**Issues for the RCHC Data Standards and Integrity Council**

**September 12, 2022 Meeting**

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**Standard Names for the Quality Measures in Relevant**

Reports: Quality Measures Created by RCHC

Issue: Agree on Standard Descriptive Naming Conventions for RCHC Quality Measures

Description: This discussion will focus the naming of Quality Measure that RCHC develops. Relevant names their measures in a particular way, but the naming convention used by Relevant for the UDS measures might not be the one we want to use for all measures, including those in RCHC measure sets (QIP, ECDS, MCAS, etc.).

Some descriptive characteristics of quality measures:

* Official Quality Measure name, from the measure authority
* The name of the measure authority or reporting agency
* Measure abbreviation or measure key
* Version number of the measure
* Year of the measure definition

The Relevant UDS Quality Measure Name usually contains the official measure name, the reporting agency, the year, and the applicable table number on the report. For example, “Cervical Cancer Screening (UDS 2022 Table 6B).” Every year, Relevant produces a new set of UDS Quality Measures and names them with a different year. The RCHC Data Pipeline contains six copies of the Cervical Cancer Screening measure (2017 to 2022), five of which are disabled.

Although it might be occasionally useful to see prior-year SQL code (even if the code did not change) and it might be reassuring to see the current year right in the measure name, in a practical sense for RCHC, copying whole sets of measures to all member instances of Relevant with the only difference being a new year in the name uses a lot of time.

This issue came up recently because the measures in the 2021 QIP Measure Set were named similarly to the UDS Quality Measure names with the year in the name (for example, “Cervical Cancer Screening (QIP 2021)”). Now that is it 2022, does that mean that a whole new set should be copied with “2022” in the name, even though no changes were made the measure definitions? Or, should health centers be directed to keep using the same quality measures but change the name in their systems manually? Or something else?

In general, there should be a balance between someone (usually an advanced user) who needs to know exactly which measure specification is being used, and someone (usually a front-end user) who wants to easily find a measure by its name. Not all measure descriptive characteristics need to be present in the name. There are additional fields available in Relevant for entering descriptions. For example, fields like Notes, Measure Developer, Measure Steward. These fields could be used for different characteristics.

Another idea is for RCHC to keep a master document of measure names, measure definitions and applicable Quality Measures. This document would be available on the RCHC website, updated when needed, and used as a reference to connect measure definitions to specific Quality Measures in Relevant.

So, the question before the Data Standards Council is how should RCHC name the quality measures? Is the year or version number essential in the name? Can Quality Measures be used year to year if the definition does not change? Should details be entered into other available descriptive fields?

Example for a new ECDS measure:

|  |  |
| --- | --- |
| Official Quality Measure name, from the measure authority | Unhealthy Alcohol Use Screening and Follow-Up  |
| The name of the measure authority or reporting agency | HEDIS |
| Measure abbreviation or measure key | ASF |
| Version number of the measure | n/a |
| Year of the measure definition | 2022 |

Proposed namne: Unhealthy Alcohol Use Screening and Follow-Up (Aligns With HEDIS Measure ASF)

Notes field: Quality Measure designed with the 2022 HEDIS specification

RCHC master document of measures: the reference will be to this 2022 Quality Measure if the definition does not change