

**List of 2019 CMS Improvement Activities That Can Be Crosswalked to ASCO Quality Programs**

CMS ID (Improvement Activity ID)	Category of Improvement Activity (Subcategory Name)	Specifics of Activity (Activity Description)	ASCO Quality Program
IA_PSPA_7	Patient Safety & Practice Assessment	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	QCP QCDR
IA_PSPA_19	Patient Safety & Practice Assessment	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 such as: <ul style="list-style-type: none"> <li>• Multi-Source Feedback</li> <li>• Train all staff in quality improvement methods</li> <li>• Integrate practice change/quality improvement into staff duties</li> <li>• Engage all staff in identifying and testing practices changes</li> <li>• Designate regular team meetings to review data and plan improvement cycles</li> <li>• Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff</li> <li>• Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data</li> </ul>	QCP QTP
IA_PSPA_20	Patient Safety & Practice Assessment	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	QCP QTP

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		population health, quality and patient experience metrics in regular reviews of practice performance.	
IA_BE_15	Beneficiary Engagement	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the electronic health record (EHR) technology.	QCP
IA_BE_21	Beneficiary Engagement	Provide self-management materials at an appropriate literacy level and in an appropriate language.	QCP
IA_CC_9	Care Coordination	Implementation of practices/processes, including a discussion on care, to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s). Individual care plans should include consideration of a patient's goals and priorities, as well as desired outcomes of care.	QCP
IA_CC_14	Care Coordination	<p>Develop pathways to neighborhood/community-based resources to support patient health goals that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Maintain formal (referral) links to community-based chronic disease self-management support programs, exercise programs and other wellness resources with the potential for bidirectional flow of information; and provide a guide to available community resources.</li> <li>• Including through the use of tools that facilitate electronic communication between settings</li> <li>• Screen patients for health-harming legal needs</li> <li>• Screen and assess patients for social needs using tools that are preferably health IT enabled and that include to any extent standards-based, coded question/field for the capture of data as is feasible and available as part of such tool</li> <li>• Provide a guide to available community resources.</li> </ul>	QCP
IA_PM_15	Population Management	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	QCP

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		care intensively through new diagnoses, injuries and exacerbations of illness.	
IA_PM_16	Population Management	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.	QCP
IA_EPA_1	Expanded Practice Access	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"> <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)</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>	QCP