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HealthInsight

Quality Innovation Network-Quality Improvement Organization (QIN-QIO)

CMS Quality Strategy:

- Eliminating disparities
- Strengthening infrastructure and data systems
- Enabling innovation
- Fostering learning organizations



Source: Quality Improvement Organizations. 2014. About QIN-QIOs, QIO Program Fact Sheet. Accessed March 20, 2017: <u>gioprogram.org/about/why-cms-has-qios</u>







Polling Question

Antibiotic resistance causes how much financial burden in excess direct healthcare costs annually (data from 2013)?

- a. \$500 million
- b. \$1 billion
- c. \$5 billion
- d. \$10 billion
- e. \$20 billion

CDC. Antibiotic resistance threats in the United States, 2013. www.cdc.gov/drugresistance/threat-report-2013/







About Antibiotic Use and Resistance

- Life saving antibiotics no longer work as well
- Main reason: 30%-50% overuse and misuse
 - Antibiotics won't work for colds or flu
 - They can cause more harm than good
 - Most common reason for child emergency visits for adverse drug events (20%)
 - Kill healthy gut bacteria allowing C. difficile overgrowth
 - Misdiagnosis of infections is common
- Use only for sensitive bacterial infections

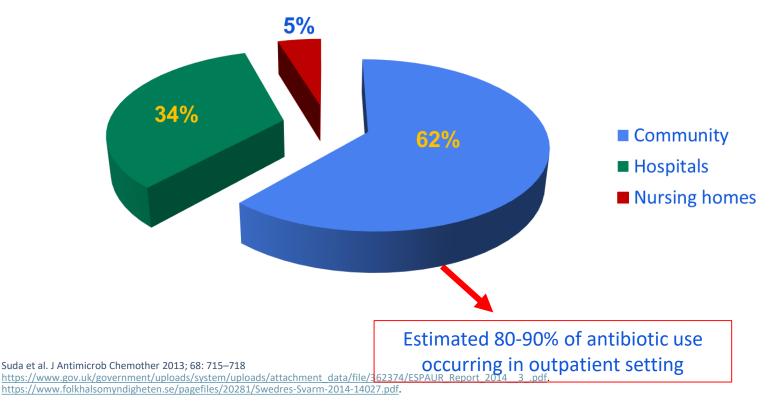






Antibiotic Expenditures in United States by Treatment Setting

Total 2009 cost: \$10.7 billion









Polling Question

What percentage of antibiotics prescribed in 2011–2012 in outpatient settings (clinician offices and emergency departments) were found to be unnecessary prescriptions?

- a. 3%
- b. 5%
- c. 10%
- d. 20%
- e. 30%

Source: Analysis of NAMCS and NHAMCS data on U.S. antibiotic prescribing, 2010-2011

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About Common Illnesses And Symptom Relief

- Chest Cold (Bronchitis)
- Common Cold (Runny Nose)
- Sinus Infection
- Sore Throat
- Urinary Tract Infection

- Ear Infection
- Flu (Influenza)

"Patient satisfaction with care for acute bronchitis depends most on physician—patient communication rather than on antibiotic treatment." From: Annals of Internal Medicine, 2001

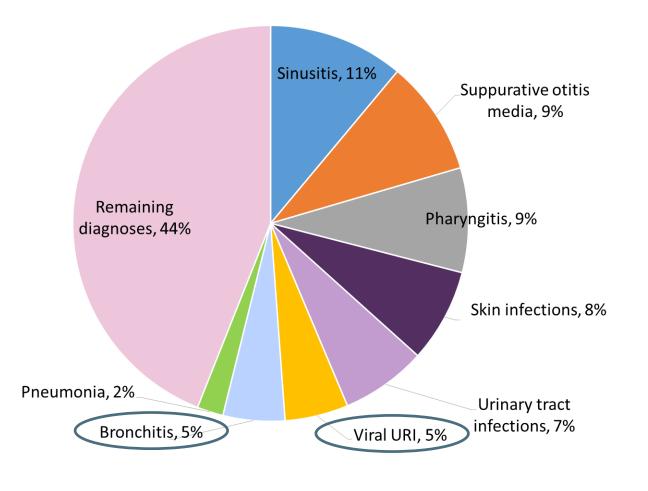


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Diagnoses Leading to Antibiotics — United States, 2010–2011

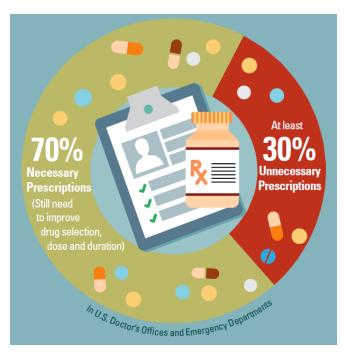




Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICARD SERVICES

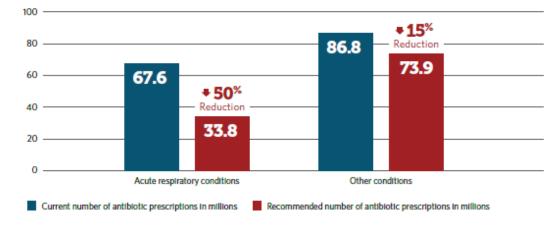


Setting National Targets: Outpatient Antibiotic Prescribing



47 million unnecessary antibiotic prescriptions per year

Outpatient Antibiotic Prescribing Reduction Targets



Source: Analysis of NAMCS and NHAMCS data on U.S. antibiotic prescribing, 2010-2011 © 2016 The Pew Charitable Trusts

By 2020, significant outcomes of Goal 1 will include: (CARB National Action Plan)

- Establishment of antibiotic stewardship programs in all acute care hospitals and improved antibiotic stewardship across all healthcare settings.
- Reduction of inappropriate antibiotic use by 50% in outpatient settings and by 20% in inpatient settings.

Fleming-Dutra et al. JAMA 2016;315(17): 1864-1873.

http://www.pewtrusts.org/~/media/assets/2016/05/antibioticuseinoutpatientsettings.pdf; CARB Action Plan







Get Smart: Preserving the Power of Antibiotics • Join us today!

HealthInsight initiative for antibiotic stewardship in outpatient settings:

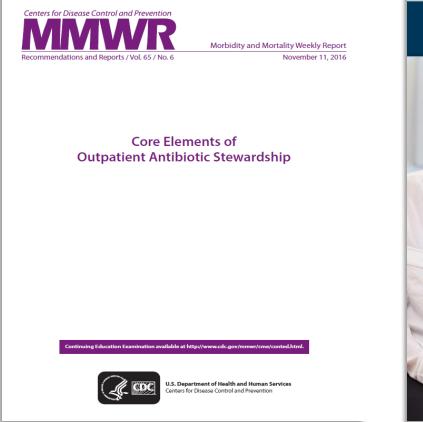
- Patient education materials
- Program assessment, technical assistance with prescription protocols and measurement
- Professional education, learning and action network activities
- Based on CDC's Core Elements of Outpatient Antibiotic Stewardship
- Aligned with practice transformation approaches
 - Implementing the Core Elements is an Improvement Activity for QPP

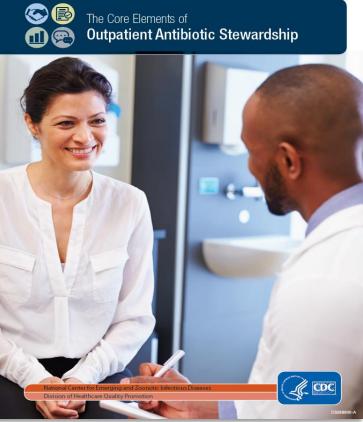






Core Elements of Outpatient Antibiotic Stewardship





Sanchez GV, Fleming-Dutra KE, Roberts RM, Hicks LA. Core Elements of Outpatient Antibiotic Stewardship. MMWR Recomm Rep 2016;65(No. RR-6):1-12. <u>https://www.cdc.gov/mmwr/volumes/65/rr/rr6506a1.htm?s cid=rr6506a1 e</u>



Preserving the Power of Antibiotics





CDC Core Elements





What Are the Core Elements?



• **Commitment:** demonstrate dedication to and accountability for optimizing antibiotic prescribing and patient safety



 Action for policy and practice: implement at least one policy or practice to improve antibiotic prescribing, assess whether it is working, and modify as needed



 Tracking and Reporting: monitor antibiotic prescribing practices and offer regular feedback to clinicians or have clinicians assess their own antibiotic use



• Education and Expertise: Provide educational resources to clinicians and patients on antibiotic prescribing and ensure access to needed expertise on antibiotic prescribing

https://www.cdc.gov/getsmart/community/improving-prescribing/core-elements/core-outpatient-stewardship.html







Aiming for Partners



Antibiotics for ear infections in children

When you need them—and when you don't

Hospital Infections Kill 200 Patients a Day



University of Nevada, Reno

Proceedings of the Nevada Antimicrobial Stewardship Summit-II

1 in 4 Nursing Home Residents Has Antibiotic-Resistant Bacteria

wmedlineplus.gov/news/fullstory_166075.html



MIPS and QPP

🕑 QPP: The Quality Payment Program



Nine-Step Guide to Reporting in the Meritbased Incentive Payment System (MIPS)

Am I Included in MIPS?

You are required to report MIPS in the Quality Payment Program for performance year 2017 unless you fall below the low volume threshold or are a Qualifying Participant in an Advanced Alternative Payment Model (APM).

Check to see if you need to participate using your NPI number: <u>https://qpp.cms.gov/learn/eligibility</u>

Decide if clinicians in your practice will participate as a group or individually.

An individual is a single NPI tied to a single tax ID number. Medicare payment adjustment is based on individual performance.

A group is a set of clinicians sharing a common tax ID number whose Medicare payment adjustment is based on the group's performance.

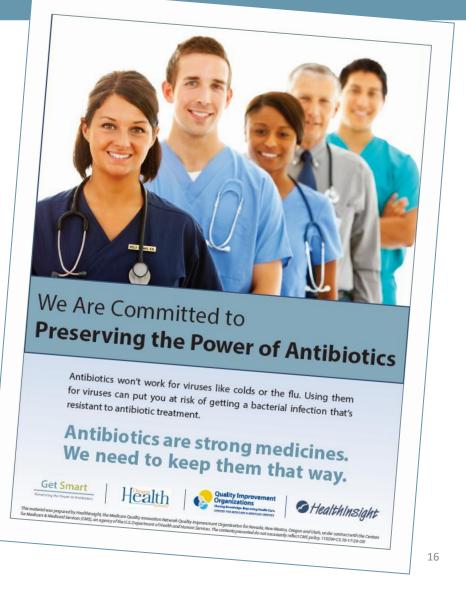


http://healthinsight.org/files/Quality%20Payment%20Program/Understanding%20the% 20Quality%20Payment%20Program/MIPS%209%20steps%206-9-17.pdf

Get Smart Tools and Resources

- Commitment poster for Core Element 1
- Resources from CDC and state coalitions
- Technical assistance for implementing the Core Elements

healthinsight.org/getsmart



Get Smart: Preserving the Power of Antibiotics

	HOME ABOUT US NEWS HEALTH CARE PROFESSIONALS PATIENTS AND FAMILIES RANKINGS EVENTS CONTACT US
	Get Smart About Join Us Partners and Participants Tool Kit
Our facility or practi	ur Commitment Today! ce hereby joins HealthInsight's Get Smart initiative to incorporate the Centers for Disease Control and Prevention's (CDC) <i>Core Elements of c Stewardship</i> into the treatment of our patients.
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I nrougn participatio	n in this initiative, HealthInsight will support our organization in:
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Questions?



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