



Measure Information

This document contains the information submitted by measure developers/stewards, but is organized according to NQF's measure evaluation criteria and process. The item numbers refer to those in the submission form but may be in a slightly different order here. In general, the item numbers also reference the related criteria (e.g., item 1b.1 relates to sub criterion 1b).

Brief Measure Information

NQF #: 0058

Corresponding Measures:

De.2. Measure Title: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Co.1.1. Measure Steward: National Committee for Quality Assurance

De.3. Brief Description of Measure: The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.

1b.1. Developer Rationale: The vast majority of acute bronchitis cases are viral. Bacteria are detected in 1% to 10% of cases, and can include *Bordetella pertussis*, *Chlamydia pneumoniae*, and *Mycoplasma pneumoniae* [1]. Antibiotics are not indicated for the initial treatment of acute bronchitis and when prescribed can do more harm than good. In 2014, 266.1 million courses of antibiotics were dispensed to outpatients in U.S. community pharmacies with at least 30 percent of those antibiotics being potentially unnecessary prescriptions [2].

A 2017 Cochrane review of 17 studies assessing outcomes and adverse effects of antibiotic use in children and adults with acute bronchitis found limited evidence of clinical benefit to support the use of antibiotics across all age ranges studied. For eleven studies at follow-up, there was no difference in participants described as being clinically improved between the antibiotic and placebo groups. Additionally, the review found a small but significant increase in adverse effects in people treated with antibiotics. The most common side effects included nausea, vomiting, diarrhea, headache and rash [3]. Guidelines recommend against the use of antibiotics in patients [3, 4, 5].

References:

[1] Hart, A.M. 2014. "Evidence-Based Diagnosis and Management of Acute Bronchitis." *Nurse Practitioner*. 39(9):32-39. Doi: 10.1097/01.NPR.0000452978.99676.2b.

[2] Centers for Disease Control and Prevention (CDC). 2017. Antibiotic Prescribing and Use in Doctor's Offices. What is Acute Bronchitis? <https://www.cdc.gov/antibiotic-use/community/for-patients/common-illnesses/bronchitis.html>

[3] Smith, S.M., T., Fahey, T., Smucny, J., Becker, L.A. 2017. "Antibiotics for Acute Bronchitis." *Cochrane Database Syst Rev* DOI: 10.1002/14651858.CD000245.pub4

[4] Kinkade, S. & Long, N. A. (2016). Acute Bronchitis. *American Academy of Family Physicians*, 94(7), 560-565.

[5] Ralston, S. L., Leiberthal, A. S., Meissner, H. C., Alverson, B. K., Baley, J. E., Gadomski, A. M., et al. (2014). Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. *Pediatrics*, 134, e1474-e1502.

S.4. Numerator Statement: The number of dispensed antibiotic medications following an episode of acute bronchitis/bronchiolitis. The measure is reported as an inverted rate (i.e., 1 – numerator/denominator) to reflect the proportion of episodes during which an antibiotic was not dispensed (a higher rate is better).

S.6. Denominator Statement: Episodes for members age 3 months and older with a diagnosis of acute bronchitis or bronchiolitis during the intake period.

S.8. Denominator Exclusions: As listed in the denominator details, the final denominator population does not include episodes with a history of select comorbid conditions, history of antibiotic use, or presence of a competing diagnosis

De.1. Measure Type: Process

S.17. Data Source: Claims

S.20. Level of Analysis: Health Plan

<p>IF Endorsement Maintenance – Original Endorsement Date: Aug 10, 2009 Most Recent Endorsement Date: Jan 07, 2013</p> <p>IF this measure is included in a composite, NQF Composite#/title:</p> <p>IF this measure is paired/grouped, NQF#/title:</p> <p>De.4. IF PAIRED/GROUPED, what is the reason this measure must be reported with other measures to appropriately interpret results? N/A</p>

<p>1. Evidence, Performance Gap, Priority – Importance to Measure and Report</p> <p>Extent to which the specific measure focus is evidence-based, important to making significant gains in healthcare quality, and improving health outcomes for a specific high-priority (high-impact) aspect of healthcare where there is variation in or overall less-than-optimal performance. Measures must be judged to meet all sub criteria to pass this criterion and be evaluated against the remaining criteria.</p> <p>1a. Evidence to Support the Measure Focus – See attached Evidence Submission Form AAB_0058_Evidence_Form-637400848107413979.docx</p> <p>1a.1 For Maintenance of Endorsement: Is there new evidence about the measure since the last update/submission? Do not remove any existing information. If there have been any changes to evidence, the Committee will consider the new evidence. Please use the most current version of the evidence attachment (v7.1). Please use red font to indicate updated evidence. Yes</p> <p>1b. Performance Gap Demonstration of quality problems and opportunity for improvement, i.e., data demonstrating:</p> <ul style="list-style-type: none"> considerable variation, or overall less-than-optimal performance, in the quality of care across providers; and/or Disparities in care across population groups. <p>1b.1. Briefly explain the rationale for this measure (e.g., how the measure will improve the quality of care, the benefits or improvements in quality envisioned by use of this measure) <i>If a COMPOSITE</i> (e.g., combination of component measure scores, all-or-none, any-or-none), SKIP this question and answer the composite questions.</p> <p>The vast majority of acute bronchitis cases are viral. Bacteria are detected in 1% to 10% of cases, and can include <i>Bordetella pertussis</i>, <i>Chlamydia pneumoniae</i>, and <i>Mycoplasma pneumoniae</i> [1]. Antibiotics are not indicated for the initial treatment of acute bronchitis and when prescribed can do more harm than good. In 2014, 266.1 million courses of antibiotics were dispensed to outpatients in U.S. community pharmacies with at least 30 percent of those antibiotics being potentially unnecessary prescriptions [2].</p> <p>A 2017 Cochrane review of 17 studies assessing outcomes and adverse effects of antibiotic use in children and adults with acute bronchitis found limited evidence of clinical benefit to support the use of antibiotics across all age ranges studied. For eleven studies at follow-up, there was no difference in participants described as being clinically improved between the antibiotic and placebo groups. Additionally, the review found a small but significant increase in adverse effects in people treated with antibiotics. The most common side effects included nausea, vomiting, diarrhea, headache and rash [3]. Guidelines recommend against the use of antibiotics in patients [3, 4, 5].</p> <p>References: [1] Hart, A.M. 2014. "Evidence-Based Diagnosis and Management of Acute Bronchitis." <i>Nurse Practitioner</i>. 39(9):32-39. Doi: 10.1097/01.NPR.0000452978.99676.2b. [2] Centers for Disease Control and Prevention (CDC). 2017. Antibiotic Prescribing and Use in Doctor's Offices. What is Acute Bronchitis? https://www.cdc.gov/antibiotic-use/community/for-patients/common-illnesses/bronchitis.html [3] Smith, S.M., T., Fahey, T., Smucny, J., Becker, L.A. 2017. "Antibiotics for Acute Bronchitis." <i>Cochrane Database Syst Rev</i> DOI: 10.1002/14651858.CD000245.pub4 [4] Kinkade, S. & Long, N. A. (2016). Acute Bronchitis. <i>American Academy of Family Physicians</i>, 94(7), 560-565. [5] Ralston, S. L., Leiberthal, A. S., Meissner, H. C., Alverson, B. K., Baley, J. E., Gadomski, A. M., et al. (2014). Clinical Practice</p>
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Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. Pediatrics, 134, e1474-e1502.

1b.2. Provide performance scores on the measure as specified (current and over time) at the specified level of analysis. *(This is required for maintenance of endorsement. Include mean, std dev, min, max, interquartile range, scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include.) This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*

The following HEDIS data reflect the most recent years of measurement for this measure. It includes number of health plans, percentiles, mean, min, max and standard deviations.

Data are summarized at the health plan level (i.e. "N" represents the number of health plans). All rates are reported as an inverted rate (i.e. 1- numerator/denominator). The rates for MY 2017 and MY 2018 reflect the percentage of health plan members that were not dispensed an antibiotic (18-64 years). For MY 2019, the rate reflects the percentage of episodes that were not dispensed antibiotic (3 months and older).

Data are stratified by year and product line (i.e. commercial, Medicaid). Medicare was specified for the measure starting MY 2019, but CMS did not require health plans to report for MY 2019 due to the COVID-19 pandemic; therefore, Medicare performance rates are not provided.

Commercial

YEAR	N	MEAN	STDEV	MIN	10th	25th	50th	75th	90th	MAX	Interquartile Range
2019	406	40.8%	10.8%	19.3%	29.8%	33.8%	39.3%	44.7%	53.8%	86.5%	10.9%
2018	387	33.7%	10.9%	14.8%	23.2%	26.4%	31.5%	38.1%	48.6%	81.5%	11.8%
2017	393	30.8%	10.7%	13.4%	21.2%	24.2%	28.4%	34.1%	43.9%	80.5%	9.9%

Medicaid

YEAR	N	MEAN	STDEV	MIN	10th	25th	50th	75th	90th	MAX	Interquartile Range
2019	213	52.2%	11.1%	28.8%	39.9%	45.0%	50.7%	58.1%	65.2%	100.0%	13.2%
2018	213	36.3%	9.6%	19.5%	27.0%	29.8%	34.1%	41.1%	48.9%	80.4%	11.2%
2017	235	33.7%	9.5%	12.1%	25.2%	27.6%	32.0%	37.4%	44.6%	76.5%	9.7%

Note: Data from 2017 and 2018 shows performance on the AAB measure before revisions (i.e., change to episode-based denominator, etc.) were made. Data from 2019 shows performance on the revised measure.

1b.3. If no or limited performance data on the measure as specified is reported in 1b2, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement.

N/A

1b.4. Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability. *(This is required for maintenance of endorsement. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included.) For measures that show high levels of performance, i.e., "topped out", disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b1) under Usability and Use.*

HEDIS data are stratified by type of insurance (e.g., Commercial, Medicaid, Medicare). While not specified in the measure, this measure can also be stratified by demographic variables, such as race/ethnicity or socioeconomic status, in order to assess the presence of health care disparities, if the data are available to a plan. NCQA is actively engaged with partners including the CMS Office of Minority Health in identifying feasible methods to further integrate social risk factors into health plan quality measures, with a focus on stratification. Our work is aligned with recent recommendations from MedPAC and ASPE on optimal methods for addressing social risk in quality measurement and programs.^{1,2} This is an NCQA wide initiative. Our intent is to implement methods to bridge data concerns in the future.

HEDIS includes two measures that can be used as tools for assessing race/ethnicity and language needs of a plan's population: Race/Ethnicity Diversity of Membership and the Language Diversity of Membership. These measures promote standardized methods for collecting these data and follow Office of Management and Budget and National Academy of Medicine guidance for collecting

and categorizing race/ethnicity and language data. In addition, NCQA's Multicultural Health Care Distinction Program outlines standards for collecting, storing, and using race/ethnicity and language data to assess health care disparities.

1. Medicare Payment Advisory Commission. (2020). The Medicare Advantage program: Status report. In Report to the Congress: Medicare Payment Policy (p. 397). http://medpac.gov/docs/default-source/reports/mar20_medpac_ch13_sec.pdf
2. Office of the Assistant Secretary for Planning and Evaluation, & U.S. Department of Health & Human Services. (2020). Second Report to Congress on Social Risk and Medicare's Value-Based Purchasing Programs. <https://aspe.hhs.gov/social-risk-factors-and-medicare-value-based-purchasing-programs>

1b.5. If no or limited data on disparities from the measure as specified is reported in 1b.4, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in 1b.4

Demographic and socioeconomic factors can affect antibiotic prescribing. A 2018 study of 448,990 outpatient visits for common upper respiratory conditions, such as bronchitis, that should not require antibiotics found that adult patients who were white or had commercial insurance were significantly more likely to receive inappropriate antibiotic treatment. Additional factors that increased the likelihood of receiving antibiotic treatment included provider type, age of the provider and practice setting [6].

Studies to determine whether racial and ethnic differences exist in antibiotic prescribing among children in the U.S. have found that, when compared to white children, black and other racial and ethnic minorities are less likely to receive antibiotics for acute respiratory tract infections. A 2009 study of 1,296,517 encounters by over 200,000 children to 222 clinicians in 25 practices found that when treated by the same clinician, black children received fewer antibiotic prescriptions, fewer acute respiratory tract infection diagnoses and a lower proportion of broad-spectrum antibiotic prescriptions than nonblack children [7]. A 2017 study of 39,445 pediatric emergency department encounters for viral acute respiratory tract infections found that 4.3 percent of white children received antibiotics, compared to just 1.9 percent of black, 2.6 percent of Hispanic and 2.9 percent of other Non-Hispanic children. Factors such as parental expectations, provider perceptions of parental expectations and implicit provider biases may contribute to the racial and ethnic differences in overprescribing [8].

[6] Schmidt, M.L., M.D. Spencer, L.E. Davidson. 2018. "Patient, Provider, and Practice Characteristics Associated with Inappropriate Antimicrobial Prescribing in Ambulatory Practices." *Infection Control and Hospital Epidemiology*. 39(3): 307-315. doi: 10.1017/ice.2017.263.

[7] Gerber, J.S., P.A. Praad, A.R. Localio, A.G. Fiks, et al. 2013. "Racial Differences in Antibiotic Prescribing by Primary Care Physicians." *Pediatrics*. 131(4):677-684. doi:10.1542/peds.2012-2500.

[8] Goyal, M.K., T.J. Johnson, J.M. Chamberlain, C. Casper, et al. 2017. "Racial and Ethnic Differences in Antibiotic Use for Viral Illness in Emergency Departments." *Pediatrics*. 140(2):e20170203. doi: <https://doi.org/10.1542/peds.2017-0203>.

2. Reliability and Validity—Scientific Acceptability of Measure Properties

Extent to which the measure, as specified, produces consistent (reliable) and credible (valid) results about the quality of care when implemented. ***Measures must be judged to meet the sub criteria for both reliability and validity to pass this criterion and be evaluated against the remaining criteria.***

2a.1. Specifications The measure is well defined and precisely specified so it can be implemented consistently within and across organizations and allows for comparability. eMeasures should be specified in the Health Quality Measures Format (HQMF) and the Quality Data Model (QDM).

De.5. Subject/Topic Area (check all the areas that apply):

Infectious Diseases (ID), Infectious Diseases (ID) : Pneumonia and respiratory infections

De.6. Non-Condition Specific(check all the areas that apply):

Safety : Overuse

De.7. Target Population Category (Check all the populations for which the measure is specified and tested if any):

S.1. Measure-specific Web Page (Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials. Do not enter a URL linking to a home page or to general information.)

N/A

S.2a. If this is an eMeasure, HQMF specifications must be attached. Attach the zipped output from the eMeasure authoring tool (MAT) - if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain-language description of the specifications)

This is not an eMeasure Attachment:

S.2b. Data Dictionary, Code Table, or Value Sets (and risk model codes and coefficients when applicable) must be attached. (Excel or csv file in the suggested format preferred - if not, contact staff)

Attachment Attachment: 0058_AAB_Fall_2020_Value_Sets.xlsx

S.2c. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

No, this is not an instrument-based measure Attachment:

S.2d. Is this an instrument-based measure (i.e., data collected via instruments, surveys, tools, questionnaires, scales, etc.)? Attach copy of instrument if available.

Not an instrument-based measure

S.3.1. For maintenance of endorsement: Are there changes to the specifications since the last updates/submission. If yes, update the specifications for S1-2 and S4-22 and explain reasons for the changes in S3.2.

Yes

S.3.2. For maintenance of endorsement, please briefly describe any important changes to the measure specifications since last measure update and explain the reasons.

This measure recently underwent several changes, which are detailed below:

- Expanded the eligible population by broadening the age range and including the Medicare line of business.
- o Rationale: Clinical guidelines recommend against the use of antibiotics to treat patients diagnosed with bronchitis regardless of age. To broaden the coverage of the measure, the age range was adjusted from members 18-64 years of age to those 3 months or older. The Medicare line of business was tested and added.
- Changed to an episode-based measure.
- o Rationale: The member-based denominator resulted in members with multiple bronchitis diagnoses throughout the measurement period counting once. An episode-based measure captures more episodes of potentially inappropriate antibiotic treatment and measure testing indicated that an episode-based measure increased denominator sizes by capturing more treatment episodes but had a small impact on performance rates.

S.4. Numerator Statement (Brief, narrative description of the measure focus or what is being measured about the target population, i.e., cases from the target population with the target process, condition, event, or outcome) DO NOT include the rationale for the measure.

IF an OUTCOME MEASURE, state the outcome being measured. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

The number of dispensed antibiotic medications following an episode of acute bronchitis/bronchiolitis. The measure is reported as an inverted rate (i.e., 1 – numerator/denominator) to reflect the proportion of episodes during which an antibiotic was not dispensed (a higher rate is better).

S.5. Numerator Details (All information required to identify and calculate the cases from the target population with the target process, condition, event, or outcome such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b)

IF an OUTCOME MEASURE, describe how the observed outcome is identified/counted. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Dispensed prescription for an antibiotic medication (listed in Table AAB Antibiotic Medications) on or three days after the episode date.

Table AAB Antibiotic Medications

Aminoglycosides: Amikacin; Gentamicin; Streptomycin; Tobramycin

Aminopenicillins: Amoxicillin; Ampicillin

Beta-lactamase inhibitors: Amoxicillin-clavulanate; Ampicillin-sulbactam; Piperacillin-tazobactam; Ticarcillin-clavulanate

First-generation cephalosporins: Cefadroxil; Cefazolin; Cephalexin

Fourth-generation cephalosporins: Cefepime

Ketolides: Telithromycin

Lincomycin derivatives: Clindamycin; Lincomycin

Macrolides: Azithromycin; Clarithromycin; Erythromycin; Erythromycin ethylsuccinate; Erythromycin lactobionate; Erythromycin stearate

Miscellaneous antibiotics: Aztreonam; Chloramphenicol; Dalfopristin-quinupristin; Daptomycin; Erythromycin-sulfisoxazole; Linezolid; Metronidazole; Vancomycin

Natural penicillins: Penicillin G benzathine-procaine; Penicillin G potassium; Penicillin G procaine; Penicillin G sodium; Penicillin V potassium; Penicillin G benzathine

Penicillinase resistant penicillins: Dicloxacillin; Nafcillin; Oxacillin

Quinolones: Ciprofloxacin; Gemifloxacin; Levofloxacin; Moxifloxacin; Norfloxacin; Ofloxacin;

Rifamycin derivatives: Rifampin

Second generation cephalosporin: Cefaclor; Cefotetan; Cefoxitin; Cefprozil; Cefuroxime

Sulfonamides: Sulfadiazine;; Sulfamethoxazole-trimethoprim

Tetracyclines: Doxycycline; Minocycline; Tetracycline

Third generation cephalosporins: Cefdinir; Cefditoren; Cefixime; Cefotaxime; Cefpodoxime; Ceftazidime; Ceftibuten; Ceftriaxone

Urinary anti-infectives: Fosfomycin; Nitrofurantoin; Nitrofurantoin macrocrystals-monohydrate; Trimethoprim; Nitrofurantoin macrocrystals

S.6. Denominator Statement (Brief, narrative description of the target population being measured)

Episodes for members age 3 months and older with a diagnosis of acute bronchitis or bronchiolitis during the intake period.

S.7. Denominator Details (All information required to identify and calculate the target population/denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)

IF an OUTCOME MEASURE, describe how the target population is identified. Calculation of the risk-adjusted outcome should be described in the calculation algorithm (S.14).

Members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an e-visit or virtual

check-in (Online Assessments Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of acute bronchitis/bronchiolitis (Acute Bronchitis Value Set).

Do not include visits that result in an inpatient stay (Inpatient Stay Value Set).

See the corresponding Excel document for the value sets referenced above. Follow the steps below to identify the eligible population:

Step 1: Identify all patients in the specified age range who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period (January 1–December 24 of the measurement year), with a diagnosis of acute bronchitis (Acute Bronchitis Value Set).

Do not include ED visits that result in an inpatient admission.

Step 2: Determine all acute bronchitis Episode Dates. For each patient identified in step 1, determine all outpatient or ED claims/encounters with a diagnosis of acute bronchitis.

Step 3: Test for Negative Comorbid Condition History. Exclude Episode Dates when the patient had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date. A code from any of the following meets criteria for a comorbid condition:

- HIV Value Set.
- Malignant Neoplasms Value Set.
- Emphysema Value Set.
- COPD Value Set.
- Cystic Fibrosis Value Set.
- Comorbid Conditions Value Set.

Step 4: Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table AAB-D) was filled 30 days prior to the Episode Date or was active on the Episode Date.

Step 5: Test for Negative Competing Diagnosis. Exclude Episode Dates where during the period 30 days prior to the Episode Date through 7 days after the Episode Date (inclusive) the patient had a claim/encounter with any competing diagnosis. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set.

Step 6: Select the index episode start date. This measure examines the earliest eligible episode per patient.

(See the corresponding Excel document for the value sets referenced above)

S.8. Denominator Exclusions *(Brief narrative description of exclusions from the target population)*

As listed in the denominator details, the final denominator population does not include episodes with a history of select comorbid conditions, history of antibiotic use, or presence of a competing diagnosis

S.9. Denominator Exclusion Details *(All information required to identify and calculate exclusions from the denominator such as definitions, time period for data collection, specific data collection items/responses, code/value sets – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format at S.2b.)*

The measure excludes episodes with the following comorbid conditions during the 12 months prior to or on the Episode Date. A code from any of the following meets criteria for a comorbid condition:

- HIV Value Set.
- Malignant Neoplasms Value Set.
- Emphysema Value Set.
- COPD Value Set.
- Cystic Fibrosis Value Set.
- Comorbid Conditions Value Set.

The measure excludes episode with a new or refill prescription for an antibiotic medication (Table AAB-D) was filled 30 days prior to the Episode Date or was active on the Episode Date.

The measure excludes episodes with the following competing diagnoses during the period 30 days prior to the Episode Date through 7 days after the Episode Date (inclusive) the patient had a claim/encounter with any competing diagnosis. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set.

See the corresponding Excel document for the value sets referenced above.

S.10. Stratification Information (Provide all information required to stratify the measure results, if necessary, including the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate – Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format with at S.2b.)

HEDIS data are stratified by plan type (i.e. commercial, Medicaid). For this measure, a total rate is reported, along with three age stratifications (3 months–17 years; 18–64 years; 65 years and older).

S.11. Risk Adjustment Type (Select type. Provide specifications for risk stratification in measure testing attachment)

No risk adjustment or risk stratification

If other:

S.12. Type of score:

Other (specify):

If other: The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{denominator})]$, therefore a higher score represents the proportion of episodes for which antibiotics were not prescribed.

S.13. Interpretation of Score (Classifies interpretation of score according to whether better quality is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score)

Better quality = Higher score

S.14. Calculation Algorithm/Measure Logic (Diagram or describe the calculation of the measure score as an ordered sequence of steps including identifying the target population; exclusions; cases meeting the target process, condition, event, or outcome; time period for data, aggregating data; risk adjustment; etc.)

Step 1: Identify all members who had an outpatient visit (Outpatient Value Set), a telephone visit (Telephone Visits Value Set), an e-visit or virtual check-in (Online Assessments Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of acute bronchitis/bronchiolitis (Acute Bronchitis Value Set).

Step 2: Determine all acute bronchitis/bronchiolitis Episode Dates. For each member identified in step 1, determine all outpatient, telephone, observation or ED visits, e-visits and virtual check-ins with a diagnosis of acute bronchitis/bronchiolitis.

Do not include visits that result in an inpatient stay (Inpatient Stay Value Set).

Step 3: Test for Negative Comorbid Condition History. Exclude Episode Dates when the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date. A code from any of the following meets criteria for a comorbid condition:

- HIV Value Set.
- HIV Type 2 Value Set.
- Malignant Neoplasms Value Set.
- Other Malignant Neoplasm of Skin Value Set.
- Emphysema Value Set.
- COPD Value Set.
- Comorbid Conditions Value Set.
- Disorders of the Immune System Value Set.

Step 4: Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (AAB Antibiotic Medications List) was filled 30 days prior to the Episode Date or was active on the Episode Date.

Step 5: Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis on or 3 days after the Episode Date. A code from either of the following meets criteria for a competing diagnosis:

- Pharyngitis Value Set.
- Competing Diagnosis Value Set.

Step 6: Calculate continuous enrollment. The member must be continuously enrolled without a gap in coverage from 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days).

Step 7: Deduplicate eligible episodes. If a member has more than one eligible episode in a 31-day period, include only the first eligible episode. For example, if a member has an eligible episode on January 1, include the January 1 visit and do not include eligible episodes that occur on or between January 2 and January 31; then, if applicable, include the next eligible episode that occurs on or after February 1. Identify visits chronologically, including only one per 31-day period.

Note: The denominator for this measure is based on episodes, not on members. All eligible episodes that were not excluded or deduplicated remain in the denominator.

Step 8: Calculate the numerator. Determine the number of events in the eligible population with a dispensed antibiotic medication on or three days after the episode date.

Step 9: Calculate a rate (number of antibiotics/eligible population).

Step 10: Subtract the rate calculated in step 9 from one to invert the measure result to represent appropriate treatment for acute bronchitis/bronchiolitis (i.e., antibiotic not prescribed). The measure is reported as an inverted rate (i.e., $1 - \text{numerator/denominator}$) to reflect the number of episodes not associated with a dispensed antibiotic (higher is better).

S.15. Sampling (If measure is based on a sample, provide instructions for obtaining the sample and guidance on minimum sample size.)

If an instrument-based performance measure (e.g., PRO-PM), identify whether (and how) proxy responses are allowed.

N/A

S.16. Survey/Patient-reported data (If measure is based on a survey or instrument, provide instructions for data collection and guidance on minimum response rate.)

Specify calculation of response rates to be reported with performance measure results.

S.17. Data Source (Check ONLY the sources for which the measure is SPECIFIED AND TESTED).

If other, please describe in S.18.

Claims

S.18. Data Source or Collection Instrument (Identify the specific data source/data collection instrument (e.g. name of database, clinical registry, collection instrument, etc., and describe how data are collected.)

If instrument-based, identify the specific instrument(s) and standard methods, modes, and languages of administration.

This measure is based on administrative claims collected in the course of providing care to health plan members. NCQA collects the Healthcare Effectiveness Data and Information Set (HEDIS) data for this measure directly from health plans via the Interactive Data Submission System (IDSS) portal.

S.19. Data Source or Collection Instrument (available at measure-specific Web page URL identified in S.1 OR in attached appendix at A.1)

No data collection instrument provided

S.20. Level of Analysis (Check ONLY the levels of analysis for which the measure is SPECIFIED AND TESTED)

Health Plan

S.21. Care Setting (Check ONLY the settings for which the measure is SPECIFIED AND TESTED)

Emergency Department and Services, Outpatient Services

If other:

S.22. COMPOSITE Performance Measure - Additional Specifications *(Use this section as needed for aggregation and weighting rules, or calculation of individual performance measures if not individually endorsed.)*

N/A

2. Validity – See attached Measure Testing Submission Form

[AAB_0058_Testing_Form-637412883515387767.docx](#)

2.1 For maintenance of endorsement

Reliability testing: If testing of reliability of the measure score was not presented in prior submission(s), has reliability testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

Yes

2.2 For maintenance of endorsement

Has additional empirical validity testing of the measure score been conducted? If yes, please provide results in the Testing attachment. Please use the most current version of the testing attachment (v7.1). Include information on all testing conducted (prior testing as well as any new testing); use red font to indicate updated testing.

Yes

2.3 For maintenance of endorsement

Risk adjustment: For outcome, resource use, cost, and some process measures, risk-adjustment that includes social risk factors is not prohibited at present. Please update sections 1.8, 2a2, 2b1,2b4.3 and 2b5 in the Testing attachment and S.140 and S.11 in the online submission form. NOTE: These sections must be updated even if social risk factors are not included in the risk-adjustment strategy. You MUST use the most current version of the Testing Attachment (v7.1) -- older versions of the form will not have all required questions.

No - This measure is not risk-adjusted

3. Feasibility

Extent to which the specifications including measure logic, require data that are readily available or could be captured without undue burden and can be implemented for performance measurement.

3a. Byproduct of Care Processes

For clinical measures, the required data elements are routinely generated and used during care delivery (e.g., blood pressure, lab test, diagnosis, medication order).

3a.1. Data Elements Generated as Byproduct of Care Processes.

generated by and used by healthcare personnel during the provision of care, e.g., blood pressure, lab value, medical condition, Coded by someone other than person obtaining original information (e.g., DRG, ICD-9 codes on claims)

If other:

3b. Electronic Sources

The required data elements are available in electronic health records or other electronic sources. If the required data are not in electronic health records or existing electronic sources, a credible, near-term path to electronic collection is specified.

3b.1. To what extent are the specified data elements available electronically in defined fields (i.e., data elements that are needed to compute the performance measure score are in defined, computer-readable fields) Update this field for **maintenance of endorsement**.

ALL data elements are in defined fields in electronic claims

3b.2. If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using other than electronic sources. For maintenance of endorsement, if this measure is not an eMeasure (eCQM), please describe any efforts to develop an eMeasure (eCQM).

3b.3. If this is an eMeasure, provide a summary of the feasibility assessment in an attached file or make available at a measure-specific URL. Please also complete and attach the NQF Feasibility Score Card.

Attachment:

3c. Data Collection Strategy

Demonstration that the data collection strategy (e.g., source, timing, frequency, sampling, patient confidentiality, costs associated with fees/licensing of proprietary measures) can be implemented (e.g., already in operational use, or testing demonstrates that it is ready to put into operational use). For eMeasures, a feasibility assessment addresses the data elements and measure logic and demonstrates the eMeasure can be implemented or feasibility concerns can be adequately addressed.

3c.1. Required for maintenance of endorsement. Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.

IF instrument-based, consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

NCQA conducts an independent audit of all HEDIS collection and reporting processes, as well as an audit of the data which are manipulated by those processes, in order to verify that HEDIS specifications are met. NCQA has developed a precise, standardized methodology for verifying the integrity of HEDIS collection and calculation processes through a two-part program consisting of an overall information systems capabilities assessment followed by an evaluation of the MCO's ability to comply with HEDIS specifications. NCQA-certified auditors using standard audit methodologies help enable purchasers to make more reliable "apples-to-apples" comparisons between health plans.

The HEDIS Compliance Audit addresses the following functions:

- 1) Information practices and control procedures
- 2) Sampling methods and procedures
- 3) Data integrity
- 4) Compliance with HEDIS specifications
- 5) Analytic file production
- 6) Reporting and documentation

In addition to the HEDIS Audit, NCQA provides a system to allow "real-time" feedback from measure users. Our Policy Clarification Support System receives thousands of inquiries each year on over 100 measures. Through this system NCQA responds immediately to questions and identifies possible errors or inconsistencies in the implementation of the measures. This system is vital to the regular re-evaluation of the NCQA measures.

Input from NCQA auditing and the Policy Clarification Support System informs the annual updating of all HEDIS measures including updating value sets and clarifying the specifications. Measures are re-evaluated on a periodic basis and when there is a significant change in evidence. During re-evaluation information from NCQA auditing and Policy Clarification Support System is used to inform evaluation of the scientific soundness and feasibility of the measure.

3c.2. Describe any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm).

4. Usability and Use

Extent to which potential audiences (e.g., consumers, purchasers, providers, policy makers) are using or could use performance results for both accountability and performance improvement to achieve the goal of high-quality, efficient healthcare for individuals or populations.

4a. Accountability and Transparency

Performance results are used in at least one accountability application within three years after initial endorsement and are publicly reported within six years after initial endorsement (or the data on performance results are available). If not in use at the time of initial endorsement, then a credible plan for implementation within the specified timeframes is provided.

4.1. Current and Planned Use

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement in addition to performance improvement.

Specific Plan for Use	Current Use (for current use provide URL)
	<p>Public Reporting</p> <p>NCQA Health Plan Ratings https://www.ncqa.org/hedis/reports-and-research/ratings-2020/ NCQA Annual State of Health Care Quality https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report</p> <p>Public Health/Disease Surveillance Centers for Disease Control and Prevention (CDC) Measuring Outpatient Antibiotic Prescribing https://www.cdc.gov/antibiotic-use/community/programs-measurement/measuring-antibiotic-prescribing.html</p> <p>Regulatory and Accreditation Programs NCQA Health Plan Accreditation https://www.ncqa.org/programs/health-plans/health-plan-accreditation-hpa/</p> <p>Quality Improvement (external benchmarking to organizations) Align. Measure. Perform. Program (IHA) https://www.ihq.org/sites/default/files/resources/my_2019_align._measure._perform._amp._manual_2019.pdf NCQA Annual State of Health Care Quality https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report NCQA Quality Compass https://www.ncqa.org/programs/data-and-information-technology/data-purchase-and-licensing/quality-compass/</p> <p>Quality Improvement (Internal to the specific organization) CDC Core Elements of Outpatient Antibiotic Stewardship https://www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_508.pdf</p>

4a1.1 For each CURRENT use, checked above (update for maintenance of endorsement), provide:

- Name of program and sponsor
- Purpose
- Geographic area and number and percentage of accountable entities and patients included
- Level of measurement and setting

NCQA QUALITY COMPASS: This measure is used in Quality Compass which is an indispensable tool used for selecting health plans, conducting competitor analysis, examining quality improvement and benchmarking plan performance. Provided in this tool is the ability to generate custom reports by selecting plans, measures, and benchmarks (averages and percentiles) for up to three trended years. Results in table and graph formats offer simple comparison of plans' performance against competitors or benchmarks.

NCQA HEALTH PLAN RATING/REPORT CARDS: This measure is used to calculate health plan ratings which are reported on the NCQA website. These ratings are based on performance on HEDIS measures among other factors. Due to COVID-19, NCQA will not release 2010-2021 Health plan ratings for any product line. However, in 2019, a total of 255 Medicare health plans, 515 commercial health plans and 188 Medicaid health plans across 50 states were included in the rankings.

NCQA HEALTH PLAN ACCREDITATION: This program is a widely recognized, evidence-based program dedicated to quality improvement and measurement. It provides a comprehensive framework for organizations to align and improve operations in areas

that are most important to states, employers and consumers. It's the only evaluation program that bases results on actual measurement of clinical performance (HEDIS® measures) and consumer experience (CAHPS® measures). As of October 2020, there are 507 commercial, 228 Medicare and 178 Medicaid health plans with accreditation, representing entities from all states and geographic regions.

NCQA STATE OF HEALTH CARE QUALITY: This measure is publicly reported nationally and by geographic regions in the NCQA State of Health Care annual report. This annual report published by NCQA summarizes findings on quality of care.?

INTEGRATED HEALTHCARE ASSOCIATION: The purpose is to provide comprehensive benchmarks and a reliable assessment of performance for medical groups, independent practice association (IPAs), and accountable care organizations (ACOs) across health plans. AMP Commercial HMO program now includes participation from eleven health plans and about 200 California physician organizations caring for over 9.5 million Californians enrolled in commercial HMO and point of service products—representing 90% of commercial HMO enrollment in the state. AMP's Medi-Cal—California's Medicaid program—now covers more than 13 million people, or approximately one in three Californians.

CDC MEASURING OUTPATIENT ANTIBIOTIC PRESCRIBING: Monitoring of outpatient antibiotic prescribing data is regularly conducted to analyze national and state antibiotic prescribing data in order to better understand trends in outpatient antibiotic prescribing, to identify where interventions to improve prescribing are most needed, and to measure progress. The CDC website lists average national performance on the HEDIS AAB measure. The CDC website are publicly available to all audiences.

CDC CORE ELEMENTS OF OUTPATIENT ANTIBIOTIC STEWARDSHIP: This program provides a framework for antibiotic stewardship for outpatient clinicians and facilities that routinely provide antibiotic treatment. One of the four core elements involves tracking and reporting of antibiotic prescribing and highlights the use of HEDIS AAB measure assessing overprescribing for bronchitis as a way organizations can monitor prescribing practices.

4a1.2. If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing) what are the reasons? (e.g., Do policies or actions of the developer/steward or accountable entities restrict access to performance results or impede implementation?)

N/A

4a1.3. If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes -- any accountability application within 3 years and publicly reported within 6 years of initial endorsement. (Credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.)

N/A

4a2.1.1. Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.

How many and which types of measured entities and/or others were included? If only a sample of measured entities were included, describe the full population and how the sample was selected.

Health plans that report HEDIS calculate their rates and know their performance when submitting to NCQA. NCQA publicly reports rates across all plans?and also?creates benchmarks in order to help plans understand how they perform relative to other plans. Public reporting and benchmarking are effective quality improvement methods.

4a2.1.2. Describe the process(es) involved, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.

NCQA publishes HEDIS results annually in our Quality Compass tool. NCQA also presents data at various conferences and webinars. For example, at the annual HEDIS Update and Best Practices Conference?(now the Quality Innovation Series), NCQA presents results from all new measures' first year of implementation or analyses from measures that have changed significantly?and insight into new measure development projects. NCQA also regularly provides technical assistance on measures through its Policy Clarification Support System, as described in Section 3c.1.

4a2.2.1. Summarize the feedback on measure performance and implementation from the measured entities and others described in 4d.1.

Describe how feedback was obtained.

NCQA measures are evaluated regularly using a consensus-based process to consider input from multiple stakeholders, including but not limited to entities being measured. We use several methods to obtain input, including vetting of the measure with several multi-stakeholder advisory panels, public comment posting, and review of questions submitted to the Policy Clarification Support System. This information enables NCQA to comprehensively assess a measure's adherence to the HEDIS Desirable Attributes of Relevance, Scientific Soundness and Feasibility.

NCQA released proposed measurement changes in our annual HEDIS Public Comment period in 2019, which is available to all audiences to provide feedback on proposed measure updates and changes. Advisory panels of experts in antibiotic overuse and infectious diseases were also consulted.

Proposed changes included the addition of the Medicare product line, the expansion of the age group to include members 3 months of age and older, and the transition to an episode-based denominator.

4a2.2.2. Summarize the feedback obtained from those being measured.

In general, health plans have not reported significant barriers to implementing this measure, as it uses the administrative data collection method. Questions have generally centered around minor clarification of the specifications, such as confirmation that information in claims meets the measure intent and questions about the supporting guidelines for the measure. Overall, NCQA heard support from the public for proposed measure updates.

4a2.2.3. Summarize the feedback obtained from other users

This measure has been deemed a priority measure by NCQA and other entities, as illustrated by its use in programs such as the Annual State of Healthcare Quality and the Health Plan Rating.

4a2.3. Describe how the feedback described in 4a2.2.1 has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.

We have provided minor clarifications about the measure during the annual update process in order to address questions received through the Policy Clarification Support System. NCQA considers feedback from the public, experts and other stakeholders when making decisions about updating measure specifications. As a result of the feedback we received, the proposed measure changes were implemented.

Improvement

Progress toward achieving the goal of high-quality, efficient healthcare for individuals or populations is demonstrated. If not in use for performance improvement at the time of initial endorsement, then a credible rationale describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

4b1. Refer to data provided in 1b but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included.)

If no improvement was demonstrated, what are the reasons? If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.

Given changes to the measure denominator and age ranges covered between MY 2018 and MY 2019, trends in performance cannot be assessed. For MY 2019, the average percentage of episodes that were not associated with a dispensed antibiotic was 40.8% for commercial plans and 33.7% for Medicaid plans (full performance distribution details in section 1b). These proportions indicate poor health plan performance on antibiotic prescribing for bronchitis and bronchiolitis, and substantiates continued use of the measure. With a national focus on antibiotic stewardship, the goal is for health plans to continue driving progress in appropriate and conservative antibiotic use.

4b2. Unintended Consequences

The benefits of the performance measure in facilitating progress toward achieving high-quality, efficient healthcare for individuals or populations outweigh evidence of unintended negative consequences to individuals or populations (if such evidence exists).

4b2.1. Please explain any unexpected findings (positive or negative) during implementation of this measure including unintended impacts on patients.

There were no identified unexpected findings during testing or since implementation of this measure.

4b2.2. Please explain any unexpected benefits from implementation of this measure.

5. Comparison to Related or Competing Measures

If a measure meets the above criteria and there are endorsed or new related measures (either the same measure focus or the same target population) or competing measures (both the same measure focus and the same target population), the measures are compared to address harmonization and/or selection of the best measure.

5. Relation to Other NQF-endorsed Measures

Are there related measures (conceptually, either same measure focus or target population) or competing measures (conceptually both the same measure focus and same target population)? If yes, list the NQF # and title of all related and/or competing measures.

Yes

5.1a. List of related or competing measures (selected from NQF-endorsed measures)

0069 : [Appropriate Treatment for Upper Respiratory Infection](#)

5.1b. If related or competing measures are not NQF endorsed please indicate measure title and steward.

5a. Harmonization of Related Measures

The measure specifications are harmonized with related measures;

OR

The differences in specifications are justified

5a.1. If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s):

Are the measure specifications harmonized to the extent possible?

Yes

5a.2. If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.

N/A

5b. Competing Measures

The measure is superior to competing measures (e.g., is a more valid or efficient way to measure);

OR

Multiple measures are justified.

5b.1. If this measure conceptually addresses both the same measure focus and the same target population as NQF-endorsed measure(s):

Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality); OR provide a rationale for the additive value of endorsing an additional measure. (Provide analyses when possible.)

N/A

Appendix

A.1 Supplemental materials may be provided in an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be organized in one file with a table of contents or bookmarks. If material pertains to a specific submission form number, that should be indicated. Requested information should be provided in the submission form and required attachments. There is no guarantee that supplemental materials will be reviewed.

[No appendix Attachment:](#)

Contact Information
<p>Co.1 Measure Steward (Intellectual Property Owner): National Committee for Quality Assurance</p> <p>Co.2 Point of Contact: Bob, Rehm, nqf@ncqa.org, 202-955-1728-</p> <p>Co.3 Measure Developer if different from Measure Steward: National Committee for Quality Assurance</p> <p>Co.4 Point of Contact: Brittany, Wade, wade@ncqa.org, 202-530-0463-</p>
Additional Information
<p>Ad.1 Workgroup/Expert Panel involved in measure development</p> <p>Provide a list of sponsoring organizations and workgroup/panel members' names and organizations. Describe the members' role in measure development.</p> <p>The Antibiotic Overuse Measurement Advisory Panel (AOMAP) advised NCQA during measure re-evaluation. They evaluated the way staff specified measures, assessed the content validity of measures and reviewed field test results. In addition to the AOMAP, NCQA also vetted these measures with a host of other stakeholders, which is a routine part of our measure development process. Thus, our measures are the result of consensus from a broad a diverse group of stakeholders, including the AOMAP technical experts. Our Committee on Performance Measurement (CPM) is a voting body that reviews evidence and input from stakeholders, and measures are only included in HEDIS if the CPM votes to do so.</p> <p>Antibiotic Overuse Measurement Advisory Panel (AOMAP)</p> <p>Diana Buist, MPH, PhD, Kaiser Permanente Washington Health Research Institute</p> <p>Jonathan Finkelstein, MD, MPH, Boston Children's Hospital</p> <p>Jeffrey Gerber, PhD, The Children's Hospital of Philadelphia</p> <p>Catherine Gillespie, PhD, MPH, AARP Public Policy Institute</p> <p>Jeffrey Linder, MD, MPH, Northwestern University</p> <p>Karl Madaras-Kelly, PharmD, PMH, Idaho State University</p> <p>Rita Mangione-Smith, MD, MPH, University of Washington</p> <p>Dat Tran, MD, Oregon Public Health Division</p> <p>Committee on Performance Measurement (CPM)</p> <p>Andy Baskin, MD, CVS Health/Aetna</p> <p>Elizabeth Drye, MD, SM, Yale School of Medicine</p> <p>Mark Friedberg, MD,MPP, Blue Cross Blue Shield of Massachusetts</p> <p>Andrea Gelzer, MD, MS, FACP, AmeriHealth Caritas</p> <p>David Grossman, MD, MPH, Washington Permanente Medical Group</p> <p>Christine S. Hunter, MD, RADM, MC, USN, Self-employed, Independent Board Director</p> <p>David Kelley, MD, MPA, Chief Medical Officer, Pennsylvania Department of Human Services</p> <p>Jeff Kelman, MD, MMSc., Chief Medical Officer, Center for Medicare Department of Health and Human Services (DHHS)</p> <p>Nancy Lane, PhD, Independent Consultant</p> <p>Bernadette Loftus, MD, Self Employed</p> <p>Amanda Parsons, MD, MBA, MetroPlus</p> <p>Wayne Rawlins, MD, MBA, ConnectiCare</p> <p>Misty Roberts, MSN, RN, CPHQ, PMP, Humana</p> <p>Rudy Saenz, MD, MMM, GACOG, Riverside Medical Clinic</p> <p>Marcus Thygeson, MD, MPH, Bind Benefits</p> <p>JoAnn Volk, MA, Georgetown University, Center on Health Insurance Reforms</p> <p>Rose Baez, RN, MSN, MBA, CPHQ, Blue Cross Blue Shield Association</p> <p>Jeff Brady, MD, MPH, AHRQ</p> <p>Ron Kline, MD, Office of Personnel Management</p> <p>Danielle Lloyd, MPH, America's Health Insurance Plan (AHIP)</p> <p>Chelsey Richards, MD, MPH, FACP, Centers for Disease Control and Prevention</p> <p>Anecia Suneja, CNS-BC, Veterans Health Administration (VHA)</p> <p>Sheri Winsper, RN, MSN, MSHA, National Quality Forum (NQF)</p>
Measure Developer/Steward Updates and Ongoing Maintenance

Ad.2 Year the measure was first released: 2004

Ad.3 Month and Year of most recent revision: 05, 2019

Ad.4 What is your frequency for review/update of this measure? Approximately every 3 years, sooner if the clinical guidelines have changed significantly

Ad.5 When is the next scheduled review/update for this measure? 12, 2021

Ad.6 Copyright statement: © 2020 by the National Committee for Quality Assurance

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Washington, DC 20005

Ad.7 Disclaimers: These performance measures are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED “AS IS” WITHOUT WARRANTY OF ANY KIND.

Ad.8 Additional Information/Comments: NCQA Notice of Use. Broad public use and dissemination of these measures is encouraged and NCQA has agreed with NQF that noncommercial uses do not require the consent of the measure developer. Use by health care physicians in connection with their own practices is not commercial use. Commercial use of a measure requires the prior written consent of NCQA. As used herein, “commercial use” refers to any sale, license or distribution of a measure for commercial gain, or incorporation of a measure into any product or service that is sold, licensed or distributed for commercial gain, even if there is no actual charge for inclusion of the measure.

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