CBE ID

0096

Title

Community-Acquired Bacterial Pneumonia (CAP): Empiric Antibiotic

Project

Pulmonary and Critical Care

Endorsement Status

Endorsement Removed

Is Under Review

No

Previous Endorsement Cycle

Full Year 2015

Removal Date

Tue, 05/30/2017 - 20:00

Initial Endorsement

Mon, 04/30/2007 - 20:00

Steward

Physician Consortium for Performance Improvement

1.0 New or Maintenance

Maintenance

1.1 Measure Structure

Single Measure

1.3 Electronic Clinical Quality Measure (eCQM)

No

1.6 Measure Description

Percentage of patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP) with an appropriate empiric antibiotic prescribed

1.7 Measure Type

Process

1.8 Level of Analysis

Clinician: Group/Practice, Clinician: Individual, Integrated Delivery System

1.9 Care Setting

Home Care, Inpatient/Hospital, Other, Outpatient Services

1.14 Numerator

Patients with appropriate empiric antibiotic prescribed

1.15 Denominator

All patients aged 18 years and older with a diagnosis of community-acquired bacterial pneumonia (CAP)

1.20 Types of Data Sources

Claims Data, Electronic Health Data, Registry data

6.1.2 Current or Planned Use(s)

Professional Certification or Recognition Program, Public Reporting, Quality Improvement (Internal to the specific organization)

Exclusions

The PCPI exception methodology uses three categories of reasons for which a patient may be removed from the denominator of an individual measure. These measure exception categories are not uniformly relevant across all measures; for each measure, there must be a clear rationale to permit an exception for a medical, patient, or system reason. For measure ´Community-Acquired Bacterial Pneumonia (CAP): Empiric Antibiotic´, exceptions may include medical reason(s), patient reason(s) or system reason(s) for not prescribing appropriate empiric antibiotic. Although this methodology does not require the external reporting of more detailed exception data, the PCPI recommends that physicians document the specific reasons for exception in patients' medical records for purposes of optimal patient management and audit-readiness. The PCPI also advocates the systematic review and analysis of each physician's exceptions data to identify practice patterns and opportunities for quality improvement. Additional details by data source are as follows:

For Claims/Administrative Specifications:
Documentation of medical reason(s) for not prescribing appropriate empiric antibiotic

Documentation of patient reason(s) for not prescribing appropriate empiric antibiotic

Documentation of system reason(s) for not prescribing appropriate empiric antibiotic

Measure Disclaimer

See copyright statement above.

Planned Use

Professional Certification or Recognition Program, Public Reporting, Quality Improvement

(Internal to the specific organization)

Risk Adjustment

No risk adjustment or risk stratification

Target Population

Elderly

Steward Organization

Physician Consortium for Performance Improvement

Steward POC email

Samantha.Tierney@ama-assn.org