OEIS National Registry 2018 Recommended Improvement Activities

Activity Name	Activity Description	Activity ID	Subcategory Name	Activity Weighting	Validation	CMS Suggested Documentation (inclusive of dates during the selected continuous 90-day or year long reporting period)	OEIS NR QCDR Recommendations
Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	• Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., MIPS 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: • 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); • Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or 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.	IA_EPA_1	Expanded Practice Access	High	Demonstration of patient care provided outside of normal business hours through 24/7 or expanded practice hours with access to medical records or ability to increase access through alternative access methods or same-day or next-day visits	1) Patient Record from EHR - A patient record from an EHR with date and timestamp indicating services provided outside of normal business hours for that clinician (a certified EHR may be used for documentation purposes, but is not required unless attesting for the Promoting Interoperability [formerly ACI] bonus); or 2) Patient Encounter/Medical Record/Claim - Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician including use of alternative visits; or 3) Same or Next Day Patient Encounter/Medical Record/Claim - Patient encounter/medical record claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care	
Participation in Systematic Anticoagulation Program	Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program) for 60 percent of practice patients in the transition year and 75 percent of practice patients in Quality Payment Program Year 2 and future years, who receive anti-coagulation medications (warfarin or other coagulation cascade inhibitors).	IA_PM_1	Population Management	High	Documented participation of patients in a systematic anticoagulation program. Could be supported by claims.	1) Patients Receiving Anti-Coagulation Medications - Total number of patients receiving anti-coagulation medications; and 2) Percentage of that Total Participating in a Systematic Anticoagulation Program - Documented number of referrals to a coagulation/anti-coagulation clinic; number of patients performing patient self-reporting (PST); or number of patients participating in self-management (PSM). With regards to whether you qualify as a coagulation clinic, your practice must be staffed by pharmacists and nurses with specific knowledge in anticoagulation therapy. Anticoagulation care is managed under the supervision of the AC Clinic Medical Director and the patient's physician.	
Use of QCDR for feedback reports that incorporate population health	Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.	IA_PM_7	Population Management	High	Involvement with a QCDR to generate local practice patterns and outcomes reports including vulnerable populations	Participation in QCDR for population health, e.g., regular feedback reports provided by QCDR that summarize local practice patterns and treatment outcomes, including vulnerable populations	Participation in OEIS National Registry QCDR and utilizing dashboard reports to assess practice patterns (e.g. treatment type, complication rates, emergent transfer) in vulnerable populations (e.g. patients with CLI who are at risk of amputation).
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	IA_BE_6	Beneficiary Engagement	High	Patient experience and satisfaction data on beneficiary engagement is collected and follow up occurs through an improvement plan	1) Follow-Up on Patient Experience and Satisfaction - Documentation of collection and follow-up on patient experience and satisfaction (e.g. survey results) which must be administered by a third party survey administrator/vendor; and 2) Patient Experience and Satisfaction Improvement Plan - Documented patient experience and satisfaction improvement plan	
Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	Participation in a QCDR, clinical data registries, or other registries run by other government agencies such as FDA, or private entities such as a hospital or medical or surgical society. Activity must include use of QCDR data for quality improvement (e.g., comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcome).	IA_PM_10	Population Management	Medium	Participation and use of QCDR, clinical data or other registries to improve quality of care	Participation in QCDR for quality improvement across patient populations, e.g., regular feedback reports provided by QCDR using data for quality improvement such as comparative analysis reports across patient populations	Participation in OEIS National Registry QCDR and utilizing dashboard reports for quality improvement such as comparative analysis reports across patient populations (e.g. emergent transfer and complications reports).
Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	Participation in a Qualified Clinical Data Registry, demonstrating performance of activities that promote use of standard practices, tools and processes for quality improvement (e.g., documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups).	IA_CC_6	Care Coordination	Medium	Active participation in QCDR to promote standard practices, tools and processes for quality improvement	Participation in QCDR demonstrating promotion of standard practices, tools and processes for quality improvement, e.g., regular feedback reports provided by QCDR that demonstrate the use of QCDR data to promote use of standard practices, tools, and processes for quality improvement, including, e.g., preventative screenings	Participation in OEIS National Registry QCDR to utilize performance feedback on antiplatelet agent use or nonvascular preventative measures (e.g., pneumococcal vaccine, influenza vaccine, tobacco cessation) report data in order to improve consistent use of standard practices when developing treatment plans.
Use of certified EHR to capture patient reported outcomes	In support of improving patient access, performing additional activities that enable capture of patient reported outcomes (e.g., home blood pressure, blood glucose logs, food diaries, at-risk health factors such as tobacco or alcohol use, etc.) or patient activation measures through use of certified EHR technology, containing this data in a separate queue for clinician recognition and review.	IA_BE_1	Beneficiary Engagement	Medium	Functionality of patient reported outcomes in certified EHR	1) Patient Reported Outcomes in EHR - Report from the certified EHR, showing the capture of PROs or the patient activation measures performed; or 2) Separate Queue for Recognition and Review - Documentation showing the call out of this data for clinician recognition and review (e.g. within a report or a screen-shot) Patient Activation Measures (PAM) assesses an individual's knowledge, skill, and confidence for managing one's health and healthcare. You can learn more about the development of the original Patient Activation Measure (PAM) on the Wiley Online Library site: http://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2004.00269.x/full	
Use of QCDR data for ongoing practice assessment and improvements	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	IA_PSPA_7	Patient Safety and Practice Assessment	Medium	Use of QCDR data for ongoing practice assessment and improvements in patient safety	Participation in QCDR that promotes ongoing improvements in patient safety, e.g., regular feedback reports provided by the QCDR that demonstrate ongoing practice assessment and improvements in patient safety	OEIS National Registry provides participants performance feedback for practice assessment and to identify areas for improvement (e.g., Emergent Transfer report allows for reviewing care trends to improve patient safety; Procedure Success and Complication reports allows assessment of best practices to improve patient care)