Improvement Activity Resources

- IA_EPA_3 – Collection and use of patient experience and satisfaction data on access – This activity focuses on collecting feedback from your patients and then using this information to implement change in your practice. Many organizations offer patient satisfaction surveys such as Press Ganey or even the federal government through Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS. The AUA's PMN even has such a survey in its Practice Management Resource Series. Practices can also design their own surveys focusing on questions they find more useful. The American Academy of Family Physicians offers advice about such surveys and has a model to review.

  After accumulating data for 90 days, the next step is reviewing it and determining how to take advantage of this resource. If all of your surveys are noting the same thing, it is either something you are doing very well or something that should be changed. Look for small steps that can make a big difference but will not greatly impact other resources. This activity will also satisfy IA_BE_13).

- IA_PM_13 – Chronic care and preventative care management for empaneled patients – There are six ways to satisfy this activity, but the AUA recommends that you do at least one of the following three (NOTE: Two of these would also satisfy Quality Reporting requirements):

  - Individualized Care Plan – You would need to either establish a care plan or update the existing care plan annually. This could be an advanced care plan or a plan specific to the urological treatment you are providing. While you probably do not need all the information which would be noted in an advanced care plan, it is good information to have in the patient's file. Many patients already have such plans; so, it is merely a matter of obtaining it and putting a copy in the file. Doing this activity would satisfy IA_BE_15 (if it is documented in the electronic health record), and Quality Reporting Measure #47 Care Plan.

  - Reminders and Outreach – Are you using reminders and outreach to alert patients to services due? If so, you are completing this activity. The outreach could be whatever is easiest for your practice such as mailings, phone calls, emails, etc.

  - Medication Reconciliation – This action would also satisfy IA_PM_16 and/or Quality Reporting Measure #46 Medication Reconciliation Post-Discharge. However, unlike the Quality Reporting measure, you would not want to limit yourself to just patients who had recently been discharged from an inpatient facility. You would want to do it for every patient you see within the 90-day activity window.

- IA_PM_16 – Implementation of Medication Management Practice Improvements – While there are several ways to satisfy this activity, the AUA recommends that urologists do so through medication reviews or reconciliation. This activity can also be used for IA_PM_13 and Quality Reporting Measure #46 Medication Reconciliation Post-Discharge. However, you would not want to limit yourself to just patients who had recently been discharged from an inpatient facility. You would want to do it for every patient you see within the 90-day activity window.

- IA_CC_1 – Implementation of use of specialist reports back to referring clinicians or group to close referring loop – There are two ways to satisfy this activity and both involve documenting reports in the patient's file (either electronic or paper). If you are referring patients to other providers, note that

in the patient's chart and make sure to document any reports or results the other provider sends you. Likewise if patients are referred to you, note that in the chart and make sure to note that you provided reports and/or results to the referring provider. This activity also satisfies IA_CC_12.

- IA_CC_2 – Implementation of improvements that contribute to more timely communication of test results. This activity requires that you contact any patient that has an abnormal test result and that you document the result and how and when you contacted the patient, which could be by mail, phone call, etc. CMS does not define "timely," but most offices already have a working definition of this.

- IA_CC_7 – Regular training in care coordination – A practice must have "documentation of implemented regular care coordination training within practice." However, this is very open. There are many organizations which offer care coordination such as the Agency for Healthcare Quality and Research's free monthly webinar series entitled TeamSTEPPS. In whatever program you decide to use, at least one member of your practice would need to register (and keep validation of that) and participate in the webinar. The webinars are also archived; so, webinars can be viewed whenever it is most convenient. Your practice (or at least a quality improvement team) should discuss the content of the webinars and implement that which might be feasible. CME and other forms of accreditation are often offered for these webinars and training sessions.

- IA_CC_12 – Care Coordination agreements that promote improvements in patient tracking across settings - If you are referring patients to other providers, note that in the patient's chart (either paper or electronic) and make sure to document any reports or results the other provider sends to you. Likewise if patients are referred to you, note that in the chart and make sure to note that you sent reports and/or results to the referring provider. This activity also satisfies IA_CC_1 and possibly IA_CC_13.

- IA_CC_13 – Practice improvements for bilateral exchange of patient information. One aspect of this activity is the use of structured referral notes. Check with your electronic health record (EHR) vendor to verify the best way to includes referral notes. This activity can also be set up in such a way that it would also satisfy IA_CC_1 and IA_CC-12.

- IA_BE_6 – Collection and follow-up on patient experience and satisfaction data on beneficiary engagement – If you are using any kind of patient survey (as discussed in IA_EPA_3 and IA_BE_13), you can satisfy this activity by taking it to the next level. For example, your practice could follow up with patients to address any concerns they might have or your practice could use this information to design an improvement plan. The plan does not need to be implemented at this stage, but there must be concrete evidence that you have administered a patient survey and then drafted improvements based on the survey's results.

- IA_BE_13 – Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms - This activity focuses on collection feedback from your patients and then using information to implement change in your practice. Many organizations offer patient satisfaction surveys such as Press Ganey or even the federal government through Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS. The AUA's PMN even has such a survey in its Practice Management Resource Series. Practices can also design their own surveys focusing on questions they find more useful. The American Academy of Family Physicians offers advice about

such surveys and has a [model](#) to review.

After accumulating data for 90 days, the next step is reviewing it and determining how to take advantage of this resource. If all of your surveys are noting the same thing, it is either something you are doing very well or something that should be changed. Look for small steps that can make a big difference but will not greatly impact other resources. This activity will also satisfy IA_EPA_3.

- IA_BE_15 – Engagement of patients, family and caregivers in developing a plan of care - To complete this activity you could utilize an advanced care plan or a plan specific to the urological treatment you are providing. While you probably do not need all the information which would be noted in an advanced care plan, it is good information to have in the patient's file. Many patients already have such plans; so, it is merely a matter of obtaining it and putting a copy in the file. In order to satisfy this activity, you must produce a report from your electronic health record showing the plan of care and engagement/inclusion of the patient, family, and/or caregivers. Doing this activity would satisfy IA_PM_ 13, IA_CC_9, and [Quality Reporting Measure #47 Care Plan](#).

- IA_BE_21 – Improved practices that disseminate appropriate self-management materials – The [Urology Care Foundation](#) (the official foundation of the AUA) has created self-management materials on numerous urologic conditions which can be provided to patients. To satisfy this activity, you must document in the patient's record what materials distributed as well as any accompanying instructions or results.

- IA_PSPA_3 – Participate in Institute for Healthcare Improvement (IHI) training/forum event; National Academy of Medicine, AHRQ Team STEPPS or other similar activity – Many national organizations, including the AUA, offer seminars and events focused on quality improvement and patient safety, and participating in one (either in person or online and some free of charge) would satisfy this activity. The AUA annually offers the [Quality Improvement Summit](#), which will be offered on Saturday, December 8, 2018. Check the websites of other organizations (such as [ihi.org](#), [nam.edu](#), or [ahrq.gov/teamstepps](#)) for their offerings throughout the year.

- IA_PSPA_4 – Administration of the [AHRQ Survey of Patient Safety Culture](#) – All employees of the practice would need to complete this survey and results must be submitted to AHRQ. AHRQ provides a user's guide as well as the form to help with its administration. At this point, CMS does not require any analysis of the results or follow up on the survey. So, simply completing and submitting would be an inexpensive and quick way to complete an activity.

- IA_PSPA_8 – Use of patient safety tools – The [surgical risk calculator](#), such as the one available through the American College of Surgeons (ASC), is a widely used patient safety tool in urology. If you already use this or plan to start, document this act in a patient's chart when appropriate in order to satisfy this activity. The ASC surgical risk calculator is also available on the AUA Guidelines app.

- IA_PSPA_9 – Completion of the AMA STEPS Forward program – The [STEPS Forward](#) program is an online initiative geared at improving practice efficiency as well as improving care and the patient experience. This tool can be used at your convenience and allows you to customize your educational experience by focusing on both clinical and practical modules. CME is available for some modules. Start by watching the overview video before you begin.

- Participation in a Qualified Clinical Data Registry (QCDR) – Many activities may be achieved just by participating in a QCDR. The AUA offers the AQUA Registry, which is a CMS-approved QCDR. AQUA can also be used to complete the Quality reporting program as well as satisfy some aspects of Advancing Care Initiative. For more information, contact AQUA@AUAnet.org or 855-898-AQUA (2782).