Merit-Based Incentive Payment System
Improvement Activities Relevant to Cardiothoracic Surgery

Subcategory	Activity	Weighting
Expanded Practice Access	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	Medium
Population Management	Use of a QCDR to generate regular performance feedback that summarizes local practice patterns and treatment outcomes, including for vulnerable populations	High
Population Management	Participation in research that identifies interventions, tools or processes that can improve a targeted patient population	Medium
Patient Safety and Practice Assessment	Participation in a 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, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment); • 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.	Medium
Population Management	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: • Routine and timely follow-up to hospitalizations • ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management • Managing care intensively through new diagnoses, injuries and exacerbations of illness	Medium
Care Coordination	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	Medium
Care Coordination	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up	Medium
Care Coordination	Implementation of practices/processes to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s)	Medium
Care Coordination	Implementation of practices/processes for care transition that include documentation of how a MIPS eligible clinician or group carried out a patient-centered action plan for first 30 days following a discharge (e.g., staff involved, phone calls conducted in support of transition, accompaniments, navigation actions, home visits, patient information access)	Medium
Care Coordination	MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS	High

This information is accurate as of April 2021. Contact advocacy@sts.org with questions.

Subcategory	Activity	Weighting
	modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period.	
Beneficiary Engagement	In support of improving patient access, performing additional activities that enable capture of patient reported outcomes (e.g., home blood pressure, blood glucose logs, food diaries, at-risk health factors such as tobacco or alcohol use) or patient activation measures through use of certified EHR technology, containing this data in a separate queue for clinician recognition and review	Medium
Beneficiary Engagement	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan	High
Beneficiary Engagement	Participation in a 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.	Medium
Beneficiary Engagement	Use evidence-based decision aids to support shared decision making	Medium
Beneficiary Engagement	Regularly assess the patient experience of care through surveys, advisory councils, and/or other mechanisms	Medium
Beneficiary Engagement	Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement.	High
Beneficiary Engagement	MIPS eligible clinicians must attest that their practice provides counseling to patients and/or their caregivers about the costs of drugs and the patients' out-of-pocket costs for the drugs. If appropriate, the clinician must also explore with their patients the availability of alternative drugs and patients' eligibility for patient assistance programs that provide free medications to people who cannot afford to buy their medicine.	High
Patient Safety and Practice Assessment	Participation in Maintenance of Certification Part IV for improving professional practice, including participation in a local, regional, or national outcomes registry or quality assessment program. Performance of activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.	Medium
Patient Safety and Practice Assessment	Attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. Clinicians must attest to 75 percent review of applicable patient's history performance.	High
Patient Safety and Practice Assessment	Use of tools that assist specialty practices in tracking specific measures that are meaningful to their practice, such as use of the Surgical Risk Calculator	Medium
Patient Safety and Practice Assessment	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)	High
Patient Safety and Practice Assessment	Participation in designated private payer clinical practice improvement activities	Medium
Patient Safety and Practice Assessment	Participation in Joint Commission Ongoing Professional Practice Evaluation initiative	Medium

This information is accurate as of April 2021. Contact advocacy@sts.org with questions.

Subcategory	Activity	Weighting
Patient Safety and Practice Assessment	Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include participation in Bridges to Excellence.	Medium
Achieving Health Equity	Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PHQ-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening.	High
Emergency Response and Preparedness	Participate in a COVID-19 clinical trial and have the information entered into a data platform for that study; OR participate in the care of COVID-19 patients and submit clinical COVID-19 patient data to a clinical data registry for purposes of future study.	High