



## MIPS Year 4 (2020) Removed & Changed Improvement Activities

### **Changes to Previously Adopted Improvement Activities for MIPS Year 4 (2020)**

#### **Activity ID: IA\_PSPA\_28**

#### **Activity Title: Completion of an Accredited Safety or Quality Improvement Program**

#### **Activity Weight: Medium**

Change: Added an example of activity to the description

**New Activity Description:** Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria:

- The activity must address a quality or safety gap that is supported by a need's assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
- The activity must have specific, measurable aim(s) for improvement;
- The activity must include interventions intended to result in improvement;
- The activity must include data collection and analysis of performance data to assess the impact of the interventions; and
- The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).

#### **Activity ID: IA\_PM\_2**

#### **Activity Title: Anticoagulant Management Improvements**

#### **Activity Weight: High**

Change: Language was consolidated from IA\_PM\_1, which is being removed as it is duplicative in content and less robust than IA\_PM\_2.

**New Activity Description:** Individual MIPS eligible clinicians and groups who prescribe anti-coagulation medications (including, but not limited to oral Vitamin K antagonist therapy, including warfarin or other coagulation cascade inhibitors) must attest that for 75 percent of their ambulatory care patients receiving these medications are being managed with support from one or more of the following improvement activities:

- Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program);
- Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions;
- Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions;
- For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; or
- For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.

**Activity ID: IA\_EPA\_4****Activity Title: Additional Improvements in Access as a Result of QIN/QIO TA****Activity Weight: Medium**

Change: Language was consolidated from IA\_CC\_3, which is being removed. It is duplicative in content with IA\_EPA\_4

**New Activity Description:** As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services or improve care coordination (for example, investment of on-site diabetes educator).

**Activity ID: IA\_PSPA\_19****Activity Title: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes****Activity Weight: Medium**

Change: Language was consolidated from IA\_PSPA\_14, which has been removed, it is duplicative in content and less robust than IA\_PSPA\_19

**New Activity Description:** Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following, such as:

- Participation in multisource feedback;2
- Train all staff in quality improvement methods;
- Integrate practice change/quality improvement into staff duties;
- Engage all staff in identifying and testing practices changes;
- Designate regular team meetings to review data and plan improvement cycles;
- Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff;
- Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data;
- Participation in Bridges to Excellence;3
- Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.

**Activity ID: IA\_BE\_7****Activity Title: Participation in a QCDR, that promotes use of patient engagement tools****Activity Weight: Medium**

Change: Consolidate language from IA\_BE\_11, IA\_BE\_2, IA\_BE\_9, IA\_BE\_10, which are being removed. They are duplicative to IA\_BE\_7

**New Activity Description:** Participation in a Qualified Clinical Data Registry (QCDR), that promotes patient engagement, including:

- Use of processes and tools that engage patients for adherence to treatment plans;
- Implementation of patient self-action plans;
- Implementation of shared clinical decision-making capabilities; or
- Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.

**Activity ID: IA\_PSPA\_7****Activity Title: Use of QCDR data for ongoing practice assessment and improvements****Activity Weight: Medium**

Change: Consolidate language from IA\_CC\_6, IA\_AHE\_4, IA\_AHE\_2, and IA\_PM\_10, which are being removed. These activities are duplicative to IA\_PSPA\_7.

**New Activity Description:** Participation in a Qualified Clinical Data Registry (QCDR) and use of QCDR data for ongoing practice assessment and improvements in patient safety, including:

- Performance of activities that promote use of standard practices, tools and processes for quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups);
- Use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire<sup>5</sup>, MD Anderson Symptom Inventory<sup>6</sup>, and/or SF-12/VR-12 functional health status assessment<sup>7</sup>);
- Use of standardized processes for screening for social determinants of health such as food security, employment, and housing;
- Use of supporting QCDR modules that can be incorporated into the certified EHR technology; or
- Use of QCDR data for quality improvement such as comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcomes.

**Activity ID: IA\_BMH\_10****Activity Title: Completion of Collaborative Care Management Training Program****Activity Weight: Medium**

Change: Removal of the reference to the CMS Transforming Clinical Practice Initiative (TCPI) in the activity description. This initiative ended on September 28, 2019.

**New Activity Description:** To receive credit for this activity, MIPS eligible clinicians must complete a collaborative care management training program, such as the American Psychiatric Association (APA) Collaborative Care Model training program available to the public<sup>8</sup>, in order to implement a collaborative care management approach that provides comprehensive training in the integration of behavioral health into the primary care practice.

**Improvement Activity REMOVED from MIPS Year 4 (2020) Program Year****Activity ID: IA\_PM\_1****Activity Title: Participation in Systematic Anticoagulation Program**

Change: REMOVE activity. Duplicate to activity IA\_PM\_2

**Activity ID: IA\_CC\_3****Activity Title: Implementation of additional activity as a result of TA for improving care coordination**

Change: REMOVE activity. Duplication to activity IA\_EPA\_4

**Activity ID: IA\_PSPA\_14****Activity Title: Participation in Quality Improvement Initiatives**

Change: REMOVE activity. Duplication to activity IA\_PSPA\_19

**Activity ID: IA\_PSPA\_5****Activity Title: Annual Registration in the Prescription Drug Monitoring Program**

Change: REMOVE activity. Duplication to activity IA\_PSPA\_6

**Activity ID: IA\_PSPA\_24**  
**Activity Title: Initiate CDC Training on Antibiotic Stewardship**  
**Change: REMOVE activity.** Duplication to activity IA\_PSPA\_23

**Activity ID: IA\_BMH\_3**  
**Activity Title: Unhealthy alcohol use**  
**Change: REMOVE activity.** Duplication to activity IA\_BMH\_9

**Activity ID: IA\_BE\_11**  
**Activity Title: Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan**  
**Change: REMOVE activity.** Duplication to activity IA\_BE\_7

**Activity ID: IA\_BE\_2**  
**Activity Title: Use of QCDR to support clinical decision making**  
**Change: REMOVE activity.** Duplication to activity IA\_BE\_7

**Activity ID: IA\_BE\_9**  
**Activity Title: Use of QCDR patient experience data to inform and advance improvements in beneficiary**  
**Change: REMOVE activity.** Duplication to activity IA\_BE\_7

**Activity ID: IA\_BE\_10**  
**Activity Title: Participation in a QCDR, that promotes implementation of patient self-action plan**  
**Change: REMOVE activity.** Duplication to activity IA\_BE\_7

**Activity ID: IA\_CC\_6**  
**Activity Title: Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination**  
**Change: REMOVE activity.** Duplication to activity IA\_PSPA\_7

**Activity ID: IA\_AHE\_4**  
**Activity Title: Leveraging a QCDR for use of standard questionnaires**  
**Change: REMOVE activity.** Duplication to activity IA\_PSPA\_7

**Activity ID: IA\_AHE\_2**  
**Activity Title: Leveraging a QCDR to standardize processes for screening**  
**Change: REMOVE activity.** Duplication to activity IA\_PSPA\_7

**Activity ID: IA\_PM\_10**  
**Activity Title: use of QCDR data for quality improvement such as comparative analysis reports across patient populations**  
**Change: REMOVE activity.** Duplication to activity IA\_PSPA\_7

**Activity ID: IA\_CC\_4**  
**Activity Title: TCPI Participation**  
**Change: REMOVE activity.** Obsolete – The Transforming Clinical Practice Initiative ended on September 28, 2019

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