Podcast series: Value-Based Care

Episode 12: The MIPS Improvement Activities Category

Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 12 is The MIPS Improvement Activities Category. To get the most from this episode, you may want to check out earlier episodes first.

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The Merit-based Incentive Payment System, or MIPS, is part of the Quality Payment Program, or QPP, which began January 1, 2017. MIPS replaces several legacy quality reporting programs such as the Physician Quality Reporting System. Physical therapists are not yet required to report under MIPS, but they are likely to be added in 2019.

MIPS requires reporting performance across 4 categories: quality, cost, improvement activities, and advancing care information. In this episode, we’ll go into detail about the improvement activities reporting category.

This category is new for all health care providers. It’s intended to reward providers for their efforts to coordinate care, engage beneficiaries, and promote patient safety. Participating providers may choose to report their performance across 2-to-4 improvement activities out of the QPP’s inventory of more than 100 activities. Some activities are weighted more heavily than others, which may impact the amount that a provider would need to report. Some examples of the available improvement activities include:

- Implementation of a process for developing regular individual care plans
- Implementation of documentation improvements for practice improvements
- Use of a qualified clinical data registry, such as APTA’s Physical Therapy Outcomes Registry, for ongoing practice assessment and improvements in patient safety
- Implementation of fall screening protocols

The reporting requirements under this category will vary based on the size of the provider’s practice. A typical-sized practice would need to report on 4 medium-weight activities or 2 high-weight activities during the performance period. If you have a small practice or are located in a rural area or an area with a shortage in health professionals, and you meet specified exceptions for small or rural practices, you would need to report on only 2 medium-weighted activities or 1 high-weighted activity for the performance period. In either case you would be able to select the activities that best suit your practice and its capabilities.
You can view the entire inventory of available improvement activities on the QPP website. On the Improvement Activities page, each activity includes a brief description along with practical examples. Each activity also includes its “weight” to help you select the right amount of measures to meet the requirements for your practice.

Let’s look at the activity “Implementation of fall screening and assessment programs,” for example. How do you know if this applies to your practice? First, think about the protocols you use in your day-to-day work. Do you assess every patient for their fall risk? Does your practice have a process to prevent falls and address at-risk patients? All of these functions within your practice can be considered to satisfy the fall screening improvement activity.

After you choose 2-to-4 improvement activities to report, you will be scored on your performance across these activities. You will report your improvement activities through an electronic vendor, such as an EHR or registry, by filling out an attestation form. You are acknowledging in the attestation that you performed the selected improvement activity for at least 90 days within the reporting calendar year.

While PTs are not yet required to participate in MIPS, you can start right now to familiarize yourself with the available improvement activities and identify those that best apply to your practice. Now is the time to establish policies and procedures that will help to demonstrate your improvement activities so that you can receive payment that reflects the high value of your practice’s service to your patients.

This has been Episode 12 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

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