# IT- 1.34: Appropriate Testing for Children With Pharyngitis

| **Measure Title** | **IT-1.34 Appropriate testing for children with pharyngitis** |
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| **Description** | The percentage of children 2 to 18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test for the episode. |
| **NQF Number** | 2 |
| **Measure Steward** | Agency for Healthcare Research and Quality |
| **Link to measure citation** | http://www.qualityforum.org/  http://www.qualitymeasures.ahrq.gov/content.aspx?id=47165 |
| **Measure type** | Stand-alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Accreditation Benchmarks and Thresholds | | | HPL (90th Percentile) | 83.65% | | | MPL (25th Percentile) or 10th if applicable | 58.50% | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced term "member" with "patient" * Removed references to tables that are not included in the document * Removed references to rounded rate in performance level values |
| **Denominator Description** | Children 2 years of age as of July 1 of the year prior to the measurement year to 18 years of age as of June 30 of the measurement year, with a Negative Medication History, who had an outpatient or emergency department (ED) visit with only a diagnosis of pharyngitis and a dispensed antibiotic for that episode of care during the Intake Period |
| **Denominator Inclusions** | **Note**:   * A prescription is considered **active** if the "days supply" indicated on the date the patient filled the prescription is the number of days or more between that date and the relevant service date. The 30-day look back period for pharmacy data includes the 30 days prior to the Intake Period. |
| **Denominator Exclusions** | * Exclude claims/encounters with more than one diagnosis. * Do not include ED visits that result in an inpatient admission. * Exclude Episode Dates if the patient did not receive antibiotics on or three days after the Episode Date. * *Test for Negative Medication History*. Exclude Episode Dates where a new or refill prescription for an antibiotic medication was filled 30 days prior to the Episode Date or where a prescription filled more than 30 days prior to the Episode Date was active on the Episode Date. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period (15 cases for a 6-month measurement period)   * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period (either 6 or 12 months) where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period (either 6 or 12-months) where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | Children from the denominator with a group A streptococcus (strep) test in the seven-day period from three days prior to the Index Episode Start Date (IESD) through three days after the IESD |
| **Numerator Inclusions** | \**IESD*: The earliest Episode Date during the Intake Period that meets all of the following criteria:   * Linked to a dispensed antibiotic prescription on or during the three days after the Episode Date * A 30-day Negative Medication History prior to the Episode Date * The patient was continuously enrolled during the 30 days prior to the Episode Date through 3 days after the Episode Date. |
| **Numerator Exclusions** | The Measure Steward does not identify specific numerator exclusions beyond what is described in the numerator description. |
| **Setting** | Ambulatory |
| **Data Source** | Administrative clinical data  Pharmacy data |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |