CMS Merit-based Incentive Payment System (MIPS) Improvement Activities (IAs) relevant during the COVID-19 Pandemic

Below are 2020 CMS MIPS Improvement Activities that dermatologists may want to consider participating in during the Covid-19 Pandemic. Improvement Activities should be documented for 90 days, unless otherwise stated. Please note, CMS is evaluating options for providing relief around participation and data submission for 2020 MIPS, however no official guidance has been released yet.

**Reporting Telemedicine Efforts:**

**IA_EPA_2 Use of telehealth services that expand practice access (Medium Weight)**

**Description/Validation Criteria:**
Use of telehealth services and participation in data analysis assessing provision of quality care with those services. NOTE: For the purposes of this IA, telehealth services include a “real time” interaction and may be obtained over the phone, online, etc. and are not limited to the Medicare reimbursed telehealth service criteria (that was issued prior to adjustments due to Covid-19).

**Actions that can qualify for attestation:**

- Utilize a teledermatology platform through your EHR for at least a consecutive 90 calendar day period and document the use of telehealth to provides services to patients. Analyze the quality of care you provided to your patients through the platform.
- Document your use of telehealth services through: a) claims adjudication (may use G codes to validate); b) EHR or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient
- Consider tracking measures such as appointment wait time, patient satisfaction, and clinical care outcomes for telehealth patients. Document your tracking of these measures within an excel file, or consider creating a written report of your performance on these measures.

**Resources to aid in performing activity:**

- AAD Teledermatology Toolkit: The AAD teledermatology toolkit discusses clinical services and educational resources available to patients, to monitor patient health, and to consult with other health care providers. [https://www.aad.org/member/practice/telederm/toolkit/started](https://www.aad.org/member/practice/telederm/toolkit/started)
IA_BE_14 Engage patients and families to guide improvement in the system of care (High Weight)

**Description/Validation Criteria:** Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement.

**Actions that can qualify for attestation:**

- Engage in non-face-to-face chronic care management using remote monitoring and/or telehealth technology
- Document your use of telehealth services through: a) claims adjudication (may use G codes to validate); b) EHR or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient
- Document your engagement of patients and families (e.g., meeting agendas and summaries) where patient’s families have been engaged through the use of remote monitoring and/or telehealth technology.

**Resources to aid in performing activity:**

- AAD Teledermatology Toolkit: The AAD teledermatology toolkit discusses clinical services and educational resources available to patients, to monitor patient health, and to consult with other health care providers. [https://www.aad.org/member/practice/telederm/toolkit/started](https://www.aad.org/member/practice/telederm/toolkit/started)

**Reporting Volunteer Efforts:**

IA_ERP_2: Participation in a 60-day or greater effort to support domestic or international humanitarian needs (High Weight)

**Description/Validation Criteria:** MIPS eligible clinicians and groups attest to domestic or international humanitarian volunteer work for a period of a continuous 60 days or greater. Activities that simply involve registration are not sufficient.

**Actions that can qualify for attestation:**

- Volunteer with a humanitarian organization for a period of a continuous 60 days or greater
- Volunteer to work in a hospital surge to fight against Covid-19 for a period of a continuous 60 days or greater
- Keep records of the location of the volunteer work, timeframe, and confirmation from humanitarian organization.
Resources to aid in performing activity:

- Weblink for the Emergency System for Advance Registration of Volunteer Health Professionals which provides links to registration by state:
  [https://www.phe.gov/esarvhp/Pages/registration.aspx](https://www.phe.gov/esarvhp/Pages/registration.aspx)
- Find a volunteer opportunity with [Voluntary Organizations Active in Disaster (VOAD)](https://www.voad.org).

**IA_ERP_1: Participation in disaster medical assistance teams or community emergency responder teams (Medium Weight)**

**Description/Validation Criteria:** Participation in Disaster Medical Assistance Team (DMAT) or Community Emergency Responder Team (CERT) for at least 6 months as a volunteer. Activities that simply involve registration are not sufficient.

**DMAT** (organized out of the U.S. Department of Health and Human Services (HHS)) is a group of professional and para-professional medical personnel designed to provide medical care during public health emergencies or National Security Special Events (NSSEs).

**CERT** (organized out of the Federal Emergency Management Agency (FEMA)) is a program that trains volunteers in basic disaster response skills, such as fire safety, light search and rescue, team organization and disaster medical operations.

**Actions that can qualify for attestation:**

- Document your registration date, save any emails with this information
- Document your attendance at trainings, including dates
- Document your onsite participation and/or the specific activities you conducted as a member of the team

Resources to aid in performing activity:

**DMAT**

- Information on joining the DMAT program:
  [https://www.phe.gov/Preparedness/responders/ndms/Pages/join-ndms.aspx](https://www.phe.gov/Preparedness/responders/ndms/Pages/join-ndms.aspx)

**CERT**

- Official website: [https://www.ready.gov/cert](https://www.ready.gov/cert)
- Weblink to search for local CERT program:
  [https://community.fema.gov/Register/Register_Search_Programs](https://community.fema.gov/Register/Register_Search_Programs)

**Reporting Patient Safety or Clinical Care Efforts:**
IA PSPA_8: Use of Patient Safety Tools (Medium Weight)

Description/Validation Criteria: Use of systems, tools and strategies implemented by specialty practices, for tracking specific meaningful patient safety and practice assessment

Actions that can qualify for attestation:

- Participating in a public health emergency disease outbreak control effort, i.e. follow the CDC and AAD guidelines on navigating patient visits, to slow the spread on COVID-19 and maximize staff and patient safety
- Implementation of the CDC Guide to Infection Prevention for Outpatient Settings
- Providing leadership to an Infection Prevention and Control (IPC) Program
- Document and keep record of your use of manuals, guides, tools and how you applied the guidance/tools to your practice, such as a memo developed for practice staff.

Resources to aid in performing activity:

- AAD information on protecting staff and patients through Covid-19 outbreak: https://assets.ctfassets.net/1ny4yoiyrqia/4LNCNjucOonbQx7aC970x/bbedbab0754efecbb6ef0ca0ef43b26/COVID-19_Preparedness_032420.pdf

(NEW & UPDATED) IA ERP_3: Covid-19 Clinical Trials (High Weight)

Description/Validation Criteria: There are two ways MIPS eligible clinicians can meet this activity:

1. MIPS eligible clinician can participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study.

The type of clinical trial could include designs ranging from the traditional double-blinded placebo-controlled clinical trial to an adaptive design or pragmatic design that flexes to workflow and clinical practice context. It may be conducted in large organized clinical trials led by academic medical centers or healthcare systems.
2. MIPS eligible clinicians participating in the care of COVID patients may submit COVID patients with dermatologic manifestations case data to a data registry for purposes of future study.

**Actions that can qualify for attestation:**

- Document evidence of submission of clinical data to the clinical data repository or registry supporting a COVID-19 clinical trial (screenshot capture of the MIPS eligible clinician or group’s submission to the participating clinical data repository/registry).
- Document evidence of submission of clinical data of patients diagnosed with COVID-19 to a COVID-Derm registry (e.g. AAD-Massachusetts General Hospital COVID-Derm Registry). The myriad COVID-Derm registries seek to understand dermatologic manifestations of the COVID-19 virus, and the impact of patients with dermatologic conditions and those on immunomodulating drugs who become infected. The AAD-Mass General registry is for all health care professionals taking care of COVID-19 patients that develop dermatologic manifestations or dermatology patients with an existing condition that then develop COVID-19.

**Resources to aid in performing activity:**

- For more information on the COVID-19 clinical trials: [U.S. National Library of Medicine website](http://www.nlm.nih.gov/)
- Oracle’s clinical data repository supporting COVID-19 clinical trials: [Oracle’s COVID-19 Therapeutic Learning System](http://www.oracle.com/)
- To access Massachusetts General Hospital’s (Partners Healthcare) dermatology registry: [https://redcap.partners.org/redcap/surveys/index.php?s=YJWAJCX7TY](https://redcap.partners.org/redcap/surveys/index.php?s=YJWAJCX7TY)