Improvement Activities

The IA category is worth 15% of your MIPS points (the same as 2018), with no change in this weighting in subsequent years. To obtain all 15%, you will need to score 40 points (no change in 2019). Reporting is purely yes/no in 2019, 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 120 different activities, weighted as either Medium or High, from which to choose (6 additional activities were added, 5 activities were modified and 1 activity was removed).

For practices with more than 15 providers:
- Medium activities are worth 10 points; High activities are worth 20 points (no change for 2019)
- 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 (no change for 2019)
- 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_PSPA_22 – CDC Training on CDC’s Guideline for Prescribing Opioids for Chronic Pain – course available on CDC website with free CME credits; can only do this activity every 4 years
- 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.
• IA_AHE_6 – Provide Education Activities for New Clinicians – gives credit for being a preceptor for clinicians-in-training (must be a community practice in a small, underserved or rural area)

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

• Multiple activities concern QCDR use (such as the RPA Kidney Quality Improvement Registry)
• IA_CC_13 – Practice Improvements for Bilateral Exchange of Patient Information – gives participation for participation in a Health Information Exchange
• 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.