

# Treating acute bronchitis

## A resource for clinicians



*We want to remind you of the following evidence-based guidelines.*

In the United States, a cough is the most common reason people visit a doctor. The common diagnosis: Acute bronchitis. More than 90% of these cases are non-bacterial. Taking antibiotics when they're not needed is more likely to create a resistant infection in the future and drug-resistant infections kill at least 23,000 children and adults in the U.S. every year.<sup>1</sup>

### Your role in acute bronchitis diagnosis and treatment

You're on the front line in helping patients manage their overall health. You play an important role in diagnosing and treating acute bronchitis and preventing unnecessary use of antibiotics..

### Risk factors

- Smoking
- Cold, damp weather
- Exposure to young children
- Air pollution
- Underlying lung problems
- Psychological stress

NCQA's Health Care Effectiveness Data and Information Set (HEDIS) measures the percentage of adults (18 to 64 years old) with a diagnosis of acute bronchitis who were not given antibiotics.

While we strive for 90th percentile, there is always room for improvement in this measure beyond the current performance threshold. Of course, in working with you, we hope to continue to exceed 90th percentile and surpass the U.S. rate, which is 28.4%.

### NCQA 2014 HEDIS scores

Product	Blue Cross	90th Percentile
HMO/POS	54.00%	39.47%
PPO	56.23%	39.47%

### Measure exclusions

Members with the following diagnoses within 12 months were excluded:

- HIV
- Malignant Neoplasms
- Emphysema
- Chronic Obstructive Pulmonary Disease (COPD)
- Cystic Fibrosis
- Disorders of Immune System



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### Tips to share with our members to help prevent acute bronchitis

We want to help educate members about their health, benefits and the resources available to them.

- Visit our Health Encyclopedia on [ahealthyme.com](http://ahealthyme.com) to learn more about acute bronchitis and antibiotics
- Visit [choosingwisely.org](http://choosingwisely.org) and type in the search bar: When you need antibiotics--when you do not
- Wash hands often and well using plain soap and water for at least 20 seconds
- Get a Flu Vaccine at least once a year (October/ November is best) along with other recommended vaccines
- Wash hands before you prepare or eat food
- Wash hands after using the bathroom, changing a diaper, sneezing, coughing, handling garbage or coming home from public places
- Use an alcohol-based hand sanitizer
- Avoid antibacterial hand cleaners
- Do not share personal items
- Keep kitchen and bathrooms clean
- Get recommended vaccines and flu shots
- Take prescribed antibiotic as directed, don't skip doses, or stop early

### Strategies to help reduce antibiotic use

- Refer to acute bronchitis as a “chest cold”
- Make sure patient has recommended vaccines and flu shots
- Tell patients that antibiotics increase the risk of resistant infections
- Give patients materials on antibiotic resistance and side effects
- Identify and validate patient concerns
- Recommend specific symptomatic therapy
- Spend time answering questions and offer a plan if symptoms worsen

Remember! Effective communication is more important than antibiotics for patient satisfaction and experience.

### Clinician Resources

National Guideline Clearinghouse

- Acute bronchitis
  - Visit [guideline.gov](http://guideline.gov) and type in “acute bronchitis” into search bar.

<sup>1</sup> *Choosing Wisely: Review When You Need Antibiotics and When You Do Not.*

[consumerhealthchoices.org/wp-content/uploads/2014/02/ChoosingWiselyAntibioticsRoundup.pdf](http://consumerhealthchoices.org/wp-content/uploads/2014/02/ChoosingWiselyAntibioticsRoundup.pdf)