

Table 18: 24 Improvement Activities—Detailed Listings

Report improvement activities manually, via the IRIS Registry. If you haven't used the IRIS Registry before, and you aren't signed up for it yet, you have until Nov. 7 to do so. Visit aao.org/iris-registry and click "Sign up." For documentation suggestions and other guidance, you can check the online listings of improvement activities at aao.org/medicare/improvement-activities.

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

Scoring: High weight. for Medicaid and Medicare. A timely manner is defined as within 10 business days for this activity

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

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

Scoring: High weight. experience and satisfaction data on beneficiary engagement, including development of improvement plan.

Description: Collection and follow-up on patient experi-

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 PI bonus.

Description: Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (for example, 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 (for example, coordinate with small practices to provide alternate hour office visits and urgent care); and/or
- Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as tele-

health, phone visits, group visits, home visits, and alternate locations (for example, 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

Eligible for PI bonus. You can earn a PI bonus if you complete this improvement activity using CEHRT.

Related PI measures. CMS has listed the following PI measures as being related to this improvement activity:

- Provide Patient Access
- Send a Summary of Care
- Request/Accept Summary of Care
- Secure Messaging

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

Scoring: High weight; credit for IRIS Registry/EHR integration. terms and treatment outcomes, including for vulnerable populations.

Description: Use of a Qualified Clinical Data Registry (QCDR) [e.g., the IRIS Registry] to generate regular feedback reports that summarizes local practice pat-

Editor's note: If you have integrated your EHR system with the IRIS Registry, you could use data from its dashboard in performing this improvement activity.

Participation in CAHPS or other supplemental questionnaire (IA_PSPA_11).

Scoring: High weight. item sets).

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

Editor's note: Because it can be burdensome to implement, the CAHPS survey is most often utilized by large practices and medical centers.

Engagement of patients through implementation of improvements in patient portal (IA_BE_4).

Scoring: Medium weight; eligible for PI bonus.

Description: Access to an enhanced patient portal that provides up-to-date information related to relevant chronic disease health or blood pressure control, and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.

Eligible for PI bonus. You can earn a PI bonus if you complete this improvement activity using CEHRT.

Related PI measures. CMS has listed the following PI measures as being related to this improvement activity:

- Provide Patient Access
- Patient-Specific Education

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Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms (IA_BE_13).	
Scoring: Medium weight.	care through surveys, advisory councils, and/or other mechanisms.
Description: Regularly assess the patient experience of	
Use of tools to assist patient self-management (IA_BE_17).	
Scoring: Medium weight.	their need for support for self-management (e.g., the Patient Activation Measure or How's My Health).
Description: Use of tools to assist patients in assessing	
Tobacco use (IA_BMH_2).	
Scoring: Medium weight.	sation interventions (refer to NQF #0028) for patients with co-occurring conditions of behavioral or mental health and at risk factors for tobacco dependence.
Description: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and ces-	
Implementation of use of specialist reports back to referring clinician or group to close referral loop (IA_CC_1).	
Scoring: Medium weight; eligible for PI bonus.	doesn't believe this improvement activity should be limited to EHRs that have been certified. However, if you do use a certified EHR technology (CEHRT), you may qualify for the PI 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 individual MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the EHR technology.	Eligible for PI bonus. You can earn a PI bonus if you complete this improvement activity using CEHRT.
Editor's note: In 2017, this improvement activity's description stated that the reports "could be document or noted in the certified EHR technology." The current description omits the word "certified" because CMS	Related PI measures. CMS has listed the following PI measures as being related to this improvement activity:
	<ul style="list-style-type: none"> • 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.	efined as timely identification of abnormal test results with timely follow-up.
Description: Timely communication of test results de-	
Transforming Clinical Practice Initiative (TCPI) participation (IA_CC_4).	
Scoring: Medium weight.	cal Practice Initiative.
Description: Participation in the CMS Transforming Clini-	
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.	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).
Description: Participation in a QCDR [e.g., the IRIS Registry], demonstrating performance of activities that	
Implementation of documentation improvements for practice/process improvements (IA_CC_8).	
Scoring: Medium weight; eligible for PI bonus.	Related PI measures. CMS has listed the following PI measures as being related to this improvement activity:
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 day of procedure).	<ul style="list-style-type: none"> • Secure Messaging • Send a Summary of Care • Request/Accept Summary of Care • Clinical Information Reconciliation



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

Scoring: Medium weight; eligible for PI bonus.
Description: Ensure that there is bilateral exchange of necessary patient information to guide patient care, such as Open Notes, that could include one or more of the following:
 • Participate in a Health Information Exchange if available; and/or
 • Use structured referral notes
Editor’s note: CMS updated the description to include the example of Open Notes, which relies on an EHR-facilitated process to give patients open access to clinical notes. For a quick introduction to how this might work in

practice, see “The OpenNotes Movement—Why Doctors Are Sharing Clinical Notes With Patients,” (*EyeNet*, June 2016; aao.org/eyenet/article/opennotes-movement-why-doctors-are-sharing-clinical-notes-june-2016.)
Eligible for PI bonus. You can earn a PI bonus if you complete this improvement activity using CEHRT.
Related PI measures. CMS has listed the following PI measures as being related to this improvement activity:
 • Send a Summary of Care
 • Request/Accept Summary of Care
 • Clinical Information Reconciliation

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.

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).
Editor’s note: If you integrate your EHR system with the IRIS Registry, you can use its dashboard to review your progress.

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: In 2019, if you have an EHR system, and have integrated it with the IRIS Registry, you can work with the ABO on this improvement activity. For more information on using the IRIS Registry for MOC Part IV, see page 43.
 Read the ABO’s summary of the process at <https://abop.org/IRIS>. However, it is too late to start this activity for 2018. (ABO needed your project proposal by Aug. 31, 2018.)

Annual registration in the Prescription Drug Monitoring Program (IA_PSPA_5).

Scoring: Medium weight.
Description: Annual registration by eligible clinician or group in the prescription drug monitoring program of the state where they practice. Activities that simply

involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.

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.
Editor’s note: If you’ve integrated your EHR system with the IRIS Registry, the dashboard provides a convenient way to review your performance for quality measures,

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including measures 130, 192, and 238, which are related	to patient safety.
Implementation of an antibiotic stewardship program (ASP) (IA_PSPA_15).	
<p>Scoring: Medium weight.</p> <p>Description: Leadership of an antibiotic stewardship program (ASP) that includes implementation of an ASP that measures appropriate use of antibiotics for several different conditions (such as but not limited to upper respiratory infection treatment in children, diagnosis of pharyngitis, bronchitis treatment in adults) according to clinical guidelines for diagnostics and therapeutics. Specific activities may include:</p> <ul style="list-style-type: none"> • Develop facility-specific antibiogram and prepare report of findings with specific action plan that aligns with overall facility or practice strategic plan. • Lead the development, implementation, and monitoring of patient care and patient safety protocols for the delivery of ASP including protocols pertaining to the most appropriate setting for such services (i.e., outpatient or inpatient). • Assist in improving ASP service line efficiency and effectiveness by evaluating and recommending improvements in the management structure and workflow of ASP processes. • Manage compliance of the ASP policies and assist with implementation of corrective actions in accordance with facility or clinic compliance policies and facility or prac- 	<p>tice medical staff by-laws.</p> <ul style="list-style-type: none"> • Lead the education and training of professional support staff for the purpose of maintaining an efficient and effective ASP. • Coordinate communications between ASP management and facility or practice personnel regarding activities, services, and operational/clinical protocols to achieve overall compliance and understanding of the ASP. • Assist, at the request of the facility or practice, in preparing for and responding to third-party requests, including but not limited to payer audits, governmental inquiries, and professional inquiries that pertain to the ASP service line. • Implementing and tracking an evidence-based policy or practice aimed at improving antibiotic prescribing practices for high-priority conditions. • Developing and implementing evidence-based protocols and decision-support for diagnosis and treatment of common infections. • Implementing evidence-based protocols that align with the recommendations in the Centers for Disease Control and Prevention's Core Elements of Outpatient Antibiotic Stewardship guidance.
Use of decision support and standardized treatment protocols (IA_PSPA_16).	
<p>Scoring: Medium weight; eligible for PI bonus.</p> <p>Description: Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.</p> <p>Eligible for PI bonus. You can earn a PI bonus if you com-</p>	<p>plete this improvement activity using CEHRT.</p> <p>Related CEHRT functionality. CMS has listed the following CEHRT function as being related to this improvement activity:</p> <ul style="list-style-type: none"> • Clinical Decision Support
Measurement and improvement at the practice and panel level (IA_PSPA_18).	
<p>Scoring: Medium weight; credit for IRIS Registry/EHR integration.</p> <p>Description: Measure and improve quality at the practice and panel level, such as the American Board of Orthopaedic Surgery (ABOS) Physician Scorecards, that could include 1 or more of the following:</p> <ul style="list-style-type: none"> • Regularly review measures of quality, utilization, patient satisfaction, and other measures that may be useful 	<p>at the practice level and at the level of the care team or MIPS eligible clinician or group (panel); and/or</p> <ul style="list-style-type: none"> • Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level. <p>Editor's note: If you've integrated your EHR system with the IRIS Registry, the dashboard provides a convenient way to review your performance for quality measures.</p>
Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (IA_PSPA_20).	
<p>Scoring: Medium weight.</p> <p>Description: Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles;</p>	<p>allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or incorporate population health, quality and patient experience metrics in regular reviews of practice performance.</p>