

Quality ID #464 (NQF 0657): Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use

- National Quality Strategy Domain: Effective Clinical Care
- Meaningful Measure Area: Appropriate Use of Healthcare

2021 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Process – High Priority

DESCRIPTION:

Percentage of patients aged 2 months through 12 years with a diagnosis of OME who were not prescribed systemic antimicrobials

INSTRUCTIONS:

This measure is to be submitted once for **each occurrence** of otitis media with effusion (OME) in children seen during the performance period. Each unique occurrence is defined as a 90 day period from onset of OME. If multiple occurrences are documented within a 90 day period, Merit-based Incentive Payment System (MIPS) eligible clinicians should submit one instance.

NOTE: Patient encounters for this measure conducted via telehealth (e.g., encounters coded with GQ, GT, 95, or POS 02 modifiers) are allowable.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

DENOMINATOR:

All patients aged 2 months through 12 years with a diagnosis of OME

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients aged 2 months through 12 years on the date of the encounter

AND

Diagnosis for OME (ICD-10-CM):

H65.90, H65.91, H65.92, H65.93, H65.111, H65.112, H65.113, H65.114, H65.115, H65.116, H65.117, H65.119, H65.191, H65.192, H65.193, H65.194, H65.195, H65.196, H65.197, H65.199, H65.411, H65.412, H65.413, H65.419, H65.491, H65.492, H65.493, H65.499

AND

Patient encounter during the performance period (CPT):

99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99381*, 99382*, 99383*, 99384*, 99391*, 99392*, 99393*, 99394*

NUMERATOR:

Patients who were not prescribed systemic antimicrobials

Numerator Instructions:

For performance, the measure will be calculated as the number of patients for whom systemic antimicrobials were neither prescribed nor recommended over the number of patients in the denominator (patients aged 2 months through 12 years with a diagnosis of OME). A higher score indicates appropriate treatment of patients with OME (e.g., the proportion for whom systemic antimicrobials were not prescribed).

Numerator Options:

Performance Met:

Systemic antimicrobials not prescribed (**G9959**)

OR

Denominator Exception:

Documentation of medical reason(s) for prescribing systemic antimicrobials (**G9960**)

OR

Performance Not Met:

Systemic antimicrobials prescribed (**G9961**)

RATIONALE:

OME usually resolves spontaneously with indications for therapy only if the condition is persistent and clinically significant benefits can be achieved. Systemic antimicrobials have no proven long-term effectiveness and have potential adverse effects. The purpose of the corresponding guideline statement is to reduce ineffective and potentially harmful medical interventions in OME when there is no long-term benefit to be gained in the vast majority of cases. Medications have long been used to treat OME, with the dual goals of improving quality of life (QOL) and avoiding more invasive surgical interventions. Both the 1994 guidelines and the 2004 guidelines determined that the weight of evidence did not support the routine use of steroids (either oral or intranasal), antimicrobials, antihistamines, or decongestants as therapy for OME.

CLINICAL RECOMMENDATION STATEMENTS:

Clinicians should recommend against using systemic antibiotics for treating OME. Strong recommendation based on systematic review of randomized clinical trials (RCTs) and preponderance of harm over benefit [1].

Data detailing the prescription of systemic antimicrobials for OME in children is limited. However, in a small 2008 study by Patel et al., 7% of physicians in an otolaryngology practice prescribed systemic antimicrobials for pediatric patients presenting with OME [2]. In a 2014 study involving 5 focus groups of parents, most parents believed that antibiotics were needed to treat otitis media and expressed frustration with a “watchful waiting” approach [3]. In a 2013 study by Forrest et al. evaluating clinical decision support for management of OME, 78%-93% of physicians employed a “watchful waiting” strategy to manage OME [4].

References:

1. Rosenfeld RM, et al. Clinical Practice Guideline: Otitis Media with Effusion (Update). Otolaryngology Head Neck Surg. 2016.
2. Patel MM, Eisenberg L, Witsell D, Schulz KA. Assessment of acute otitis externa and otitis media with effusion performance measures in otolaryngology practices. Otolaryngol Head Neck Surg. 2008;139:490-494.
3. Finkelstein JA, Dutta-Linn M, Meyer R, Goldman R. Childhood infections, antibiotics, and resistance: what are parents saying now? Clin Pediatr (Phila). 2014;53(2):145-150. Doi:10.1177/0009922813505902.
4. Forrest CB, Fiks AG, Bailey LC, et al. Improving adherence to otitis media guidelines with clinical decision support and physician feedback. Pediatrics. 2013;131(4):e1071-e1081.

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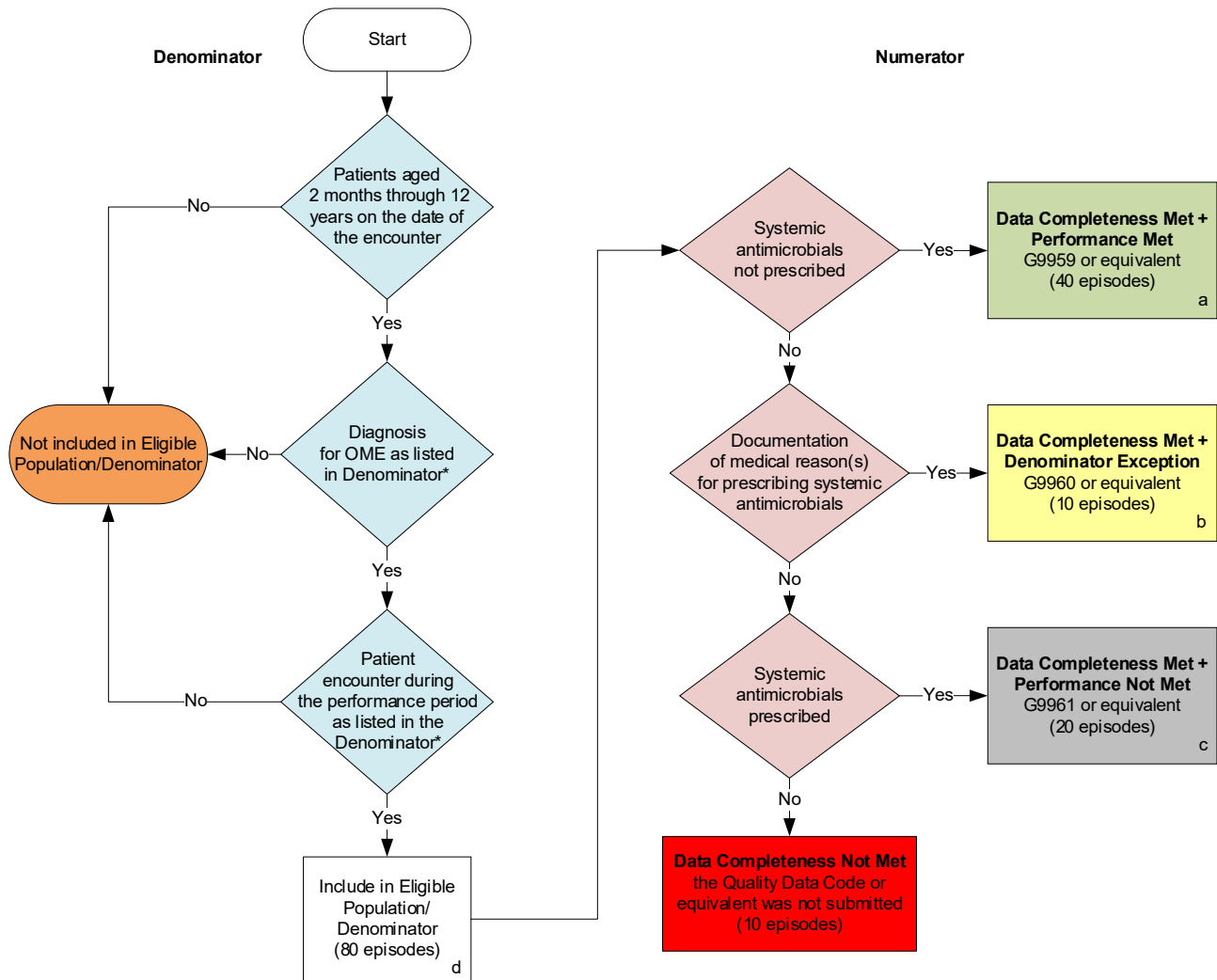
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**2021 Clinical Quality Measure Flow for Quality ID #464 (NQF 0657):
Otitis Media with Effusion: Systemic Antimicrobials - Avoidance of Inappropriate Use**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.



SAMPLE CALCULATIONS

Data Completeness=

$$\frac{\text{Performance Met (a=40 episodes)} + \text{Denominator Exception (b=10 episodes)} + \text{Performance Not Met (c=20 episodes)}}{\text{Eligible Population / Denominator (d=80 episodes)}} = \frac{70 \text{ episodes}}{80 \text{ episodes}} = 87.50\%$$

Performance Rate=

$$\frac{\text{Performance Met (a=40 episodes)}}{\text{Data Completeness Numerator (70 episodes) - Denominator Exception (b=10 episodes)}} = \frac{40 \text{ episodes}}{60 \text{ episodes}} = 66.67\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.
 NOTE: Submission Frequency: Episode

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution the measure specification.
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**2021 Clinical Quality Measure Flow Narrative for Quality ID #464 (NQF 0657):
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Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check *Patient aged 2 months through 12 years on date of the encounter*.
 - a. If *Patient aged 2 months through 12 years on date of the encounter* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient aged 2 months through 12 years on date of the encounter* equals Yes, proceed to check *Diagnosis for OME as listed in Denominator*.
3. Check *Diagnosis for OME as listed in Denominator*.
 - a. If *Diagnosis for OME as listed in Denominator* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Diagnosis for OME as listed in Denominator* equals Yes, proceed to check *Patient encounter during the performance period as listed in the Denominator*.
4. Check *Patient encounter during the performance period as listed in the Denominator*.
 - a. If *Patient encounter during the performance period as listed in the Denominator* equals No, do not include in *Eligible Population/Denominator*. Stop processing.
 - b. If *Patient encounter during the performance period as listed in the Denominator* equals Yes, include in *Eligible Population/Denominator*.
5. Denominator Population
 - a. Denominator Population is all Eligible Episodes in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 episodes in the Sample Calculation.
6. Start Numerator
7. Check *Systemic antimicrobials not prescribed*:
 - a. If *Systemic antimicrobials not prescribed* equals Yes, include in *Data Completeness Met and Performance Met*.
 - *Data Completeness Met and Performance Met* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 40 episodes in the Sample Calculation.
 - b. If *Systemic antimicrobials not prescribed* equals No, proceed to check *Documentation of medical reason(s) for prescribing systemic antimicrobials*.
8. Check *Documentation of medical reason(s) for prescribing systemic antimicrobials*
 - a. If *Documentation of medical reason(s) for prescribing systemic antimicrobials* equals Yes, include in *Data Completeness Met and Denominator Exception*.

- *Data Completeness Met and Denominator Exception* letter is represented in the Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter b equals 10 episodes in the Sample Calculation.
- b. If *Documentation of medical reason(s) for prescribing systemic antimicrobials* equals No, proceed to check *Systemic antimicrobials prescribed*.
9. Check *Systemic antimicrobials prescribed*:
 - a. If *Systemic antimicrobials prescribed* equals Yes, include in the *Data Completeness Met and Performance Not Met*.
 - a. *Data Completeness Met and Performance Not Met* letter is represented in the Data Completeness in the Sample Calculation listed at the end of this document. Letter c equals 20 episodes in the Sample Calculation.
 - b. If *Systemic antimicrobials prescribed* equals No, proceed to check *Data Completeness Not Met*.
 10. Check *Data Completeness Not Met*:
 - a. If *Data Completeness Not Met*, the Quality Data Code or equivalent was not submitted. 10 episodes have been subtracted from the Data Completeness Numerator in the Sample Calculation.

Sample Calculations

Data Completeness equals Performance Met (a equals 40 episodes) plus Denominator Exception (b equals 10 episodes) plus Performance Not Met (c equals 20 episodes) divided by Eligible Population / Denominator (d equals 80 episodes). All equals 70 episodes divided by 80 episodes. All equals 87.50 percent.

Performance Rate equals Performance Met (a equals 40 episodes) divided by Data Completeness Numerator (70 episodes) minus Denominator Exception (b equals 10 episodes). All equals 40 episodes divided by 60 episodes. All equals 66.67 percent.

*See the posted measure specification for specific coding and instructions to submit this measure.

NOTE: Submission Frequency: Episode

The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution the measure specification.