

Improvement Activities Performance Category

Call for Activities Submission Form

Activities recommended for inclusion or modification should be sent using the Improvement Activities Submission Template (below) to the email: CMSCallforActivities@abtassoc.com. Stakeholders will receive an email confirmation for their submission. Activities submitted by July 1, 2020 will be considered for inclusion for the Quality Payment Program Year 6 (2022). Improvement activities submitted after July 1, 2020 will be considered for inclusion in future years of the Quality Payment Program. All fields of this form must be completed in order for your submission to be considered.

We also refer submitters to the [2020 MIPS Improvement Activities list](#) on the [CMS Quality Payment Program resource library](#), which lists the complete inventory of current improvement activities for the Quality Payment Program Year 4 (2020). Submitters should ensure that proposed new activities do not duplicate existing ones.

MIPS improvement activities considered for selection should meet one or more of the acceptance criteria. The current list of acceptance criteria is as follows:

- Relevance to an existing improvement activities subcategory (or a proposed new subcategory);
- Importance of an activity toward achieving improved beneficiary health outcomes;
- Importance of an activity that could lead to improvement in practice to reduce health care disparities;
- Aligned with patient-centered medicalhomes;
- Focus on meaningful actions from the person and family's point of view;
- Supports the patient's family or personalcaregiver;
- 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;
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes;
- Include a public health emergency as determined by the Secretary; or
- CMS is able to validate the activity

Proposed New Improvement Activities Recommended for Inclusion in the Quality Payment Program: Submission Template

<p>Activity Sponsor: Provide entity name, URL, and individual contact information: name, address, phone, email—in case we need to contact submitter.</p>	<p>Discern Health www.discernhealth.com</p> <p>Guy D’Andrea Discern Health 1120 N. Charles Street, Suite 200 Baltimore, MD 21209 gdandrea@discernhealth.com (410) 532-4470 x101</p>
<p>CMS NPI # or Sponsor Type: Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.</p>	<p>Health quality measurement consultant</p>
<p>Activity Title: Provide the activity title only—10 words or less.</p>	<p>Implementation of a Personal Protective Equipment (PPE) Plan</p>
<p>Activity Description: Provide a brief description of the proposed activity—300 words or less. Please be as specific as possible about what the activity entails. E.g., “Eligible clinician must perform/do XXXX.”</p>	<p>In order to receive credit for this activity, MIPS-eligible clinicians must have a documented plan to acquire, store, maintain and replenish supplies of Personal Protective Equipment (PPE) for all clinicians or other staff who are in physical proximity to patients.</p> <p>In accordance with guidance from the Centers for Disease Control and Prevention (source), the PPE plan should address:</p> <ul style="list-style-type: none"> • Conventional capacity: PPE controls that should already be implemented in general infection prevention and control plans in healthcare settings, including training in proper PPE use. • Contingency capacity: actions that may be used temporarily during periods of expected PPE shortages. • Crisis capacity: strategies that may need to be considered during periods of known PPE shortages. <p>The PPE plan should address at least the following types of PPE:</p> <ul style="list-style-type: none"> • Eye Protection • Gowns • Gloves • Facemasks • Respirators (including N95 respirators)

<p>Proposed Subcategory: Select the ONE (1) subcategory under which your proposed improvement activity best fits from among the following eight options:</p> <ul style="list-style-type: none"> • Achieving Health Equity • Behavioral and Mental Health • Beneficiary Engagement • Care Coordination • Emergency Response and Preparedness • Expanded Practice Access • Patient Safety and Practice Assessment • Population Management 	<p>Emergency Response and Preparedness</p>
<p>Validation of Activity: Supporting Documentation (e.g., peer-reviewed articles, other publications, websites) <i>Provide supporting validation documentation that indicates that this activity has been used successfully in the field, and that it can lead to practice quality improvement and improvement in patient health, experience, etc. Please provide citations of or links to established processes, validated tools, etc., that are referenced in the activity.</i></p>	<p>The COVID-19 pandemic has clearly illustrated the necessity to maintain adequate supplies of PPE for care givers. Especially in the early days of the pandemic, inadequate PPE supplies reduced access to care and exposed physicians and health care workers to unnecessary risk. (Source)</p> <p>In a survey conducted in mid-March, over 50% of physician practices cited a lack of lack of supplies as an obstacle to care-giving. Of those survey respondents who provided comments, 85% cited lack of access to protective equipment and testing. (Source)</p> <p>The CDC has issued guidance and tools to optimize the supply of PPE and equipment. These resources include a “PPE Burn Rate Calculator” (source) and guidelines for the appropriate use (and in some cases, re-use) of PPE. (source). The World Health Organization has also developed resources that health care providers can use to promote the appropriate use of PPE (source). The National Institute for Occupational Safety and Health (NIOSH) provides further guidance (source).</p> <p>Physician practices that understand PPE guidance and have a documented PPE plan in place will be better able to respond to future public health emergencies or pandemics, especially related to infectious disease.</p>

Documentation to Use as Proof of Activity Completion:

Include data or primary sources that could be used to substantiate performance of the improvement activity (e.g. medical charts, office schedules, data reports, quality improvement reports or submissions to funders/payers, meeting minutes).

To demonstrate adherence to this Improvement Activity, a clinician practice should provide:

1. A written plan to acquire, store, maintain and replenish supplies of Personal Protective Equipment (PPE). The plan should be authorized by the Chief Medical Officer (or similar) for the practice and designate the staff member(s) responsible for implementing the plan;
2. Documentation of current inventories of PPE and anticipated needs during normal and surge requirements. (The CDC PPE Burn Rate Calculator is a tool that can be used for this purpose); and
3. Documentation of staff training and awareness regarding the PPE plan (e.g., training logs or copies of training documents distributed to staff).

Level of Effort:

Include data, primary sources or personal experience to substantiate the level of effort the submitter anticipates are required to complete the proposed improvement activity on an annual basis. (This estimate could be in hours/days, dollars, staffing needs/FTE, external resources/supports or any combination thereof).

We estimate that the level of efforts required for this IA is:

- Approximately 8 hours of staff time to draft and adopt the PPE plan (one-time effort)
- Approximately 1 hour for each staff member to read and understands the PPE plan (repeated annually)
- Approximately 4 hours per month for the practice administrator to review and update current PPE inventories

Note that the level of effort may vary for larger/higher volume practices.