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Child and Adult Core Sets Annual Review Workgroup
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Thank you for the opportunity to comment on the 2026 Child and Adult Core Sets Annual Review draft report.

The Pew Charitable Trusts is an independent, nonprofit research and public policy organization with a number of initiatives focused on improving health care quality and population health outcomes in the United States. Through its Substance Use Prevention and Treatment Initiative (SUPTI), Pew works with states and at the federal level to address the nation's overdose crisis by developing solutions that improve access to timely, comprehensive, evidence-based, and sustainable treatment for substance use disorders. Pew's Antibiotic Resistance Project works to spur the creation of new antibiotics by removing the economic obstacles that impede antibiotic discovery and development and encouraging the establishment of stewardship programs to ensure that antibiotics are prescribed appropriately in human health care settings. We offer the following comments on (1) the retention of the initiation and engagement of substance use disorder treatment measure and (2) the inclusion of the antibiotic utilization for respiratory conditions (AXR) measure in both the Child and Adult Core Sets.

Initiation and Engagement of Substance Use Disorder Treatment

Pew supports the recommendation of the Workgroup to retain the measure Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) in the Adult Core Set.

In 2021, Pew convened an expert panel comprising state and federal officials, people with lived expertise, advocates, treatment providers, and experts in health measurement and analytics to recommend a small set of measures that state officials

could use to assess the quality of their opioid use disorder (OUD) treatment system and guide efforts to improve treatment policy and programming.¹

IET-AD, stratified for individuals with an OUD, was one of the recommended measures.² Panelists endorsed its use because many people with OUD leave care early – as of FFY 2022, the median state rate for engagement in OUD treatment was just 29.5%, meaning more than 70% of people who started treatment did not return for two or more services after that first visit.³ Using this measure to identify people most at risk of leaving treatment in the early stages provides the opportunity to develop strategies to retain them in care. A 2023 study provided additional evidence for the importance of this measure, finding that engagement in care among people with OUD, as measured by IET-AD, strongly predicts retention in care with buprenorphine at 6, 12, and 24 months.⁴

As noted by the Workgroup, nearly all (46) states reported the measure in FFY 2022, demonstrating its feasibility.⁵ Retaining this measure ensures that all states will soon have access to this valuable data, as reporting of the Behavioral Health Core Set becomes mandatory in fall 2024.

Antibiotic Utilization for Respiratory Conditions

We also recommend that the Workgroup consider adding the National Committee Quality Assurance AXR measure to both the Child and Adult Core Sets. The AXR measure was added to the Healthcare Effectiveness Data and Information Set (HEDIS) as of 2022 and remains a valuable tool for monitoring inappropriate outpatient antibiotic prescribing.

Improving antibiotic prescribing practices in outpatient health care settings in the United States is critical to combatting the threat of antibiotic resistance. Antibiotic use is a primary driver in the development of antibiotic-resistant bacteria, which cause more than 2.8 million infections and 35,000 deaths nationwide each year.⁶ It is estimated that 30% of antibiotics prescribed in these settings are unnecessary.⁷ When looking specifically at antibiotics prescribed for acute respiratory conditions – which include a range of diagnoses such as bronchitis, the common cold, and sinus infections – about half of these prescriptions are unnecessary.⁸ These data show clear room for improving outpatient antibiotic prescribing.

Beyond the threat of antibiotic resistance, improving outpatient antibiotic prescribing can significantly enhance the quality of care provided to individual patients. Two recent studies found that inappropriate prescribing in outpatient settings for common respiratory infections increases the risk of some adverse drug events.⁹ For example, inappropriate antibiotic prescribing for pharyngitis resulted in an 8 times increased risk of *Clostridioides difficile* infections in children and a 3 times increased risk in adults.¹⁰ A better understanding of how outpatient antibiotics are prescribed for these conditions can help health care stakeholders better target efforts for improvement.

We applaud the inclusion of the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB) measure in both the Adult and Child Core Sets. However, addition of the AXR measure will provide critical insight for states on antibiotic prescribing practices for conditions that most often contribute to inappropriate antibiotic prescribing.

While the AAB measure only includes prescribing for bronchitis and bronchiolitis, the AXR measure assesses overall antibiotic utilization for patients 3 months and older with a diagnosis of a respiratory condition that resulted in an antibiotic prescription in an outpatient setting.¹¹ Although understanding prescribing for individual diagnoses, such as bronchitis, is important, such diagnosis-specific measures also have limitations. A previous study showed that providers who prescribe large amounts of antibiotics may be more likely to use an antibiotic-appropriate diagnosis than those who prescribe fewer antibiotics.¹² This may reflect conscious or unconscious “diagnosis-shifting,” where a physician may diagnose a patient with a diagnosis like sinusitis, even if the patient has a viral infection in order to justify the use of an antibiotic.¹³ Adding the AXR measure would overcome these limitations by evaluating prescribing based on the full range of potential diagnoses for patients with similar respiratory symptoms.

Acute respiratory prescribing measures have already been successfully implemented at both the health system and state levels. Antibiotic stewardship leaders at Intermountain Healthcare incorporated the measure into a transparent prescribing dashboard for individual clinicians, along with other stewardship measures such as patient education efforts and implementation of quality goals to reduce prescribing.¹⁴ This work resulted in a 15% absolute reduction in antibiotic prescribing for respiratory conditions after one year. Additionally, the Washington Health Care Authority has added the AXR measure to their state’s Common

Measure Set, demonstrating the feasibility of obtaining and tracking these data at the state level.¹⁵

Thank you for your consideration of our comments on retaining IET-AD in the Adult Core Set and the inclusion of the AXR measure as part of the Child and Adult Core Sets.

Sincerely,



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¹ The Pew Charitable Trusts, “States Should Measure Opioid Use Disorder Treatment to Improve Outcomes” (2022), <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2022/10/states-should-measure-opioid-use-disorder-treatment-to-improve-outcomes>.

² Ibid.

³ Centers for Medicare & Medicaid Services, “Quality of Care for Adults in Medicaid: Findings from the 2022 Adult Core Set” (2024), <https://www.medicaid.gov/media/170606>.

⁴ Arthur Robin Williams, M.D., M.B.E. , et al., “Performance Measurement for Opioid Use Disorder Medication Treatment and Care Retention,” *American Journal of Psychiatry* 180, no. 6 (2023): 454-57, <https://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.20220456>.

⁵ Mathematica, “Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Workgroup Review of the 2026 Child and Adult Core Sets: Draft Report for Public Comment” (2024), <https://www.mathematica.org/-/media/internet/features/2024/child-and-adult-core-set/2026coresetreview-draftreport.pdf>

⁶ U.S. Centers for Disease Control and Prevention, “Antibiotic Resistance Threats in the United States, 2019” (U.S. Department of Health and Human Services, 2019), <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ant-threats-report-508.pdf>.

⁷ K.E. Fleming-Dutra et al., “Prevalence of Inappropriate Antibiotic Prescriptions among U.S. Ambulatory Care Visits, 2010-2011,” *JAMA* 315, no. 17 (2016): 1864-73, <https://doi.org/10.1001/jama.2016.4151>.

⁸ Ibid.

⁹ A.M. Butler et al., “Association of Inappropriate Outpatient Pediatric Antibiotic Prescriptions with Adverse Drug Events and Health Care Expenditures,” *JAMA Network Open* 5, no. 5 (2022): e2214153, <https://doi.org/10.1001/jamanetworkopen.2022.14153>; A.M. Butler et al., “Comparative Safety and Attributable Healthcare Expenditures Following Inappropriate Versus Appropriate Outpatient Antibiotic Prescriptions among Adults with Upper Respiratory Infections,” *Clinical Infectious Diseases* 76, no. 6 (2023): 986-95, <https://doi.org/10.1093/cid/ciac879>.

¹⁰ A. Deshpande et al., “Community-Associated Clostridium Difficile Infection and Antibiotics: A Meta-Analysis,” *Journal of Antimicrobial Chemotherapy* 68, no. 9 (2013): 1951-61, <https://doi.org/10.1093/jac/dkt129>; R. Dantes et al., “Association between Outpatient Antibiotic Prescribing Practices and Community-Associated Clostridium Difficile Infection,” *Open Forum Infectious Diseases* 2, no. 3 (2015): ofv113, <https://doi.org/10.1093/ofid/ofv113>.

¹¹ National Committee for Quality Assurance, “Antibiotic Utilization for Respiratory Conditions (AXR),” National Committee for Quality Assurance, <https://www.ncqa.org/hedis/measures/antibiotic-utilization/>

¹² K.A. Martinez, M. Rood, and M.B. Rothberg, “Coding Bias in Respiratory Tract Infections May Obscure Inappropriate Antibiotic Use,” *Journal of General Internal Medicine* 34, no. 6 (2019): 806-08, <https://doi.org/10.1007/s11606-018-4823-x>.

¹³ G.V. Sanchez et al., “The Core Elements of Outpatient Antibiotic Stewardship,” *MMWR Recommendations and Reports* 65, no. RR-6 (2016): 1-12, https://www.cdc.gov/antibiotic-use/community/pdfs/16_268900-A_CoreElementsOutpatient_508.pdf.

¹⁴ E. Stenehjem et al., “Antibiotic Prescribing Variability in a Large Urgent Care Network: A New Target for Outpatient Stewardship,” *Clinical Infectious Diseases* 70, no. 8 (2020): 1781-87, <https://doi.org/10.1093/cid/ciz910>; E. Stenehjem et al., “Implementation of an Antibiotic Stewardship Initiative in a Large Urgent Care Network,” *JAMA Network Open* 6, no. 5 (2023): e2313011, <https://doi.org/10.1001/jamanetworkopen.2023.13011>.

¹⁵ Washington State Health Care Authority, “Washington State Common Measure Set,” <https://www.hca.wa.gov/about-hca/who-we-are/washington-state-common-measure-set>.

