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NEW ENGLAND QUALITY INNOVATION NETWORK
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QIN-QIO Update: Antimicrobial Stewardship in the Outpatient Setting

New England QIN-QIO

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Outline

- Overview of new QIN-QIO task: Antimicrobial Stewardship in the Outpatient Setting

- A couple of points re: *C.difficile* LabID

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C.3.10: Antibiotic Stewardship

Combatting Antibiotic Resistant Bacteria Through Antibiotic Stewardship In Communities

Background and Overview

At least **30%** of outpatient antibiotics prescribed unnecessarily.

- Antibiotics most commonly prescribed class of medication
- In 2015, the National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB) set a goal of reducing inappropriate outpatient antibiotic use by at least half by 2020.

http://www.cdc.gov/media/releases/2016/p0503-unnecessary-prescriptions.html

Resources

- National Action Plan for Combating Antibiotic-resistant Bacteria, March 2015
- National Action Plan for Combating Antibiotic-resistant Bacteria Goals and Year 1 and Year 3 Milestones
- Antibiotic Use in the Outpatient Settings –The PEW Charitable Trusts
- **The Core Elements of Outpatient Antibiotic Stewardship (MMWR, *Recommendations and Reports* November 11, 2016 / 65(6);1–12)**

General Desired Outcomes

- Increase the number of recruited outpatient settings that have incorporated all core elements of Outpatient Antibiotic Stewardship (CDC)
- Develop a multidisciplinary advisory team with expertise in the area of Antibiotic Stewardship
- Perform environmental scans through the duration of the work to identify federal, public, regional, academic, and other entities working in QI to promote antibiotic stewardship
  - Identify settings that have AS programs but do not meet the requirements of the CDC core elements
  - Avoid duplication of effort
  - Effectively collaborate with stakeholders

General Desired Outcomes

- Educate recruited outpatient settings (leaders as well as patients) on the fundamentals of AS and the risks of misuse and overuse of antibiotics
- Build and sustain robust partnerships with stakeholders to promote and educate the community about antibiotic stewardship
- Develop a sustainability plan to ensure continuance of AS after 2019

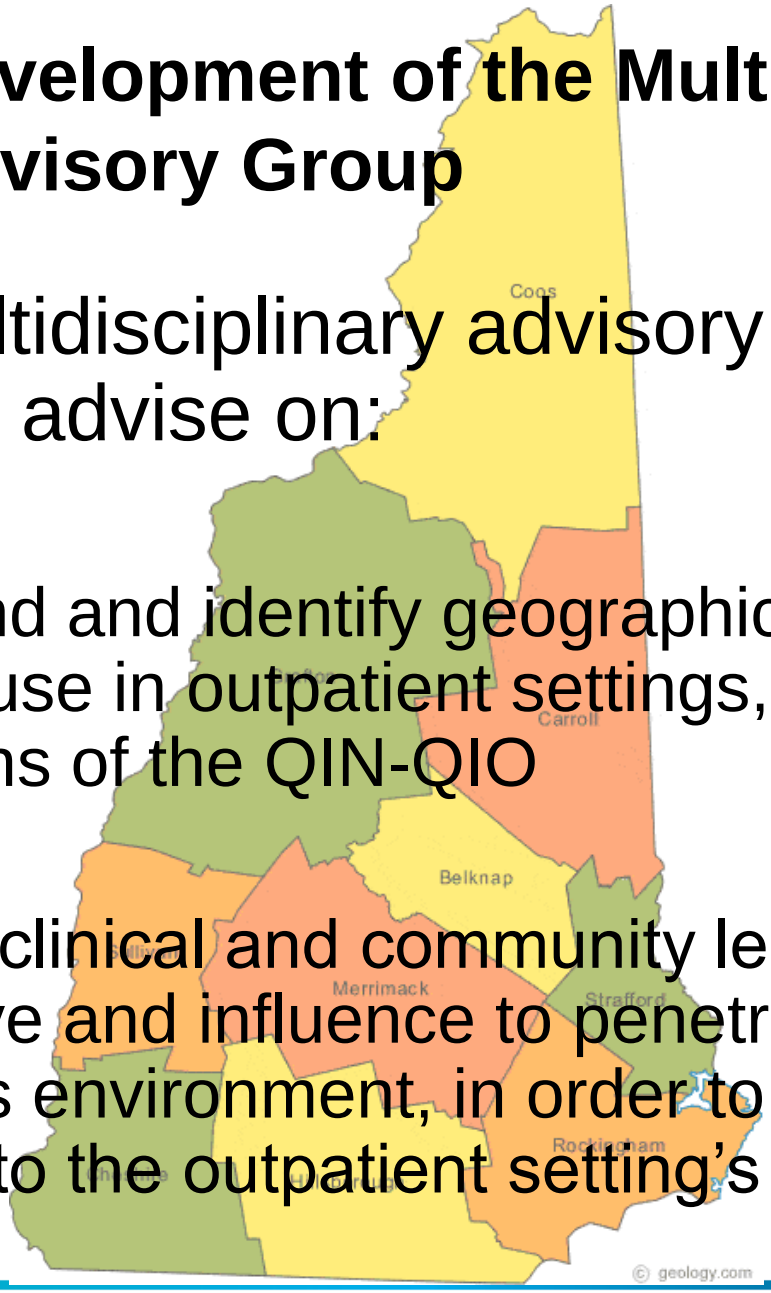
Definitions

- Outpatient settings include but are not limited to
  - Emergency departments
  - Outpatient clinics
  - Urgent care centers
  - Federally qualified health centers
  - Ambulatory Surgery Centers (ASCs)
  - Physician offices
  - ESRD Facilities

(Excluded: Nursing homes and other inpatient settings)

Development of the Multidisciplinary Advisory Group

- Form a multidisciplinary advisory team which will provide advise on:
  - Understand and identify geographic variations in antibiotic use in outpatient settings, communities, and regions of the QIN-QIO
  - Leverage clinical and community leader's perspective and influence to penetrate the clinical operations environment, in order to tailor AS elements to the outpatient setting's needs.



Education and Outreach on AS

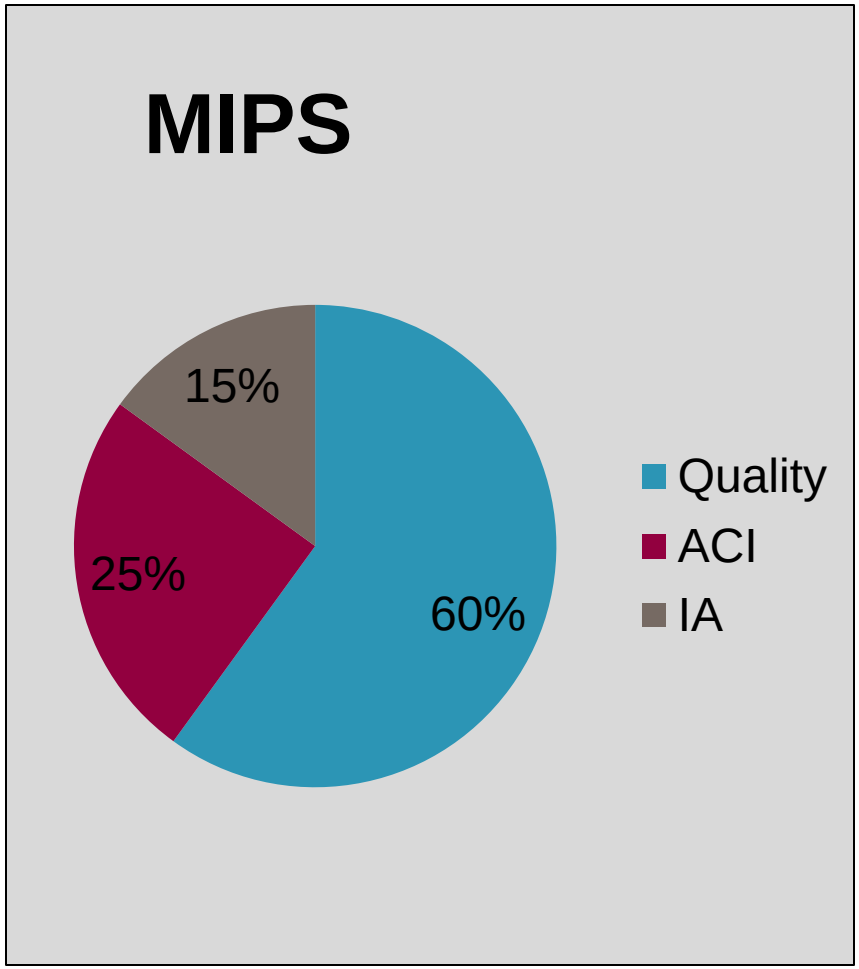
- Ensure the core elements for AS in outpatient settings are incorporated into their education of recruited outpatient settings. Assure these settings have and/or create an infection prevention program that includes AS

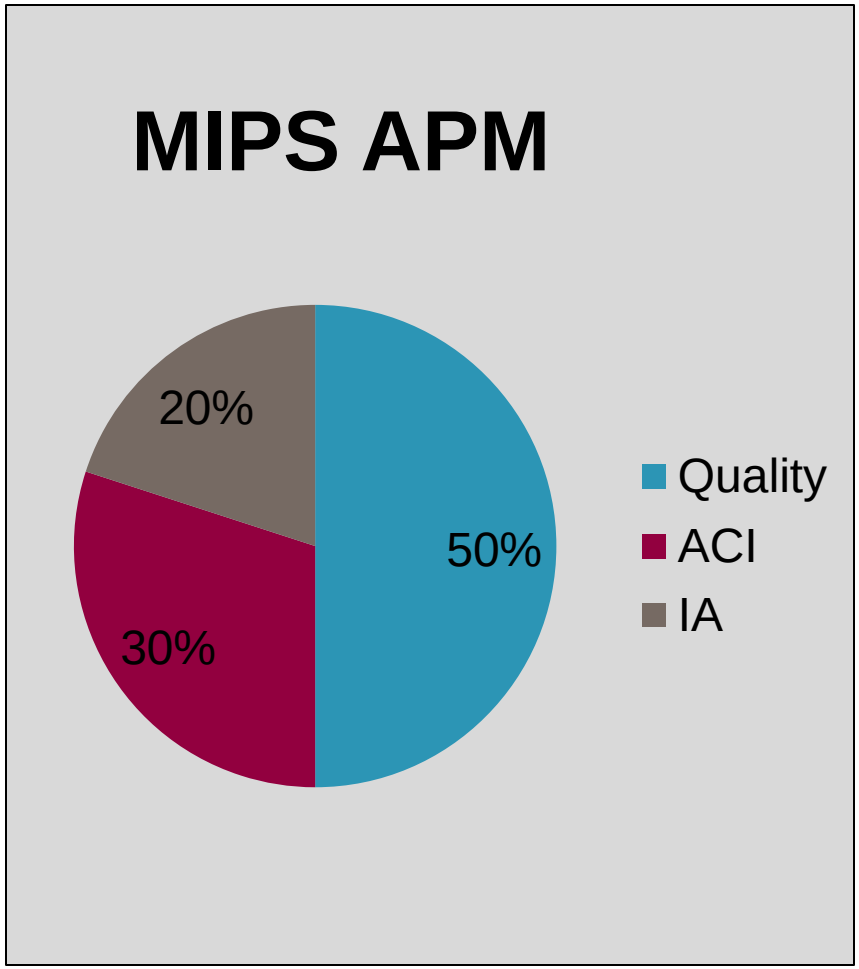
- Track and report quarterly which core elements have been implemented within each outpatient setting

QPP Linkage

- **MIPS Performance Categories**
- Quality
- Advancing Care Information (ACI)
- ~~Cost (Resource Use)~~
- Improvement Activities (IAs)

MIPS Program in 2017





MIPS Quality Measures

- Choose 6 measures
- Include 1 outcome measure (intermediate outcome or high priority)
  - or
- 1 specialty specific measure set
- 50% reporting rate
- All payer data set*

https://qpp.cms.gov/measures/quality

General Practice/Family Medicine

- Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)

Percentage of patients, aged 18 years and older, with a diagnosis of acute sinusitis who were prescribed an antibiotic within 10 days after onset of symptoms

General Practice/Family Medicine

- Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)

Percentage of patients aged 18 years and older with a diagnosis of acute bacterial sinusitis that were prescribed amoxicillin, with or without clavulanate, as a first line antibiotic at the time of diagnosis

General Practice/Family Medicine

- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

- The percentage of adults 18-64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription

Improvement Activities (IA)

- **Improvement Activities**

In this new performance category for 2017, clinicians are rewarded for care focused on care coordination, beneficiary engagement, and patient safety.

Improvement Activities

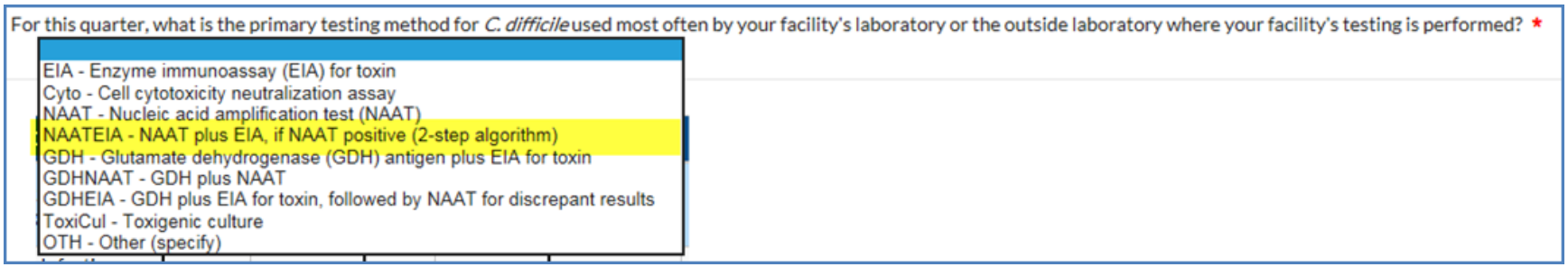
- Implementation of antibiotic stewardship program

- Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics

CDI Lab Testing

- **January NHSN Update**: New option for *C.difficile* test type
- **Entered on**: Annual Facility Survey and FacWideIN monthly summary record
- **Two-step algorithm**: NAAT plus EIA, if NAAT positive; does NOT change reporting rules for lab confirmed CDI events
- CDI test type used in the calculation of the *C.difficile* LabID SIR

CDI Lab Testing



If your facility's laboratory is using this algorithm for CDI testing, you can begin to select this option with first quarter 2017. It is not required to edit previously-saved records to select the new CDI test type.

FacWideIN Reporting Reminder

- **Overall facility-wide.** Report individual LabID events from each inpatient location and total denominator counts for the entire facility. Options include:
- **(1)** Overall Facility-wide Inpatient (FacWideIN) to cover all inpatient locations. When using FacWideIN reporting, facilities must also include location specific reporting for outpatient emergency department (i.e., adult and pediatric) and 24-hr Observation location(s).
- **(2)** Overall Facility-wide Outpatient (FacWideOUT) to cover all outpatient locations affiliated with the facility. Facilities may choose to monitor FacWideOUT in addition to FacWideIN monitoring

Clostridium difficile LabID Event Calculator

- NHSN recommends maintaining a list of all lab testing data conducted on the entity you are reporting on (e.g. *C.difficile*)

- The calculator implements NHSN surveillance definitions for *C.difficile*