



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

### AAB Measure Description<sup>1</sup>

Assesses the percentage of episodes for members 3 months of age and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. A higher rate indicates appropriate treatment for bronchitis/bronchiolitis (i.e., the percentage of episodes that were not prescribed an antibiotic).

### Why is AAB Important?<sup>1</sup>

Acute bronchitis/bronchiolitis almost always gets better on its own; therefore, individuals without other health problems should not be prescribed an antibiotic. Ensuring the appropriate use of antibiotics for individuals with acute bronchitis/bronchiolitis will help them avoid harmful side-effects and possible resistance to antibiotics over time.

Antibiotic resistance is a major health concern in the United States, with 2.8 million antibiotic-resistant infections and 35,000 deaths occurring annually.

### Best Practices

- ✓ Avoid prescribing an antibiotic unless there is a bacterial etiology.
- ✓ Members that have asthma and diabetes diagnosis, symptoms such as fever, cough and wheezing and tobacco use are included for this HEDIS measure.
- ✓ This measure is based on episodes; members may have multiple episodes.
- ✓ CDC offers materials and tools about antibiotic resistance, appropriate prescribing and use for common infections.

## Numerator Compliance<sup>2</sup>

Dispensed prescription for an antibiotic medication on or 3 days after the episode date.

## Numerator Codes<sup>2</sup>

Refer to next page for the list of medications.

## Data Collection Method<sup>2</sup>

Administrative (Claims)



## Trillium Percentages/NCQA National Averages<sup>1</sup>

AAB	Calendar Year	Trillium	NCQA National Average
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	2022	-	62.2
	2021	-	55.7

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<sup>1</sup> Source: [ncqa.org/hedis/measures](https://ncqa.org/hedis/measures)

<sup>2</sup> Source: HEDIS MY 2024 Tech Specs Manual Vol. 2

## AAB Numerator Medications<sup>2</sup>

Description	Prescription
Aminoglycosides	Amikacin Gentamicin Streptomycin Tobramycin
Aminopenicillins	Amoxicillin Ampicillin
Beta-lactamase inhibitors	Amoxicillin-clavulanate Ampicillin-sulbactam Piperacillin-tazobactam
First-generation cephalosporins	Cefadroxil Cefazolin Cephalexin
Fourth-generation cephalosporins	Cefepime
Lincomycin derivatives	Clindamycin Lincomycin
Macrolides	Azithromycin Clarithromycin Erythromycin
Miscellaneous antibiotics	Aztreonam Chloramphenicol Dalfopristin-quinupristin Daptomycin Linezolid Metronidazole Vancomycin
Natural penicillins	Penicillin G benzathine Penicillin G benzathine-procaine Penicillin G potassium Penicillin G procaine Penicillin G sodium Penicillin V potassium
Penicillinase resistant penicillins	Dicloxacillin Nafcillin Oxacillin
Quinolones	Ciprofloxacin Gemifloxacin Levofloxacin Moxifloxacin Ofloxacin
Rifamycin derivatives	Rifampin
Second-generation cephalosporin	Cefaclor Cefotetan Cefoxitin Cefprozil Cefuroxime
Sulfonamides	Sulfadiazine Sulfamethoxazole-trimethoprim
Tetracyclines	Doxycycline Minocycline Tetracycline
Third-generation cephalosporins	Cefdinir Cefixime Cefotaxime Cefpodoxime Ceftazidime Ceftriaxone
Urinary anti-infectives	Fosfomycin Nitrofurantoin Nitrofurantoin macrocrystals-monohydrate Trimethoprim
Tetracyclines	Doxycycline Minocycline Tetracycline