Linking the PFE Program to Quality Payment Program MIPS Improvement Initiatives

**MIPS Improvement Activities**: In calculating the overall MIPS score, Improvement Activities are 15% of the overall MIPS score. For most practices, they will need to achieve 40 points in the Improvement Activities to get 100% of the Improvement Activities score making up 15% of the MIPS score. The exception will be for Small, Rural and Health Professional Shortage Area Practices, they will only need to achieve 20 points in the Improvement Activities to get 100% of the Improvement Activities making up 15% of the MIPS score.

Each Improvement Activity is weighted with Improvement Activities rated high worth 20 points and those activities rated medium are worth 10 points. For example, a small practice may do one high activity or two medium activities to achieve 20 points. Likewise, a large practice in an urban setting that is not in a professional shortage area will need to do a combination of activities to achieve 40 points – perhaps 2 activities rated high; 4 activities rated medium; or 1 activity rated high and 2 activities rated medium.

The six metrics for Persons, Patients, and Family Engagement with Physician and Clinical Practices include:

- Support for Patient Voice in Governance and Operations
- Shared Decision-Making
- Patient Activation
- E-Tools
- Health Literacy
- Medication Management

The PFE component is in bold with the associated metric. The intent of the metric is noted along with specific linkages to the 2017 MIPS Improvement Activities that link to the metric and resources readily available for practices to utilize. The MIPS Improvement Activities include the Activity ID, Activity Weight, and Activity. Patient and Family Advisors and TCPI National Faculty are available to speak at PTN webinars or at practice meetings are also available.

### Support of Patient Voices in Practice Governance

<table>
<thead>
<tr>
<th>Metric 1:</th>
<th>Are there policies, procedures, and actions taken to support patient and family participation in governance or operational decision-making of the practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intent:</td>
<td>Engage patients and families as ‘Person and Family Advisors’ to help guide the practice in improvement strategies for providing patient and family centered care. Advisors can be included in any practice committee and should be considered a part of the team.</td>
</tr>
</tbody>
</table>

#### 2017 MIPS Improvement Activities:

- **IA_PSPA_9 Medium**
  Completion of the AMA STEPS Forward program
- **IA_PM_5 Medium**
  Engagement of community for health status improvement
- **IA_BE_6 High**
  Collection and follow-up on patient experience and satisfaction data on beneficiary engagement
- **IA_BE_14 Medium**
Engage patients and families to guide improvement in the system of care

**IA_BE_13** Medium
Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.

**IA_BE_9** Medium
Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement

**Resources:**

**American Medical Association**
A series of integrated modules that takes a practice through the 8 Steps to Forming a Patient and Family Advisory Council. This program is part of the AMA’s STEPS forward initiative that will help physicians redesign their practice and reignite their purpose. [https://www.stepsforward.org/modules/pfac](https://www.stepsforward.org/modules/pfac)

While you are exploring this AMA link, you may want to also explore their other programs on STEPS forward focused on Patient Care, Workflow and Process, Leading Change. [https://www.stepsforward.org](https://www.stepsforward.org)

**Agency for Healthcare Quality and Research (AHRQ)**
While the *Guide to Patient and Family Engagement in Hospital Quality and Safety* is written for hospitals, most of the information is applicable to other settings, including primary care. The *Guide to Patient and Family Engagement in Hospital Quality and Safety* is focused on Working with Patients and Families as Advisors which will be helpful to practices that want to have advisors for their practice operational procedures or policies. [https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html](https://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/guide.html)

**Institute for Patient- and Family-Centered Care**

**Shared Decision-Making**
**Metric 2:**
Does the practice support shared decision-making by training and ensuring that clinical teams integrate patient-identified goals, preferences, outcomes, and concerns into the treatment plan?

**Intent:**
Shared Decision-Making is a collaborative process that allows patients and their providers to make health care decisions together. It considers the best clinical evidence available, as well as the patient’s values and preferences.

**2017 MIPS Improvement Activities:**

**IA_BE_15** Medium
Engagement of patients, family and caregivers in developing a plan of care

**IA_BE_8** Medium
Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive

**IA_BE_11** Medium
Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan

**IA_BE_12** Medium
Use evidence-based decision aids to support shared decision-making

**IA_CC_9** Medium
Implementation of practices/processes for developing regular individual care plan
Use of QCDR to support clinical decision making

**Resources:**

**Shared Decision-Making**

Similar to transformations that are occurring with health care providers and organizations, patients and families are also transforming how they interact and engage with physicians and other providers. There is a broad spectrum of ways in which persons engage with their providers from those that are very prepared having done their own research on their condition, medications, and providers all the way to those that come with little preparation.

**Agency for Healthcare Research and Quality Patient and Family Engagement in Primary Care**

This toolkit will help patients and their families prepare for and become more fully engaged in their medical appointments – to be ready for the appointment, to speak up, to ask questions, to take notes. Tools are also available for clinicians and practice staff to encourage and reinforce patient preparation and engagement.

- Patient Prep Card
- Patient Note Sheet
- Be Prepared Patient Information Poster
- Be Prepared Staff Information Poster
- Be Prepared Clinician Information Poster
- Be Prepared Quick Start Guide

**Agency for Healthcare Research and Quality Patient and Family Engagement in Primary Care**

Teach-back is a technique for health care providers to ensure that they have explained medical information clearly so that patients and their families understand what is communicated to them. This intervention includes several materials to support adoption:

- Teach-Back Implementation Quick Start Guide (available in full page and brochure format)
- Teach-Back Interactive Learning Module for Clinicians and Practice Staff
- Teach-Back Clinician Job Aid (full page) (PDF File, 38 KB) and Teach-Back Clinician Job Aid (4x6 pocket card)
- Teach-Back: A Guide for Staff (poster/handout format)
- A Patient’s Guide to Teach-Back (poster/handout format)
- Teach-Back Conviction and Confidence Scale
- Are You Using Teach-Back? Survey

**Centers for Medicare & Medicaid Services**

This guide provides a comprehensive set of helpful information for persons and families to prepare for a visit to a primary care provider or specialist. The guide includes information for a visit to a new provider and existing providers.

From Coverage to Care: A Roadmap to Better Care and a Healthier You

**AARP**

Physicians give their best advice on how to get their best advice.

- 7 Ways to Make the Most of Your Doctor Visit

**National Institutes of Health**

An in-depth guide to help older adults with selecting a physician; preparing for a physician visit; setting expectations; discussing care and concerns with a physician or specialist; discussions of non-clinical questions or concerns. Resources are from a variety of NIH organizations.
Talking with Your Doctor
Planning Your Doctor Visit
Videos: Talking with Your Doctor
Talking with Your Doctor: A Guide for Older People
Talking with Your Doctor Presentation Toolkit

American Board of Internal Medicine (ABIM)
The “Choosing Wisely” campaign has developed many tools and resources publicly available for persons and providers. The “Choosing Wisely” lists were created by national medical specialty societies and are evidence-based recommendations that provide the platform for providers and patients to engage in conservation and shared decision making. Each list provides information on when tests and procedures may be appropriate and provide benefit and likewise, when they may not be appropriate and could cause harm.
http://www.choosingwisely.org/

Informed Medical Decisions Foundation and Healthwise
Founded and supported by physicians, the Foundation provides guides and step by step information to assist clinicians in engaging patients and families in shared decision-making. The Foundation merged with Healthwise as the Foundation is more linked to the research and Healthwise is now the vehicle for dissemination.
http://www.informedmedicaldecisions.org
http://www.healthwise.org/

Patient Reported Outcomes
As this is an emerging area of interest for both clinicians and patients, these measures and the processes for their administration of the measurement surveys to patients, help expedite the process of garnering important information and help the clinician focus on what is most important for their patient.

HealthMeasures
HealthMeasures is focused on giving the patient a voice in clinical care and research and consists of four precise, flexible, and comprehensive measurement systems that assess physical, mental, and social health, symptoms, well-being and life satisfaction; along with sensory, motor, and cognitive function. Measurement sets and methodology are all free and include measures on PROMIS, Neuro QoL, ASCQ-Me, and NIH Toolbox.
http://www.healthmeasures.net/index.php

“Implementing Patient-Reported Outcomes,”
Neil W. Wagle, MD, MBA; Partners Healthcare; Brigham and Women’s Hospital, Boston
NEJM Catalyst, November 17, 2016
Article highlighting the value of integrating Patient-Reported Outcomes (PROs) into clinical practice

National Quality Forum (NQF)
Comprehensive background and information on Patient Reported Outcomes resources and tools as highlighted in a NQF report.

Patient and Clinician Discussions on Cost of Care
While often a difficult conversation to have for patients and clinicians, cost is sometimes a key factor in a patient’s decision to follow a prescribed care plan. By having an open conversation on cost, patients and clinicians can work together to evaluate care options and opportunities.

“Patient-physician discussions about costs: definitions and impact on cost conversation incidence estimates,”
Wynn G. Hunter, Ashley Hesson, J. Kelly Davis, Christine Kirby, Lillie D. Williamson, Jamison A. Barnett and Peter A. Ubel
“Conversing with Patients About the Cost of Care,” Lisa Zamosky, HFMA, November, 9, 2015
https://www.hfma.org/Content.aspx?id=43359


Expect some insightful studi...RWJ Foundation released several grant opportunities in summer 2016 on the ‘Cost of Care Conversations in clinical practices.’

<table>
<thead>
<tr>
<th>Patient Activation</th>
<th>Metric 3: Does the practice utilize a tool to assess and measure patient activation?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intent:</strong></td>
<td>Utilize proven patient activation tools and resources that assess the level of knowledge, skills, and confidence a person has in managing their own health. As any gaps are identified and interventions provided by the practice to close the gap, a patient activation tool should be used to re-assess the knowledge, skills, and confidence of the person.</td>
</tr>
</tbody>
</table>

2017 MIPS Improvement Activities:

- **IA_AHE_4** Medium
  Leveraging a QCDR for use of standard questionnaires

- **IA_AHE_3** Medium
  Leveraging a QCDR to promote use of patient-reported outcome tools

- **IA_AHE_2** Medium
  Leveraging a QCDR to standardize processes for screening

- **IA_PSPA_21** Medium
  Implementation of fall screening and assessment programs

**Resources:**

Several of the Patient Activation Measurement tools are commercially available, but the following are patient activation and patient efficacy tools that are publicly available.

**Improving Chronic Illness Care**

The Patient Assessment of Care for Chronic Conditions (PACIC) measures specific actions or qualities of care, congruent with the CCM, that patients report they have experienced in the delivery system. There are two models surveys one with 20 questions, PACIC, and the 26-question survey known as the PACIC+.

**Stanford Patient Education Research Center**

Chronic disease self-efficacy scale and tool
http://patienteducation.stanford.edu/research/secd32.html

**Patient Health Engagement Scale**

Health Engagement Scale (PHE-scale), a measure of patient engagement with their care providers that is grounded in rigorous conceptualization and appropriate psychometric methods.
**Patient Health Questionnaire (PHQ-9)**
The PHQ-9 is a patient health assessment tool for depression.  

*Free access to the PAM may be available through your local QIN QIO. If you are not sure who your QIN QIO is, please go to http://ahqa.org/quality-improvement-organizations/whats-next-for-qios

<table>
<thead>
<tr>
<th>E-Tools</th>
<th>Metric 4:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Does the practice use an E-Tool (patient portal or other E-Connectivity technology) that is accessible to both patients and clinicians and that shares information such as test results, medication list, visits, and other patient health record data?</td>
</tr>
</tbody>
</table>

**Intent:**
Patients have ready access to a secure electronic tool to access their personal health information and to communicate with their practice on any follow up care directions, medications, appointments, etc. When utilizing these tools, thought for alternative approaches should be given to patients that cannot read or have another primary language than English.

**2017 MIPS Improvement Activities:**

IA_BE_4  Medium
Engagement of patients through implementation of improvements in patient portal

IA_BE_5  Medium
Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities

IA_BE_1  Medium
Use of certified EHR to capture patient reported outcomes

IA_CC_2  Medium
Implementation of improvements that contribute to more timely communication of test results

IA_CC_13  Medium
Practice improvements for bilateral exchange of patient information

IA_CC_13  Medium
Practice improvements for bilateral exchange of patient information

IA_EPA_1  High
Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record

IA_EPA_2  Medium
Use of telehealth services that expand practice access

**Resources:**

OpenNotes
An electronic tool that provides an opportunity for physicians to share their notes with patients. Clinicians that have used the Open Notes tool have experienced improved communication and education with patients while at the same time empowering patients and helping the patient take control of their care. OpenNotes was developed by clinicians and continues to be enhanced by an advisory group of clinicians and persons and families. The toolkit and documentation are available at no charge and is currently used by over 10 million patients.  
www.opennotes.org

Office of the National Coordinator for Health Information Technology (ONC)
A broad spectrum of electronic health information technology tools for clinicians, persons and families, and both clinicians and
persons and families. Resources include certification information, solution resources, reviews, FAQs, and links to a wide variety of helpful tools and resources.  
www.healthit.gov

<table>
<thead>
<tr>
<th>Health Literacy</th>
<th>Metric 5:</th>
<th>Is a health literacy patient survey being used by the practice?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intent:</strong></td>
<td>Administer a health literacy survey that assesses a person’s capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. While health literacy is different than general literacy, it includes the ability to navigate the health system; share accurate, relevant health history; self-manage chronic disease and medications; and understand basic trends and test results.</td>
<td></td>
</tr>
<tr>
<td><strong>2017 MIPS Improvement Activities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IA_PM_6</td>
<td>Medium</td>
<td>Use of toolsets or other resources to close healthcare disparities across communities</td>
</tr>
<tr>
<td><strong>Resources:</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Department of Health and Human Services | | A “Quick Guide to Health Literacy” along with background information, resources, fact sheets, and strategies.  
https://health.gov/communication/literacy/quickguide/quickguide.pdf |
| Agency for Healthcare Research and Quality (AHRQ) | | Health literacy information and tools to measure health literacy to be used for research, clinical, or program planning purposes.  
| Health Literacy Tool Shed | | Comprehensive online database of health literacy measures. The site contains information about measures, including their psychometric properties, based on a review of the peer-reviewed literature.  
https://healthliteracy.bu.edu/ |

<table>
<thead>
<tr>
<th>Medication Management</th>
<th>Metric 6:</th>
<th>Does the clinical team work with the patient and family to support their patient/caregiver management of medications?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intent:</strong></td>
<td></td>
<td></td>
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</tbody>
</table>
Advance patient and caregiver support for the systematic provision of education and supportive interventions by a practice’s health care staff to increase patient/caregiver skills and confidence in managing the patient’s medication.

### 2017 MIPS Improvement Activities:

<table>
<thead>
<tr>
<th>Activity Code</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_BE_16</td>
<td>Medium</td>
</tr>
<tr>
<td>Evidenced-based techniques to promote self-management into usual care</td>
<td></td>
</tr>
<tr>
<td>IA_BE_11</td>
<td>Medium</td>
</tr>
<tr>
<td>Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan</td>
<td></td>
</tr>
<tr>
<td>IA_PSPA_10</td>
<td>Medium</td>
</tr>
<tr>
<td>Completion of training and receipt of approved waiver for provision opioid medication-assisted treatments</td>
<td></td>
</tr>
<tr>
<td>IA_PSPA_6</td>
<td>High</td>
</tr>
<tr>
<td>Consultation of the Prescription Drug Monitoring program</td>
<td></td>
</tr>
<tr>
<td>IA_PSPA_15</td>
<td>Medium</td>
</tr>
<tr>
<td>Implementation of antibiotic stewardship program</td>
<td></td>
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<tr>
<td>IA_PM_2</td>
<td>High</td>
</tr>
<tr>
<td>Anticoagulant management improvements</td>
<td></td>
</tr>
<tr>
<td>IA_PM_16</td>
<td>Medium</td>
</tr>
<tr>
<td>Implementation of medication management practice improvements</td>
<td></td>
</tr>
<tr>
<td>IA_PM_1</td>
<td>High</td>
</tr>
<tr>
<td>Participation in systematic anticoagulation program</td>
<td></td>
</tr>
</tbody>
</table>

### Resources:

**Agency for Healthcare Research and Quality Patient and Family Engagement in Primary Care**

Medication Management has tools and resources for patients and caregivers to work with their providers to develop and maintain an accurate medication list. The tools help avoid adverse drug events while engaging the patient and caregiver in medication management. Tools and resources include:

- Medication Management Implementation Quick Start Guide
- Medication List
- Patient Reminder (postcard and business card size)
- Patient Fact Sheet (poster/handout)
- Common Barriers and Solutions to Medication Adherence
- Sample Process for Medication Management
- Staff Procedure for Engaging Patient in Creating a Medication List
- Staff Checklist for Creating a Medication List with Patients


**Million Hearts – Health and Human Services (HHS)**

Numerous strategies, including educating patients, simplifying treatment, and coordinating patient care across the health care team, can improve adherence.

- Featured Tools
- Tip Sheets
- References and Resources
- Success Stories

[https://millionhearts.hhs.gov/tools-protocols/medication-adherence.html](https://millionhearts.hhs.gov/tools-protocols/medication-adherence.html)
Institute for Safe Medication Practice (ISMP)
A variety of tools and resources available through the ISMP organization.
www.ismp.org

American Board of Internal Medicine (ABIM)
The “Choosing Wisely” campaign has developed many tools and resources publicly available for persons and providers. The “Choosing Wisely” lists were created by national medical specialty societies and are evidence-based recommendations that provide the platform for providers and patients to engage in conservation and shared decision making. Each list provides information on when tests and procedures may be appropriate and provide benefit and likewise, when they may not be appropriate and could cause harm.
http://www.choosingwisely.org/