



Improvement Activities

Unlike the other MIPS categories, the Improvement Activity (IA) category does not correspond to any previous Medicare program.

The IA category is worth 15% of your MIPS points, with no change in this weighting in subsequent years. To obtain all 15%, you will need to score 40 points. Reporting is purely yes/no in 2017, attesting that you completed your selected activities for at least 90 days.

There are a variety of ways to report participation, including through the CMS QPP website, through a QCDR such as the [RPA Kidney Quality Improvement Registry](#) and through your EHR.

There are approximately [90 different activities](#), weighted as either Medium or High, from which to choose.

For practices with more than 15 providers:

- Medium activities are worth 10 points; High activities are worth 20 points
- Thus, to get 40 points, providers can complete 2 High, 1 High and 2 Medium, or 4 Medium activities

For practices with 15 or fewer providers (or providers in a HPSA or rural area):

- Medium activities are worth 20 points; High activities are worth 40 points
- Thus, to get 40 points, providers can complete 1 High or 2 Medium activities

RPA suggests looking for activities that you are already doing or can easily be incorporated into your existing workflow.

Examples of high-level activities that may be relevant to nephrology:

- IA_PSPA_6 – Consultation of the Prescription Drug Monitoring program – asks providers to consult their state’s PDMP when prescribing a Schedule II drug
- IA_AHE_1 – Engagement of new Medicaid patients and follow-up – asks providers to see Medicaid patients (includes dual eligible patients) in a timely manner
- IA_EPA_1 – Provide 24/7 access to eligible clinicians or groups who have real-time access to the patient’s medical record – asks providers to have 24/7 access to patient’s medical record (should already have this with an EHR) and timely access to clinician visits for urgent issues
- IA_PM_7 – Use of QCDR for feedback reports that incorporate population health – if you use the RPA Kidney Quality Improvement Registry (a QCDR) and your EHR vendor submits data, you should be able to get these reports easily.



Examples of medium-level activities that may be relevant to nephrology:

- IA_PSPA_7 - Use of QCDR data for ongoing practice assessment and improvements – subscribers to the RPA Kidney Quality Improvement Registry (a QCDR) can access quality data as well as access ways to improve.
- IA_PSPA_2 - Participation in MOC Part IV – many nephrologists are already engaged in earning MOC Part IV credits, such as through the [RPA QAPI MOC program](#).
- IA_PSPA_21 - Implementation of fall screening and assessment programs – many nephrologists are already engaged in such programs at their practice or dialysis facility, and may already be collecting this data for MIPS quality measures.
- IA_BE_15 - Engagement of patients, family and caregivers in developing a plan of care – the [RPA clinical practice guideline Shared Decision-Making in the Appropriate Initiation of and Withdrawal from Dialysis](#) includes recommendations and tools for patient and family engagement.

Many other improvement activities may apply to nephrology. Practitioners should review the [list of improvement activities](#) to determine which will fit into their work flow.

