



Important Information about the Avoidance of Antibiotics in Adults with Acute Bronchitis (AAB) HEDIS Measure

GlobalHealth has selected the **HEDIS Measure Avoidance of Antibiotics in Adults with Acute Bronchitis (AAB)** as an improvement target. As defined by HEDIS, the measure assesses adults 18–64 years of age with a diagnosis of acute bronchitis/bronchiolitis who were **not dispensed** an antibiotic prescription.

Antibiotics cost the health care system billions of dollars each year and treating conditions such as acute bronchitis adds to the cost. Current Evidence based Clinical guidelines recommend against antibiotic treatment for acute bronchitis/bronchiolitis in adults who are otherwise healthy,^{1,2} because overuse can lead to antibiotic resistance.³ The common cold is the third most frequent diagnosis in office visits and most adults experience two to four colds annually.

Acute bronchitis almost always gets better on its own; therefore, adults who do not have other health problems should not take antibiotics. Ensuring the appropriate use of antibiotics for patients with acute bronchitis will help them avoid harmful side-effects and possible resistance to antibiotics over time.

Before prescribing antibiotics for uncomplicated bronchitis, GlobalHealth providers should perform a complete focused medical history and physical examination for “Red Flags” and to help rule out pneumonia. The claim should include all appropriate diagnoses including any competing conditions and any co-morbid diagnoses.

Red Flags:

- Abnormal vital signs (heart rate > 100 bpm, RP > 24 breaths/ minute, oral temperature > 38° C (100.4 degree Fahrenheit)
- Abnormal lung examination findings (focal consolidations, egophony, fremitus)

Routine treatment of uncomplicated acute bronchitis options includes:

- Cough suppressants (dextromethorphan, codeine)
- First generation antihistamines (Diphenhydramine)
- Decongestants (phenylephrine)

Next Steps:

- Provide clear communication to the patient about treatment options, your treatment recommendations, and why.
- Encourage questions, address concerns.
- Confirm agreement with treatment plan.
- Schedule follow up as needed

References:

1. Centers for Disease Control and Prevention (CDC). 2019. "Get Smart: Know When Antibiotics Work—Antibiotic Resistance Questions & Answers." <http://www.cdc.gov/getsmart/antibiotic-use/antibiotic-resistance-faqs.html#define-antibiotic-resistance>
2. 2017. Centers for Disease Control and Prevention (CDC). Adult Treatment Recommendations. <https://www.cdc.gov/antibiotic-use/community/for-hcp/outpatient-hcp/adult-treatment-rec.html>
3. 2020. "About Antibiotic Resistance." <https://www.cdc.gov/drugresistance/about.html>
4. 2013. "Get Smart: Know When Antibiotics Work—Bronchitis (Chest Cold)." <http://www.cdc.gov/getsmart/antibiotic-use/uri/bronchitis.html>
5. 2010. Centers for Disease Control and Prevention (CDC). Video- CDC Commentary "Don't Give In and Give Those Antibiotics!" https://www.medscape.com/viewarticle/730224?src=par_cdc_stm_msc_pedt&faf=1
6. 2016. Centers for Disease Control and Prevention (CDC). Video- CDC Commentary "Antibiotic Stewardship in the Outpatient Setting" https://www.medscape.com/viewarticle/871205?src=par_cdc_stm_msc_pedt&faf=1