**Attachment 1: Crosswalk Between Contract Evaluation Measures, Existing Data Sources, and Proposed Data Collection for Outcome and Impact Evaluation of CMS QIN-QIO Program for Task C.2. Reducing Healthcare-Acquired Conditions in Nursing Homes**

| **Outcome Evaluation**  **Data Needs** | **Existing Measures/Sources** | **Proposed New Measures** |
| --- | --- | --- |
| To reduce biases affecting outcome analyses by matching nursing homes participating in the QIN-QIO program intervention with facilities not participating | * Percentage of One-Star Category Target Number recruited for Collaborative I1/ Deliverable and Data Submission Tool (DDST) * Percentage of Recruitment Target Number recruited for Collaborative I1/DDST * Nursing home characteristics (e.g., bed size)/Nursing Home Compare (NHC) * Resident characteristics (e.g., age, number of comorbidities)/ Master Beneficiary Summary File (MBSF) | None |
| To understand the drivers and barriers to participating in the QIN-QIO program for nursing homes | None | * Open ended questions/ Interviews or focus groups with QIN-QIO Task Leads |
| To gain insight into findings from analysis of claims data | None | * Open-ended questions/Interviews or focus groups with QIN-QIO Task Leads |
| To understand the usefulness of tools and activities in the National Nursing Home Quality Care Collaborative (NNHQCC) program to help nursing homes meet Quality Assurance and Performance Improvement (QAPI) requirements and/or tools in need of improvement (e.g., Composite score, Learning Action Networks (LANs), webinars, etc.) | * Records of use/quarterly reports | * Perceived usefulness from QIN-QIO Task Leads/Interviews or focus groups * Perceived usefulness from nursing home administrators/ Nursing home administrator interviews * Nursing home administrators’ awareness of resources/ Nursing home administrator survey * Peer coach perceptions of effectiveness/Peer coach interviews |
| To ascertain nursing homes’ uptake of major QAPI strategies and activities (e.g. performing root cause analysis, plan-do-study-act cycles, etc.) | * None | * Perceived use of QAPI-related resources by QIN-QIO Task Leads/Interviews or focus groups * Nursing home use of QAPI-related resources / Nursing home administrator survey * Nursing home awareness of QAPI and use of resources/ Nursing home administrator interviews |
| To assess whetherMedicare spending is associated with antipsychotic use | * Antipsychotic use/Minimum Data Set (MDS) 3 * Medicare program spending/CMS | None |
| To access associations between the NNHQCC composite score and health status and Medicare spending | * NNHQCC Quality Composite Measure Score1/DDST * Health proxies (Emergency department (ED) visits, observations, number of hospitalizations)/Claims Parts A & B * Medicare spending/Claims Parts A & B | None |
| To analyze trends in HACs and clinical outcomes among nursing home residents in QIO and non-QIO facilities during the 11th SOW | * Percentage of residents who received antipsychotic medications1/MDS 3 * Percentage of residents who were physically restrained/ MDS 3 * Percentage of residents who had worsening pressure ulcers/MDS 3 * Number of residents infected by *C. diff* /NHSN * Percentage of residents who required ED visits, observations, or hospitalization/Claims Parts A & B | None |
| To calculate the proportion of the effect size estimates found following the analyses performed in addressing the quality measure and clinical outcomes that can be directly attributed the QIN-QIO program | None | * Nursing home administrators’ perceived proportion of influence/ Nursing home administrator survey and interviews |
| To calculate the return on investment for CMS from the Collaborative program | * Claims Parts A, B & D for beneficiary spending * CMS program officers for program spending | None |

1Data collected as part of contract evaluation