

Appropriate Treatment for Upper Respiratory Infection (URI)

New for 2024

Added

- Supplemental data now accepted for required exclusions only



Yes!

Supplemental Data Accepted for required exclusions only.

Definition

Percentage of episodes for members 3 months and older who were given a diagnosis of upper respiratory infection (URI) between July 1 of the year prior to the measurement year through June 30 of the measurement year and were **not** dispensed an antibiotic prescription on or 3 days after the diagnosis day (4 days total). A higher rate indicates appropriate treatment (not prescribed an antibiotic).

Plan(s) Affected	Quality Program(s) Affected	Collection and Reporting Method
<ul style="list-style-type: none"> • Commercial • Exchange/Marketplace • Medicaid • Medicare 	<ul style="list-style-type: none"> • CMS Quality Rating System • NCQA Accreditation • NCQA Health Plan Ratings 	<p>Administrative</p> <ul style="list-style-type: none"> • Claim/Encounter Data • Pharmacy Data

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Medications

The following antibiotic medications should **not** be prescribed for an upper respiratory infection:

Drug Category	Medications
Aminoglycosides	<ul style="list-style-type: none"> • Amikacin • Gentamicin • Streptomycin • Tobramycin
Aminopenicillins	<ul style="list-style-type: none"> • Amoxicillin • Ampicillin
Beta-lactamase inhibitors	<ul style="list-style-type: none"> • Amoxicillin-clavulanate • Ampicillin-sulbactam • Piperacillin-tazobactam
First generation cephalosporins	<ul style="list-style-type: none"> • Cefadroxil • Cefazolin • Cephalexin
Fourth generation cephalosporins	<ul style="list-style-type: none"> • Cefepime
Lincomycin derivatives	<ul style="list-style-type: none"> • Clindamycin • Lincomycin
Macrolides	<ul style="list-style-type: none"> • Azithromycin • Clarithromycin • Erythromycin
Miscellaneous antibiotics	<ul style="list-style-type: none"> • Aztreonam • Chloramphenicol • Dalfopristin-quinupristin • Daptomycin • Linezolid • Metronidazole • Vancomycin
Natural penicillins	<ul style="list-style-type: none"> • Penicillin G benzathine-procaine • Penicillin G potassium • Penicillin G procaine • Penicillin G sodium • Penicillin V potassium • Penicillin G benzathine
Penicillinase-resistant penicillins	<ul style="list-style-type: none"> • Dicloxacillin • Nafcillin • Oxacillin

(Medications continued)

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The following antibiotic medications should **not** be prescribed for an upper respiratory infection:

Drug Category	Medications
Quinolones	<ul style="list-style-type: none"> • Ciprofloxacin • Gemifloxacin • Levofloxacin • Moxifloxacin • Ofloxacin
Rifamycin derivatives	<ul style="list-style-type: none"> • Rifampin
Second generation cephalosporins	<ul style="list-style-type: none"> • Cefaclor • Cefotetan • Cefoxitin • Cefprozil • Cefuroxime
Sulfonamides	<ul style="list-style-type: none"> • Sulfadiazine • Sulfamethoxazole-trimethoprim
Tetracyclines	<ul style="list-style-type: none"> • Doxycycline • Minocycline • Tetracycline
Third generation cephalosporins	<ul style="list-style-type: none"> • Cefdinir • Cefixime • Cefotaxime • Cefpodoxime • Ceftazidime • Ceftriaxone
Urinary anti-infectives	<ul style="list-style-type: none"> • Fosfomycin • Nitrofurantoin • Nitrofurantoin macrocrystals-monohydrate • Trimethoprim

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Required Exclusion(s)

Exclusion	Timeframe
<ul style="list-style-type: none"> Members in hospice or using hospice services Members who died 	Any time during the measurement year



Important Notes

This measure addresses appropriate diagnosis and treatment for upper respiratory infections **without** prescribing an antibiotic.

An upper respiratory infection diagnosis can be from an outpatient, telephone, e-visit, virtual check-in, observation or emergency department visit between July 1 of the year prior to the measurement year and June 30 of the measurement year.

Members who have a competing diagnosis of pharyngitis on or 3 days after the diagnosis of upper respiratory infection should be excluded.

Medical Record Detail Including, But Not Limited to

- History and physical
- Progress notes

Tips and Best Practices to Help Close This Care Opportunity

- **Please check your Patient Care Opportunity Report (PCOR) or Practice Assist often to see members with open care opportunities.** If you have questions, your UnitedHealthcare representative can help.
- Details on the appropriate treatment of URIs are available at [cdc.gov](https://www.cdc.gov).
- Sharing member demographic data is critical to understanding the cultural, linguistic and social needs of those we serve and decreasing health inequities across the care continuum. This data can include, but is not limited to, race, ethnicity, language, sexual orientation, gender identity, pronouns, sex assigned at birth and disability status.
- As part of UnitedHealthcare's clinical structured data exchange program, we encourage you to include this demographic data with any structured data file or CCD. Your information is confidential. UnitedHealthcare will keep personally identifiable information confidential and won't disclose any information without your written consent.
- Supplemental data may be used for required exclusions.