

**Appendices—Improvement Activities**

**NOTE:** For previously finalized improvement activities, we refer readers to the Finalized Improvement Activities Inventory in Table H in the Appendix of the CY 2017 Quality Payment Program final rule (81 FR 77817). Except as otherwise finalized below, previously finalized improvement activities would continue to apply for the Quality Payment Program Year 2 and future years.

**TABLE F: New Improvement Activities  
for the Quality Payment Program Year 2 and Future Years**

<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_AHE_5</b>
Proposed Subcategory:	Achieving Health Equity
Proposed Activity Title:	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
Proposed Activity Description:	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.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received several comments supporting this improvement activity. One commenter urged us to add specificity to the improvement activity regarding how clinicians could support diverse patients enrolled in clinical trials. Another commenter requested clarification regarding whether participation in development of evidence based clinical practice guidelines would be sufficient to meet the requirements of this activity. One commenter stated that the activity should be weighted “high” given the significant effect that minority enrollment in clinical trials can have on achieving health equity.
Response:	We proposed this improvement activity in a generalized manner so that it encompasses many activities. In response to commenters, one of the objectives of clinical trials should be to address disparities. Participation in development of evidence based clinical practice guidelines would not count unless as part of the development there is research that address disparities. As explained in the CY 2017 Quality Payment Program final rule (81 FR 77194), the weighting of “medium” is in accordance with our policy, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	We are finalizing to implement this improvement activity as described; as the activity description provides flexibility for attestation and the weighting concurs with the established policy.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_AHE_5</b>
Subcategory:	Achieving Health Equity
Activity Title:	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
Activity Description:	MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focuses on minimizing disparities in healthcare access, care quality, affordability, or outcomes.

Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_AHE_6</b>
Proposed Subcategory:	Achieving Health Equity
Proposed Activity Title:	Provide Education Opportunities for New Clinicians
Proposed Activity Description:	MIPS eligible clinicians acting as a preceptor for clinicians -in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in community practices in small, underserved, or rural areas.
Proposed Weighting:	High
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received many comments of support for this improvement activity. One commenter requested clarification regarding the types of clinicians-in-training which are included in this activity. Another commenter urged us to expand the definition of "underserved." Other commenters suggested expanding the clinical sites included in this activity, to explicitly include metropolitan or other hospitals and health systems.
Response:	We appreciate the many comments of support for this improvement activity. Clinicians-in-training are eligible if they are precepted by a MIPS eligible clinician. This activity is intended to support clinicians-in-training in community practices in small, underserved, or rural areas, not metropolitan areas. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	We are finalizing this improvement activity as proposed as it is intended for all clinicians-in-training in the specific setting described.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_AHE_6</b>
Subcategory:	Achieving Health Equity
Activity Title:	Provide Education Opportunities for New Clinicians
Activity Description:	MIPS eligible clinicians acting as a preceptor for clinicians -in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in community practices in small, underserved, or rural areas.
Weighting:	High
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_BMH_9</b>
Proposed Subcategory:	Behavioral and Mental Health
Proposed Activity Title:	Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients
Proposed Activity Description:	Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the 2018 performance period, and 75 percent for the Quality Payment Program

	Year 2 and future years, of their ambulatory care patients are screened for unhealthy alcohol use.
Proposed Weighting:	High
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received a few comments of support for this improvement activity.
Response:	We appreciate the support for this improvement activity. We are finalizing this improvement activity with a modification in the activity description to align with attestation thresholds proposed in other new improvement activities. After consideration of public comments, we are finalizing this improvement activity with modification.
Changes:	Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the 2018 performance period, and 75 percent beginning in the 2019 performance period, of their ambulatory care patients are screened for unhealthy alcohol use.
Rationale:	In the CY 2018 Quality Payment Program proposed rule (82 FR 30010), we inadvertently stated that MIPS eligible clinicians would attest that 60 percent for the 2018 performance period, and 75 percent for the Quality Payment Program Year 2 and future years. The proposal should have stated that the 60 percent threshold applies for 2018 performance period and a 75 percent threshold applies beginning in the 2019 performance period to conform to similar threshold descriptions in other new activities.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_BMH_9</b>
Subcategory:	Behavioral and Mental Health
Activity Title:	Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients
Activity Description:	Individual MIPS eligible clinicians or groups must regularly engage in integrated prevention and treatment interventions, including screening and brief counseling (for example: NQF #2152) for patients with co-occurring conditions of mental health and substance abuse. MIPS eligible clinicians would attest that 60 percent for the CY 2018 Quality Payment Program performance period, and 75 percent beginning in the 2019 performance period, of their ambulatory care patients are screened for unhealthy alcohol use.
Weighting:	High
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_CC_15</b>
Proposed Subcategory:	Care Coordination
Proposed Activity Title:	PSH Care Coordination
Proposed Activity Description:	Participation in a Perioperative Surgical Home (PSH) that provides a patient-centered, physician-led, interdisciplinary, and team-based system of coordinated patient care, which coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. This activity allows for reporting of strategies and processes related to care coordination of patients receiving surgical or procedural care within a PSH. The clinician must perform one or more of the following care coordination activities: <ul style="list-style-type: none"> <li>• Coordinate with care managers/navigators in preoperative clinic to plan</li> </ul>

	<p>and implementation comprehensive post discharge plan of care;</p> <ul style="list-style-type: none"> <li>• Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms;</li> <li>• Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or</li> </ul> <p>Implement processes to ensure effective communications and education of patients' post-discharge instructions.</p>
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes
Comments:	We received several comments of support for this improvement activity. Some commenters suggested that this improvement activity should be weighted "high." One commenter stated that Enhanced Recovery After Surgery (ERAS) be included as a component under this improvement activity rather than under improvement activity IA_PSPA_8 "Use of Patient Safety Tools." They believed that to include ERAS as a component of that improvement activity suggests that the PSH and ERAS are different and that ERAS is not a meaningful activity.
Response:	The activity will remain weighted as medium, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. We interpret ERAS as a meaningful patient safety intervention thus it is encompassed under improvement activity IA_PSPA_8 "Use of Patient Safety Tools.", and is not encompassed by this improvement activity. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	This improvement activity describes a range of patient safety interventions that we consider appropriate.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_CC_15</b>
Subcategory:	Care Coordination
Activity Title:	PSH Care Coordination
Activity Description:	<p>Participation in a Perioperative Surgical Home (PSH) that provides a patient-centered, physician-led, interdisciplinary, and team-based system of coordinated patient care, which coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. This activity allows for reporting of strategies and processes related to care coordination of patients receiving surgical or procedural care within a PSH. The clinician must perform one or more of the following care coordination activities:</p> <ul style="list-style-type: none"> <li>• Coordinate with care managers/navigators in preoperative clinic to plan and implementation comprehensive post discharge plan of care;</li> <li>• Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms;</li> <li>• Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or</li> <li>• Implement processes to ensure effective communications and education of patients' post-discharge instructions.</li> </ul>
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_CC_16</b>

Proposed Subcategory:	Care Coordination
Proposed Activity Title:	Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients
Proposed Activity Description:	The primary care and behavioral health practices use the same electronic health record system for shared patients or have an established bidirectional flow of primary care and behavioral health records.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes, if accomplished with CEHRT
Comments:	We received several comments of support for this improvement activity. One commenter requested that this activity be weighted as “high.”
Response:	We appreciate the comments of support for this activity. The activity will remain weighted as medium, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	This improvement activity meets established criteria for activity weighting.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_CC_16</b>
Subcategory:	Care Coordination
Activity Title:	Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients
Activity Description:	The primary care and behavioral health practices use the same electronic health record system for shared patients or have an established bidirectional flow of primary care and behavioral health records.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes, if accomplished with CEHRT
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_CC_17</b>
Proposed Subcategory:	Care Coordination
Proposed Activity Title:	Patient Navigator Program
Proposed Activity Description:	Implement a Patient Navigator Program that offers evidence-based resources and tools to reduce avoidable hospital readmissions, utilizing a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for patients by making hospitalizations less stressful, and the recovery period more supportive by implementing quality improvement strategies.
Proposed Weighting:	High
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	One commenter suggested that we incorporate coordination with care managers and navigators in preoperative clinics to plan and implement comprehensive post discharge plan of care into the perioperative surgical care improvement activity.
Response:	We are creating a separate improvement activity to capture perioperative surgical planning as we believe it is important and distinct from patient navigation that can occur across the care continuum as described in this improvement activity. After consideration of public comments, we are finalizing this new improvement activity for the use of patient navigator tools, as proposed.

Changes:	None.
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_CC_17</b>
Subcategory:	Care Coordination
Activity Title:	Patient Navigator Program
Activity Description:	Implement a Patient Navigator Program that offers evidence-based resources and tools to reduce avoidable hospital readmissions, utilizing a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for patients by making hospitalizations less stressful, and the recovery period more supportive by implementing quality improvement strategies.
Weighting:	High
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_EPA_5</b>
Proposed Subcategory:	Expanded Practice Access
Proposed Activity Title:	Participation in User Testing of the Quality Payment Program Website ( <a href="https://qpp.cms.gov/">https://qpp.cms.gov/</a> )
Proposed Activity Description:	User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provided substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We did not receive any comments for this improvement activity.
Response:	There were no comments on this activity; therefore, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_EPA_5</b>
Subcategory:	Expanded Practice Access
Activity Title:	Participation in User Testing of the Quality Payment Program Website ( <a href="https://qpp.cms.gov/">https://qpp.cms.gov/</a> )
Activity Description:	User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provided substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience.
Weighting:	Medium

Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PM_17</b>
Proposed Subcategory:	Population Management
Proposed Activity Title:	Participation in Population Health Research
Proposed Activity Description:	Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received several comments of support for this improvement activity.
Response:	We appreciate the comments of support. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_17</b>
Subcategory:	Population Management
Activity Title:	Participation in Population Health Research
Activity Description:	Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PM_18</b>
Proposed Subcategory:	Population Management
Proposed Activity Title:	Provide Clinical-Community Linkages
Proposed Activity Description:	Engaging community health workers to provide a comprehensive link to community resources through family-based services focusing on success in health, education, and self-sufficiency. This activity supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engage and support patients, use of health information technology, and employ quality measurement and improvement processes. An example of this community based program is the NCQA Patient-Centered Connected Care (PCCC) Recognition Program or other such programs that meet these criteria.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes, if accomplished with CEHRT
Comments:	We received many comments of support for this improvement activity. One commenter proposed inclusion of this improvement activity within the “Achieving Health Equity” subcategory rather than the “Population Management” subcategory. One commenter requested clarification regarding the definition of “community health worker.” A few commenters requested further details for qualifying activities. A few commenters sought “high” weighting for this improvement activity.

Response:	The improvement activity language around “community health worker” and the details of qualifying activities are deliberately left broad enough to allow for flexibility in their definition and application. A community health worker needs to broadly meet the criteria in the description above, specifically to provide a comprehensive link to community resources focusing on success in health, education, and self-sufficiency and supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engages and support patients, and helps employ quality measurement and improvement processes. At this time, we maintain that “Provide Clinical-Community Linkages” is appropriately categorized under the subcategory of “Population Management” as it focuses on identifying population management resources available to patients and making these known and available to them. We are not modifying the weighting of this activity at this time, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_18</b>
Subcategory:	Population Management
Activity Title:	Provide Clinical-Community Linkages
Activity Description:	Engaging community health workers to provide a comprehensive link to community resources through family-based services focusing on success in health, education, and self-sufficiency. This activity supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engage and support patients, use of health information technology, and employ quality measurement and improvement processes. An example of this community based program is the NCQA Patient-Centered Connected Care (PCCC) Recognition Program or other such programs that meet these criteria.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes, if accomplished with CEHRT
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PM_19</b>
Proposed Subcategory:	Population Management
Proposed Activity Title:	Glycemic Screening Services
Proposed Activity Description:	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 75 percent of electronic medical records with documentation of screening patients for abnormal blood glucose according to current US Preventive Services Task Force (USPSTF) and/or American Diabetes Association (ADA) guidelines.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes
Comment:	We received several comments of support for this activity. A few commenters stated that the threshold was too high for a new activity. One commenter suggested that we lower the threshold for glycemic screening services to 60 percent in the first year as a new activity and in line with thresholds for other improvement activities in the 2018 performance period.



Response:	We agree with the commenters and are modifying the proposed activity such that MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and increase to 75 percent beginning in the 2019 performance period. This provides a lower threshold for the first year and aligns with similar thresholds being finalized for other new activities. After consideration of public comments, we are finalizing this improvement activity with modification.
Changes:	<b>Change in Activity Description:</b> We are modifying the activity description such that instead of attesting to implementation of systematic preventive approaches in clinical practice for at least 75 percent of electronic medical records as proposed, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and 75 percent beginning in the 2019 performance period, of electronic medical records with documentation of screening patients for abnormal blood glucose according to current US Preventive Services Task Force (USPSTF) and/or American Diabetes Association (ADA) guidelines.
Rationale:	The modified lower threshold in this improvement activity aligns with similar thresholds being finalized for other new improvement activities for CY 2018.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_19</b>
Subcategory:	Population Management
Activity Title:	Glycemic Screening Services
Activity Description:	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and 75 percent in future years, of electronic medical records with documentation of screening patients for abnormal blood glucose according to current US Preventive Services Task Force (USPSTF) and/or American Diabetes Association (ADA) guidelines.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PM_20</b>
Proposed Subcategory:	Population Management
Proposed Activity Title:	Glycemic Referring Services
Proposed Activity Description:	For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 75 percent of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes
Comments:	We received several comments of support for this improvement activity. A few commenters suggested that this improvement activity be weighted, "high." A few commenters stated that the threshold is too high for a new activity.
Response:	We agree that the threshold may be high for a new activity. As such, we are modifying the proposal so that MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the 2018 performance period and increase to 75 percent beginning in

	<p>the 2019 performance period. This provides a lower threshold for the first year and aligns with similar thresholds being finalized for other new activities. We note that this aligns with other thresholds for improvement activities we are finalizing in this final rule. Additionally, we do not believe that this activity should be high weighting, as that weighting should be reserved for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. After consideration of public comments, we are finalizing this improvement activity with modification.</p>
Changes:	<p><b>Change in Activity Description:</b> We are modifying the activity description such that instead of attesting to implementation of systematic preventive approaches in clinical practice for at least 75 percent of electronic medical records as proposed, for at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent beginning in the 2019 performance period, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program.</p>
Rationale:	<p>This lower threshold aligns with similar thresholds being finalized for other new improvement activities, and the weighting of this activity met our criteria.</p>
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_20</b>
Subcategory:	Population Management
Activity Title:	Glycemic Referring Services
Activity Description:	<p>For at-risk outpatient Medicare beneficiaries, individual MIPS eligible clinicians and groups must attest to implementation of systematic preventive approaches in clinical practice for at least 60 percent for the CY 2018 performance period and 75 percent in future years, of medical records with documentation of referring eligible patients with prediabetes to a CDC-recognized diabetes prevention program operating under the framework of the National Diabetes Prevention Program.</p>
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PM_21</b>
Proposed Subcategory:	Population Management
Proposed Activity Title:	Advance Care Planning
Proposed Activity Description:	<p>Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning.</p>
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes
Comments:	<p>We received several comments of support for this improvement activity. A few commenters requested further details for qualifying activities. Some commenters suggested that this improvement activity should be weighted “High.”</p>

Response:	This activity is left broad enough to allow for many types of qualifying activities. An example of an activity that may qualify as a practice/process to develop advance care planning may be for a clinician to complete a course or module educating them about advance care planning; this is one many possible ways to meet the requirements of this activity. We are not modifying the weighting of this activity at this time as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. We note that while eligible clinicians can qualify for a bonus under the advancing care information performance category by completing the Advance Care Planning Improvement Activity, this activity may be completed without the use of any specified technology. Furthermore, we note that while clinicians are encouraged to adopt technology meeting the certification criteria for generating and exchanging a care plan, this is not required to earn an advancing care information bonus for this improvement activity. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PM_21</b>
Subcategory:	Population Management
Activity Title:	Advance Care Planning
Activity Description:	Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_22</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
Proposed Activity Description:	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Proposed Weighting:	High
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received several comments of support for this improvement activity. One commenter urged us to expand the scope of the improvement activity to include credit to clinicians who become certified to provide MAT with buprenorphine, as well as to clinicians who prescribe naloxone to prevent overdose deaths. One

	commenter urged us to create a specialty-specific activity. One commenter did not support this activity, and urged us to work with the CDC to ensure a clearer presentation in its training materials regarding palliative care. Several comments requested different types of opioid-related improvement activities.
Response:	The current (performance year 2017) IA_PSPA_10 activity already allows for the completion of training and obtaining an approved waiver for provision of medication-assisted treatment of opioid use disorders using buprenorphine and thus we deemed including that in this improvement IA duplicative. We will share this feedback with CDC and work to improve materials on this topic moving forward and consider future possible improvement activities on this topic. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_22</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain
Activity Description:	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Weighting:	High
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_23</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Completion of CDC Training on Antibiotic Stewardship
Proposed Activity Description:	Completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Proposed Weighting:	High
Proposed Eligible for Advancing Care Information Bonus:	No
Comments:	We received a few comments of support for this improvement activity.
Response:	We appreciate the comments of support. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	

<b>Activity ID:</b>	<b>IA_PSPA_23</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Completion of CDC Training on Antibiotic Stewardship
Activity Description:	Completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Weighting:	High
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_24</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Initiate CDC Training on Antibiotic Stewardship
Proposed Activity Description:	Completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received several comments of support that included requests for “high” weighting for this activity.
Response:	We appreciate the comments of support. We are not modifying the weighting of this activity, as high weighting should be used for activities that directly address areas with the greatest impact on beneficiary care, safety, health, and well-being. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_24</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Initiate CDC Training on Antibiotic Stewardship
Activity Description:	Completion of greater than 50 percent of the modules of the Centers for Disease Control and Prevention antibiotic stewardship course. <b>Note:</b> This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis, but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.
Weighting:	Medium
Eligible for Advancing	No

Care Information Bonus:	
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_25</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Cost Display for Laboratory and Radiographic Orders
Proposed Activity Description:	Implementation of a cost display for laboratory and radiographic orders, such as costs that can be obtained through the Medicare clinical laboratory fee schedule.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received one comment suggesting that “cost” should be called “reimbursement” as displaying the Medicare clinical laboratory fee schedule could be confusing to patients. Another commenter stated that this improvement activity could be implemented using CEHRT, and it would seem to be eligible for the advancing care information bonus.
Response:	The terminology used in this improvement activity corresponds to that used in the Detailed Clinical Laboratory Fee Schedule information, which can be found on the CMS.gov landing page ( <a href="https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/ClinicalLabFeeSched/index.html?redirect=/ClinicalLabFeeSched/">https://www.cms.gov/Medicare/Medicare-Fee-for-ServicePayment/ClinicalLabFeeSched/index.html?redirect=/ClinicalLabFeeSched/</a> ) which gives the fee or “cost” for laboratory test codes). We agree with the commenter that CEHRT could be used for this activity and will change “Eligible for Advancing Care Information Bonus” from a “No” to a “Yes” as CEHRT may be used. After consideration of public comments, we are finalizing this improvement activity with modifications.
Changes:	Eligible for advancing care information bonus would change from a “No” to a “Yes.”
Rationale:	As CEHRT may be used for this improvement activity, it qualifies for the advancing care information bonus.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_25</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Cost Display for Laboratory and Radiographic Orders
Activity Description:	Implementation of a cost display for laboratory and radiographic orders, such as costs that can be obtained through the Medicare clinical laboratory fee schedule.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_26</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event
Proposed Activity Description:	A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient’s primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, supratherapeutic effects, allergic reactions, laboratory abnormalities, or medication

	errors requiring urgent/emergent evaluation, treatment, or hospitalization.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	Yes
Comments:	We received one comment of support for this improvement activity. One commenter did not support this activity and recommended the elimination of bonus points for the use of CEHRT.
Response:	We appreciate the commenter's support of this activity. As CEHRT may be used for this improvement activity, it qualifies for the advancing care information bonus. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_26</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event
Activity Description:	A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient's primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, suprathereapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_27</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Invasive Procedure or Surgery Anticoagulation Medication Management
Proposed Activity Description:	For an anticoagulated patient undergoing a planned invasive procedure for which interruption in anticoagulation is anticipated, including patients taking vitamin K antagonists (warfarin), target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, documentation, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation. Elements of the plan should include the following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). An invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No

Information Bonus:	
Comments:	We received several comments of support for this activity.
Response:	We appreciate the comments of support for this improvement activity. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_27</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Invasive Procedure or Surgery Anticoagulation Medication Management
Activity Description:	For an anticoagulated patient undergoing a planned invasive procedure for which interruption in anticoagulation is anticipated, including patients taking vitamin K antagonists (warfarin), target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, documentation, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation. Elements of the plan should include the following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). An invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_28</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Completion of an Accredited Safety or Quality Improvement Program
Proposed Activity Description:	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>
Proposed Weighting:	Medium
Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received many comments of support for this improvement activity. Many commenters suggested that we include both accredited and certified Continuing



	Medical Education (CME) programs as eligible to receive improvement activity credit and allow other improvement activities in the inventory to count towards CME .
Response:	We appreciate the support for this improvement activity. If the particular CME program meets the criteria as described in the activity description, and is part of an accredited program, it will satisfy this activity whether or not the activity is also part of a certified program. Therefore, because accredited programs include activities that are inclusive of certified activities with respect to CME, we have kept the “accredited program” description. We note that with respect to certified programs, there is also a separate Maintenance of Certification improvement activity for improving professional practice entitled “Participation in MOC Part IV.” After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_28</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Completion of an Accredited Safety or Quality Improvement Program
Activity Description:	<p>Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:</p> <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> </ul> <p>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.</p>
Weighting:	Medium
Eligible for Advancing Care Information Bonus:	No
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_29</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	Consulting AUC Using Clinical Decision Support when Ordering Advanced Diagnostic Imaging
Proposed Activity Description:	Clinicians attest that they are consulting specified applicable appropriate use criteria (AUC) through a qualified clinical decision support mechanism for all advanced diagnostic imaging services ordered. This activity is for clinicians that are early adopters of the Medicare AUC program (e.g., 2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014). Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.
Proposed Weighting:	High

<p>Proposed as Eligible for Advancing Care Information Bonus:</p>	<p>Yes</p>
<p>Comments:</p>	<p>We received many comments of support for this activity. A few commenters, however, recommended that this improvement activity should not be included in the Inventory citing the delay of the launch of AUC for clinical decision support in the Physician Fee Schedule proposed rule to no sooner than 2019 (82 FR 34094). A few commenters recommended that we work with ONC to monitor how well health IT developers will innovate to meet this functionality in the 2015 Edition CEHRT. A few commenters recommended that the AUC for advanced diagnostic imaging proposed improvement activity be closely aligned with the requirements currently under the Protecting Access to Medicare Act (PAMA), program. These commenters suggested that the improvement activity description be updated to require consulting AUC only for advanced diagnostic imaging services that fall within the priority clinical areas identified in these regulations.</p>
<p>Response:</p>	<p>We agree with the commenter's recommendation that we work closely to align quality improvements in the Medicare program and will work with ONC moving forward to monitor compliance with this improvement activity using 2015 Edition CEHRT. While we have proposed delaying the implementation of the launch of AUC for clinical decision support until 2019 (82 FR 34094), we intend to allow early adopter clinicians the option to adopt clinical decision support mechanisms to support AUC throughout 2018, so that they can gain experience with using these systems. We believe clinicians who effectively adopt systems for consulting AUC when ordering advanced diagnostic should receive credit for this activity during CY 2018.</p> <p>We note that the Clinical Laboratory Fee Schedule (CLFS) final rule entitled "Medicare Program: Medicare Clinical Diagnostic Laboratory Tests Payment System" (CMS-1621-F) implements section 216 of the Protecting Access to Medicare Act (PAMA) of 2014 (H.R. 4302; Pub.L. 113-93). Under the requirements of PAMA, the ordering clinician is required to consult with a qualified decision support mechanism for applicable imaging services furnished in an applicable setting and paid for under an applicable payment system. The list of applicable imaging services in PAMA is not limited to only those that fall within a priority clinical area.</p> <p>Therefore, to be responsive to the comment and address the fact that AUC implementation will be delayed until 2019 and clinicians can begin to comply in 2018, we are making technical revisions to state that this activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Furthermore, instead of requiring that clinicians attest they are consulting specified AUC through a qualified clinical decision support mechanism for all advanced diagnostic imaging services ordered as stated in the proposal, we are finalizing that clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018 in order to align with PAMA and our regulatory requirements. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition. After consideration of public comments, we are finalizing this improvement activity with modification.</p>
<p>Changes:</p>	<p><b>Change:</b> We modified the activity description to state that this activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years and</p>

	<p>that that clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system.</p> <p><b>Change in Activity Description:</b> Clinicians attest that they are consulting specified applicable (AUC) through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. This activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.</p>
Rationale:	We agreed with the commenter's recommendation that we should work closely to align quality improvements in the Medicare program, and we made modifications and technical revisions in the activity description to reflect this.
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_29</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	Consulting AUC Using Clinical Decision Support when Ordering Advanced
Activity Description:	Clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. This activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at §414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.
Weighting:	High
Eligible for Advancing Care Information Bonus:	Yes
<b>Proposed Improvement Activity</b>	
<b>Proposed Activity ID:</b>	<b>IA_PSPA_30</b>
Proposed Subcategory:	Patient Safety and Practice Assessment
Proposed Activity Title:	PCI Bleeding Campaign
Proposed Activity Description:	<p>Participation in the PCI Bleeding Campaign which is a national quality improvement program that provides infrastructure for a learning network and offers evidence-based resources and tools to reduce avoidable bleeding associated with patients who receive a percutaneous coronary intervention (PCI).</p> <p>The program uses a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for PCI patients by implementing quality improvement strategies:</p> <ul style="list-style-type: none"> <li>• Radial-artery access;</li> <li>• Bivalirudin; and</li> <li>• Use of vascular closure devices.</li> </ul>
Proposed Weighting:	Medium

Proposed as Eligible for Advancing Care Information Bonus:	No
Comments:	We received a few comments of support for this improvement activity.
Response:	We appreciate the support for this improvement activity. After consideration of public comments, we are finalizing this improvement activity as proposed.
Changes:	None
Rationale:	N/A
<b>Finalized Improvement Activity</b>	
<b>Activity ID:</b>	<b>IA_PSPA_30</b>
Subcategory:	Patient Safety and Practice Assessment
Activity Title:	PCI Bleeding Campaign
Activity Description:	<p>Participation in the PCI Bleeding Campaign which is a national quality improvement program that provides infrastructure for a learning network and offers evidence-based resources and tools to reduce avoidable bleeding associated with patients who receive a percutaneous coronary intervention (PCI).</p> <p>The program uses a patient-centered and team-based approach, leveraging evidence-based best practices to improve care for PCI patients by implementing quality improvement strategies:</p> <ul style="list-style-type: none"> <li>• Radial-artery access,</li> <li>• Bivalirudin, and</li> <li>• Use of vascular closure devices.</li> </ul>
Weighting:	High
Eligible for Advancing Care Information Bonus:	No

In the CY 2018 Quality Payment Program proposed rule (82 FR 30010), we proposed to include these additional improvement activities in the Improvement Activities Inventory for the Quality Payment Program Year 2 and future years based on guidelines discussed in the CY 2017 Quality Payment Program final rule at (81 FR 77190) and finalized in section II.C.6.e.(7)(b) of this final rule with comment period. These may include one or more of the following criteria:

- Relevance to an existing improvement activities subcategory (or a proposed new subcategory);
- Importance of an activity toward achieving improved beneficiary health outcome;
- Importance of an activity that could lead to improvement in practice to reduce health care disparities;
- Aligned with patient-centered medical homes;
- Activities that may be considered for an advancing care information bonus;
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care);
- Feasible to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic HPSAs by HRSA;
- CMS is able to validate the activity; or
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes.