



APEX Evidence Indicators: MIPS Improvement Activities

ASTRO’s Accreditation Program for Excellence (APEX®) focuses on a culture of quality and safety, as well as patient-centered care. Evidence indicators required for APEX accreditation map to the following 16 Improvement Activities associated with Medicare’s Merit-based Incentive Payment System (MIPS). For more information about MIPS, visit www.astro.org/mips.

MIPS Activity Name	MIPS Activity Description	MIPS Activity Weight	MIPS Activity ID	APEX Standard	CMS Suggested Documentation for MIPS
Provide 24/7 access to 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., 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	High	IA_EPA_1	Standard 6: Safe Staffing Plan EI 6.3.1 EI 6.4.1	1) Patient Record from EHR - A patient record from a certified EHR with date and timestamp indicating services provided outside of normal business hours for that clinician; <u>or</u> 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; <u>or</u> 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

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Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	Medium	IA_EPA_3	Standard 16: Performance Measurement and Outcomes Reporting EI 16.1.1 - 16.2.2	1) Access to Care Patient Experience and Satisfaction Data - Patient experience and satisfaction data on access to care; and 2) Improvement plan - Access to care improvement plan
Implementation of episodic care management practice improvements	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.	Medium	IA_PM_15	Standard 1: Patient Evaluation, Care Coordination and Follow-up EI. 1.4.1 – 1.5.1 Standard 15: Patient Education and Health Management EI 15.2.1 EI 15.4.1 EI 15.5.1	1) Follow-Up on Hospitalizations, ED or Other Visits and Medication Management - Routine and timely follow-up to hospitalizations, ED or other institutional visits, and medication reconciliation and management (e.g. documented in medical record or EHR); or 2) New diagnoses, Injuries and Exacerbations - Care management through new diagnoses, injuries and exacerbations of illness (medical record)
Implementation of use of specialist reports back to referring clinician or group to close referral loop	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.	Medium	IA_CC_1	Standard 1: Patient Evaluation, Care Coordination and Follow-up EI 1.4.1 EI 1.4.2	1) Specialist Reports to Referring Clinician - Sample of specialist reports reported to referring clinician or group (e.g. within EHR or medical record); or 2) Specialist Reports from Inquiries in Certified EHR - Specialist reports documented in inquiring clinicians certified EHR or medical records

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Regular training in care coordination	Implementation of regular care coordination training.	Medium	IA_CC_7	Standard I: Patient Evaluation, Care Coordination and Follow-up EI 1.4.1 – 1.5.1	Documentation of implemented regular care coordination training within practice, e.g., availability of care coordination training curriculum/training materials and attendance or training certification registers/documents
Implementation of documentation improvements for practice/process improvements	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).	Medium	IA_CC_8	Standard 1: Patient Evaluation, Care Coordination and Follow-up EI 1.5.1	Documentation of the implementation of practices/processes that document care coordination activities, e.g., documented care coordination encounter that tracks clinical staff involved and communications from date patient is scheduled through day of procedure
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.	High	IA_BE_6	Standard 16: Performance Measurement and Outcomes Reporting EI 16.1.1 - 16.2.2	1) Follow-Up on Patient Experience and Satisfaction - Documentation of collection and follow-up on patient experience and satisfaction (e.g. survey results); and 2) Patient Experience and Satisfaction Improvement Plan - Documented patient experience and satisfaction improvement plan

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Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Medium	IA_BE_13	Standard 16: Performance Measurement and Outcomes Reporting EI 16.1.1 - 16.2.2	Documentation (e.g. survey results, advisory council notes and/or other methods) showing regular assessments of the patient care experience to improve the experience
Evidenced-based techniques to promote self-management into usual care	Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.	Medium	IA_BE_16	Standard 15: Patient Education and Health Management EI 15.1.1 - 15.2.4 EI 15.3.1 EI 15.4.1	Documented evidence-based techniques to promote self-management into usual care; and evidence of the use of the techniques (e.g. clinicians' completed office visit checklist, EHR report of completed checklist)
Participation in an AHRQ-listed patient safety organization.	Participation in an AHRQ-listed patient safety organization.	Medium	IA_PSPA_1	Standard 7: Culture of Safety EI 7.5.1	Documentation from an AHRQ-listed patient safety organization (PSO) confirming the eligible clinician or group's participation with the PSO. PSOs listed by AHRQ are here .

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Participation in MOC Part IV	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 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.	Medium	IA_PSPA_2	No specific standard maps to this improvement activity, instead utilize the APEX MOC template .	1) Participation in Maintenance of Certification from ABMS Member Board - Documentation of participation in Maintenance of Certification (MOC) Part IV from an ABMS member board including participation in a local, regional or national outcomes registry or quality assessment program; and 2) Monthly Activities to Assess Performance - Documented performance of monthly activities across practice to assess performance in practice by reviewing outcomes, addressing areas of improvement, and evaluating the results
Use of decision support and standardized treatment protocols	Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.	Medium	IA_PSPA_16	Standard 3: Patient-specific Safety Interventions and Safe Practices in treatment Preparation and Delivery EI 3.1.1 - 3.6.2 Standard 4: Staff Roles and Responsibilities EI 4.1.1 - 4.2.2	Documentation (e.g. checklist, algorithm, screenshot) showing use of decision support and standardized treatment protocols to manage workflow in the team to meet patient needs

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Measurement and improvement at the practice and panel level	Measure and improve quality at the practice and panel level that could include one or more of the following: 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 Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.	Medium	IA_PSPA_18	Standard 7: Culture of Safety EI 7.3 - 7.3.4 Standard 16: Performance Measurement and Outcomes Reporting EI 16.1.1 – 16.2.2	1) Quality Improvement Program/Plan at Practice and Panel Level - Copy of a quality improvement program/plan or review of quality, utilization, patient satisfaction and other measures to improve one or more elements of this activity; or 2) Review of and Progress on Measures - Report showing progress on selected measures, including benchmarks and goals for performance using relevant data sources at the practice and panel level
Implementation of formal quality improvement methods, practice changes or other practice improvement processes	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: Train all staff in quality improvement methods; Integrate practice change/quality improvement into staff duties; Engage all staff in identifying and testing practices changes; Designate regular team meetings to review data and plan improvement cycles; Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; and/or Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families.	Medium	IA_PSPA_19	Standard 7: Culture of Safety EI 7.1 - 7.5.1	1) Adopt Formal Quality Improvement Model and Create Culture of Improvement - Documentation of adoption of a formal model for quality improvement and creation of a culture in which staff actively participate in improvement activities; and 2) Staff Participation - Documentation of staff participation in one or more of the six identified; including, training, integration into staff duties, identifying and testing practice changes, regular team meetings to review data and plan improvement cycles, share practice and panel level quality of care, patient experience and utilization data with staff, or share practice level quality of care, patient experience and utilization data with patients and families

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Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.	Medium	IA_PSPA_20	Standard 7: Culture of Safety EI 7.1.1 – 7.5.1	1) Clinical and Administrative Leadership Role Descriptions - Documentation of clinical and administrative leadership role descriptions include responsibility for practice improvement change (e.g. position description); or 2) Time for Leadership in Improvement Activities - Documentation of allocated time for clinical and administrative leadership participating in improvement efforts, e.g. regular team meeting agendas and post meeting summary; or 3) Population Health, Quality, and Health Experience Incorporated into Performance Reviews - Documentation of population health, quality and health experience metrics incorporated into regular practice performance reviews, e.g., reports, agendas, analytics, meeting notes
Implementation of fall screening and assessment programs	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).	Medium	IA_PSPA_21	Standard 9: Emergency Preparation and Planning EI 9.1-9.1.4	1) Implementation of a Falls Screening and Assessment Program - Implementation of a falls screening and assessment program that uses valid and reliable tools to identify patients at risk for falls and address modifiable risk factors, for example, the STEADI program for identification of falls risk; and 2) Implementation Progress- Documentation of progress made on falls screening and assessment after implementation of tool