

# Improvement Activities

## 18 Suggestions for Neurologists to Consider Implementing in Year One

Under Merit-based Incentive Payment System (MIPS), physicians will earn one overall composite score for their performance across the four domains: quality, cost, advancing care information (EHR usage), and improvement activities. The grid below provides you with an overview of 18 options to consider for reporting on improvement activities. Clinicians may achieve a maximum score of 40 points.

### To meet the requirement:

#### Groups with more than 15 clinicians must report:

- 2 high-weighted activities for a minimum of 90 consecutive days.
- 1 high-weighted activity and 2 medium-weighted activities for a minimum of 90 consecutive days.
- Up to 4 medium-weighted activities for a minimum of 90 consecutive days.

#### Groups with 15 or fewer clinicians, non-patient facing clinicians and/or clinicians located in rural area or HPSA must report:

- 1 high-weighted activity for a minimum of 90 consecutive days.
- 2 medium-weighted activities for a minimum of 90 consecutive days.

#### Non-MIPS Alternative Payment Models (APMs):

- Participants will receive full credit for improvement activities if they are in a Patient Centered Medical Home (PCMH).

#### MIPS APM participants:

- Participants will get half the full score (20 points).
- Participants may choose from these additional activities to increase the score.

#### High Impact (worth 20 points each)

Subcategory	Activity	Special Tips & Resources for Neurologists	Related ACI Measure
Expanded Practice Access*	<p>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:</p> <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, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or</li> <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>	<p><a href="#">Delivery Models: PCMH</a> Quality ID: 321 CAHPS for MIPS Clinician/Group Survey</p> <p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	<ul style="list-style-type: none"> <li>• Provide Patient Access</li> <li>• Secure Messaging</li> <li>• Send a Summary of Care</li> <li>• Request/Accept Summary of Care</li> </ul>

\*Indicates that the activity is also eligible under the Advancing Care Information bonus

# Improvement Activities

## 18 Suggestions for Neurologists to Consider Implementing in Year One

Subcategory	Activity	Special Tips & Resources for Neurologists	Related ACI Measure
Integrated Behavioral and Mental Health*	<p>Offer integrated behavioral health services to support patients with behavioral health needs, dementia, and poorly controlled chronic conditions that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Use evidence-based treatment protocols and treatment to goal where appropriate;</li> <li>• Use evidence-based screening and case finding strategies to identify individuals at risk and in need of services;</li> <li>• Ensure regular communication and coordinated workflows between eligible clinicians in primary care and behavioral health;</li> <li>• Conduct regular case reviews for at-risk or unstable patients and those who are not responding to treatment;</li> <li>• Use of a registry or certified health information technology functionality to support active care management and outreach to patients in treatment; and/or</li> <li>• Integrate behavioral health and medical care plans and facilitate integration through co-location of services</li> </ul>	<p><a href="#">AAN Axon Registry®</a></p> <p>Quality ID: 134 Preventive Care and Screening: Screening for Clinical Depression and Follow-up Plan</p> <p>Quality ID: 290 Parkinson’s Disease: Psychiatric Symptoms Assessment for Patients with Parkinson’s Disease</p> <p>Quality ID: 371 Depression Utilization of the PHQ-9 Tool</p> <p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	<ul style="list-style-type: none"> <li>• Provide Patient Access</li> <li>• Patient-Specific Education</li> <li>• View, Download, Transmit</li> <li>• Secure Messaging</li> <li>• Patient Generated Health Data</li> </ul>
Population Management	<p>Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.</p>	<p><a href="#">AAN Axon Registry®</a></p> <p>See <a href="#">list of Axon Registry measures</a></p> <p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	
Patient Safety and Practice Assessment	<p>Clinicians would attest that 60 percent for the first year, or 75 percent for the second year, of consultation of prescription drug monitoring program prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription that lasts for longer than 3 days.</p>	<p><a href="#">CDC PDMP Website</a></p> <p>Quality ID: 131 Pain Assessment and Follow-Up</p> <p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	
Achieving Health Equity	<p>Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare.</p>	<p>Quality ID: 321 CAHPS for MIPS Clinician/Group Survey</p> <p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	
Emergency Response and Preparedness	<p>Participation in domestic or international humanitarian volunteer work. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups attest to domestic or international humanitarian volunteer work for a period of a continuous 60 days or greater.</p>	<p><a href="#">AAN Quality Toolkit and Resources</a></p> <p><a href="#">IHI PDSA Improvement Model</a></p>	

\*Indicates that the activity is also eligible under the Advancing Care Information bonus

# Improvement Activities

## 18 Suggestions for Neurologists to Consider Implementing in Year One

Subcategory	Activity	Special Tips & Resources for Neurologists	Related ACI Measure
<b>Medium Impact (Worth 10 points each)</b>			
Population Management*	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: <ul style="list-style-type: none"> <li>Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups;</li> <li>Integrate a pharmacist into the care team; and/or</li> <li>Conduct periodic, structured medication reviews.</li> </ul>	Quality ID: 130 Documentation of Current Medications in the Medical Record <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	<ul style="list-style-type: none"> <li>Clinical Information Reconciliation</li> <li>Clinical Decision Support</li> <li>Computerized Physician Order Entry Electronic Prescribing (CEHRT functions only)</li> </ul>
Care Coordination*	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.	Quality ID: 374 Closing the Referral Loop: Receipt of Specialist Report <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	<ul style="list-style-type: none"> <li>Send a Summary of Care</li> <li>Request/Accept Summary of Care</li> <li>Clinical Information Reconciliation</li> </ul>
Care Coordination*	Implementation of practices/processes to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s).	AAN Webinar: <a href="#">How To Approach Advance Care Planning</a> Quality ID: 047 Care Plan Quality ID: 386 Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences Quality ID: 286 Dementia: Counseling Regarding Safety Concerns Quality ID: 288 Dementia: Caregiver Education and Support Quality ID: 293 Parkinson's Disease: Rehabilitative Therapy Options Quality ID: 294 Parkinson's Disease: Parkinson's Disease Medical and Surgical Treatment Options Reviewed <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	<ul style="list-style-type: none"> <li>Provide Patient Access (formerly Patient Access)</li> <li>View, Download, Transmit</li> <li>Secure Messaging</li> <li>Patient Generated Health Data from Non-Clinical Setting</li> </ul>

\*Indicates that the activity is also eligible under the Advancing Care Information bonus

# Improvement Activities

## 18 Suggestions for Neurologists to Consider Implementing in Year One

Subcategory	Activity	Special Tips & Resources for Neurologists	Related ACI Measure
Beneficiary Engagement*	Access to an enhanced patient portal that provides up to date information related to relevant chronic disease health or blood pressure control, and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.	AAN Webinar <a href="#">Getting the Most Out of Your Technology: HIT and Your Patients</a> AAN Quality Toolkit and Resources IHI PDSA Improvement Model	<ul style="list-style-type: none"> <li>• Provide Patient Access</li> <li>• Patient-Specific Education</li> </ul>
Care Coordination	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	Quality ID: 276 Sleep Apnea: Assessment of Sleep Symptoms  Quality ID: 277 Sleep Apnea: Severity Assessment at Initial Diagnosis  Quality ID: 281 Dementia: Cognitive Assessment  Quality ID: 283 Dementia: Neuropsychiatric Symptom Assessment  <a href="#">AAN Quality Toolkit and Resources</a> IHI PDSA Improvement Model	
Beneficiary Engagement	Use group visits for common chronic conditions (e.g., diabetes).	<a href="#">AAN Quality Toolkit and Resources</a> IHI PDSA Improvement Model	
Patient Safety and Practice Assessment	Annual registration by eligible clinician or group in the prescription drug monitoring program of the state where they practice. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups must participate for a minimum of 6 months.	<a href="#">CDC PDMP Website</a> <a href="#">AAN Quality Toolkit and Resources</a> IHI PDSA Improvement Model	
Patient Safety and Practice Assessment	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>	<a href="#">AAN Quality Toolkit and Resources</a> IHI PDSA Improvement Model	

\*Indicates that the activity is also eligible under the Advancing Care Information bonus

# Improvement Activities

## 18 Suggestions for Neurologists to Consider Implementing in Year One

Subcategory	Activity	Special Tips & Resources for Neurologists	Related ACI Measure
Patient Safety and Practice Assessment	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors (e.g., clinical decision support/prompts in the electronic health record that help manage the use of medications, such as benzodiazepines, that increase fall risk).	Quality ID: 154 Falls: Risk Assessment Quality ID: 155 Falls: Plan of Care <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	
Integrated Behavioral and Mental Health	Tobacco use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and cessation interventions (refer to NQF #0028) for patients with co-occurring conditions of behavioral or mental health and at risk factors for tobacco dependence.	Quality ID: 226 Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	
Integrated Behavioral and Mental Health	Unhealthy alcohol use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including screening and brief counseling (refer to NQF #2152) for patients with co-occurring conditions of behavioral or mental health conditions.	Quality ID: 431 Preventative Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	
Integrated Behavioral and Mental Health	Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.	Quality ID: 134 Preventative Care and Screening: Screening for Clinical Depression and Follow-up Plan Quality ID: 290 Parkinson's Disease: Psychiatric Symptoms Assessment for Patients with Parkinson's Disease Quality ID: 371 Depression Utilization of the PHQ-9 Tool <a href="#">AAN Quality Toolkit and Resources</a> <a href="#">IHI PDSA Improvement Model</a>	

\*Indicates that the activity is also eligible under the Advancing Care Information bonus