18 Improvement Activities That You Can Report via the IRIS Registry in 2017

Table 8: 18 Improvement Activities—Detailed Listings

Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record (IA_EPA_1).

Scoring: High weight; eligible for ACI bonus.

Description: Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include 1 or more of the following:

• Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);

• Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits, and alternate locations (e.g., senior centers and assisted living centers); and/or

• Provision of same-day or next-day access to a consistent MIPS eligible clinician, group, or care team when needed for urgent care or transition management

Validation: Functionality of 24/7 or expanded practice hours with access to medical records or ability to increase access through alternative access methods or same-day or next-day visits.

Suggested documentation: 1) Patient Record from EHR—A patient record from a certified EHR with date and time stamp indicating services provided outside of normal business hours for that clinician; or

2) Patient Encounter/Medical Record/Claim—Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician including use of alternative visits; or

3) Same or Next Day Patient Encounter/Medical Record/Claim—Patient encounter/medical record claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care. [Editor's note: This is the wording that CMS supplied in its guidance on data validation criteria, which it posted online on April 26, 2017.]

Related 2017 ACI transition measures: Provide Patient Access; Secure Messaging.

Related ACI measures: Provide Patient Access; Send a Summary of Care; Request/Accept Summary of Care; Secure Messaging.

Engagement of new Medicaid patients and follow-up (IA_AHE_1).

Scoring: High weight.

Description: Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.

Validation: Functionality of practice in seeing new and follow-up Medicaid patients in a timely manner including patients dually eligible.

Suggested documentation: 1) Timely Appointments for Medicaid and Dually Eligible Medicaid/Medicare Patients—Statistics from certified EHR or scheduling system (may be manual) on time from request for appointment to first appointment offered or appointment made by type of visit for Medicaid and dual eligible patients; and

2) Appointment Improvement Activities—Assessment of new and follow-up visit appointment statistics to identify and implement improvement activities.

Use of QCDR for feedback reports that incorporate population health (IA_PM_7).

Scoring: High weight; credit for IRIS Registry/EHR integration.

Description: Use of a Qualified Clinical Data Registry (QCDR) [e.g., the IRIS Registry] to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.

Validation: Involvement with a QCDR to generate local practice patterns and outcomes reports including vulnerable populations.

Suggested documentation: Participation in QCDR for population health, e.g., regular feedback reports provid-

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Use of QCDR for feedback reports that incorporate population health (IA_PM_7).

ed by QCDR that summarize local practice patterns and treatment outcomes, including vulnerable populations. [Editor's note: This may include use of IRIS Registry

dashboard data to evaluate local practice patterns or treatment outcomes, including vulnerable populations.]

Collection and follow-up on patient experience and satisfaction data on beneficiary engagement (IA_BE_6).

Scoring: High weight.
Description: Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.
Validation: Patient experience and satisfaction data on beneficiary engagement is collected and follow-up occurs through an improvement plan.

Suggested documentation: 1) Follow-Up on Patient Experience and Satisfaction—Documentation of collection and follow-up on patient experience and satisfaction (e.g., survey results); and
2) Patient Experience and Satisfaction Improvement Plan—Documented patient experience and satisfaction improvement plan.

Participation in CAHPS or other supplemental questionnaire (IA_PSPA_11).

Scoring: High weight.
Description: Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets). [Editor's note: Because it can be burdensome to implement, the CAHPS survey is most often utilized by large practices and medical centers.]

Validation: Participation in CAHPS or other supplemental questionnaire.
Suggested documentation: 1) CAHPS—CAHPS participation report; or
2) Other Patient Supplemental Questionnaire Items—Other supplemental patient safety questionnaire items, e.g., cultural competence or health information technology item sets.

Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms (IA_BE_13).

Scoring: Medium weight.
Description: Regularly assess the patient experience of care through surveys, advisory councils, and/or other mechanisms.
Validation: Conduct of regular assessments of patient

care experience.
Suggested documentation: Documentation (e.g., survey results, advisory council notes and/or other methods) showing regular assessments of the patient care experience to improve the experience.

Measurement and improvement at the practice and panel level (IA_PSPA_18).

Scoring: Medium weight; credit for IRIS Registry/EHR integration.
Description: Measure and improve quality at the practice and panel level that could include 1 or more of the following:
• Regularly review measures of quality, utilization, patient satisfaction, and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group (panel); and/or
• Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.
Validation: Measure and improve quality at the practice

and panel level.
Suggested documentation: 1) Quality Improvement Program/Plan at Practice and Panel Level—Copy of a quality improvement program/plan or review of quality, utilization, patient satisfaction, and other measures to improve 1 or more elements of this activity; or
2) Review of and Progress on Measures—Report showing progress on selected measures, including benchmarks and goals for performance using relevant data sources at the practice and panel level [Editor's note: The IRIS Registry dashboard provides a convenient way to review your performance for quality measures.]

Use of QCDR data for ongoing practice assessment and improvements (IA_PSPA_7).

Scoring: Medium weight; credit for IRIS Registry/EHR integration.
Description: Use of QCDR data [e.g., IRIS Registry data], for ongoing practice assessment and improvements in patient safety.
Validation: Use of QCDR data for ongoing practice assessment and improvements in patient safety.
Suggested documentation: Participation in QCDR that

promotes ongoing improvements in patient safety, e.g., regular feedback reports provided by the QCDR that promote ongoing practice assessment and improvements in patient safety. [Editor's note: The IRIS Registry dashboard provides a convenient way to review your performance for quality measures, including ones related to patient safety.]

Implementation of an antibiotic stewardship program (IA_PSPA_15).

Scoring: Medium weight.
Description: Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyingitis, bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics.
Validation: Functionality of an antibiotic stewardship program.

Suggested documentation: Documentation of implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions according to clinical guidelines for diagnostics and therapeutics and identifies improvement actions.

Collection and use of patient experience and satisfaction data on access (IA_EPA_3).

Scoring: Medium weight.
Description: Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.
Validation: Development and use of access to care improvement plan based on collected patient experience and satisfaction data.

Suggested documentation: 1) Access to Care Patient Experience and Satisfaction Data—Patient experience and satisfaction data on access to care; and
2) Improvement plan—Access to care improvement plan.

Use of QCDR data for quality improvement such as comparative analysis reports across patient populations (IA_PM_10).

Scoring: Medium weight; credit for IRIS Registry/EHR integration.
Description: Participation in a QCDR [e.g., the IRIS Registry], clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as hospital or medical or surgical society. Activity must include use of QCDR data for quality improvement (e.g., comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcome).
Validation: Participation and use of QCDR, clinical data or other registries to improve quality of care.
Suggested documentation: Participation in QCDR for quality improvement across patient populations, e.g., regular feedback reports provided by QCDR using data for quality improvement such as comparative analysis reports across patient populations. [Editor's note: The IRIS Registry dashboard can be used to review your progress.]

Implementation of use of specialist reports back to referring clinician or group to close referral loop (IA_CC_1).

Scoring: Medium weight; eligible for ACI bonus.
Description: Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the certified EHR technology.
Validation: Functionality of providing information by specialist to referring clinician or inquiring clinician receives and documents specialist report.

Suggested documentation: 1) Specialist Reports to Referring Clinician—Sample of specialist reports reported to referring clinician or group (e.g., within EHR or medical record); or
2) Specialist Reports from Inquiries in Certified EHR—Specialist reports documented in inquiring clinicians certified EHR or medical records.
Related 2017 ACI transition measures: None.
Related ACI measures: Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation.

Implementation of improvements that contribute to more timely communication of test results (IA_CC_2).

Scoring: Medium weight.
Description: Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.
Validation: Functionality of reporting abnormal test results in a timely basis with follow-up.
Suggested documentation: EHR reports, from certified EHR, or medical records demonstrating timely communication of abnormal test results to patient.

Implementation of documentation improvements for practice/process improvements (IA_CC_8).

Scoring: Medium weight; eligible for ACI bonus.
Description: Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through

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Implementation of documentation improvements for practice/process improvements (IA_CC_8).

day of procedure).
Validation: Processes and practices are implemented to improve care coordination.
Suggested documentation: Documentation of the implementation of practices/processes that document care coordination activities, e.g., documented care coordination encounter that tracks clinical staff involved and

communications from date patient is scheduled through day of procedure.
Related 2017 ACI transition measures: Secure Messaging.
Related ACI measures: Send a Summary of Care; Request/Accept Summary of Care; Secure Messaging; Clinical Information Reconciliation.

Practice improvements for bilateral exchange of patient information (IA_CC_13).

Scoring: Medium weight; eligible for ACI bonus.
Description: Ensure that there is bilateral exchange of necessary patient information to guide patient care that could include one or more of the following:
Participate in a Health Information Exchange if available; and/or
Use structured referral notes
Validation: Functionality of bilateral exchange of patient information to guide patient care.
Suggested documentation: 1) Participation in a Health

Information Exchange (HIE)—Confirmation of participation in a HIE (e.g., email confirmation, screen shots demonstrating active engagement with HIE); or
2) Structured Referral Notes—Sample of patient medical records including structured referral notes.
Related 2017 ACI transition measures: None.
Related ACI measures: Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation.

Use of tools to assist patient self-management (IA_BE_17).

Scoring: Medium weight.
Description: Use tools to assist patients in assessing their need for support for self-management (e.g., the Patient Activation Measure or How's My Health).
Validation: Use of tools to assist patient self-manage-

ment.
Suggested documentation: Documentation in patient record or EHR showing use of Patient Activation Measure, How's My Health, or similar tools to assess patients need for support for self-management.

Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination (IA_CC_6).

Scoring: Medium weight; credit for IRIS Registry/EHR integration.
Description: Participation in a QCDR [e.g., the IRIS Registry], demonstrating performance of activities that promote use of standard practices, tools, and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).
Validation: Active participation in QCDR to promote

standard practices, tools and processes for quality improvement.
Suggested documentation: Participation in QCDR demonstrating promotion of standard practices, tools and processes for quality improvement, e.g., regular feedback reports provided by QCDR that demonstrate the use of QCDR data to promote use of standard practices, tools, and processes for quality improvement, including, e.g., preventative screenings.

Participation in MOC Part IV (IA_PSPA_2).

Scoring: Medium weight; credit for IRIS Registry/EHR integration.
Description: Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results. [Editor's note: The ABO has a pilot project for this improvement activity. It is open to up to 20 participants, with a Sept. 30 application deadline. Learn more at https://abop.org/maintain-certification/pilot-programs/ and at https://abop.org/maintain-certification/practice-improvement-activities/.]

Validation: Participation in MOC Part IV including a local, regional, or national outcomes registry or quality assessment program and performance of monthly activities to assess and address practice performance.
Suggested documentation: 1) Participation in Maintenance of Certification from ABMS Member Board—Documentation of participation in Maintenance of Certification (MOC) Part IV from an ABMS member board including participation in a local, regional or national outcomes registry or quality assessment program; and
2) Monthly Activities to Assess Performance—Documented performance of monthly activities across practice to assess performance in practice by reviewing outcomes, addressing areas of improvement, and evaluating the results.

Select Your Improvement Activities

You can use the web portal of the IRIS Registry (aao.org/iris-registry) to manually attest that you performed any of the 18 improvement activities listed above. (To review all activities, visit https://qpp.cms.gov/measures/ia.)

Will you max out with 4, 3, 2, or 1 activities? Your improvement activities score is capped at 40 points, with medium- and high-weighted activities each contributing 10 and 20 points, respectively (20 and 40 points, if you score double; see "How You'll Be Scored," page 18).

Select your improvement activities. Start by reviewing the "At a Glance" summary (Table 7), and use "Detailed Listings" (Table 8) for activity descriptions, suggestions for documenting your performance of improvement activities (so you'll be ready for an audit), and more.

Earn an ACI bonus for using CEHRT. Four of the improvement activities listed in Table 7 boost your ACI score if you use CEHRT in carrying them out (see "Consider the

ACI bonus for using CEHRT," on page 19 of *MIPS Manual 2017*). Table 7 flags those 4 activities. See their detailed listings in Table 8 for lists of related 2017 ACI transition measures and ACI measures that can help you complete those 4 activities. (If you don't have CEHRT, you can still do those 4 activities, but you won't get the ACI bonus.)

Get credit for IRIS Registry/EHR integration. There are 5 activities for which you can get credit by integrating your EHR system with the IRIS Registry and then using the IRIS Registry's dashboard. A sixth—the MOC Part IV activity—also requires you to participate in an ABO pilot program.

How CMS suggests you document activities. The documentation suggestions in Table 8 were published by CMS in April. CMS states that the documentation should be inclusive of dates during the selected continuous 90-day (or longer) performance period.