

**TABLE B: Changes to Previously Adopted Improvement Activities for the MIPS CY 2019 Performance Period and Future Years**

<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_CC_10</b>
<b>Current Subcategory:</b>	Care Coordination
<b>Current Activity Title:</b>	Care transition documentation practice improvements
<b>Current Activity Description:</b>	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 (for example, staff involved, phone calls conducted in support of transition, accompaniments, navigation actions, home visits, patient information access).
<b>Current Weighting:</b>	Medium
<b>Proposed Changes and Rationale:</b>	Addition of "...real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications" as additional examples of how a patient-centered action plan could be documented. Primary care physicians are considered the gatekeeper of patient care. Including them in communications from specialists to patients about their follow-up of transition-of-care promotes continuity between clinicians. Adding this example to this improvement activity underscores the important role specialists play in care transition documentation practice improvement. Other language was revised for clarity.
<b>Proposed Revised Activity Description:</b>	In order to receive credit for this activity, a MIPS eligible clinician must document practices/processes for care transition with documentation of how a MIPS eligible clinician or group carried out an action plan for the patient with the patient's preferences in mind (that is, a "patient-centered" plan) during the first 30 days following a discharge. Examples of these practices/processes for care transition include: staff involved in the care transition; phone calls conducted in support of transition; accompaniments of patients to appointments or other navigation actions; home visits; patient information access to their medical records; real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications.
<b>Comments:</b>	One commenter supported the proposed modification to this improvement activity. One commenter stated that the addition of specialty-specific examples in the modified improvement activities will provide clarity for specialty clinicians. One commenter provided general concern that modifying an activity while it is still new makes it difficult for clinicians to become familiar with and implement activities. Another commenter requested we modify the activity description to explicitly state that this improvement activity applies to care transitions from acute care and rehabilitation facilities following a fracture, and includes follow-up care related to promoting mobility, reducing falls, and other related activities.
<b>Response:</b>	The proposed modifications to this activity provide examples for further clarification of the role specialists play in care transition documentation practice improvement. Therefore, we do not believe this modification makes it more difficult for clinicians to become familiar with and implement the activity. Additionally, we disagree that we should modify the activity description to explicitly state that this improvement activity applies to certain care transitions, for example those from acute care and rehabilitation facilities, because, we would like to keep the activity description broad. We believe specifying certain care settings without including all others may lead some clinicians to believe they are not eligible to attest to this improvement activity. We will add fracture-related care to subregulatory guidance available on the Quality Payment Program website <sup>108</sup> so clinicians attesting to this activity are aware this is an allowable service to meet this improvement activity.

<sup>108</sup> Improvement Activities Data Validation Criteria at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>.

Final Action:	After consideration of the public comments received, we are finalizing our changes to this improvement activity as proposed.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_CC_10</b>
Subcategory:	Care Coordination
Activity Title:	Care transition documentation practice improvements
Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must document practices/processes for care transition with documentation of how a MIPS eligible clinician or group carried out an action plan for the patient with the patient's preferences in mind (that is, a "patient-centered" plan) during the first 30 days following a discharge. Examples of these practices/processes for care transition include: staff involved in the care transition; phone calls conducted in support of transition; accompaniments of patients to appointments or other navigation actions; home visits; patient information access to their medical records; real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications.
Weighting:	Medium
<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_PM_9</b>
Current Subcategory:	Population Management
Current Activity Title:	Participation in Population Health Research
Current Activity Description:	Participation in research that identifies interventions, tools or processes that can improve a targeted patient population.
Current Weighting:	Medium
Proposed Change and Rationale:	We proposed to remove PM_9, because we believe IA_PM_9 and IA_PM_17 are duplicative and provide improvement activity credit for the same activity. In the CY 2017 Quality Payment Program final rule (81 FR 77820), we finalized IA_PM_9: Participation in Population Health Research (activity title); Participation in research that identifies interventions, tools or processes that can improve a targeted patient population (activity description). In the CY 2018 Quality Payment Program final rule (82 FR 54481), we finalized IA_PM_17: Participation in Population Health Research (activity title); participation in federally and/or privately funded research that identifies interventions tools, or processes that can improve a targeted patient population (activity description). We believe IA_PM_9 and IA_PM_17 are duplicative because they include the same subcategory and activity title, and nearly an identical description of the activity; participation in "research that identifies interventions, tools, or processes that can improve a targeted patient population." The two activities are only distinguished by the inclusion in the description for IA_PM_17 specifying that clinicians can meet this activity through participation in federally and/or privately funded research that IA_PM_9 does not. Therefore, we proposed to remove IA_PM_9 and preserve IA_PM_17 so that we will have a consolidated activity that encompasses both improvement activities.
Comments:	Several commenters supported the removal of this improvement activity, due to it being duplicative to IA_PM_17 with the only difference being IA_PM_17 stating that this activity can be met through participation in federally and/or privately funded research. One commenter expressed concern that removing an improvement activity while it is still new makes it difficult for clinicians to become familiar with and implement improvement activities. An additional commenter recommended that if an improvement activity is removed from the Inventory it should be replaced by another improvement activity applicable to clinicians who could attest to the removed one.
Response:	We believe that while consistency in available improvement activities is important, it is confusing to have nearly identical activities that clinicians can attest to. Since these improvement activities are duplicative, a clinician may report IA_PM_17 in the place of IA_PM_9. We do not believe this change will make it more difficult for clinicians to become familiar with or implement improvement activities. Additionally, we do not

	believe it is necessary to add a new improvement activity to replace one that is being removed. We refer readers to section III.I.3.h.(d)(i) of this final rule where we discuss our criteria for nominating new improvement activities. We also clarified that we use the criteria for nominating new improvement activities in selecting improvement activities for inclusion in the program. Stakeholders can propose new activities through our Annual Call for Activities.
Final Action:	After consideration of the public comments received, we are finalizing the removal of this improvement activity as proposed.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	N/A – Removed
<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_PM_13</b>
Current Subcategory:	Population Management
Current Activity Title:	Chronic Care and Preventative Care Management for Empaneled Patients
Current Activity Description:	<p>Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>● Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions;</li> <li>● Use condition-specific pathways for care of chronic conditions (for example, hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target; such as a CDC-recognized diabetes prevention program;</li> <li>● Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions;</li> <li>● Use panel support tools (registry functionality) to identify services due;</li> <li>● Use predictive analytical models to predict risk, onset and progression of chronic diseases; or</li> <li>● Use reminders and outreach (for example, phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due; and/or routine medication reconciliation.</li> </ul>
Current Weighting:	Medium
Proposed Change and Rationale:	Addition of examples of evidence based, condition-specific pathways for care of chronic conditions: “These might include, but are not limited to, the NCQA Diabetes Recognition Program (DRP) and the NCQA Heart/Stroke Recognition Program (HSRP).” These examples relating to diabetes, heart, and stroke pathways are examples of evidence based, condition-specific pathways for care of chronic conditions. These additions to this activity provide specialist-specific examples of actions that can be taken to meet the intent of this activity. We have received stakeholder feedback that additional specialty-specific activities would be welcome in the improvement activities inventory. Other language was revised for clarity.
Proposed Revised	<p>Chronic Care and Preventative Care Management for Empaneled Patients</p> <p>In order to receive credit for this activity, a MIPS eligible clinician must manage chronic and preventive care for empaneled patients (that is, patients assigned to care teams for the purpose of population health management), which could include one or more of the following actions:</p> <ul style="list-style-type: none"> <li>● Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions;</li> <li>● Use evidence based, condition-specific pathways for care of chronic conditions (for example, hypertension, diabetes, depression, asthma, and heart failure). These might</li> </ul>

	<p>include, but are not limited to, the NCQA Diabetes Recognition Program (DRP)<sup>109</sup> and the NCQA Heart/Stroke Recognition Program (HSRP).<sup>110</sup></p> <ul style="list-style-type: none"> <li>• Use pre-visit planning, that is, preparations for conversations or actions to propose with patient before an in-office visit to optimize preventive care and team management of patients with chronic conditions;</li> <li>• Use panel support tools, (that is, registry functionality) or other technology that can use clinical data to identify trends or data points in patient records to identify services due;</li> <li>• Use predictive analytical models to predict risk, onset and progression of chronic diseases; and/or</li> <li>• Use reminders and outreach (for example, phone calls, emails, postcards, patient portals, and community health workers where available) to alert and educate patients about services due; and/or routine medication reconciliation.</li> </ul>
Comments:	<p>Several commenters supported the proposed modifications to this improvement activity. One commenter stated that the addition of specialty-specific examples in the modified improvement activities will provide clarity for specialty clinicians. Another commenter recommended additional diabetes-related services, Diabetes Self Management Education and Support (DSME/S) services and Medical Nutrition Therapy (MNT), be included in the description as examples of appropriate services to be included in an individualized plan of care for patients with diabetes. One commenter provided general concern that modifying an activity while it is still new makes it difficult for clinicians to become familiar with and implement improvement activities.</p>
Response:	<p>The proposed modifications to this activity provide additional examples specialists may take to meet this activity. Therefore, we do not believe this modification makes it more difficult for clinicians to become familiar with and implement the activity. Additional diabetes-related services may be eligible for this improvement activity if they are part of a clinician’s management of chronic and preventive care for empaneled patients. It is important to note that the examples provided in the description of the improvement activity are not all inclusive and do not preclude clinicians from providing other services to meet this improvement activity. We want this activity to be applicable to all MIPS eligible clinicians providing chronic care and preventative care management to empaneled patients, and since we cannot include all possible activities that could meet this improvement activity and one diabetes-related example is already included, we do not believe adding additional diabetes-related examples to the activity description assists in making the improvement activity applicable to a wide array of clinicians. Upon review of the evidence for DSME/S services and MNT, those examples will be added to the subregulatory guidance available on the Quality Payment Program website<sup>111</sup> for the improvement activity.</p>
Final Action:	<p>After consideration of the public comments received, we are finalizing our changes to this improvement activity as proposed.</p>
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_13</b>
Subcategory:	Population Management
Activity Title:	Chronic Care and Preventative Care Management for Empaneled Patients
Activity Description:	<p>In order to receive credit for this activity, a MIPS eligible clinician must manage chronic and preventive care for empaneled patients (that is, patients assigned to care teams for the purpose of population health management), which could include one or more of the following actions:</p>

<sup>109</sup> Diabetes Recognition Program information at <http://www.ncqa.org/programs/recognition/clinicians/diabetes-recognition-program-drp>.

<sup>110</sup> NCQA Heart/Stroke Recognition Program information at <http://www.ncqa.org/programs/recognition/clinicians/heart-stroke-recognition-program-hsrp>.

<sup>111</sup> Improvement Activity Data Validation Criteria at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>.

	<ul style="list-style-type: none"> <li>• Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions;</li> <li>• Use evidence based, condition-specific pathways for care of chronic conditions (for example, hypertension, diabetes, depression, asthma, and heart failure). These might include, but are not limited to, the NCQA Diabetes Recognition Program (DRP)<sup>112</sup> and the NCQA Heart/Stroke Recognition Program (HSRP).<sup>113</sup></li> <li>• Use pre-visit planning, that is, preparations for conversations or actions to propose with patient before an in-office visit to optimize preventive care and team management of patients with chronic conditions;</li> <li>• Use panel support tools, (that is, registry functionality) or other technology that can use clinical data to identify trends or data points in patient records to identify services due;</li> <li>• Use predictive analytical models to predict risk, onset and progression of chronic diseases; and/or</li> <li>• Use reminders and outreach (for example, phone calls, emails, postcards, patient portals, and community health workers where available) to alert and educate patients about services due; and/or routine medication reconciliation.</li> </ul>
Weighting:	Medium
<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_PSPA_2</b>
Current Subcategory:	Patient Safety and Practice Assessment
Current Activity Title:	Participation in MOC Part IV
Current Activity Description:	Participation in Maintenance of Certification (MOC) Part IV, such as the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program, American Board of Medical Specialties Practice Performance Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, 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.
Current Weighting:	Medium
Proposed Change and Rationale:	Added two examples of ways in which a MIPS eligible clinician can participate in Maintenance of Certification (MOC) Part IV: participation in “specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE);” <sup>114</sup> and “American Psychiatric Association (APA) Performance in Practice modules.” <sup>115</sup> These additions to the activity provide specialist-specific examples of actions that can be taken to meet this activity. We have received stakeholder feedback through listening sessions and meetings with various stakeholder entities that additional specialty-specific activities would be welcome in the Inventory. Specifically, adding these examples of activities in psychiatry and obstetrics and gynecology, respectively, fill a gap in the Inventory. Other language was revised for clarity.

<sup>112</sup> Diabetes Recognition Program information at <http://www.ncqa.org/programs/recognition/clinicians/diabetes-recognition-program-drp>.

<sup>113</sup> NCQA Heart/Stroke Recognition Program information at <http://www.ncqa.org/programs/recognition/clinicians/heart-stroke-recognition-program-hsrp>.

<sup>114</sup> Safety Certification in Outpatient Practice Excellence for Women's Health resource at <https://psnet.ahrq.gov/resources/resource/24964/acog-scope-safety-certification-in-outpatient-practice-excellence-for-womens-health>.

<sup>115</sup> Certification and Licensure in Psychiatry, for ABMS Maintenance of Certification Part IV resource at <https://www.psychiatry.org/psychiatrists/education/certification-and-licensure/moc-part-4>.

Proposed Revised Activity Description:	<p>In order to receive credit for this activity, a MIPS eligible clinician must participate in Maintenance of Certification (MOC) Part IV.<sup>116</sup> MOC Part IV requires clinicians to perform monthly activities across practice to regularly assess performance by reviewing outcomes addressing identified areas for improvement and evaluating the results.</p> <p>Some examples of activities that can be completed to receive MOC Part IV credit are: the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program,<sup>117</sup> National Cardiovascular Data Registry (NCDR) Clinical Quality Coach,<sup>118</sup> Quality Practice Initiative Certification Program,<sup>119</sup> American Board of Medical Specialties Practice Performance Improvement Module<sup>120</sup> or American Society of Anesthesiologists (ASA) Simulation Education Network,<sup>121</sup> for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program; specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE);<sup>122</sup> American Psychiatric Association (APA) Performance in Practice modules.<sup>123</sup></p>
Comments:	<p>One commenter supported the proposed modifications to this improvement activity. Another commenter stated that the addition of specialty-specific examples in the modified improvement activities will provide clarity for specialty clinicians. A few commenters supported the addition of the specialist examples for this improvement activity, and one commenter provided general concern that modifying an activity while it is still new makes it difficult for clinicians to become familiar with and implement improvement activities. An additional commenter requested the inclusion of a reference to specific practice activities related to comprehensive pediatric eye and vision examination clinical practice guidelines to meet this improvement activity.</p>
Response:	<p>The proposed modifications to this improvement activity provide additional examples of activities that can be completed to receive MOC Part IV credit. Therefore, we do not believe this modification makes it more difficult for clinicians to become familiar with and implement the activity. We appreciate the recommendation to include an additional example related to eye examinations, but we have included several examples and do not believe an additional example is needed in the activity description to describe the various ways clinicians can meet this improvement activity. We will add the American Board of Optometry's Performance in Practice activities, within which the comprehensive pediatric eye and vision examination clinical practice guidelines falls, to the subregulatory guidance available on the Quality Payment Program website<sup>124</sup> so</p>

<sup>116</sup> American Board of Medical Specialties Maintenance of Certification Part IV resource at <http://www.abms.org/board-certification/steps-toward-initial-certification-and-moc/>.

<sup>117</sup> American Board of Internal Medicine Approved Quality Improvement Program resource at <http://www.abim.org/reference-pages/approved-activities.aspx>.

<sup>118</sup> American College of Cardiology National Cardiovascular Data Registry Clinical Quality Coach Practice Dashboard resource at <https://cvquality.acc.org/NCDR-Home/clinical-quality-coach/marketing>.

<sup>119</sup> American Society of Clinical Oncology Quality Oncology Practice Initiative Certification Program resource at <https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program>.

<sup>120</sup> American Board of Medical Specialties Multi-Specialty Portfolio Program resource at <https://mocportfolioprogram.org/about-us/>.

<sup>121</sup> American Society of Anesthesiologists Simulation Education Network resource at <https://www.asahq.org/education/simulation-education>.

<sup>122</sup> American College of Obstetricians and Gynecologists Safety Certification in Outpatient Practice Excellence for Women's Health resource at <https://www.acog.org/About-ACOG/ACOG-Departments/VRQC-and-SCOPE/SCOPE-Program-Overview>.

<sup>123</sup> American Psychiatric Association Learning Center resource at <https://education.psychiatry.org/Users/ProductList.aspx?TypeID=8>.

<sup>124</sup> Improvement Activities Data Validation Criteria at <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Resources.html>.

	clinicians attesting to this activity are aware these are allowable services to meet this improvement activity.
Final Action:	After consideration of the public comments received, we are finalizing our changes to this improvement activity as proposed.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_2</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Participation in MOC Part IV
Activity Description:	<p>In order to receive credit for this activity, a MIPS eligible clinician must participate in Maintenance of Certification (MOC) Part IV.<sup>125</sup> MOC Part IV requires clinicians to perform monthly activities across practice to regularly assess performance by reviewing outcomes addressing identified areas for improvement and evaluating the results.</p> <p>Some examples of activities that can be completed to receive MOC Part IV credit are: the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program,<sup>126</sup> National Cardiovascular Data Registry (NCDR) Clinical Quality Coach,<sup>127</sup> Quality Practice Initiative Certification Program,<sup>128</sup> American Board of Medical Specialties Practice Performance Improvement Module<sup>129</sup> or American Society of Anesthesiologists (ASA) Simulation Education Network,<sup>130</sup> for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program; specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE);<sup>131</sup> American Psychiatric Association (APA) Performance in Practice modules.<sup>132</sup></p>
Weighting:	Medium
<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_PSPA_8</b>
Current Subcategory:	Patient Safety and Practice Assessment
Current Activity Title:	Use of Patient Safety Tools
Current Activity Description:	<p>Use of tools that assist specialty practices in tracking specific measures that are meaningful to their practice, such as use of a surgical risk calculator, evidence based protocols such as Enhanced Recovery After Surgery (ERAS) protocols, the CDC Guide for Infection Prevention for Outpatient Settings, (<a href="https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html">https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html</a>), predictive algorithms, or similar tools.</p>
Current Weighting:	Medium

<sup>125</sup> American Board of Medical Specialties Maintenance of Certification Part IV resource at <http://www.abms.org/board-certification/steps-toward-initial-certification-and-moc/>.

<sup>126</sup> American Board of Internal Medicine Approved Quality Improvement Program resource at <http://www.abim.org/reference-pages/approved-activities.aspx>.

<sup>127</sup> American College of Cardiology National Cardiovascular Data Registry Clinical Quality Coach Practice Dashboard resource at <https://cvquality.acc.org/NCDR-Home/clinical-quality-coach/marketing>.

<sup>128</sup> American Society of Clinical Oncology Quality Oncology Practice Initiative Certification Program resource at <https://practice.asco.org/quality-improvement/quality-programs/qopi-certification-program>.

<sup>129</sup> American Board of Medical Specialties Multi-Specialty Portfolio Program resource at <https://mocportfolioprogram.org/about-us/>.

<sup>130</sup> American Society of Anesthesiologists Simulation Education Network resource at <https://www.asahq.org/education/simulation-education>.

<sup>131</sup> American College of Obstetricians and Gynecologists Safety Certification in Outpatient Practice Excellence for Women's Health resource at <https://www.acog.org/About-ACOG/ACOG-Departments/VRQC-and-SCOPE/SCOPE-Program-Overview>.

<sup>132</sup> American Psychiatric Association Learning Center resource at <https://education.psychiatry.org/Users/ProductList.aspx?TypeID=8>.

Proposed Change and Rationale:	Addition of “opiate risk tool (ORT), or other similar tools” as an additional example/category of an action that can be undertaken to meet the requirements of this activity. This addition highlights an evidence-based tool that can be deployed to assess opiate risk and addresses the CMS Meaningful Measures area of Prevention and Treatment of Opioid and Substance Use Disorders. <sup>133</sup> Other language was revised for clarity.
Proposed Revised Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must use tools that assist specialty practices in tracking specific measures that are meaningful to their practice.  Some examples of tools that could satisfy this activity are: a surgical risk calculator; evidence based protocols, such as Enhanced Recovery After Surgery (ERAS) protocols; <sup>134</sup> the Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings predictive algorithms; <sup>135</sup> and the opiate risk tool (ORT) <sup>136</sup> or similar tool.
Comments:	One commenter stated that the addition of specialty-specific examples in the modified improvement activities will provide clarity for specialty clinicians. A couple of commenters provided support for the addition of the opiate risk tool or other similar tools as a way of addressing the opioid crisis. One commenter provided general concern that modifying an activity while it is still new makes it difficult for clinicians to become familiar with and implement improvement activities.
Response:	The proposed modification to this improvement activity provides an additional tool as an example that can be undertaken to meet the requirements of this improvement activity. Therefore, we do not believe this modification makes it more difficult for clinicians to become familiar with and implement the activity.
Final Action:	After consideration of the public comments received, we are finalizing our changes to this improvement activity as proposed.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_8</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Use of Patient Safety Tools
Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must use tools that assist specialty practices in tracking specific measures that are meaningful to their practice. Some examples of tools that could satisfy this activity are: a surgical risk calculator; evidence based protocols, such as Enhanced Recovery After Surgery (ERAS) protocols; <sup>137</sup> the Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings predictive algorithms; <sup>138</sup> and the opiate risk tool (ORT) <sup>139</sup> or similar tool.
Weighting:	Medium
<b>Current Improvement Activity</b>	
<b>Current Activity ID:</b>	<b>IA_PSPA_17</b>
Current Subcategory:	Patient Safety and Practice Assessment

<sup>133</sup> Centers for Medicare & Medicaid Services “Meaningful Measures Hub” resource at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html#MeasureAreasDefined>.

<sup>134</sup> Enhanced Recovery After Surgery (ERAS) protocols at <http://aserhq.org/protocols/>.

<sup>135</sup> The Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings at <https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>.

<sup>136</sup> The Opiate Risk Tool at <https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>.

<sup>137</sup> Enhanced Recovery After Surgery (ERAS) protocols at <http://aserhq.org/protocols/>.

<sup>138</sup> The Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings at <https://www.cdc.gov/hai/settings/outpatient/outpatient-care-guidelines.html>.

<sup>139</sup> The Opiate Risk Tool at <https://www.drugabuse.gov/sites/default/files/files/OpioidRiskTool.pdf>.

Current Activity Title:	Implementation of analytic capabilities to manage total cost of care for practice population
Current Activity Description:	Build the analytic capability required to manage total cost of care for the practice population that could include one or more of the following: <ul style="list-style-type: none"> <li>• Train appropriate staff on interpretation of cost and utilization information; and/or</li> <li>• Use available data regularly to analyze opportunities to reduce cost through improved care.</li> </ul>
Current Weighting:	Medium
Proposed Change and Rationale:	We added an example platform that uses available data to analyze opportunities to reduce cost through improved care: “An example of a platform with the necessary analytic capability is the American Society for Gastrointestinal (GI) Endoscopy’s GI Operations Benchmarking Platform.” <sup>140</sup> Based on stakeholder feedback, we proposed to add this example to clarify what type of a platform has the analytic capability to improve and manage total cost of care for the practice population described. Other language was revised for clarity.
Proposed Revised Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must conduct or build the capacity to conduct analytic activities to manage total cost of care for the practice population. Examples of these activities could include: <ul style="list-style-type: none"> <li>• Train appropriate staff on interpretation of cost and utilization information;</li> <li>• Use available data regularly to analyze opportunities to reduce cost through improved care. An example of a platform with the necessary analytic capability to do this is the American Society for Gastrointestinal (GI) Endoscopy’s GI Operations Benchmarking Platform.</li> </ul>
Comments:	One commenter supported the modification of this improvement activity. Another commenter stated that the addition of specialty-specific examples in the modified improvement activities will provide clarity for specialty clinicians. One commenter provided general concern that modifying an improvement activity while it is still new makes it difficult for clinicians to become familiar with and implement improvement activities. One commenter suggested including Fracture Liaison Service (FLS) programs as an example of a model to manage fracture recovery and risk.
Response:	We appreciate the commenters’ support and the additional suggested example to provide greater clarification for this improvement activity. The modifications to this activity provide an example to clarify the type of platform that has the analytic capability to improve and manage total cost of care for the practice population described. Therefore, we do not believe this modification makes it more difficult for clinicians to become familiar with and implement the activity. We do not believe the FLS program meets the requirements of this improvement activity, as we do not agree that it provides analytic capability to manage population cost of care.
Final Action:	After consideration of the public comments received, we are finalizing our changes to this improvement activity as proposed.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_17</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Implementation of analytic capabilities to manage total cost of care for practice population
Activity Description:	In order to receive credit for this activity, a MIPS eligible clinician must conduct or build the capacity to conduct analytic activities to manage total cost of care for the practice population. Examples of these activities could include: <ul style="list-style-type: none"> <li>• Train appropriate staff on interpretation of cost and utilization information;</li> <li>• Use available data regularly to analyze opportunities to reduce cost through improved care. An example of a platform with the necessary analytic capability to</li> </ul>

<sup>140</sup> American Society for Gastrointestinal Endoscopy GI Operations Benchmarking at <https://www.asge.org/home/practice-support/gi-operations-benchmarking>.

	do this is the American Society for Gastrointestinal (GI) Endoscopy's GI Operations Benchmarking Platform.
Weighting:	Medium