**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** |
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| 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
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| 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
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| 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
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| 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