



BlueCross BlueShield
of North Carolina

MEDICARE

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Be Antibiotics Aware: Protect Your Patients

Please note, this communication applies to Healthy Blue + MedicareSM (HMO D-SNP) offered by Blue Cross and Blue Shield of North Carolina (Blue Cross NC).

Each year, the CDC encourages providers and individuals to learn more about antibiotics by promoting antibiotic awareness in November. The CDC's *Be Antibiotics Aware* educational effort encourages care providers to:

- Prescribe antibiotics only when they are clinically indicated. Antibiotics are only needed to treat certain infections caused by bacteria, not viruses like those that cause COVID-19. Harm can be done by prescribing antibiotics that aren't needed.
- Talk to patients about why they don't need antibiotics for a viral respiratory infection, what to do to feel better, and when to seek care again if they don't feel better.
- Write a prescription for symptom relief, such as rest, fluids, cool mist vaporizers, and over-the-counter medicine.

HEDIS® Measures That Assess Antibiotic Prescribing

CDC's *Be Antibiotics Aware* offers resources that help educate patients about antibiotic use at [Antibiotic Use | CDC](#). This includes waiting/treatment room posters, pamphlets such as *Antibiotics Aren't Always the Answer*, prescription pads for cold relief, and more.

The following HEDIS measures assess appropriate antibiotic dispensing for bronchitis/bronchiolitis, upper respiratory infection, and pharyngitis. These measures are used to identify, monitor, and improve antibiotic prescribing practices.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB):

This measure assesses the percentage of episodes for patients ages three months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. If prescribing an antibiotic to patients with acute bronchitis, be sure to use the diagnosis code for the bacterial infection and/or comorbid condition.

Appropriate Treatment for Upper Respiratory Infection (URI):

This measure calculates the percentage of episodes for patients three months of age and older with a diagnosis of upper respiratory infection that did not result in an antibiotic dispensing event. Reducing unnecessary use of antibiotics is the goal of this measure. Educate patients

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<https://www.bluecrossnc.com/providers/networks-programs/blue-medicare-providers/healthy-blue-medicare>

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on the difference between bacterial and viral infections. Refer to the viral illnesses as a common cold, sore throat, or chest cold.

Appropriate Testing for Pharyngitis (CWP):

This measure reports the percentage of episodes for patients three years of age and older where the patient was diagnosed with pharyngitis, dispensed an antibiotic, and received a group A strep test. When patients present with symptoms of pharyngitis, ensure proper testing (for strep) is performed to avoid the unnecessary prescribing of antibiotics. Record the results of the strep test.

For more information and coding guidelines, reference the HEDIS guides on the Blue Cross NC provider website.