

OEIS National Registry 2020 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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	
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 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	IA_PSPA_7	Patient Safety and Practice Assessment	Medium	Use of QCDR data for ongoing practice assessment and improvements in patient safety (e.g., evidence of intended improvements in patient safety for specific targeted populations)	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). The MIPS eligible clinician or group should document how the practice is using QCDR data, and intended improvements in patient safety for the specific populations targeted (e.g., documentation of standard tools, processes for screening, use of standard questionnaires, or use of QCDR data that is used for quality improvement, such as population-level analysis to assess for adverse outcomes).	Demonstrating that OEIS National Registry reports, which provide participants performance feedback, were utilized 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) over the course of a 90 day (minimum) period.