Graphium

2026 EDITION · PART TWO

Improvement Activities

The 2026 Inventory for Anesthesia Practices

One of four volumes covering the Quality Payment Program (qpp.cms.gov) for anesthesia: **Program Mechanics**, **Improvement Activities**, **Quality Measures**, and **How Graphium QCDR Works**.

Draft revision, September 2026

Published by Graphium Health

17	1 or 2	90	104
ACTIVITIES PROFILED	ACTIVITIES REQUIRED	CONSECUTIVE DAYS	IN THE CMS INVENTORY

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CMS sources for the 2026 performance year:

- CMS MIPS eligibility and participation
- CMS 2026 Quality Guide
- CMS 2026 Small Practices Guide
- CMS 2026 Improvement Activities Guide

I. Improvement Activities

This volume is the full 2026 inventory as it applies to anesthesia: what each activity asks, what Graphium clients can typically use as evidence, and the documentation CMS expects if you are audited. For how the category is scored and how many activities you actually need, see the companion volume, *QPP Program Mechanics*, which also carries a one-page summary of everything below.

How This Category Works in 2026

Activity weighting was eliminated in 2025. There is no longer a high-weight or medium-weight distinction. You attest to a fixed number of activities and receive full credit:

- **MVP reporting:** 1 activity, regardless of special status.
- **Traditional MIPS with small practice, rural, HPSA, or non-patient-facing status:** 1 activity.
- **Traditional MIPS, all others:** 2 activities.

Each activity must be performed for at least **90 consecutive days** within the calendar year, unless the activity description specifies otherwise. Group attestation requires that at least **50%** of the clinicians in the TIN performed the activity for a continuous 90-day period within the same performance year, unless the activity specifies otherwise. The clinicians do not have to perform the activity concurrently.

Attesting to more activities than required does not increase your score.

Category weight is separate from the number of activities required. CMS defines a small practice as 15 or fewer clinicians billing under a TIN. For small practices reporting traditional MIPS or an MVP, the standard weights with Promoting Interoperability reweighted to zero are Quality 40%, Cost 30%, and Improvement Activities 30%. If Cost is also reweighted to zero, the weights are Quality 50% and Improvement Activities 50%. Confirm your CMS small-practice designation and applicable weights in the QPP Participation Status Tool. Source: CMS 2026 Small Practices Guide.

Documentation must be retained for six years after submission. For each activity, keep: start and end dates, the goal or metric, a description of the process being improved, the staff involved, the technology used (with screenshots where possible), workflow documentation, and evidence of the outcome. Full validation requirements are at https://qpp.cms.gov/mips/improvement-activities.

Activities Removed or Renumbered Since Our Last Manual

Our previous manual listed several activities that no longer exist. **Do not attest to these:**

Retired Activity	Status
IA_EPA_1: Provide 24/7 Access to MIPS Eligible Clinicians	Removed effective 2025.
IA_AHE_8: Create and Implement an Anti-Racism Plan	Eliminated with the retirement of the Achieving Health Equity subcategory.
IA_ERP_4: Implementation of a PPE Plan	Removed effective 2025.

Retired Activity	Status
IA_CC_1: Specialist Reports Back to Referring Clinician	Removed for 2026.
IA_CC_2: Improvements Contributing to More Timely Communication of Test Results	Removed for 2026.
IA_PSPA_8: Use of Patient Safety Tools	No published entry for 2025 or 2026. Treat as removed. Groups that relied on it should move to **IA_PSPA_16** (decision support and standardized treatment protocols), which covers ERAS protocols and surgical risk calculators, or to **IA_PSPA_34** below.
IA_AHE_1 / IA_AHE_6	The Achieving Health Equity subcategory was retired for 2026. "Enhance Engagement of Medicaid and Other Underserved Populations" now lives at **IA_EPA_7**. "Provide Education Opportunities for New Clinicians" now lives at **IA_EPA_8**.

CMS also introduced a new subcategory for 2026, **Advancing Health and Wellness**, which currently contains a single activity (IA_AHW_1, Chronic Care and Preventative Care Management for Empaneled Patients). It is not a natural fit for anesthesia.

Recommended Activities for Anesthesia Practices

These are the activities in the 2026 inventory that map cleanly onto anesthesia workflows. Activities marked **(Graphium Recommended)** are ones our clients can typically document from work they are already doing.

IA_PSPA_7: Use of QCDR data for ongoing practice assessment and improvements *(Graphium Recommended)*

Subcategory: Patient Safety and Practice Assessment

Activity Description: Participation in a Qualified Clinical Data Registry and use of QCDR data for ongoing practice assessment and improvements in patient safety, including one or more of the following:

- Performance of activities that promote use of standard practices, tools, and processes for quality improvement that can be shared across MIPS eligible clinicians or groups;
- Use of standard questionnaires for assessing improvements in functional health status;
- Use of standardized processes for screening for drivers of health;
- Generation and use of regular feedback reports that summarize local practice patterns and treatment outcomes;
- Use of processes and tools that engage patients to improve adherence to treatment plans;
- Implementation of patient self-action plans;
- Implementation of shared clinical decision-making capabilities;
- ***Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement;***
- Promotion of collaborative learning network opportunities that are interactive;
- Use of supporting QCDR modules that can be incorporated into certified EHR technology; or
- ***Use of QCDR data for quality improvement, such as comparative analysis across specific patient populations of adverse outcomes after an outpatient surgical procedure and corrective steps to address these outcomes.***

Why we recommend it: If you are a Graphium QCDR client and you review your analytics, you are already performing this activity. The documentation burden is the lowest of any activity on this list. Retain your quarterly analytics reports and a short record of at least one change made in response to what the data showed.

IA_BE_6: Regularly Assess Patient Experience of Care and Follow Up on Findings *(Graphium Recommended)*

Subcategory: Beneficiary Engagement

Activity Description: Collect and follow up on patient experience and satisfaction data. ***This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans.*** Clinicians can use surveys (such as CAHPS), advisory councils, or other mechanisms, and may consider implementing patient surveys in multiple languages based on the needs of their patient population.

Validation documentation: Include at least two of: a report of collected patient experience and satisfaction data; documentation that the practice implemented changes based on the results; a documented patient experience and satisfaction improvement plan.

Why we recommend it: This pairs directly with **AQI 48**. If you are reporting AQI 48, you are already administering a compliant survey and collecting scores. The only additional work is documenting the improvement plan you built from the results.

IA_PSPA_2: Participation in MOC Part IV *(Graphium Recommended)*

Subcategory: Patient Safety and Practice Assessment

Activity Description: Participate in Maintenance of Certification Part IV, which requires clinicians to perform activities across the practice that regularly assess performance by reviewing outcomes, addressing identified areas for improvement, and evaluating results.

Qualifying examples include the ABIM Approved Quality Improvement Program, the ASA Simulation Education Network, participation in a local, regional, or national outcomes registry or quality assessment program, Safety Certification in Outpatient Practice Excellence (SCOPE), and the ABMS Practice Performance Improvement Module.

Validation documentation: Documentation of participation in MOC Part IV.

Why we recommend it: Most board-certified anesthesiologists are already doing this. The ASA Simulation Education Network qualifies explicitly.

IA_PSPA_19: Implementation of formal quality improvement methods, practice changes, or other practice improvement processes *(Graphium Recommended)*

Subcategory: Patient Safety and Practice Assessment

Activity Description: Adopt a formal model for quality improvement and create a culture in which all staff, including leadership, actively participate in improvement activities. This could include one or more of:

- Participation in multisource feedback;
- Training all staff in quality improvement methods;
- Integrating practice change and quality improvement into staff duties;
- Engaging all staff in identifying and testing practice changes;
- Designating regular team meetings to review data and plan improvement cycles;
- ***Promoting transparency and accelerating improvement by sharing practice-level and panel-level quality of care, patient experience, and utilization data with staff;***
- Promoting transparency and engaging patients and families by sharing practice-level data with them, including acting on patient experience data;
- Participation in Bridges to Excellence;
- Participation in the ABMS Multi-Specialty Portfolio Program.

Why we recommend it: A recurring departmental quality meeting where Graphium QCDR analytics are reviewed and improvement cycles are planned satisfies this. Keep meeting minutes with dates, attendees, the data reviewed, and the decisions made.

IA_CC_15: PSH Care Coordination

Subcategory: Care Coordination

Activity Description: Participation in a Perioperative Surgical Home that provides a patient-centered, physician-led, interdisciplinary, team-based system of coordinated patient care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. The clinician must perform one or more of:

- Coordinate with care managers or navigators in the preoperative clinic to plan and implement a comprehensive post-discharge plan of care;
- Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms;
- Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or
- Implement processes to ensure effective communication and education of patients' post-discharge instructions.

Validation documentation: At least one of: documented conversations with care managers or navigators; documentation of evidence-informed perioperative care processes implemented to standardize care (workflow diagrams, written policies); documented processes for communicating discharge instructions accounting for literacy level, language preference, and functional impairment.

IA_PSPA_16: Use of decision support and standardized treatment protocols

Subcategory: Patient Safety and Practice Assessment

Activity Description: Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.

Note: This is one of the activities available inside the Anesthesia MVP. If you are on the MVP pathway and you run standardized protocols (ERAS pathways, PONV prophylaxis algorithms, difficult airway protocols), this is a strong single-activity choice.

IA_PSPA_1: Participation in an AHRQ-listed patient safety organization

Subcategory: Patient Safety and Practice Assessment

Activity Description: Participation in an AHRQ-listed patient safety organization.

Validation documentation: Documentation from an AHRQ-listed PSO confirming participation, such as a welcome email or other written confirmation.

IA_CC_8: Implementation of documentation improvements for practice or process improvements

Subcategory: Care Coordination

Activity Description: Implementation of practices and processes that document care coordination activities. CMS's own example is a documented care coordination encounter that tracks all clinical staff involved and communications from the date the patient is scheduled for an outpatient procedure through the day of the procedure, which describes an anesthesia preoperative workflow almost exactly.

Validation documentation: Both of: documentation of the implementation (meeting minutes, swim lane workflow diagram, staff training agenda, copies of the old and new processes); and documentation of the outcomes from the newly implemented processes.

IA_CC_19: Tracking of clinician's relationship to and responsibility for a patient by reporting MACRA patient relationship codes

Subcategory: Care Coordination

Activity Description: Attest that you reported MACRA patient relationship codes using the applicable HCPCS modifiers on 50% or more of your Medicare claims for a minimum continuous 90-day period within the performance period.

Note: This is a billing-side activity. Coordinate with your billing company before attesting, since it requires a verifiable 50% modifier rate.

IA_BE_22: Improved Practices that Engage Patients Pre-Visit

Subcategory: Beneficiary Engagement

Activity Description: Implementation of workflow changes that engage patients prior to the visit, such as pre-visit development of a shared visit agenda, or targeted pre-visit laboratory testing that will be resulted and available for review and discussion during the appointment.

Note: Maps well to a preoperative assessment clinic workflow.

IA_PSPA_13: Participation in Joint Commission Evaluation Initiative

Subcategory: Patient Safety and Practice Assessment

Activity Description: Participation in the Joint Commission Ongoing Professional Practice Evaluation (OPPE) initiative.

Note: For a group, the 50% rule can be satisfied by different clinicians completing different OPPE metrics in different windows, as long as each individual completed theirs within the performance year.

IA_PSPA_3: Participate in IHI Training or Forum Event, National Academy of Medicine, AHRQ TeamSTEPPS, or Other Similar Activity

Subcategory: Patient Safety and Practice Assessment

Activity Description: For clinicians not participating in MOC Part IV, engagement in an IHI Training or Forum Event, National Academy of Medicine activity, AHRQ TeamSTEPPS, or similar.

Validation documentation: Certificate or letter of participation.

IA_PSPA_12: Participation in private payer clinical practice improvement activities

Subcategory: Patient Safety and Practice Assessment

Activity Description: Participation in designated private payer clinical practice improvement activities.

IA_PSPA_28: Completion of an Accredited Safety or Quality Improvement Program

Subcategory: Patient Safety and Practice Assessment

Activity Description: Completion of an accredited performance improvement CME program addressing performance or quality improvement, meeting all of the following: the activity addresses a quality or safety gap supported by a needs assessment; has specific measurable aims; includes interventions intended to result in improvement; includes data collection and analysis to assess impact; and the accredited program defines meaningful participation and provides completion information.

CMS's cited example is an accredited CME program on opioid analgesic Risk Evaluation and Mitigation Strategy addressing acute and chronic pain control.

IA_BMH_12: Promoting Clinician Well-Being

Subcategory: Behavioral and Mental Health

Activity Description: Develop and implement programs to support clinician well-being and resilience, through relationship-building opportunities, leadership development plans, or creation of a team within the practice to address clinician well-being, using one of the following approaches:

- Completion of a clinician survey on well-being with subsequent implementation of an improvement plan based on the results; or
- Completion of training regarding clinician well-being with subsequent implementation of a plan for improvement.

IA_ERP_2: Participation in a 60-day or greater effort to support domestic or international humanitarian needs

Subcategory: Emergency Response and Preparedness

Activity Description: Participation in domestic or international humanitarian volunteer work for a continuous period of 60 days or greater. Activities that involve only registration are not sufficient.

IA_PSPA_34: Patient Safety in the Use of Artificial Intelligence *(NEW for 2026)*

Subcategory: Patient Safety and Practice Assessment

Status: One of three activities CMS **added** for the 2026 performance year. CMS removed eight and modified seven, bringing the total inventory to 104.

Why this matters to our clients: anesthesia practices are adopting AI-assisted tooling across preoperative risk stratification, intraoperative decision support, documentation, and case review. Any practice that has stood up governance around those tools (validation before deployment, monitoring for drift or bias, a defined human-in-the-loop escalation path, an incident process when a tool produces a wrong or unsafe output) is likely already performing the substance of this activity and simply has not been documenting it as an Improvement Activity.

Practices doing AI governance work can review this activity against their actual processes and documentation. Attestation requires performing the specified work for the required period; using an AI tool alone does not establish eligibility.

What to document. CMS has not published a detailed validation-documentation list for this activity in the same format as the older inventory entries, so confirm requirements at https://qpp.cms.gov/mips/improvement-activities before attesting. Based on how CMS has framed AI safety expectations elsewhere, a defensible file would include: an inventory of the AI tools in clinical or documentation use, with each tool's intended use and risk classification; evidence of validation before deployment; a monitoring process for outputs that could influence a clinical decision; a defined human-in-the-loop review and escalation path; and a record of any incident where a tool produced an incorrect or unsafe output, with the response.

II. Disclaimer and Copyright

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