health plan has given us a *six-figure* incentive to meet HEDIS' stunningly unambitious goal – *just avoid doing the wrong thing more than 28% of the time!*
- As a community, we're doing miserably on this. (Read: "Easy improvement opportunity".)

ACUTE BRONCHITIS

Patients visit doctors for cough about 5 million times a year in the U.S. The most common diagnosis is acute bronchitis. We know that more than 90% of uncomplicated acute bronchitis is viral and antibiotics offer no benefit. That wouldn't logically suggest the following facts:

- Antibiotics are prescribed >70% of the time in the US, contributing to resistance and waste.
- In a recent review of Anthem data here in Monterey County, *we prescribed abx >81% of the time!*
- Really?? Certainly we can, and should, do much better.

BTW, in case you need more convincing, here's what the CDC website says:

<p>Cough is the most common symptom for which adult patients visit their primary care provider.</p> <p>Acute bronchitis is the most common diagnosis in these patients.</p>	<p>Evaluation should focus on ruling out pneumonia, which is rare among otherwise healthy adults in the absence of abnormal vital signs (heart rate \geq 100 beats/min, respiratory rate \geq 24 breaths/min, or oral temperature \geq 38 °C) and abnormal lung examination findings (focal consolidation, egophony, fremitus).</p> <p>Colored sputum does not indicate bacterial infection.</p> <p>For most cases, chest radiography is not indicated.</p>	<p>Routine treatment of uncomplicated acute bronchitis with antibiotics is not recommended, regardless of cough duration. Options for symptomatic therapy include:</p> <ul style="list-style-type: none"> - Cough suppressants (codeine, dextromethorphan); - First-generation antihistamines (diphenhydramine); - Decongestants (phenylephrine); and - Beta agonists (albuterol).
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So, help the MBIPA achieve this very reasonable goal. **If it's acute bronchitis, don't prescribe antibiotics; if you need to prescribe antibiotics, it's not "acute bronchitis" – use a different, more specific, diagnosis code!**

May 20, 2016

-- Jim