**CMS-10675 Attachment 1:**

**Crosswalk Between Evaluation Data Needs, Existing Data Sources, and Proposed Data Collection for Evaluation of the CMS QIN-QIO Program for Task C.3-6. Medication Safety and Adverse Drug Event Prevention**

| **Evaluation Data Needs** | **Existing Data Sources** | **Proposed Data Collection** |
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| To assess whether providers’ participation in the QIN-QIO ADE Program significantly lowers beneficiaries’ rate and time to hospital utilization (admissions, re-admissions, ED visits or observations) for (a) anticoagulant- (b) opioid- and/or (c) diabetes-related ADEs compared to beneficiaries under the care of providers unexposed to the QIN-QIO Program. | * Medicare claims Part A and Part D
 | * None
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| To identify types of quality improvement efforts that healthcare providers use to prevent ADEs with a focus on: (1) comparing QIN-QIO participant responses with non-participant responses, and (2) explaining variability in beneficiary outcomes identified in analysis of claims data. | * Medicare claims Part A and Part D.
* Administrative reports from the QIN-QIO Deliverable and Data Submission Tool (DDST) to determine types of professionals recruited for the ADE program and their workplace settings.
* QIN-QIO Intervention Evaluation Measures (IEM) reports to determine types of activities conducted. This IEM dataset is not comprehensive and many entries are not complete.
 | Survey for community providers participating and not participating in the QIN-QIO program. See Appendix A for questions to:* Identify health professionals working in settings targeted by QIOs (S1, S2, S3)
* Ascertain organization size and whether it belongs to a chain (factors influencing who answers the survey as well as the nature of the responses to individual questions) (S4, S5)
* Screen participants for knowledge about QI efforts in their organizations to reduce ADEs (S6, S7)
* Establish the respondent’s level of experience with QI efforts for ADE prevention in their organization (S9, S10)
* Balance input from QIO participants and non-participants (S8)
* Ascertain QI activities for ADE prevention since the 11th SOW (Q1, Q2)
* Document use of best practices to prevent ADEs, including medication reconciliation, drug take-backs, opioid counseling, data collection and use of data for quality improvement (Q3, Q4, Q5).
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| To estimate the proportion of improvements in medication safety and ADE prevention that is attributable to the QIN-QIO program.  | * None
 | * Survey for community providers participating/not participating in the QIN-QIO program. Questions ask providers to assign attribution to QIN-QIO and other QI programs/resources toward achieving outcomes (Q6, Q7, Q7a).
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| To estimate provider level of engagement with the QIN-QIO program and assess whether level of engagement (from survey) is associated with medication safety and ADE outcomes (from claims). | * Medicare claims Part A and Part D.
 | Survey for community providers participating/not participating in the QIN-QIO program; see Appendix A for questions to determineQIO awareness (S8, Q6, Q8-11, Q13) Satisfaction with participating in QIO program (Q12, Q12a)Agreement with desired outcome specific for pharmacists (Q18)The number and type of meetings in which they participated (Q14-16)Perceived quality of collaboration (Q17)QIO activities in which they participated (Q19)Perceived engagement (global item) (Q20)  |
| To collect information from community-based providers on QI needs to help increase medication safety and decrease ADEs | * None
 | * Survey for community providers participating/not participating in the QIN-QIO program, Appendix A (Q21)
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