2019 MIPS Reporting – Improvement Activities
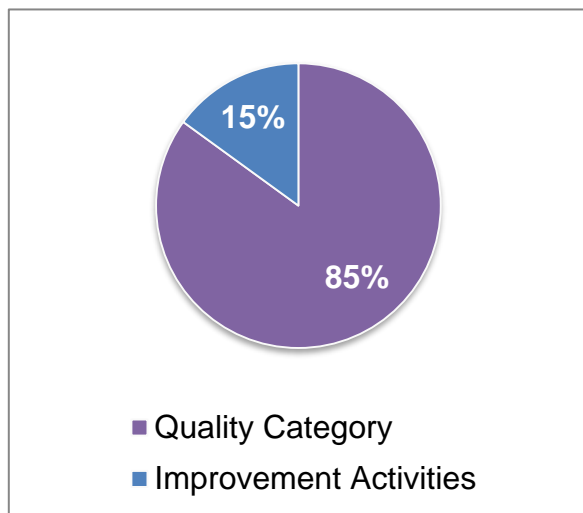
What Pathologists Need to Know About Improvement Activities

- Quality Category
- Improvement Activities

The Improvement Activities (IA) category was a new performance category introduced for the 2017 Merit-based Incentive Payment System (MIPS) performance year by the Centers for Medicare & Medicaid Services (CMS). The IA category is intended to reward clinicians for care focused on coordination, beneficiary engagement, and patient safety. Below are key questions to keep in mind and the list of pathology specific Improvement Activities for the 2019 MIPS performance year. The CMS reviewed and approved the IAs and suggested documentation included in this document as potentially applicable to pathologists.

What is the Improvement Activities category?
The IA category does not have a precedent the CMS program and is a new category introduced for the MIPS. The IA category is intended to reward clinicians for care focused on coordination, beneficiary engagement, and patient safety.

How much weight does CMS assign the IA category for the overall MIPS score?
Improvement Activites account for 15% of a non-patient-facing physician's MIPS score (for most pathologists the other 85% is Quality Measures. However, if in some instances CMS is able to attribute Cost measures to pathologists in which case Cost is 15% and Quality is 70% of the overall MIPS score; IA will remain at 15%).

What is the maximum score for the IA category?
Physicians can earn a maximum score of 40 points by reporting Improvement Activities.

How does the CMS score the IA category?
Improvement Activites are classified as high-weighted (worth 40 points) and medium-weighted (worth 20 points). The CAP recommends you choose either two medium-weighted or one high-weighted IA.

What are the requirements for reporting?

- Physicians must do the activity for a minimum of 90 days and up to a full year.
- Physicians must keep documentation for 10-years on how they participate in an Improvement Activity.

What are some examples of IA that are applicable to pathologists?

Many activities pathologists are already doing should qualify for Improvement Activities. According to data collected by the CAP's 2017 MIPS Reporting Solution, some of the top utilized Improvement Activities by pathologists were:

- o Implementation of improvements that contribute to more timely communication of test results (medium weight = 20 points)
- o Implementation of use of specialist reports back to referring clinician or group to close referral loop (medium weight = 20 points)

Please refer to the IA document that the CAP has developed for more guidance on which IA to attest.

How do pathologists report on the IA category?

Physicians must attest to completing the Improvement Activities by the end of the 2019 MIPS reporting period.

- A simple "yes" is all that is required to attest to completing an improvement activity, in addition to documentation
- **Most billing companies cannot provide attestation for Improvement Activities. Therfore, most pathologists will need to attest, such as through a qualified registry, for Improvement Activities. (Groups of 25+ can submit through the CMS web interface).**
- For group reporting, only one MIPS-eligible clinician in a tax identification number (TIN) entity must perform the Improvement Activity for the TIN to receive credit.

Does the CMS have any resources available on Improvement Activities?

Visit the CMS website for more information on Improvement Activities: https://qpp.cms.gov/mips/improvement-activities.

2019 High-Weighted Improvement Activities Potentially Applicable to Pathologists

CMS-defined Improvement Activity		Examples of Suggested Documentation	ID Number (for when you attest)
High Weighted (40 points each)	Participation in a 60-day or greater effort to support domestic or international humanitarian needs	• Participation in See, Test & Treat • Participation in Partners for Cancer Diagnosis and Treatment in Africa • Mission work *Note: Document that at least 60 days was put toward active participation (including prep/planning, on the ground, follow up) in the effort*	IA_ERP_2 (Emergency Response and Preparedness)
	Provide Education Opportunities for New Clinicians	• Documentation of acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) in small, underserved, or rural areas • Documentation of accepting clinicians-in-training for clinical rotations in community practices in small, underserved, or rural areas	IA_AHE_6 (Achieving Health Equity)
	Completion of CDC Training on Antibiotic Stewardship	• Record of completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course *Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.*	IA_PSPA_23 (Patient Safety & Practice Assessment)

2019 Medium-Weighted Improvement Activities Potentially Applicable to Pathologists			
CMS-defined Improvement Activity		**Suggested Documentation**	**ID Number (for when you attest)**
Medium Weighted (20 points each)	Implementation of improvements that contribute to more timely communication of test results	Medical Director/Practice implements a new program, lab workflow and/or testing platform that improves results in improved turnaround time, communication and/or dissemination of clinical or anatomic pathology results	IA_CC_2 (Care Coordination)
	Completion of an Accredited Safety or Quality Improvement Program	• Completion of an accredited performance improvement continuing medical education 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 needs 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.	IA_PSPA_28 (Patient Safety & Practice Assessment)
	Implementation of formal quality improvement methods, practice changes or other practice improvement processes	• Documentation of active participation in a quality management/quality improvement process, at the clinician or group level, as well as details on the changes and results	IA_PSPA_19 (Patient Safety & Practice Assessment)

CMS-defined Improvement Activity		Suggested Documentation	ID Number (for when you attest)
Medium Weighted (20 points each)	Implementation of use of specialist reports back to referring clinician or group to close referral loop*	• Document that outside pathology consultation report is received, reviewed and noted within the patient's pathology report (visible in the Laboratory Information System (LIS)/Electronic Health Record (EHR))	IA_CC_1 (Care Coordination)
	Participation in MOC Part IV	• Documentation of MOC Part IV activities to assess performance as approved by the American Board of Pathology • Documentation of quality assurance MOC Part IV activities approved by the American Board of Pathology *Note: The American Board of Pathology maintains a list of approved MOC Part IV activities.*	IA_PSPA_2 (Patient Safety & Practice Assessment)
	Participation in Bridges to Excellence or other similar program	• Participation in a national or local quality project where standard practices or procedures are compared amongst participants (eg, the College of American Pathologists' Q-PROBES or Q-TRACKS program) • Participation in proficiency testing • Participation in the Performance Improvement Program in Surgical Pathology (PIP)	IA_PSPA_14 (Patient Safety & Practice Assessment)
	Use of patient safety tools	• Implementation and documentation of specific improvements, including new and creative tools and practices, to correct errors that impact patient safety. The tools and practices must be structured and have clear documentation.	IA_PSPA_8 (Patient Safety & Practice Assessment)

CMS-defined Improvement Activity		Suggested Documentation	ID Number (for when you attest)
Medium Weighted (20 points each)	Use of telehealth services that expand practice access	• Reports generated from reviews of images/slides and data files performed by telepathology • Surgical pathology consults using telehealth technology *Note: Telepathology occurs when a pathologist views digitalized or analog video or still image(s), or other data files (eg, flow cytometry files) at an off-site or remote location and an interpretation is rendered that is included in a formal diagnostic report or recorded in the patient record.* *This activity's intent is to use telepathology with the goal of expanding services to meet an underserved need (such as providing services to a site where none existed or did with significant delay), improve quality (i.e., create an option for a "second opinion" internally within a pathology practice), or to realize cost savings. Using telepathology as an alternative for a pathologist to provide services from home does not meet validation criteria.*	IA_EPA_2 (Expanded Practice Access)
	Participation in User Testing of the Quality Payment Program Website (https://qpp.cms.gov/)	• User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provided substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience.	IA_EPA_5 (Expanded Practice Access)

CMS-defined Improvement Activity		Suggested Documentation	ID Number (for when you attest)
Medium Weighted (20 points each)	Participation in population health research**	• Documentation confirming participation in federally and/or privately funded research that identifies interventions, tools or processes that can improve a targeted patient population (eg, email, correspondence, shared data, or research reports). Documentation acknowledges participation and includes evidence that demonstrates participation and a comprehensive description that describes the extent of research, i.e. what the research is, who the research participants are, and what he/she contributed to it. • Documentation includes protocols and related documentation of patients' active participation and engagement in research.	IA_PM_17 (Population Management)
	Participation in Joint Commission Evaluation Initiative	• Documents showing participation in Joint Commission's Ongoing Professional Practice Evaluation initiative	IA_PSPA_13 (Patient Safety & Practice Assessment)
	Implementation of antibiotic stewardship program	• Documentation of active participation and contribution to the local antibiotic stewardship program. For example: 1. Develop and apply specimen rejection and specimen quality/adequacy criteria 2. Develop and apply criteria to determine the extent of workup and reporting from cultures 3. Improve appropriateness of diagnostic test utilization (diagnostic stewardship) 4. Implementation of tests shown to alter and improve antimicrobial utilization 5. Selective antimicrobial reporting (based on site of infection, spectrum of activity, cost, etc.) • Evaluate and report on the impact of laboratory changes on clinical decision-making	IA_PSPA_15 (Patient Safety & Practice Assessment)

CMS-defined Improvement Activity		Suggested Documentation	ID Number (for when you attest)
Medium Weighted (20 points each)	Initiate CDC Training on Antibiotic Stewardship	• Documentation of completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. *Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.*	IA_PSPA_24 (Patient Safety & Practice Assessment)
	Implementation of formal quality improvement methods, practice changes or other practice improvement processes	• Collecting minutes from various Quality or Practice Improvement meetings (examples below). The format of the minutes should include identification of the challenge, resolution and responsibilities of the member(s) in the committee/meeting. Meeting minutes need to demonstrate participation in the improvement of patient care and/or quality of laboratory services. • Examples of meetings: Laboratory management meetings, Laboratory meeting with Administration, Surgical case review committee, infectious control committee *Note: A pathology practice as a group can attest to this activity as long as the minutes show that the activity is being satisfied by the leadership. If an individual pathologist is to attest to this activity (instead of his/her group), the individual's name must be in the minutes supporting this activity.*	IA_PSPA_20 (Patient Safety & Practice Assessment)
	Implementation of practices/processes for developing regular individual care plans	• Official record of attendance at multidisciplinary tumor boards or clinical conferences in which individual patient cases are discussed and management decisions are made by the interdisciplinary team	IA_CC_9 (Care Coordination)

* Please note that if you or your practice attested to IA_EPA_1 (Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record) previously, that activity is no longer applicable to pathologists. If you would like to claim credit for providing expanded access, please consider whether you can attest to IA_CC_1 (Implementation of use of specialist reports back to referring clinician or group to close referral loop).

** If you previously attested to IA_PM_9, you should now attest to IA_PM_17 instead. The CMS removed IA_PM_9 from the Improvement Activities inventory because it was duplicative of IA_PM_17. CMS indicated that if pathologists previously attested to IA_PM_9, it is now appropriate to attest to IA_PM_17 instead.