aapm&r
American Academy of Physical Medicine and Rehabilitation

MIPS

IA Guide

Improvement Activities Guide

The Improvement Activities (IA) performance category assesses participation in activities that are designed to improve clinical practice. The IA category generally accounts for 15 percent of the MIPS composite score. You must attest to engaging in specific activities for a minimum of 90 days. How many activities you are required to report depends on many factors, including the size of your practice and whether your practice is in a rural or underserved area.

GENERAL REQUIREMENTS:

- **Most participants:** Attest that you completed two to four improvement activities, totaling 40 points, for a minimum of 90 days to receive full credit under this category.
  - » Medium weighted activities receive credit for 10 points toward the total possible category score.
  - » High weighted activities receive credit for 20 points toward the total possible category score.

SPECIAL ACCOMMODATIONS:

- **Participants in practices with 15 or fewer eligible clinicians or in TINs designated as being in a rural or health professional shortage area:** Attest that you completed one high-weighted improvement activity or two medium-weighted improvement activities for a minimum of 90 days to receive full credit. If participating in MIPS at the group level, more than 75 percent of the clinicians billing under your TIN must be located in a rural or health professional shortage area in order to receive this accommodation, or your practice must be designated as a small practice by CMS for the 2022 performance period.
- **Participants in certified patient-centered medical homes, comparable specialty practices, or an Alternative Payment Model (APM) designated as a Medical Home Model:** You will automatically earn full credit in the IA performance category. If participating in MIPS at the group level, at least 50 percent of the practice sites within your TIN must be recognized as a patient-centered medical home or comparable specialty practice in order to receive this accommodation.
- **Participants in APMs qualifying for special scoring under MIPS, such as the Shared Savings Program or Oncology Care Model:** If you are a participant in a MIPS APM, you may opt to participate in MIPS under the APM Performance Pathway (APP) at either the individual, group, or APM Entity level. If so, you will automatically be assigned full credit under the IA performance category, except in rare cases where the APM Entity failed to complete the required IAs and any associated corrective action plan. If you opt to report via traditional MIPS, you will automatically earn half credit under the IA performance category and may report additional activities to increase your score.
- **Participants in any other APM:** You will automatically earn half credit under the IA performance category and may report additional activities to increase your score.

Group-level reporting: Starting with performance year 2020, CMS updated the requirements for completion of improvement activities for a group to receive credit. In previous years, if a single MIPS eligible clinician completed an improvement activity for 90 consecutive days, the entire group could claim the improvement activity and receive credit. However, for 2020 onward, at least 50 percent of the clinicians billing under the TIN must complete the improvement activity for at least 90 consecutive days for the group to receive credit; individual clinicians in the group are not required to all complete the same improvement activity over the same 90-day period.

MIPS eligible clinicians can choose from an inventory of over 100 CMS-approved improvement activities. On the next page is a list of activities that may be applicable to physiatrists. However, you are encouraged to review the entire inventory to see which activities are most relevant to your practice.

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QPP IA ID NUMBER	WEIGHT	IMPROVEMENT ACTIVITIES THAT COULD BE APPLICABLE TO AAPM&R REGISTRY PARTICIPANTS	SUGGESTED DOCUMENTATION FOR 2022*
IA_PM_7	High	Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.	1) QCDR agreement – Documented arrangement with a QCDR to generate feedback reports summarizing local practice patterns and treatment outcomes, including for vulnerable populations; OR 2) Feedback reports – Copies of feedback reports provided by a QCDR that summarize local practice patterns and treatment outcomes with focus on vulnerable populations.
IA_PM_15	Medium	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. • Managing care intensively through new diagnoses, injuries and exacerbations of illness.	1) Follow-up on hospitalizations, emergency department (ED), or other visits, and medication management – Routine and timely follow-up to hospitalizations, ED, or other institutional visits, and medication reconciliation and management (e.g., documented in medical record or electronic health record [EHR]); OR 2) New diagnoses, injuries and exacerbations – Intensive care management at time of new diagnoses, injuries, and exacerbations of illness documented in medical record or EHR.
IA_PM_16	Medium	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.	1) Documented Medication Reconciliation - Patient medical records demonstrating periodic structured medication reviews or reconciliation; or 2) Integrated Pharmacist - Evidence of pharmacist integrated into care team; or 3) Reconciliation Across Transitions – Patient medical record demonstrating medication reconciliation at the time of the transition; or 4) Medication Management Improvement Plan - Report detailing medication management practice improvement plan and outcomes, if available.
IA_PM_17	Medium	Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.	1) Documentation of participation in a federally and/or privately funded research initiative; AND 2) List of the interventions, tools, or processes used in the research, including identified population(s) and health outcomes targeted.
IA_CC_1	Medium	Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the EHR technology.	1) Report – Evidence that the consultant always sends a report to the referring eligible clinician; AND 2) Process for capturing referral information – Evidence that the referring eligible clinician has a defined method for capturing reports in the medical record.

** See CMS guidance for 2022 MIPS Data Validation Criteria, available here, for additional details.*

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IA_CC_2	Medium	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	1) Population identified – characteristics of the population targeted and methods for capturing the entire population within your practice, AND 2) Documentation of method/s of communication and benchmark for timeliness of communication – The benchmark for timeliness of communication can be determined and measured in a variety of ways and should be defined by the eligible clinician in a way that will best meet the goals of the activity; AND 3) Improvement strategies – Strategies used to improve timeliness are defined and must be documented by the eligible clinician.
IA_CC_8	Medium	Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure)	1) Care coordination process documentation – Documentation of the implementation of practices/processes that document care coordination activities; AND 2) Care coordination outcomes – Documentation of, or ability to demonstrate evidence of, the outcomes from newly implemented practices/ processes.
IA_CC_9	Medium	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.	1) Individual care plans for at-risk patients – Documentation of process for developing individual care plans for clinician-defined at-risk patients; AND 2) Use of care plan with beneficiary – Patient medical records demonstrating the documentation of the care plan using a standardized approach.

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IA_CC_15	High	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: • Coordinate with care managers/ navigators in preoperative clinic to plan and implementation comprehensive post discharge plan of care; • Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms; • Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or • Implement processes to ensure effective communications and education of patients' post-discharge instructions.	1) Coordination with care managers/ navigators in preoperative clinic – Documented conversations with care managers/navigators to plan and implement comprehensive post-discharge plan of care that could take into account patients' post-discharge environment and support system out of the hospital; OR 2) Perioperative care process improvements – Documentation of evidence-informed perioperative clinic and care processes implemented to standardize care across the spectrum of surgical patients; OR 3) Patient education and improvement – Implement processes to ensure effective communication of and education on patients' discharge instructions, taking into account patients' literacy level, language and communication preferences, and cognitive or functional impairments.
IA_CC_18	Medium	In order to receive credit for this activity, MIPS eligible clinicians must participate in a minimum of eight hours of training on relationship-centered care tenets such as making effective open-ended inquiries; eliciting patient stories and perspectives; listening and responding with empathy; using the ART (ask, respond, tell) communication technique to engage patients, and developing a shared care plan. The training may be conducted in formats such as, but not limited to: interactive simulations practicing the skills above, or didactic instructions on how to implement improvement action plans, monitor progress, and promote stability around improved clinician communication.	1) Certificate of completion – Documentation of completing 8 hours of training with patient-centered care training title, eligible clinician's name, and date of completion. The training may be conducted in formats such as, but not limited to: interactive simulations practicing the skills listed in the activity description, or didactic instructions on how to a) implement improvement action plans; b) monitor progress; and c) promote stability around improved clinician communication; AND 2) Details on patient-centered care training – Provide details on patient-centered care training components. Training should include such topics as: a) making effective open-ended inquires; b) eliciting patient stories and perspectives; c) listening and responding with empathy; d) using a specific technique such as ART (ask, respond, tell) to engage patients; or e) developing a shared care plan.

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IA_CC_19	High	To receive credit for this improvement activity, a MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period. Reporting the PRC modifiers enables the identification of a clinician's relationship with, and responsibility for, a patient at the time of furnishing an item or service.	MACRA PRC HCPCS modifiers on 50% of Medicare claims – Documentation could be captured in the patient chart or electronic health record; note that the eligible clinician reported MACRA PRC using the applicable HCPCS modifiers on 50% or more of their Medicare claims for a continuous 90-day minimum reporting period within the performance year.
IA_BE_4	Medium	To receive credit for this activity, MIPS eligible clinicians must provide access to an enhanced patient/caregiver portal that allows users (patients or caregivers and their clinicians) to engage in bidirectional information exchange. The primary use of this portal should be clinical and not administrative. Examples of the use of such a portal include, but are not limited to: brief patient reevaluation by messaging; communication about test results and follow up; communication about medication adherence, side effects, and refills; blood pressure management for a patient with hypertension; blood sugar management for a patient with diabetes; or any relevant acute or chronic disease management.	1) Enhanced patient portal screenshots – Documentation through screenshots of an enhanced patient portal that displays at least one of the following functions or features: a) bidirectional communication between patient and eligible clinician or care team; or b) availability of health information and education regarding the patient's conditions; OR 2) Patient portal use reports – Reports of patient portal engagement detailing patient use of interactive functions.
IA_BE_6	High	Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	At least two of the following: 1) Report of patient experience and satisfaction – Report including collected data on patient experience and satisfaction. Report may include description of effort to implement patient surveys in multiple languages based on the needs of the patient population. The eligible clinician or practice may use a third-party administrator; AND/OR 2) Follow-up on patient experience and satisfaction – Documentation that the eligible clinician's practice has implemented changes based on the results of the patient experience and satisfaction data gathered and analyzed; AND/OR 3) Patient experience and satisfaction improvement plan – Documentation of a patient experience and satisfaction improvement plan.
IA_BE_15	Medium	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the EHR technology.	Patient, family, and caregiver involvement – Report or screenshot from the EHR showing the plan of care and prioritized goals for action with notes from engagement of patients and/or their families and caregivers. May use another electronic platform to systematically capture patient preferences/ value through a validated patient experience measure instrument.

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IA_BE_16	Medium	To help patients self-manage their care, incorporate culturally and linguistically tailored evidence-based techniques for promoting self-management into usual care, and provide patients with tools and resources for self-management. Examples of evidence-based techniques to use in usual care include: goal setting with structured follow-up, Teach-back methods, action planning, assessment of need for self-management (for example, the Patient Activation Measure), and motivational interviewing. Examples of tools and resources to provide patients directly or through community organizations include: peer-led support for self-management, condition-specific chronic disease or substance use disorder self-management programs, and self-management materials.	1) Patient literacy and language capture – Documentation of patient literacy level and/or language preference captured in the medical record (e.g., screenshot, electronic health record [EHR] report); AND 2) Provision of appropriate self-management care techniques – Documented use of evidence-based techniques to promote self-management into usual care (e.g., eligible clinicians' completed office visit checklist, electronic health record report of completed checklist, copies of goal-setting tools or techniques, motivational interviewing script/questions, action planning tool with patient feedback, record of condition-specific self-management coaching). Materials must be provided in a format appropriate for the patient's literacy and/or language preference.
IA_BE_25	High	Provide counseling to patients and/or their caregivers regarding: costs of medications using a real time benefit tool (RTBT) which provides to the prescriber real-time patient-specific formulary and benefit information for drugs, including cost-sharing for a beneficiary.	1) Use of RTBT – Evidence of RTBT used in practice (e.g., workflow diagram, screenshot of tool) to provide real-time patient-specific formulary and benefit information for medications, including cost-sharing for a beneficiary and counselling on medication costs; AND 2) Discussion of alternative medications and assistance programs – Documentation (e.g., EHR or medical record note) of discussion/counseling with patients about the availability of any alternative medications (such as generics) and the patients' eligibility for patient assistance programs that provide free medications for patients who are unable to afford to buy their medicine. For this activity, patient assistance programs pertain to patients who require assistance to purchase necessary medications.

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IA_PSPA_2	Medium	In order to receive credit for this activity, a MIPS eligible clinician must participate in Maintenance of Certification (MOC®) Part IV. Maintenance of Certification (MOC) Part IV requires clinicians to perform monthly activities across practice to regularly assess performance by reviewing outcomes addressing identified areas for improvement and evaluating the results. Some examples of activities that can be completed to receive MOC Part IV credit are: the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program, American Board of Medical Specialties Practice Performance Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program; specialty- specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE); American Psychiatric Association (APA) Performance in Practice modules.	Confirmation of participation – Documentation of participation in MOC Part IV.
IA_PSPA_6	High	Review the history of controlled substance prescriptions for 90 percent* of patients using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. *Apply exceptions for patients receiving palliative and hospice care.	1) Number of issuances of CSII Prescription – Total number of issuances of a CSII prescription that lasts longer than 3 days (e.g., screenshot or report from PDMP web portal displaying data); AND 2) Documentation of consulting the PDMP – Total number of patients for which there is evidence of consulting the PDMP prior to issuing an CSII prescription (e.g., copies of patient reports created with the Protected Health Information masked, PDMP website screenshot); AND 3) Documentation for exceptions – Total number of patients receiving hospice and palliative care, and who are exempt from Centers for Disease Control and Prevention (CDC) prescribing guidelines.

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IA_PSPA_19	Medium	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: • Participation in multisource feedback; • Train all staff in quality improvement methods; • Integrate practice change/quality improvement into staff duties; • Engage all staff in identifying and testing practices changes; • Designate regular team meetings to review data and plan improvement cycles; • Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff; • 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; • Participation in Bridges to Excellence; • Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.	1) Adopt formal quality improvement plan and create culture of improvement – Documentation of adoption of a formal model for QI and creation of a culture in which staff actively participate in QI activities. Formal QI models are used by eligible clinicians to develop systems, tools, and interventional strategies to improve processes of care for their patient population; AND 2) Staff participation – Documentation of staff participation in one or more of the 6 key areas for improvement*: a) training; b) integration into staff duties; c) identifying and testing practice changes; d) regular team meetings to review data and plan improvement cycles; e) share practice and panel level quality of care; f) patient experience and utilization data with staff; or g) share practice level quality of care, patient experience and utilization data with patients and families.
IA_PSPA_20	Medium	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 population health, quality and patient experience metrics in regular reviews of practice performance.	1) Clinical and administrative leadership role descriptions – Documentation of clinical and administrative leadership role descriptions that include responsibility for practice improvement change (e.g., position description); OR 2) Time for leadership in improvement efforts – Documentation of allocated time for clinical and administrative leadership participating in improvement efforts (e.g., regular team meeting agendas and post meeting summaries); OR 3) Population health, quality, and health experience incorporated into performance reviews – Documentation of population health, quality, and health experience metrics incorporated into regular practice performance reviews (e.g., reports, agendas, analytics, meeting notes).

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IA_PSPA_21	Medium	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors (e.g., Clinical decision support/ prompts in the electronic health record that help manage the use of medications, such as benzodiazepines, that increase fall risk).	1) Implementation of a falls screening and assessment program – Documentation of newly implemented falls screening and assessment program that uses valid and reliable tools to identify patients at risk for falls and address modifiable risk factors. The program population should be defined by the eligible clinicians; OR 2) Implementation progress – Documentation of follow-up after falls screening and assessment with focus on improvement in risk factors. Documentation of follow-up may include: follow-up screening, notes or medication list demonstrating mitigation of the risk or other health record data demonstrating follow-up, etc.
IA_PSPA_28	Medium	Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria: • 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; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement; • The activity must include data collection and analysis of performance data to assess the impact of the interventions; and • 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. An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).	1) Documentation/report of the performance improvement project completed – Documentation to include: a) the specific quality or safety gap and measurable improvement goal; b) the interventions used to result in improvement; and c) data with analysis demonstrating the improvement; AND 2) Confirmation of participation – Documented confirmation of participation and completion in accredited performance improvement program; AND 3) Program details – Details of accredited program must include: a) definition of meaningful eligible clinician participation in their activity; and b) description of the mechanism for identifying eligible clinicians who meet the requirements.

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IA_PSPA_31	High	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75% of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co- prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.	1) Examples of education provided – Copies of written education (e.g., pamphlets, patient portal screenshot) and verbal education (e.g., scripts/descriptions of what must be said) provided; AND 2) Education provided to patients co-prescribed – Education must be completed for at least 75% of qualifying patients and occur a) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids; or b) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.
IA_PSPA_32	High	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.	1) CDC Guideline for Prescribing Opioids for Chronic Pain via CDS within eligible clinicians' workflow – Evidence that the CDC Guideline for Prescribing Opioids for Chronic Pain is available to eligible clinician(s) via CDS, and that the guideline is incorporated into eligible clinicians' workflow. May include: electronic health record-based prescribing prompts, chronic pain order sets with opiate prescribing based on CDC Guidelines, or prompts requiring review of guidelines before a subsequent action can be taken in the record; AND 2) Use of Guideline in CDS – Documentation of use of CDC guideline during patient care during the 90 day or year-long attestation period.
IA_BMH_2	Medium	Tobacco use: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including tobacco use screening and cessation interventions (refer to NQF #0028) for patients with co-occurring conditions of behavioral or mental health and at risk factors for tobacco dependence.	1) Identification of patients with behavioral or mental health conditions and tobacco dependence risk factors – Report from the electronic health record (EHR), qualified clinical data registry (QCDR), clinical registry, or other system demonstrating that the eligible clinician tracks patients with conditions of behavioral health or mental health with risk factors for tobacco dependence; AND 2) Evidence of screening – Report from EHR, QCDR, clinical registry, or documentation from medical charts showing regular practice of tobacco screening for patients with conditions of behavioral or mental health with risk factors for tobacco dependence; AND 3) Evidence of cessation interventions – Report from EHR, QCDR, clinical registry, or documentation from medical charts showing regular practice of tobacco cessation interventions for patients with behavioral or mental health disorders with risk factors for tobacco dependence.

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IA_BMH_4	Medium	Depression screening and follow-up plan: Regular engagement of MIPS eligible clinicians or groups in integrated prevention and treatment interventions, including depression screening and follow-up plan (refer to NQF #0418) for patients with co-occurring conditions of behavioral or mental health conditions.	1) Identification of patients with behavioral or mental health conditions and depression risk factors – Report from the electronic health record (EHR), qualified clinical data registry (QCDR), clinical registry, or other system demonstrating that the eligible clinician tracks patients with conditions of behavioral health or mental health and with risk factors for depression; AND 2) Evidence of depression screening – Report from the electronic health record (EHR), qualified clinical data registry (QCDR), clinical registry, or documentation from medical charts showing regular practice for depression screening for patients with diagnosed behavioral or mental health disorders; AND 3) Evidence of depression follow-up – Report from EHR, QCDR, clinical registry, or documentation from medical charts showing depression follow-up plan for patients with positive screen.
IA_BMH_12	High	Develop and implement programs to support clinician well-being and resilience—for example, through relationship-building opportunities, leadership development plans, or creation of a team within a practice to address clinician well-being—using one of the following approaches: • Completion of clinician survey on clinician well-being with subsequent implementation of an improvement plan based on the results of the survey. • Completion of training regarding clinician well-being with subsequent implementation of a plan for improvement.	Include one of the following first two elements and the third element: 1) Report on clinician well-being – Report including collected data on clinician well-being and resilience (e.g., survey results); OR 2) Staff training – Documentation of staff training on clinician well-being (e.g., training certificate, letter, training materials); AND 3) Implementation of a clinician well-being improvement plan – Documentation of a clinician well-being and resilience improvement plan, based on the results of the clinician well-being survey or staff training.

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IA_ERP_3	High	Participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report findings through a clinical data repository or clinical data registry for the duration of the study; OR participate in the care of patients diagnosed with COVID-19 and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research. Additional requirements apply.	1) Clinical trial details – Details to verify participation in an acceptable COVID-19 clinical trial. The type of clinical trial could include designs ranging from the traditional double-blinded placebo-controlled 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. In addition, CMS intends for this activity to be applicable to eligible clinicians who are reporting their COVID-19 related patient data to a clinical data repository, such as Oracle's COVID-19 Therapeutic Learning System; AND 2) Clinical data submission – Evidence of submission of clinical data to the clinical data repository or registry supporting the COVID-19 clinical trial (e.g., screenshot from the participating clinical data repository or clinical data registry).
IA_AHE_3	High	Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PHQ-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening.	1) Promotion of PRO tools – Evidence that eligible clinicians are promoting use of PRO tools with their patients (e.g., documented notes in electronic health record, PRO materials); AND 2) PRO data collection – Feedback reports demonstrating use of PRO tools and corresponding collection of PRO data.

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