

BCBSM RSI Measures

Measure	Origin & Recommendation	Tab
Antibiotics for Adult Acute Bronchitis**		
(The rate of members 18-64 years of age with a diagnosis of acute bronchitis who were dispensed an antibiotic prescription. Lower is better.)	Antibiotics are not indicated in clinical guidelines for treating adults with acute bronchitis who do not have a comorbidity or other infection for which antibiotics may be appropriate. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contribute to higher health care costs and the risk of adverse events.	Antibiotic Use
Appropriate Treatment for Children With Upper Respiratory Infection**		
(The rate of members 3 months-18 years of age with an upper respiratory infection receiving antibiotics. Lower is better.)	Choosing Wisely® recommends against prescribing antibiotics for upper respiratory infections. Most colds and flus are viruses. Antibiotics fight bacteria, not viruses. Most of the time, children do not need antibiotics to treat a respiratory illness. In fact, antibiotics can do more harm than good.	Antibiotic Use
Imaging for Low Back Pain**		
(The rate of members 18-50 years of age with a primary diagnosis of low back pain who had an imaging study (plain X-ray, magnetic resonance imaging [MRI] or computed tomography [CT scan] within 28 days of the diagnosis. Lower is better.)	Choosing Wisely® recommends against imaging for low back pain within the first six weeks of diagnosis with the absence of red flags because it typically does not improve outcomes, but it does increase costs. NCQA recommends that patients with no clinical necessity avoid imaging (i.e., x-ray, MRI, CT scans) within 28 days of diagnosis in order to prevent unnecessary harm to patients and reduce health care costs. Pain improves within the first two weeks of onset for the majority of patients.	Imaging
Imaging for Uncomplicated Headache		
a) Type of modality (computed tomography/magnetic resonance imaging) b) Location of service (The proportion of images conducted in members 0-64 years of age for uncomplicated headache.)	Choosing Wisely® recommends against imaging for uncomplicated headaches. Imaging headache patients absent specific risk factors for structural disease is not likely to change management or improve outcome. Those patients with a significant likelihood of structural disease requiring immediate attention are detected by clinical screens that have been validated in many settings. Many studies and clinical practice guidelines concur. Also, incidental findings lead to additional medical procedures and expense that do not improve patient well-being.	Imaging
Imaging for Syncope		
(The proportion of imaging studies in members 0-64 years of age for syncope.)	Choosing Wisely® recommends against obtaining imaging studies for syncope. In patients with witnessed syncope but with no suggestion of seizure and no report of other neurologic symptoms or signs, the likelihood of a central nervous system (CNS) cause of the event is extremely low and patient outcomes are not improved with brain imaging studies.	Imaging
Nuclear Medicine / Myocardial Perfusion Imaging (MPI) and Stress Echocardiogram		
(The number of MPIs, the number of stress echocardiograms, and the ratio of stress echocardiograms to MPIs in members 18-64 years of age.)	When testing for coronary artery disease and risk stratification, consider performing a stress echocardiogram prior to considering an MPI. MPIs are more time consuming, labor intensive, costly, and subject the patient to harmful radiation.	Imaging
Prostate Cancer Screening Using a Prostate-Specific Antigen (PSA) Test		
(The proportion of men 50-75 years of age who received a PSA test.)	The U.S. Preventive Services Task Force recommends using PSA testing only for men who were previously diagnosed with prostate cancer.	Screening
Women Under 30 Years of Age Receiving Human Papillomavirus (HPV) Testing, Alone or in Combination With Cytology, for Cervical Cancer Screening		
(The proportion of HPV testing in female members 13-30 years of age who were screened for cervical cancer.)	Choosing Wisely® recommends against using HPV screening in this population because it leads to more frequent HPV testing and invasive diagnostic procedures. The U.S. Preventive Services Task Force also recommends against this screening because the potential harms of screening with HPV testing (alone or with cytology) outweigh the potential	Screening
Pap Smears on Women Under 21 Years of Age		
(The proportion of Pap smears performed on female members 13-21 years of age.)	Choosing Wisely® recommends not performing Pap smears on women younger than 21. Cervical cancer is rare in women younger than 21, even if they are sexually active. Abnormal cells in younger women usually return to normal without treatment. The test may show something that does not look normal but would go away on its own. Abnormal results cause anxiety, and they can lead to repeat Pap tests and unnecessary follow-up	Screening
Annual Cervical Cytology Screening (Pap Tests) in Women 30 – 65 Years of Age		
(The proportion of routine annual cervical cytology screening [Pap tests] in women 30–65 years of age.)	Choosing Wisely® recommends against performing annual cervical cytology screening (Pap tests) in women 30–65 years of age. In average-risk women, annual cervical cytology screening has been shown to offer no advantage over screening performed at three-year intervals.	Screening
Annual Testing		
(The proportion of annual electrocardiograms [EKG] * in members 18 - 64 years of age.)	Choosing Wisely® and clinical experts recommend against unnecessary annual testing. False-positive tests may lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.	Screening

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Annual Testing		
(The proportion of annual chest X-Rays in members 18 - 64 years of age.)	Choosing Wisely® and clinical experts recommend against unnecessary annual testing. False-positive tests may lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.	Screening
Annual Testing		
(The proportion of annual Vitamin D lab tests in members 18 - 64 years of age.)	Choosing Wisely® and clinical experts recommend against unnecessary annual testing. False-positive tests may lead to harm through unnecessary invasive procedures, over-treatment and misdiagnosis. Potential harms of this routine annual screening exceed the potential benefit.	Screening
Colonoscopy With Anesthesiologist / Nurse Anesthetist		
(The proportion of screening colonoscopies with accompanying claims for anesthesiologists or nurse anesthetists in members 18-64 years of age.)	When there is no medical reason to perform a colonoscopy with an anesthesiologist or nurse anesthetist, choose to do the procedure without the anesthesiologist. There is generally no compelling medical reason to require the anesthesiologist and there are significant cost savings.	Procedures
Concurrent Endoscopy and Colonoscopy		
(The proportion of endoscopies performed concurrently with colonoscopies in members 18-64 years of age.)	There are times when colonoscopies are clinically appropriate to perform with endoscopies; however, some of the time the concurrent procedures are done unnecessarily.	Procedures
Laparoscopic Cholecystectomy With and Without Robotic Assistance		
(The proportion of laparoscopic cholecystectomies performed with robotic assistance in members 18-64 years of age.)	Robotic surgeries are not shown to increase quality of care for cholecystectomies, but they are significantly more expensive.	Procedures
Laparoscopic Hysterectomy With and Without Robotic Assistance		
(The proportion of laparoscopic hysterectomies performed with robotic assistance in members 18-64 years of age.)	Robotic surgeries are not shown to increase quality of care for hysterectomies, but they are significantly more expensive.	Procedures
Included in the dashboard for informational purposes only		
Intensity-Modulated Radiotherapy (IMRT) vs. Brachytherapy Treatment for Prostate Cancer		
(Use of IMRT vs. brachytherapy for all male members 0-64 years of age with newly diagnosed prostate cancer.)	Although both treatments are found to be effective, IMRT is considerably more complex and costly.	Radiation Therapy
Intensity-Modulated Radiotherapy (IMRT) vs. 3-Dimensional Conformal Radiotherapy (3D-CRT) Treatment for Breast Cancer		
(Use of IMRT vs. 3D-CRT for all female members 0-64 years of age with newly diagnosed breast cancer.)	Although both treatments are found to be effective, IMRT is considerably more complex and costly.	Radiation Therapy
Intensity-Modulated Radiotherapy (IMRT) vs. 3-Dimensional Conformal Radiotherapy (3D-CRT) Treatment for Lung Cancer		
(Use of IMRT vs. 3D-CRT for all members 0-64 years of age with newly diagnosed lung cancer.)	Although both treatments are found to be effective, IMRT is considerably more complex and costly.	Radiation Therapy
**Note: These measures are reporting the INVERSE of the HEDIS output presented in the Clinical Quality Initiative Dashboard.		