



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHS-IS

18 June 2001

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems
and Biostatistics Activity (PASBA) Conference Room,
Building 126, at 0900 on 12 June 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
MAJ Burzynski, Office of The Surgeon General (OTSG),
Information Management Division (IMD)
Mr. James, PASBA
Mr. Jensen, ACofS (RM)
Ms. Leaders, TRICARE Operations Division
Ms. Mandell, PASBA
Mr. Padilla, Resource Management
Ms. Robinson, PASBA

b. Members Absent:

COL Phurrough, ACofS (HP&S)
COL Kimes, Quality Management
LTC Dolter, Outcomes Management
LTC Starcher, PASBA
MAJ Wesloh, PASBA
Ms. Cyr, ACofS (PA&E)
ACofS Personnel Representative

c. Others Present:

COL Reineck, ACofS (HP&S)
MAJ Ruiz, ACofS (HP&S)
Mr. Cardenas, Army MEPRS Program Office (AMPO)
Ms. Enloe, PASBA
Ms. Bowman, TRICARE Operations Division

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2. Opening Remarks. There were no opening remarks.

3. Old Business.

a. Approval of Minutes. The May minutes were approved as written.

b. Data Quality Management Control Program (DQMCP) Pending Issues.

(1) Defense Enrollment Eligibility Reporting System (DEERS) Eligibility Checks at Pharmacy Windows. The DQFAST Team Leader has not received a response from the Pharmacy consultant regarding repeated requests for a "Success Story" and/or related guidance. If a response is not received prior to the next meeting of the DQFAST, the Team Leader will elevate the issue to the Deputy Surgeon General.

(2) Inpatient/Outpatient Records Coding Issues and Coder Shortages. Regarding coder staffing shortages, the Medical Command Patient Administration Division submitted unfinanced requirements for FY 03-07 Program Objective Memorandum and near-term budget initiatives (FYs 01 and 02). Funding has not yet been provided. However, some medical treatment facilities (MTFs) cannot hire because of a lack of qualified applicants for the positions, not because of a lack of funding. Regarding coding training for physicians and coders, PASBA and the AcofS (HP&S) evaluated a 3M internet-based training product which was subsequently determined to be suitable solution for training. However, it is not known whether funds are available to purchase this product. The AcofS (HP&S) is working the funding issue for the 3M product; PASBA will contact him to determine the funding status. The PASBA will also initiate quarterly regional coding training via video teleconference.

(3) Expense Assignment System Version IV (EAS IV) Deployment Impact on Medical Expense and Performance Reporting System (MEPRS) Data Availability. The final release of EAS IV was released last week. The majority of the MTFs already have it loaded and some are already transmitting EAS IV data.

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(4) DQMCP Commander's Statement Question Number Three Clarification. Great Plains Regional Medical Command (GPRMC) previously requested the wording of this question be changed to reflect the number of outpatient records located for review versus the number of outpatient records requested. The Army Data Quality Manager will address this issue at the next TRICARE Management Activity (TMA) Data Quality Management Control (DQMC) Workgroup meeting, 17 July 2001.

(5) DQMCP Commander's Statement Question Number Five Clarification. Tripler Army Medical Center previously requested the wording of this question and a related question on the DQMCP Review List be changed to reflect a percentage of delinquent inpatient records versus a percentage of completed inpatient records to be consistent with the Joint Commission on Accreditation of Healthcare Organizations standards. The Army Data Quality Manager will address this issue at the next TMA DQMC Workgroup meeting, 17 July 2001.

c. DQFAST Metrics (Exceptions Only). The TRICARE Operations Division member discussed the impact of implementation of the National Enrollment Database (NED) upon the Composite Health Care System (CHCS)/DEERS Synchronization Metric. Creation of the "Gold File," a part of the NED implementation, requires the Managed Care Support Contractors merge the MTF CHCS enrollment files with their enrollment files for reconciliation with the DEERS. After implementation of NED, MTFs will no longer be able to enroll TRICARE members through CHCS; patients must enroll via the DEERS. Thereafter, the Managed Care Support Contractors will be responsible for enrollment management, not the MTFs. Additionally, CHCS software changes for NED implementation may disable the CHCS ad hoc report which supports this metric. For these reasons, the TRICARE Operations Division member recommended this metric be retired. The membership agreed, therefore, PASBA will no longer update this metric and it will be removed from the PASBA website.

d. Data Quality in the Balkans. The PASBA received data from the 67th Combat Support Hospital. This unit did not submit their Standard Ambulatory Data Records to PASBA during deployment.

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e. DQMCP Green, Amber, and Red (GAR) Charts and Line Charts (Encls 1 and 2). The committee discussed the usefulness of the two presentation methods, and agreed that the line charts were not very successful in depicting trends or providing other useful information. The line charts either have too little data (or too much data), or too similar data (overlapping data), and are generally too difficult to read to provide easy analysis. Line charts are also not conducive to graphing "yes" or "no" questions, therefore, only depict percentage answers. The GAR charts; however, were favorably accepted as easy to read and effective in readily displaying trends in the data displayed. The committee recommended that the line charts be eliminated and the GAR chart format kept.

4. New Business.

a. Association of the United States Army (AUSA) Medical Symposium Presentation. The PASBA and Office of The Surgeon General representatives presented "Data Quality in Support of Senior Leader Decision Making" at the recent AUSA Medical Symposium (Encl 3). The presentation highlighted the importance of the DQMCP data and its use by The Surgeon General (TSG). To get the message to the broadest audience, the DQFAST Team Leader recommended that when presented again, this should be an open session presentation, not a break-out session presentation. The Team Leader urged the committee members to share the presentation with others. One member asked if any of the data discussed would be appropriate for worldwide web posting. The PASBA responded that much of the data is now available on the PASBA website, <http://www.pasba.amedd.army.mil/>, in the restricted area. Eligible users can have access to the restricted area by requesting access. The access request instructions are posted on the website.

b. Access to Care. The TRICARE Operations representative briefed the committee on the status of the Access to Care test site activities. The Access to Care initiative is a pilot program created by the Appointment Standardization Workgroup (ASW). The collected data will be forwarded to a central repository for analysis to determine if access-to-care standards are being met by the MTFs. The analysis will be posted monthly in the TRICARE Operational Performance Statement. A possible

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conflict with PASBA's Health Care Access Metric (HCAM) was discussed and determined to be significantly different from the ASW initiative. The Access to Care project is based upon pending appointments; the HCAM is based upon kept appointments. However, the Access to Care project is evolving, and is expected to consider other variables in the future. The TRICARE Operations representative will discuss the Access to Care issues with the PASBA HCAM point of contact.

c. DQMCP Summary of the Summary (Encl 4). The Summary of the Summary was provided to the members for the first time. The Team Leader explained its use as the consolidated report of the Army's monthly DQMCP input for forwarding up the chain-of-command. Members were asked to review future reports for discussion at the DQFAST meetings.

d. New DQMCP Executive Summary Issues. The GPRMC submitted the only May 2001 submission Executive Summary (Encl 5). Their issues were identified and discussed as follows (Encl 6):

(1) End-of-Day Processing for Ambulatory Procedure Visits. When attempting to complete end-of-day processing, the CHCS system erases the provider's name. Two MTFs have submitted trouble tickets to the Triservice Medical Systems Support Center. **Decision: The committee will continue to monitor this issue.**

(2) Hearing Conservation Workload Count. There is an inconsistency found in the reporting of hearing conservation workload in the EAS and on the Worldwide Workload Report (WWR). Hearing conservation workload is not captured in EAS, but is added to the WWR. **Decision: The Army Data Quality Manager will address this issue at the next TMA DQMC Workgroup meeting, 17 July 2001. In the interim, for reporting consistency, MTFs should not include hearing conservation workload in their DQMCP submission.**

(3) Telephone Consult (TCON) Workload Data Nonavailability. The TCON data is not available in CHCS as reported by Fort Riley. Fort Riley submitted a CHCS System Change Request (SCR) on 25 May 2001. **Decision: The TRICARE Operations Division will research CHCS SCRs to ascertain the**

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status of a previously submitted SCR. Fort Riley's SCR; however, was submitted for the Ambulatory Data System. The committee will continue to monitor this issue.

(4) MEPRS Data Nonavailability/EAS IV Conversion. The GPRMC claims the EAS IV conversion is still a significant risk to data quality. The GPRMC MEPRS staffs are forced to work on shortened timetables when the system is corrected and the data entry can begin again. The increased or compressed workload for the small MEPRS staff is pushing the MEPRS staffs for more quantity work versus quality of the data submitted. However, the AMPO representative explained that EAS III was available to the GPRMC. The majority of MTFs did submit EAS III data, the remainder could have also, if they had chosen to do so.
Decision: EAS IV is now fully deployed and the MTFs are converting their data to the new systems. All sites should now report EAS IV data.

(5) DEERS Eligibility Checks. See 3.b.(1) above.

(6) Provider Coding Education/Coder Shortage.
See 3.b.(2) above.

5. DQMCP Trends. As depicted on the GAR charts (Encl 2), difficulties with MEPRS data availability; outpatient records accountability; outpatient records coding; and comparison of SADR encounters to WWR visits. As discussed in paragraph 4.c. above, committee members were asked to access and research this and other DQMCP documents and provide recommendations for improvement at subsequent DQFAST meetings.

6. DQMC Program Update.

a. The last report (May 2001) incorporated TMA changes to the Commander's Statement which gives more definitive break outs of workload data and coding data. Also, TSG changed the wording of Question one (1), which has not been approved by TMA. The Department of Defense Inspector General (DOD IG) is also aware of this change.

b. The MTFs now have the capability of electronically signing their input. However, only 2 Regional Medical Commands

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and 17 MTFs utilized this capability. The OTSG IMD representative and Army Data Quality Manager will research the problem and facilitate resolution.

c. A DOD IG team visited PASBA 21 May 2001 and subsequently Brooke Army Medical Center as part of their investigation to determine if the MTFs have successfully implemented the DQMCP for the Military Health System. The draft report of their findings will be issued in October 2001, with a final report issued in January 2002. Thus far, feedback regarding the Army's efforts has been positive.

7. Deferred Issues. There were no deferred issues.

8. The meeting adjourned at 1000. The next meeting is scheduled for 0900, 10 July 2001, in the PASBA conference room.

6 Encls
as

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

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1-Each Committee Member