



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

Appropriate testing for children with pharyngitis

This measure examines the percentage of children ages 3 to 18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode.

Improving HEDIS scores

- **Order** one of the following to confirm the underlying cause for patients with symptoms of pharyngitis:
 - Rapid strep test (*87880)
 - Throat culture (*87070, *87071, *87081, *87430, *87650-*87652)

Note: A negative rapid strep test should be verified by culture.

- **Ensure** antibiotics are being used only in cases where they are needed. This helps:
 - Prevent antibiotic resistance
 - Avoid unnecessary side effects
- **Educate** patients on:
 - Symptomatic treatments
 - Preventing the spread of illness through good hygiene and frequent hand washing
 - Importance of completing a full course of antibiotics if needed

Did you know?

- Most cases (70 to 80 percent) of acute pharyngitis in children are caused by viruses and are benign and self-limited.
- Only about 15 to 30 percent of all cases of pharyngitis in children are due to primary bacterial pathogens, with group A beta hemolytic streptococcus, or GABHS, being the most common.
- More than 80 serotypes (variations within a species of bacteria) of GABHS have been isolated. These are associated with such complications as rheumatic fever, pyoderma and acute post-streptococcal glomerulonephritis.

Tip:

The following resources provide helpful information for sharing with your patients: Choosing Wisely Campaign, an initiative of the ABIM Foundation (choosingwisely.org**); The Centers for Disease Control and Prevention's Get Smart programs (cdc.gov/getsmart**)

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