

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

Subcategory	Activity	Weighting	Eligible for Advancing Care Information Bonus
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 CMMI models such as Million Hearts Cardiovascular Risk Reduction Model Campaign	Medium	
Population Management	Participation in research that identifies interventions, tools or processes that can improve a targeted patient population	Medium	
Population Management	Participation in a QCDR, clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as a 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).	Medium	
Population Management	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: <ul style="list-style-type: none"> • 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	Yes
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	Yes
Care Coordination	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up	Medium	
Care Coordination	Membership and participation in a CMS Partnership for Patients Hospital Engagement Network	Medium	
Care Coordination	Participation in a QCDR, 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)	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	Yes
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	
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	Yes
Beneficiary Engagement	Participation in a QCDR, demonstrating performance of activities that promote implementation of shared clinical decision-making capabilities	Medium	

This information is accurate as of May 16, 2017. Contact advocacy@sts.org with questions.

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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 use of patient engagement tools	Medium	
Beneficiary Engagement	Participation in a QCDR that promotes collaborative learning network opportunities that are interactive	Medium	
Beneficiary Engagement	Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement	Medium	
Beneficiary Engagement	Participation in a QCDR that promotes implementation of patient self-action plans	Medium	
Beneficiary Engagement	Participation in a QCDR that promotes use of processes and tools that engage patients for adherence to treatment plan	Medium	
Beneficiary Engagement	Participation in a QCDR that promotes use of processes and tools that engage patients for adherence to treatment plan	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	Medium	
Beneficiary Engagement	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology	Medium	Yes
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	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.	Medium	
Patient Safety and Practice Assessment	Clinicians would attest that 60% for the first year or 75% for the second year of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.	High	
Patient Safety and Practice Assessment	Use of QCDR data for ongoing practice assessment and improvements in patient safety	Medium	
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	
Patient Safety and Practice Assessment	Participation in other quality improvement programs such as Bridges to Excellence	Medium	
Patient Safety and Practice Assessment	Measure and improve quality at the practice and panel level that could include one or more of the following: <ul style="list-style-type: none"> 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) Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level 	Medium	

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Achieving Health Equity	Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment, and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.	Medium	Yes
Achieving Health Equity	Participation in a QCDR, demonstrating performance of activities for promoting use of patient-reported outcome (PRO) tools and corresponding collection of PRO data (e.g., use of PQH-2 or PHQ-9 and PROMIS instruments)	Medium	
Achieving Health Equity	Participation in a QCDR, demonstrating performance of activities for use of standard questionnaires for assessing improvements in health disparities related to functional health status (e.g., use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment)	Medium	