Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

June 10, 2020

Matthew Popovich, Ph.D.
Director, Quality and Regulatory Affairs
American Society of Anesthesiologists
905 16th Street, N.W., Suite 400 | Washington, D.C. 20006

Dear Mr. Popovich,

I am writing following up on our May 19, 2020, meeting regarding the Improvement Activities (IAs) nominations the American Society of Anesthesiologists (ASA) submitted on May 6, 2020. Thank you for your proposals of potential COVID-19-related IAs for our consideration. We recognize that all healthcare professionals are working diligently each day to save lives while implementing systems, tools, and strategies that provide high-quality care for patients and safety protocols for medical staff working on the frontlines of this terrible pandemic.

As discussed in our meeting, we reviewed the following IAs proposed by the ASA:

- ASA Proposed Improvement Activity #1: Personal Protective Equipment In-Service Training
- ASA Proposed Improvement Activity #2: Increasing ICU Surge Capacity
- ASA Proposed Improvement Activity #3: Patient Selection and Testing Protocols

After reviewing these proposed IAs, we acknowledge that they address some of the many challenges facing the healthcare community treating patients diagnosed with COVID-19. During our review, we identified other IAs (provided below) that are currently in the IA Inventory for the MIPS program that align with current tasks being completed by anesthesiologists that would count towards the performance period 2020 and future years. We believe that ASA members may conduct the COVID-19-specific actions described in the ASA-proposed IAs under the rubric of these existing IAs.

Please review the table below for a list of IAs that anesthesiologists and their groups may use to obtain IA credit for the important work they are doing to combat COVID-19:

ASA-Proposed IA	CMS-Recommended IAs	Suggested Documentation	Weighting
#1 Personal Protective Equipment In-Service Training	IA_CC_8 - Implementation of documentation for practice/process improvements	MIPS Eligible Clinicians and Groups must demonstrate: • Documentation of the implementation of practices/processes that document care coordination activities, e.g., documented care coordination encounter that tracks clinical staff involved and communications from date patient is scheduled through day of procedure.	Medium
#2 Increasing ICU Surge Capacity	IA_PSPA_2 – Participation in Continuous Certification formerly MOC PART IV	MIPS Eligible Clinicians and Groups must demonstrate: • Participation in Maintenance of Certification (MOC) Part IV from an American Board of Medical Specialties	Medium

ASA-Proposed IA	CMS-Recommended IAs	Suggested Documentation	Weighting
		(ABMS) member board such as 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 Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, including participation in a local, regional or national outcomes registry or quality assessment program; and specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE); American Psychiatric Association (APA) Performance in Practice modules; and • Monthly Activities to Assess Performance - Documented performance of monthly activities across practice to assess performance in practice by reviewing outcomes, addressing areas of improvement, and evaluating the results.	
#3 Patient Selection and Testing Protocols	IA_PM_14 – Implementation of methodologies for improvements in longitudinal care management for high-risk patients	MIPS Eligible Clinicians and Groups must demonstrate: • High Risk Patients - Identification of patients at high risk for adverse health outcome or harm; and • Use of Longitudinal Care Management - Documented use of longitudinal care management methods including at least one of the following: a) empaneled patient risk assignment and risk stratification into actionable risk cohorts; or b) personalized care plans for patients at high risk for adverse health outcome or harm; or c) evidence of use of on-site practice based or shared care managers to monitor and coordinate care for highest risk cohort.	Medium
	IA_PM_18 – Provide Clinical-Community Linkages	MIPS Eligible Clinicians and Groups must demonstrate: • Documentation of engagement with community health workers; and; • A demonstrated link to community resources that promote family-based services i.e. paper work, notes, etc.; and • Documentation of coordination with primary care and other clinicians to engage and support patients, use of health information technology, and employ quality measurement and improvement	Medium

ASA-Proposed IA	CMS-Recommended IAs	Suggested Documentation	Weighting
		processes, e.g., NCQA Patient-Centered Connected Care (PCCC) Recognition Program or similar programs.	

Provided in the table below is a recap of the analysis performed detailing how the systems, tools and interventional strategies currently being implemented by anesthesiologists providing care for COVID-19 patients fall in-line with the ASA's originally proposed IAs.

ASA-Proposed IA	CMS Aligned IA	Weighting	Recommendation of Aligned IA in Existing Inventory
#1 Personal Protective Equipment in-Service Training	IA_CC_8 – Implementation of documentation for practice/process improvements	Medium	**IA_CC_8 Implementation of documentation for practice/process improvements** documents the implementation of systems, tools and/or strategies to improve processes of care, such as documenting care coordination activities that track the involvement of clinical staff and communications from date patient is scheduled through day of procedure. Essentially, a process of printed forms as proposed by the ASA highlighting site-specific in-service performance of approved fit tests according to the manufacturer's guidelines with documentation of completion of donning/doffing associated with local policy and procedure to address the preservation of PPE would be an interventional strategy in-line with the requirements of IA_CC_8, i.e. tracking clinical staff involvement in care coordination and contributions towards the promotion of positive health outcomes.
#2 Increasing ICU Surge Capacity	IA_PSPA_2 – Participation in Continuous Certification formerly MOC Part IV	Medium	The American Board of Medical Specialties (ABMS) offers the MOC Portfolio Program https://protect2.fireeye.com/url?k=9e7619fa-c22230d1-9e7628c5-0cc47a6d17cc-deace0355c650e07&u=https://protect2.fireeye.com/url?k=d346e3a8-8f13ea78-d346d297-0cc47a6a52de-0464237be2ea5cec&u=https://mocportfolioprogram.org/ which allows clinicians to develop personalized improvement initiatives specific to their patient population and/or scenarios that are directly applicable to their practice, i.e. COVID-19 and the need to convert anesthesia machines into ICU ventilators. The increasing ICU Surge Capacity IA proposed by the ASA including the completion of training and building capacity of scale to support COVID-19 patients would fall under the MOC Portfolio Program and meet the intent of **IA_PSPA_2 – Participation in MOC Part IV.**
#3 Patient Selection and Testing Protocols	IA_PM_14 – Implementation of methodologies for improvements in longitudinal care management for high-risk patients	Medium (for both)	Existing **IA_PM_14 - Implementation of methodologies for improvements in longitudinal care management for high risk patients** and **IA_PM_18 - Provide Clinical-Community Linkages** both require strategies to address the healthcare needs of high-risk patients (such as those diagnosed with COVID-19) through either the identification of high-risk cohorts, or coordination with primary care and other clinicians to engage and support patients. The engagement with community health workers, as outlined in IA_PM_18 could also prove beneficial in communicating/developing processes to mitigate the spread of COVID-19 once elective surgical procedures resume.

	IA_PM_18 – Provide Clinical-Community Linkages		

Per the May 27, 2020, email communication from the ASA, we have reviewed and determined that the **"Other Improvement Activities"** outlined in the table below would be appropriate for attestation by anesthesiologists for the PY2020 performance period.

Other Improvement Activities	**Suggested Documentation**	**Weighting**
IA_PM_11: Regular review practices in place on targeted patient population needs	MIPS Eligible Clinicians and Groups must demonstrate: • Continual awareness of COVID-19 patient treatment and room set-up; • Continued use of infographics or similar material on set-up of operating rooms and equipment bags for each team member with guidance on ensuring minimal wastage of equipment, medications for COVID_19 patients; • Receipt of daily COVID-19 newsletters and whiteboard updates over a 90-day period to demonstrate delivery of care for COVID-19 patients.	Medium
IA_PSPA_16: Use of decision support and standardized treatment protocols	MIPS Eligible Clinicians and Groups must demonstrate: • Implementation of a COVID-19 Airway Team that performs specific intubation, extubation or other clinical actions for COVID-19 patients; • Weekly COVID-19 huddle meetings of physician leadership (led by anesthesiologist) with other physicians (e.g., anesthesiologists, critical care physicians, obstetricians), nursing staff, and others to ensure consistent training on COVID-19 protocols and policies; **and/or** • COVID-19 patient debriefs. For example, an anesthesiologist or obstetrician-led debrief following operating room cases (cesarean deliveries) to ensure continuous improvement for these cases including evaluating donning/doffing, door openings, equipment and medication usage or wastage.	Medium

Sincerely,

Dr. Michelle Schreiber