



Minute Update

PEDIATRIC EDITION

HEDIS - PHARYNGITIS

As you know, all of us are being watched, measured, scored, and rated in ways that simply didn't exist a few years ago. Increasingly, we are tasked to adhere to standardized recommendations of how to evaluate and treat common medical problems – especially when there is great consensus* as to a “right” way. Happily, for our superb cadre of Monterey County pediatricians, these consensus recommendations are merely a reinforcement of your already great care.

The MBIPA has established an incentive bonus plan with the CHOMP employee health plan for 2016. The one incentive that most involves you pediatricians is the HEDIS measure for antibiotic treatment of pharyngitis. We receive a substantial financial reward (that we will distribute to providers) if we can demonstrate that *70% of those children age 2-18 who received antibiotics for a diagnosis of pharyngitis had appropriate testing* (either culture or rapid testing).

Currently, we're close, but not there. We have the next two months to improve our percentage.

OUR ASK IS SIMPLE:

1. Make the diagnosis of pharyngitis when appropriate.
2. If antibiotics are going to be prescribed...
3. Do a strep test.

* CONSENSUS:

AAP – *The AAP recommends antibiotic therapy for children with pharyngitis **confirmed** to be caused by GAS.*

CDC – *Antibiotic treatment is indicated for patients, regardless of age, who have a **positive RADT or throat culture**. Viral pharyngitis should not be treated with antibiotics.*

UpToDate – ***Microbiologic confirmation** of GAS in the pharynx before initiation of antibiotic therapy helps to prevent unnecessary provision of antibiotics to children with viral pharyngitis (most children with pharyngitis).*

Thanks for following national guidelines and helping us get to our target by the end of 2016!

-- Jim

October 2016