



## 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.

