



American Society of Clinical Oncology



**List of CMS Improvement Activities That Can Be Crosswalked to ASCO Quality Programs**

Category of Improvement Activity (Subcategory Name)	CMS ID (Improvement Activity ID)	Specifics on Activity (Activity Description)	ASCO Quality Program
Patient Safety & Practice Assessment	IA_PSPA_7	Use of QCDR data, for ongoing practice assessment and improvements in patient safety.	<a href="#">QCP</a> <a href="#">QCDR</a>
Patient Safety & Practice Assessment	IA_PSPA_8	Use of tools that assist specialty practices in tracking specific measures that are meaningful to their practice, such as use of the Surgical Risk Calculator.	<a href="#">QCP</a>
Patient Safety & Practice Assessment	IA_PSPA_19	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: 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; and/or Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families.	<a href="#">QCP</a> <a href="#">QTP</a>
Patient Safety & Practice Assessment	IA_PSPA_20	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.	<a href="#">QCP</a> <a href="#">QTP</a>
Behavioral & Mental Engagement	IA_BME_4	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.	<a href="#">QCP</a>

Beneficiary Engagement	IA_BE_15	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.	<a href="#">QCP</a>
Beneficiary Engagement	IA_BE_21	Provide self-management materials at an appropriate literacy level and in an appropriate language.	<a href="#">QCP</a>
Care Coordination	IA_CC_9	Implementation of practices/processes to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s).	<a href="#">QCP</a>
Care Coordination	IA_CC_14	Develop pathways to neighborhood/community-based resources to support patient health goals that could include one or more of the following: Maintain formal (referral) links to community-based chronic disease self-management support programs, exercise programs and other wellness resources with the potential for bidirectional flow of information; and/or provide a guide to available community resources.	<a href="#">QCP</a>
Population Management	IA_PM_15	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; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.	<a href="#">QCP</a>
Population Management	IA_PM_16	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.	<a href="#">QCP</a>
Expanded Practice Access	IA_EPA_1	Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following: Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management	<a href="#">QCP</a>