







CMS Antibiotic Stewardship Initiative

Mary Fermazin, MD, MPA
Chief Medical Officer
Vice President, Health Policy and Quality Measurement
Health Services Advisory Group (HSAG)

March 11, 2017



Disclosure

I do not have relevant financial relationships with commercial interests.



Objectives

Provide an overview of the CMS¹
Antibiotic Stewardship initiative

Identify the CDC² core elements of antibiotic stewardship program

Discuss the relationship between antibiotic stewardship and MACRA³

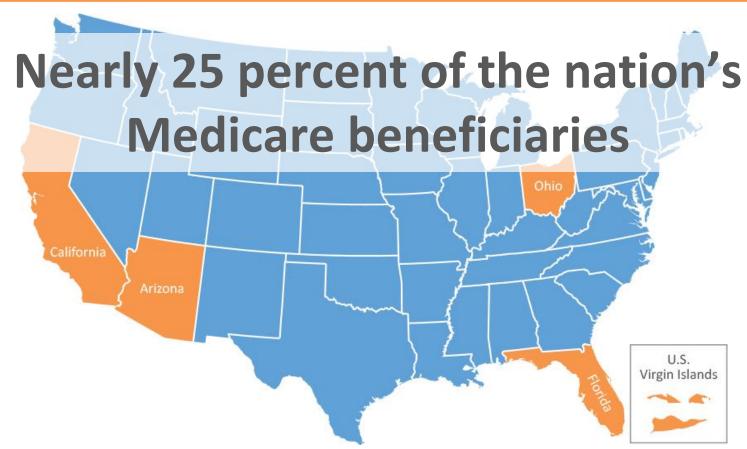


^{1.} Centers for Medicare & Medicaid Services

^{2.} Centers for Disease Control and Prevention

^{3.} Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act of 2015

HSAG's QIN-QIO¹ Territory



HSAG is the Medicare QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands.



CMS Quality Strategy: Concurrently Pursue Three Aims

Better Care

Improve overall quality by making healthcare more patient-centered, reliable, accessible, and safe.

Healthier People

Improve population health by supporting proven interventions to address behavioral, social, and environmental determinants of health, in addition to delivering higher-quality care.

Smarter Spending

Reduce the cost of quality healthcare for individuals, families, employers, and government.







CMS Antibiotic Stewardship Initiative



Antibiotic Stewardship

Antibiotic Stewardship means the effort to:

- Improve antibiotic prescribing by clinicians and use by patients so that antibiotics are only prescribed and used when needed.
- Minimize misdiagnoses or delayed diagnoses leading to underuse of antibiotics.
- Ensure that the right drug, dose, and duration are selected when an antibiotic is needed.¹

Why implement <u>outpatient</u> Antibiotic Stewardship?

 Approximately 60 percent of US antibiotic expenditures for humans is related to care received in the outpatient settings.²



^{1.} MMWR, vol.65. No.6, Nov.11,2016

^{2.} Suda KJ, et al; A national evaluation of antibiotics expenditures by healthcare setting in the U.S. 2009. J.AmvimicrobChemother 2013;68:715-8.

Antibiotic Stewardship is a Balancing ACT





CMS Antibiotic Stewardship Initiative

A. Implement the CDC Core Elements of Outpatient Antibiotic Stewardship in outpatient settings.

- Outpatient settings include: physician practices, clinics,
 EDs, dialysis facilities, urgent care clinics, etc.
- Recruitment ends by May 2017.

B. Develop a multidisciplinary advisory team with expertise in the area of Antibiotic Stewardship.

 Examples of team members include practitioners with expertise in the area of antibiotic stewardship, clinical pharmacists, faculty leadership, and beneficiary representation.



CMS Antibiotic Stewardship Initiative (cont.)

- C. Provide no cost education and technical assistance to spread antibiotic stewardship principles and build expertise.
 - Educate recruited outpatient settings, including healthcare leadership and patients who receive antibiotic prescriptions, on the fundamentals of antibiotic stewardship and the risks of misuse/overuse of antibiotics in healthcare.
 - Provide tools, resources, and examples of evidence-based best practices.
 - Conduct virtual webinars for peer to peer learning.



Core Elements of Outpatient Antibiotic Stewardship



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 asses 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.



CDC Core Elements

Implementation examples of each core element:



Commitment

- Identify a single leader.
- Write and display public commitments.



Action

- Use evidence-based diagnostic criteria and treatment recommendations.
- Provide support for clinical decisions.



CDC Core Elements (cont.)

Implementation examples of each core element:



Tracking and Reporting

- Track and report antibiotic prescribing for one or more high priority conditions.
- Track and share performance on quality measures and establish reduction goals.



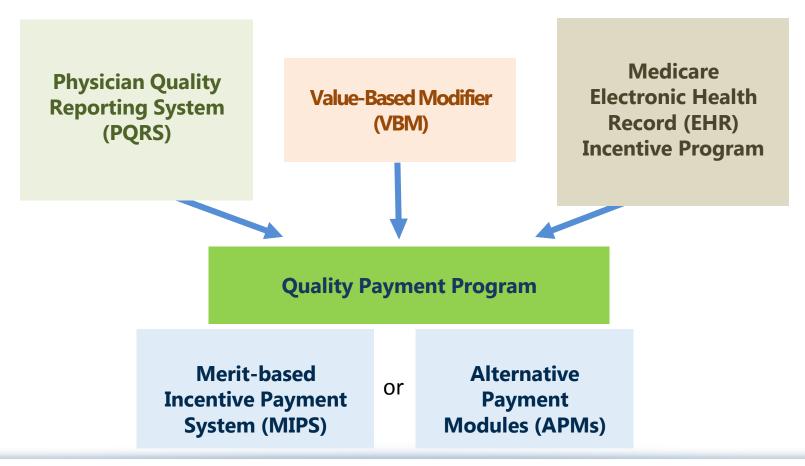
Education and Expertise

- Educate patients about potential harms of antibiotics.
- Provide continuing education activities for clinicians.



Medicare Reporting Under MACRA

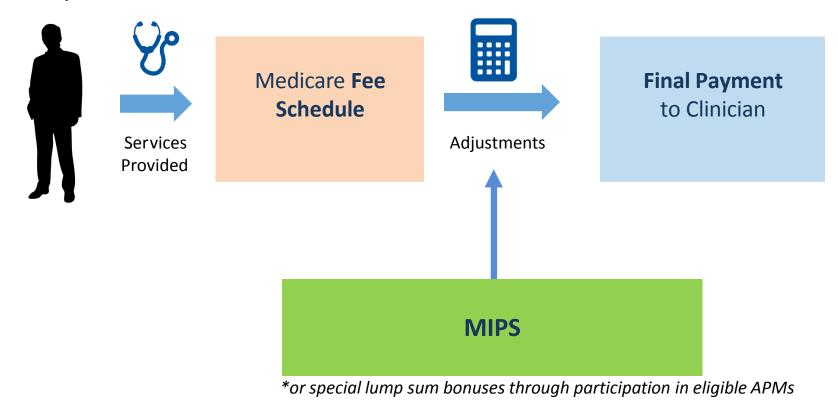
MACRA streamlines these programs into the Quality Payment Program.





MACRA Changes How Medicare Pays Clinicians

The system after MACRA:





How Are MIPS Performance Categories Weighted?

Weights assigned to each category is based on a 1 to 100 point scale

Transition Year Weights







0%

Cost



Improvement activities

15%



Advancing care Information

25%

Note: These are defaults weights; the weights can be adjusted in certain circumstances



MIPS Quality Measures Related to Appropriate Antibiotic Use

- Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy—
 Avoidance of Inappropriate Use
- Adult Sinusitis: Antibiotic Prescribed for Acute Sinusitis (Overuse)
- Adult Sinusitis: Appropriate Choice of Antibiotic: Amoxicillin With or Without Clavulanate Prescribed for Patients with Acute Bacterial Sinusitis (Appropriate Use)
- Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis
- Perioperative Care: Selection of Prophylactic Antibiotic—First
 or Second Generation Cephalosporin



HEDIS® Measures Related to Appropriate Antibiotics Use

- Appropriate testing for children with pharyngitis
- Appropriate treatment for children with upper respiratory infection
- Avoidance of antibiotic treatment in adults with acute bronchitis



MIPS Improvement Activity

Patient Safety and Practice Assessment Subcategory, medium weight (10 points)

 Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI, bronchitis, pharyngitis) according to clinical guidelines for diagnostics and therapeutics.



How Can We Work Together?

- Refer outpatient providers and organizations eligible for recruitment to HSAG.
- Send your thoughts, advice, and/or recommendations regarding this initiative to HSAG.
- HSAG's main point of contact:
 Matt Lincoln, mlincoln@hsag.com











Thank you!

Mary Fermazin, MD, MPA
Chief Medical Officer
Vice President, Health Policy and Quality Measurement
Health Services Advisory Group (HSAG)

mfermazin@hsag.com















This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for California, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. CA-11SOW-C.3.10-02232017-01

