Health Care Service Corporation’s Efforts to Address Antibiotic Resistance

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HMO QUALITY IMPROVEMENT PROGRAMS
BLUE CROSS AND BLUE SHIELD OF ILLINOIS
Agenda

• Introduce Blue Cross and Blue Shield’s National Antibiotic Prescribing Surveillance and Reporting

• Discuss HCSC-specific Provider Network Educational and Practice Support Resources

• Highlight HCSC’s Antibiotic Prescribing and Provider Feedback Pilot Program
Health of America Report on Antibiotics

Antibiotic prescription fill rates declining in the U.S.
Published August 24, 2017

Exhibit 4: Total antibiotic prescription fill rate by state in 2016 (per 100 members)
HCSC’s Provider support Initiatives
Blue Review Antibiotic Stewardship Series

*Blue Review* is a monthly provider network newsletter, communicating new provider and patient-oriented BCBSIL products, programs, and services.

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**Choosing Wisely® Helps Spread the Word about Antibiotic Stewardship**

According to the Centers for Disease Control and Prevention (CDC), people become infected with bacteria that are resistant to antibiotics and as a result of those infections. The CDC states that antibiotic use is the cause of antibiotic resistance, and from one-third to one-half of antibiotic use is inappropriate.

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**Working Together to Help Stop Antibiotic Resistance**

According to a PEW Charitable Trust report regarding antibiotic use in outpatient settings, 30 percent of antibiotics are determined to be unnecessary for treating the prescribed condition (e.g., prescribing antibiotics for viral illnesses, asthma exacerbations, etc.). Additionally, the Centers for Disease Control and Prevention (CDC) reports up to 50 percent of antibiotics are not optimally prescribed in terms of choosing an appropriately focused antibiotic for the condition being treated. These prescribing behaviors, contribute to increasing bacterial resistance, which in combination with the relatively lesser availability of new antibiotics to combat these resistant organisms, have been associated with at least two million illnesses and 23,000 deaths nationwide.
QI Best-Practice Resource Series

An evidence-based literature review series for select clinical topics of research-proven practice implementation strategies that can support clinical performance.
QI Educational and Tool Kit Resource Database

<table>
<thead>
<tr>
<th>Topic</th>
<th>Steward</th>
<th>Program Title</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic Prescribing</td>
<td>CDC</td>
<td>Core Elements of Outpatient Antibiotic Stewardship.</td>
<td>Offer some education, self-assessment, and recommendations approaches for</td>
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<tr>
<td></td>
<td>American Academy of Peds</td>
<td></td>
<td>measuring antibiotic prescribing to improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed to minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics to ensure that the right drug, dose, and duration are selected when an antibiotic is needed.</td>
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<tr>
<td>Asthma</td>
<td>American Academy of Peds</td>
<td>EQUIPP: Judicious Use of Antibiotics</td>
<td>This course is designed to help guide physicians on judicious use of antibiotics based on accurate diagnosis and effective treatment, as well as how to educate families about appropriate antibiotic prescribing. Topics include Upper Respiratory Infection, Acute Otitis Media, Acute Strepococcal Pharyngitis, Acute Bacterial Sinusitis.</td>
</tr>
<tr>
<td>Antibiotic Prescribing</td>
<td>Premier Safety Institute</td>
<td>Antimicrobial Stewardship--resources, references, and tools</td>
<td>Offers a compiled listing description with links to available antibiotic stewardship programs available through the CDC, AHRQ, etc.</td>
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</table>

Adding more specific details about each program would be beneficial, but the information provided gives a good overview of the resource database's structure and content.
BCBSIL’s Group HMO product has earned a ‘Commendable’ Accreditation Status.

BCBSIL Retail HMO has earned an ‘Accredited’ status, which is the highest achievable.

HMO QI fund
• Annual Pay-for-Performance program of 30+ select clinical QI indicators purposely selected to help support
  ✓ Antibiotic Stewardship
  ✓ Preventive Screenings
  ✓ Common Chronic Conditions (ie Diabetes, Asthma, Blood Pressure)
  ✓ Behavioral Health
• Benchmarks based upon Quality Compass® national performance standards

Blue Star Medical Group / IPA Report
• Publicly-available Provider Group annual performance report in accordance with national clinical practice and preventive care guidelines.
## BCBSIL Quality Program’s Antibiotic Stewardship Indicators

<table>
<thead>
<tr>
<th>Project Indicator (HEDIS® Admin)</th>
<th>Requirement</th>
<th>Benchmark Performance Tiers (%)</th>
<th>Payment Incentive (% of Cap)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Bronchitis</td>
<td>The percentage of HMO Members age 18–64 with a diagnosis of acute bronchitis who were <strong>not</strong> dispensed an antibiotic prescription</td>
<td>Low Mid Highest</td>
<td>$ $$ $$$</td>
</tr>
<tr>
<td>Appropriate Testing for Children with Pharyngitis</td>
<td>The percentage of HMO Members 3–18 years of age who were diagnosed with pharyngitis and dispensed an antibiotic who received a strep test</td>
<td>Low High</td>
<td>$ $$</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>The percentage of HMO Members age 3 months to 18 years with a diagnosis of URI who were <strong>not</strong> dispensed an antibiotic prescription</td>
<td>Low Mid Highest</td>
<td>$ $$ $$$</td>
</tr>
</tbody>
</table>
Antibiotic Stewardship Pilot Program

*Utilized an Ecologic study approach of HCSC’s provider-network to identify potential associations of high and inappropriate antibiotic prescribing by primary care providers.*

- Included HCSC’s entire PPO & HMO Commercial/Retail primary provider network identified by NPI# (n=51,000)
- Provider population further adjusted into comparative cohorts by HCSC State plan (IL, TX, MN, OK, NM), and Provider specialty/ type (eg FP, IM, Peds, NP, PA)
- Analyzed a 6-month claim period for:
  - Overall antibiotic prescribing for viral etiology diagnoses compared to peers within each specialty
  - Utilization of ‘non-1st line’ antibiotics
- Identified top 125 prescribing Providers by State, specialty, and number of antibiotic prescriptions written
Antibiotic Stewardship Pilot Program

Identified Providers received individual notification letters from their respective BCBS state plan explaining the following:

- Description of the program
- Antibiotic prescription assessment which contained an analysis of overall number of antibiotic claims processed by BCBS compared to a Network average by specialty.
- For a subset of providers, additional data were included regarding ‘non-1st-line’ antibiotics compared to an average by specialty.
- Provided contact information of BCBS Pharmacy and Medical Team with any questions or concerns
- Letter packets also contained a 5 question provider feedback survey.
Four Medical Groups were identified with relatively disproportionate number of providers (n=31) on this afore list.

- Notification Letters were sent to the Medical Groups’ Medical Directors
- Additional Provider Performance reporting was provided identifying the following:
  - Providers’ Name, NPI, etc
  - The Frequency and Type of Antibiotic prescribed by the provider
Opportunities:

• Develop member/patient oriented education initiatives
• Help Providers better understand the measurement process

Limitations:

• Data was claims-based. Missing diagnosis data for which an antibiotic might have been indicated may exist.
• Pilot did not adjust for different prescribing patterns by different outpatient service locales (e.g., Urgent Care facilities vs primary care office, etc).

Next Steps:

• Send a second round of updated antibiotic feedback letters
• Explore increasing data measure timeframe to a full 12 months to eliminate potential seasonal variation and segmenting Urgent Care facilities
• Consider incorporating CMS’s methodologic approaches to antibiotic surveillance into HCSC’s program