

## Reporting Improvement Activities for Pathologists in MIPS

The following table describes Improvement Activities that are applicable to pathologists for reporting in the Centers for Medicare & Medicaid Services (CMS) Merit-based Incentive Payment System (MIPS). Pathologists must attest to: two medium-weighted or one high-weighted improvement activity to avoid negative payment adjustments. For more information, please see CMS' Quality Payment Program webpage: <https://qpp.cms.gov/mips/improvement-activities>.

Please note: Examples of qualifying activities are shown in *italics*, including National Pathology Quality Registry (NPQR) participation options

### MIPS Reporting Options for Improvement Activities

Activity ID	Activity Name	Subcategory Name	Activity Weighting	Activity Description
IA_ERP_2	Participation in a 60-day or greater effort to support domestic or international humanitarian volunteer work	Emergency Response and Preparedness	High	<ul style="list-style-type: none"> <li>Participation in domestic or international humanitarian volunteer work. Activities that simply involve registration are not sufficient. MIPS eligible clinicians attest to domestic or international humanitarian volunteer work for a period of a continuous 60 days or greater.</li> <li><i>Participation in ASCP's Partners for Cancer Diagnosis and Treatment in Africa</i></li> </ul>
IA_PM_9	Participation in population health research	Population Management	Medium	<ul style="list-style-type: none"> <li>Participation in research that identifies interventions, tools or processes that can improve a targeted patient population.</li> <li><i>Use NPQR-generated research reports to identify interventions targeted toward specific patient populations.</i></li> </ul>
IA_EPA_1	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	Expanded Practice Access	High	<ul style="list-style-type: none"> <li>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: <ul style="list-style-type: none"> <li>Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);</li> <li>Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits,</li> </ul> </li> </ul>

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				<p>group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or</p> <ul style="list-style-type: none"> <li>Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management</li> </ul>
IA_EPA_2	Use of telehealth services that expand practice access	Expanded Practice Access	Medium	<ul style="list-style-type: none"> <li>Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients.</li> <li><i>Review and generate reports from images/slides performed by telepathology</i></li> </ul>
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive	Beneficiary Engagement	Medium	<ul style="list-style-type: none"> <li>Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.</li> <li><i>NPQR user groups provide interactive learning network opportunities to share best practices</i></li> </ul>
IA_CC_1	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Care Coordination	Medium	<ul style="list-style-type: none"> <li>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.</li> <li><i>Utilize NPQR data to report appropriate use criteria back to ordering providers</i></li> <li><i>NPQR QCDR measures:</i> <ul style="list-style-type: none"> <li><i>NPQR1: Notification to the Ordering Provider Requesting Myoglobin or CK-MB in the Diagnosis of Suspected Acute Myocardial Infarction (AMI)</i></li> <li><i>NPQR2: Notification to the Ordering Provider Requesting Thyroid Screening Tests other than a Thyroid Stimulating Hormone (TSH) in the Initial Screening of a Patient with a Suspected Thyroid Disorder</i></li> <li><i>NPQR3: Notification to the ordering provider requesting amylase testing in the diagnosis of suspected acute pancreatitis</i></li> </ul> </li> </ul>

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IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Care Coordination	Medium	<ul style="list-style-type: none"> <li>Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.</li> <li>NPQR QCDR measures: <ul style="list-style-type: none"> <li>NPQR4: Time Interval: Critical Value Reporting for Chemistry</li> <li>NPQR5: Time Interval: Critical Value Reporting for Cerebrospinal Fluid - White Blood Cells (CSF - WBC)</li> <li>NPQR6: Time Interval: Critical Value Reporting for Toxicology</li> <li>NPQR7: Time Interval: Critical Value Reporting for Troponin</li> </ul> </li> </ul>
IA_CC_6	Use of QCDR to promote standard practices, tools, and processes in practice for improvement in care coordination	Care Coordination	Medium	<ul style="list-style-type: none"> <li>Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement</li> <li>Document best practices gleaned from the NPQR and share with other clinicians/groups to improve care coordination (e.g., turn-around time, pre-analytical processes).</li> </ul>
IA_CC_8	Implementation of documentation improvements for practice/process improvements	Care Coordination	Medium	<ul style="list-style-type: none"> <li>Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).</li> </ul>
IA_CC_13	Practice improvements for bilateral exchange of patient information	Care Coordination	Medium	<ul style="list-style-type: none"> <li>Ensure that there is bilateral exchange of necessary patient information to guide patient care that could include one or more of the following: <ul style="list-style-type: none"> <li>Participate in a Health Information Exchange if available; and/or</li> <li>Use structured referral notes.</li> </ul> </li> </ul>
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	Achieving Health Equity	Medium	<ul style="list-style-type: none"> <li>MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focus on minimizing disparities in healthcare access, care quality, affordability, or outcomes.</li> </ul>
IA_PM_17	Participation in population health research	Population Management	Medium	<ul style="list-style-type: none"> <li>Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.</li> <li>Use NPQR-generated research reports to identify interventions targeted toward specific patient populations.</li> </ul>
IA_PSPA_2	Participation in MOC Part IV	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment</li> </ul>

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				<p>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.</p> <ul style="list-style-type: none"> <li>• <i>Perform monthly quality assurance activities approved by the American Board of Pathology</i></li> </ul>
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements	Patient Safety and Practice Assessment		<ul style="list-style-type: none"> <li>• Use of QCDR data, for ongoing practice assessment and improvements in patient safety</li> </ul>
IA_PSPA_17	Implementation of analytic capabilities to manage total cost of care for practice population	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>• 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> </li> </ul>
IA_PSPA_18	Measurement and improvement at the practice and panel level	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>• 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"> <li>• 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); and/or</li> <li>• Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.</li> </ul> </li> <li>• <i>Utilize NPQR data to create benchmarks and performance goals at the practice level</i></li> </ul>
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>• Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following: <ul style="list-style-type: none"> <li>• Train all staff in quality improvement methods;</li> <li>• Integrate practice change/quality improvement into staff duties;</li> <li>• Engage all staff in identifying and testing practices changes;</li> <li>• Designate regular team meetings to review data and plan improvement cycles;</li> <li>• Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; and/or</li> </ul> </li> </ul>

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				<ul style="list-style-type: none"> <li>Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families.</li> </ul>
<b>IA_PSPA_20</b>	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: <ul style="list-style-type: none"> <li>Make responsibility for guidance of practice change a component of clinical and administrative leadership roles;</li> <li>Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or</li> <li>Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.</li> </ul> </li> </ul>
<b>IA_PSPA_28</b>	Completion of an Accredited Safety or Quality Improvement Program <sup>1</sup>	Patient Safety and Practice Assessment	Medium	<ul style="list-style-type: none"> <li>Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria: <ul style="list-style-type: none"> <li>The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;</li> <li>The activity must have specific, measurable aim(s) for improvement;</li> <li>The activity must include interventions intended to result in improvement;</li> <li>The activity must include data collection and analysis of performance data to assess the impact of the interventions; and</li> <li>The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.</li> </ul> </li> </ul>

<sup>1</sup> ASCP submitted this improvement activity as part of CMS' annual call for activities for inclusion in the MIPS 2018 program year and future years