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
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

Evaluation Data Needs	Existing Data Sources	Proposed Data Collection
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).

Evaluation Data Needs	Existing Data Sources	Proposed Data Collection
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).
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 determine • QIO 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)