

RECOMMENDED IMPROVEMENT ACTIVITIES FOR ANESTHESIOLOGY AND PAIN MEDICINE

The tables below contain suggestions from the American Society of Anesthesiologists (ASA) for anesthesiologists and pain medicine physicians to attest to for credit in the Improvement Activities category of Merit-based Incentive Payment System (MIPS). For a full list and specifications please visit the Quality Payment Program website, <https://qpp.cms.gov/measures/ia>. Please note measures with an asterisk (*) indicate a high weighted Improvement Activity; all other IAs are medium weighted. Visit [here](#) for more information and examples on appropriate documentation to support attestation.

Visit the [ASA MACRA Resources](#) for more information on MIPS requirements.

Table 1: Improvement Activities Suggested for Anesthesiology and Pain Medicine

Activity ID	Activity Title
IA_BE_1	Use of certified E H R to capture patient reported outcomes
IA_BE_2	Use of QCDR to support clinical decision making
IA_BE_6*	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
IA_BE_12	Use evidence-based decision aids to support shared decision-making
IA_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms
IA_BMH_2	Tobacco Use
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results
IA_EPA_1*	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record
IA_PM_16	Implementation of medication management practice improvements
IA_PSPA_2	Participation in MOC Part IV
IA_PSPA_3	Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or other similar activity
IA_PSPA_5	Annual registration in the Prescription Drug Monitoring Program
IA_PSPA_6*	Consultation of the Prescription Drug Monitoring program
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements
IA_PSPA_8	Use of patient safety tools
IA_PSPA_12	Participation in private payer CPIA
IA_PSPA_18	Measurement and improvement at the practice and panel level
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes
IA_PSPA_21	Implementation of fall screening and assessment programs

ACTIVITY ID KEY: **AHE** - ACHIEVING HEALTH EQUITY | **BE** - BENEFICIARY ENGAGEMENT | **BMH** - BEHAVIORAL & MENTAL HEALTH
CC - CARE COORDINATION | **EPA** - EXPANDED PRACTICE ACCESS | **ERP** - EMERGENCY RESPONSE & PREPAREDNESS
PM - POPULATION MANAGEMENT | **PSPA** - PATIENT SAFETY & PRACTICE ASSESSMENT

RECOMMENDED IMPROVEMENT ACTIVITIES FOR ANESTHESIOLOGY AND PAIN MEDICINE (P. 2)

The tables below contain additional suggestions from the American Society of Anesthesiologists (ASA) for anesthesiologists and pain medicine physicians to attest to for credit in the Improvement Activities category of Merit-based Incentive Payment System (MIPS). For a full list and specifications please visit the Quality Payment Program website, <https://qpp.cms.gov/measures/ia>. Please note measures with an asterisk (*) indicate a high weighted Improvement Activity; all other IAs are medium weighted. Visit [here](#) for more information and examples on appropriate documentation to support attestation.

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Table 2: Anesthesiology		Table 3: Pain Medicine	
Activity ID	Activity Title	Activity ID	Activity Title
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive	IA_AHE_2	Leveraging a QCDR to standardize processes for screening
IA_BE_15	Engagement of patients, family and caregivers in developing a plan of care	IA_AHE_4	Leveraging a QCDR for use of standard questionnaires
IA_BE_22	Improved practices that engage patients pre-visit	IA_BE_14	Engage patients and families to guide improvement in the system of care
IA_BMH_3	Unhealthy alcohol use	IA_BE_16	Evidenced-based techniques to promote self-management into usual care
IA_CC_6	Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	IA_BE_20	Implementation of condition-specific chronic disease self-management support programs
IA_ERP_1	Participation on Disaster Medical Assistance Team, registered for 6 months	IA_BE_21	Improved practices that disseminate appropriate self-management materials
IA_ERP_2*	Participation in a 60-day or greater effort to support domestic or international humanitarian needs	IA_BMH_4	Depression screening
IA_PM_10	Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	IA_CC_8	Implementation of documentation improvements for practice/process improvements
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization	IA_EPA_2	Use of telehealth services that expand practice access
IA_PSPA_4	Administration of the AHRQ Survey of Patient Safety Culture	IA_EPA_3	Collection and use of patient experience and satisfaction data on access
IA_PSPA_9	Completion of the AMA STEPS Forward program	IA_PM_11	Regular review practices in place on targeted patient population needs
IA_PSPA_11*	Participation in CAHPS or other supplemental questionnaire	IA_PM_15	Implementation of episodic care management practice improvements
IA_PSPA_14	Participation in Bridges to Excellence or other similar program	IA_PSPA_10	Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments
IA_PSPA_16	Use of decision support and standardized treatment protocols		

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