

Acute Otitis Media

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Overview

This document addresses the management of acute otitis media in children, defined as patients 2 months to 18 years of age at the end of the report period. All ambulatory and emergency room episodes of acute otitis media during the report period were identified; intervention measures were then applied to all eligible acute otitis media episodes. An acute otitis media episode was excluded if there was a claim for chronic otitis media during the acute otitis media event or there was a claim identifying hospitalization or outpatient surgery with any diagnosis during the acute otitis media event. An acute otitis media episode was also excluded if there was evidence of recurrent otitis media, defined as a claim for acute otitis media during the time period 60 days through the day prior to the initiating acute otitis media encounter. Finally, patients were excluded from the acute otitis media condition if they had any of the following diagnosis: organ transplantation, leukemia, cystic fibrosis, immunodeficiency other than HIV/AIDS, and malignant neoplasm of the head and neck.

Care Pattern

CP-I

9000001 Patient(s) on antibiotic therapy with acute otitis media that received amoxicillin, a first line antibiotic.

Acute otitis media is a common childhood infection (1). When antibiotic therapy is initiated, amoxicillin, a first line antibiotic is recommended (1,2). Alternatives to amoxicillin may be necessary when patients are allergic to penicillin, there are concerns about intolerance, or there are other unique clinical situations (1,2). Given the limitations of claims data, it is not possible to reliably identify patients for whom second line agents may be necessary. This measure identifies patients that received any antibiotic during the time period 3 days prior to the initiating acute sinusitis encounter through 10 days after the initiating encounter where the first antibiotic prescribed was amoxicillin.

Patients were excluded from this measure if they had any of the following co-existing illnesses not covered by this recommended first line antibiotic: pneumonia, bronchitis, bronchiectasis, pharyngitis, tonsillitis, adenoiditis, other ear/nose/throat (ENT) infections, or ENT congenital and acquired anomalies. Also, patients were excluded if they received an antibiotic during the time period 60 days prior to the initiating acute sinusitis encounter through 4 days after the initiating encounter (increasing the likelihood of infection with a resistant bacteria) or they had evidence of a cochlear implant procedure during that last 12 months of the report period.

1. *American Academy of Pediatrics and American Academy of Family Physicians. Subcommittee on Management of Acute Otitis Media. Clinical Practice Guideline: Diagnosis and management of acute otitis media. Pediatrics 2004;113(5):1451-1465.*
2. *Institute for Clinical Systems Improvement (ICSI). Health Care Guideline: Diagnosis and Treatment of Otitis Media in Children (Released January 2008). Accessed August 18, 2009. URL:<http://www.icsi.org>.*