Client: HMSA: PQSR 2009

Measure Title: APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

Disease State: Pharyngitis

Indicator Classification: Diagnosis

Strength of Recommendation: B

Organizations Providing Recommendation:
- American Academy of Family Physicians
- American College of Physicians
- American Society of Internal Medicine
- Infectious Disease Society of America

Clinical Intent: To ensure that members diagnosed with pharyngitis receive appropriate testing for streptococcus within a clinically appropriate timeframe.

Physician Specialties (suggested):
Refer to PQSR 2009 Clinical Measures by Specialty.

Background: Disease Burden
- In 2002, pharyngitis accounted for approximately 10 million office visits in the United States.[1]

Reason for Indicated Intervention or Treatment
- Widespread inappropriate antibiotic utilization has led to increasing levels of antibiotic resistance in bacteria that were once highly susceptible to antimicrobials.[2-4]
- Group A streptococcus (GAS) is a highly treatable infection, but is the cause of pharyngitis in only about 10 percent of patients who present with acute pharyngitis. A vast majority of patients continue to receive antibiotic therapy for pharyngitis in the absence of a confirmatory test.[5]
- In light of increasing antibiotic resistance, it is important for providers to use antibiotics judiciously.[6-8] Yet, it is difficult to distinguish between viral and bacterial sore throats and physicians may overestimate the probability of bacterial infection.[9, 10]

Evidence Supporting Intervention or Treatment
- One large survey of members of the American Academy of Pediatrics suggests that there is much room for improvement in the management of acute pharyngitis in children and adolescents. For example, many physicians use empirical therapy without diagnostic testing.[11]
- Combining a clinical approach with use of the rapid streptococcal antigen test efficiently reduces inappropriate
antibiotic prescriptions, whereas empirical therapy in patients with 3 or 4 clinical symptoms or signs results in antibiotic overuse.\[12\]

- Furthermore, in one randomized trial of children given either penicillin or placebo for sore throat, the antibiotic had no significant beneficial effect on duration of symptoms, and served only to reduce streptococcal sequelae.\[13\]

Clinical Recommendations

- The American Academy of Family Physicians states that diagnosis of group A streptococcal pharyngitis should be based on results of appropriate laboratory tests in conjunction with clinical and epidemiologic findings. Antimicrobial therapy should not be given to a child with pharyngitis in the absence of a diagnosed group A streptococcal or other bacterial infection. [5]

- The Infectious Disease Society of America’s Practice Guidelines for the Diagnosis and Management of Group A Streptococcal Pharyngitis conclude that “unless the physician is able with confidence to exclude the diagnosis of streptococcal pharyngitis on epidemiological and clinical grounds, a laboratory test should be done to determine whether group A streptococci are present in the pharynx.”[14]

- The American College of Physicians—American Society of Internal Medicine recommends using a complete physical examination and history or rapid antigen testing for patients with three or fewer of four clinical criteria (history of fever, tonsillar exudates, tender anterior cervical lymphadenopathy, and absence of cough).[15]

Source

Adapted from Healthcare Effectiveness Data and Information Set (HEDIS®) 2008 Technical Specification:

- HBI has incorporated CPT-4 codes for injectable antibiotics into the denominator and the denominator exclusion.

### Denominator

**Definition**

Continuously enrolled members ages 3-18 years old by the end of the 6th month of the measurement year, who were diagnosed with only pharyngitis in an outpatient or emergency room setting during the 1 year period starting 6 months prior to the measurement year and who filled a prescription or received an injection for an antibiotic during the 0-3 days following the index date.

### Denominator Exclusion

**Definition**

Members who filled a prescription or received an injection for an antibiotic in the 1-30 days prior to the index date.

### Numerator
Numerator Definition: Members who were given a strep test in the 7 day period starting 3 days prior to the index date and ending 3 days after the index date (inclusive of index date).

Physician Attribution: Score all physicians the member saw during the 7 day period starting 3 days prior to the index date and ending 3 days after the index date (inclusive of the index date).

References:


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