

Spectrum of Health

Dear Colleague:

Acute bronchitis is an acute cough illness in otherwise healthy adults that usually lasts from one to three weeks. Management of **Uncomplicated Acute Bronchitis** in adults is critical to minimize the emergence of antibiotic resistance. Many patients require considerable support and education to understand why antibiotics are not used to manage viral illnesses.

A review of our quality data shows considerable variation in the management of these patients. **Too many Healthfirst® members are receiving and filling antibiotic prescriptions for what is reported by Healthfirst physicians and PCPs as Uncomplicated Acute Bronchitis.**

Here are Five Practical Tips for Assessing and Managing Acute Bronchitis based on the position paper authored by Gonzales et al. and published in the *Annals of Internal Medicine*:

1. Respiratory viruses appear to cause the large majority of cases of uncomplicated acute bronchitis.
2. Transient bronchial hyperresponsiveness appears to be the predominant mechanism of the bothersome cough of acute bronchitis. Randomized, placebo-controlled trials have shown that inhaled albuterol decreases the duration of cough in adults with uncomplicated acute bronchitis.
3. Ruling out pneumonia is the primary objective in evaluating adults with acute cough illness in whom comorbid conditions and occult asthma are absent or unlikely. In the absence of abnormalities in vital signs (heart rate > 100 beats/min, respiratory rate > 24 breaths/min, and oral body temperature > 38 degrees C), the likelihood of pneumonia is very low.
4. Consider Pertussis infection, which can be present in up to 10% to 20% of adults with cough illness of more than two to three weeks' duration.
5. Intervention studies suggest that antibiotic treatment of acute bronchitis can be reduced by using a combination of patient and physician education. **Decreased rates of antibiotic treatment are not associated with increased utilization, return visits, or dissatisfaction with care¹.**

What does this mean for you? We need your renewed commitment to managing your patients according to the Centers for Disease Control and Prevention (CDC) standards regarding avoidance of antibiotics in Uncomplicated Acute Bronchitis.

This Healthfirst Spectrum of Health bulletin contains:

1. A summary of HEDIS requirements for reporting the management of your patients with Uncomplicated Acute Bronchitis.
2. Tips and tools from the CDC "**Get Smart**" and "**Do Bugs Need Drugs**" websites for patient education.
3. Links to the current CDC guidelines for management of Uncomplicated Acute Bronchitis.

I look forward to working with you to promote optimal health outcomes for your Healthfirst patients.

Warm regards,



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¹ *Ann. Intern Med.* 2001; 134:521–529. www.annals.org/content/134/6/521.full.pdf+html. Accessed 5/12/2014.



Dear Practice/Quality Administrator:

Your practice is a valuable partner to us as we work to serve Healthfirst members together.

In this bulletin, we bring you up to date on the national standards for **appropriate management of adult patients with Uncomplicated Acute Bronchitis**.

“Uncomplicated” generally means that the patient has what they would call a “chest cold” and does not have chronic lung disease, cancer, or other illnesses that may lead to poor immunity.

Appropriate treatment means avoiding antibiotics. This may benefit patients by making it less likely that they will suffer from the consequences of antibiotic-resistant bacteria.

A review of our quality data shows too many Healthfirst members receiving and filling antibiotic prescriptions for what is reported by Healthfirst physicians and PCPs as Uncomplicated Acute Bronchitis.

What does this mean for you? We need your help in distributing patient materials regarding the important topic of simple but safe ways to manage “chest colds.”

This Healthfirst Spectrum of Health bulletin contains:

1. A summary of HEDIS requirements for the management of your patients with Uncomplicated Acute Bronchitis.
2. Tips and tools from the CDC “**Get Smart**” website for patient education about simple, effective management of “chest colds.”
3. Links for additional material in various languages that may suit your patients’ needs.

Contact your Network Management representatives for more information about these standards. I look forward to working with you to promote efficient and effective care for your Healthfirst patients.

Best wishes,



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Healthfirst's recommendations for improving management of Uncomplicated Acute Bronchitis

- Review current CDC standards and guidelines at the "Get Smart" website: www.cdc.gov/getsmart/specific-groups/hcp/index.html. Accessed 5/12/2014
- Review patient materials and tips that may help you explain to your patients how they will benefit by avoiding antibiotics
- Train your entire office and clinical staff on this topic and how they can be supportive to patients who have concerns about not receiving antibiotics
- Consider stocking and distributing patient materials in languages most helpful to your patients

SUMMARY OF HEDIS REQUIREMENTS:

Avoidance of antibiotic treatment in adults with Uncomplicated Acute Bronchitis

Measure Description	The percentage of adults 18 to 64 years of age with a diagnosis of Uncomplicated Acute Bronchitis who were not dispensed an antibiotic prescription
How members are identified	<p>Diagnosis of Uncomplicated Acute Bronchitis (466.0) on a claim for an outpatient visit or ED visit in the measurement year</p> <p>Presence of a dispensed prescription for antibiotic medication on the day, or within three (3) days, of the outpatient visit with a diagnosis of Uncomplicated Acute Bronchitis</p> <p>No dispensed antibiotic within 30 days prior to the visit and no comorbid condition</p>

ICD-9 Codes to Identify Comorbid Conditions

Description	ICD-9-CM Diagnosis
HIV disease; asymptomatic HIV	042, V08
Cystic fibrosis	277.0
Disorders of the immune system	279
Malignancy neoplasm	140-209
Chronic bronchitis	491
Emphysema	492
Bronchiectasis	494
Extrinsic allergic alveolitis	495
Chronic airway obstruction, chronic obstructive asthma	493.2, 496
Pneumoconiosis and other lung disease due to external agents	500-508
Other diseases of the respiratory system	510-519
Tuberculosis	010-018

To learn more about your practice's current HEDIS performance for this or other measures, or for assistance in compliance with the HEDIS guidelines, contact **Laisha Washington, AVP, Clinical Quality, at (212) 801-6186, LaWashington@healthfirst.org.**

Frequently Asked Questions about Uncomplicated Acute Bronchitis

1. Are antibiotics needed for severe, purulent cough and/or for patients who are smokers?

- Not usually. Of course, each adult patient should be evaluated to rule out pneumonia or more serious illness. But in healthy, non-elderly adults, pneumonia is uncommon in the absence of vital-sign abnormalities or asymmetrical lung sounds
- Also, routine antibiotic treatment of Uncomplicated Acute Bronchitis is not recommended, regardless of duration of cough

2. My patients insist on antibiotics, feeling confident with that treatment. What do I say to them?

The evidence is that patient satisfaction with care for Uncomplicated Acute Bronchitis is most dependent on their communication with their doctor or PCP rather than on whether or not an antibiotic is prescribed.

According to Gonzales et al., the following strategies are helpful when talking with your patients:

- **Refer to the cough illness as a “chest cold” rather than bronchitis.** In one study, use of the term “chest cold” was associated with much less frequent belief that antibiotic therapy was necessary to get better
- Explain that the **cough will typically last 10 to 14 days after the office visit.** Also, yellow or green mucus does not mean that they have a bacterial infection. It is normal for mucus to get thick and change color during a viral cold
- It’s important to explain to your patients that using antibiotics when they don’t really need them **can increase their personal risk of carrying or becoming infected with antibiotic-resistant bacteria.** Reassure them that you will always use antibiotics when they have a more serious bacterial infection such as pneumonia
- Remind patients that **the side effects from antibiotics,** like gastrointestinal symptoms or alterations in taste, for example, may make them feel worse than the “chest cold” itself

3. What if my patients want to use home remedies for their “chest cold?”

General instructions for patients include:

- Drink extra water and juice
- Use saline nasal spray to relieve congestion
- For sore throats, use ice chips or sore throat spray; lozenges for older children and adults

Encourage your patients to ask you about other over-the-counter or natural remedies that can be used for their “chest cold” (Uncomplicated Acute Bronchitis) that will not interfere with their other medicines.

4. Web links to download patient handouts for management of Uncomplicated Acute Bronchitis without antibiotics

- **English:** www.cdc.gov/getsmart/campaign-materials/print-materials/VirusBacteriaChart-bw.pdf. Accessed 5/12/2014
- **English/Spanish:** www.cdc.gov/getsmart/campaign-materials/brochures.html. Accessed 5/12/2014
- **Chinese and other languages:** www.dobugsneeddrugs.org/multilingual/ Accessed 5/12/2014