



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

21 August 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 14 August 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
LTC Starcher, PASBA
MAJ Burzynski, OTSG (IMD)
Ms. Bacon, AMPO
Ms. Enloe, PASBA
Ms. Robinson, PASBA
Mr. Jensen, ACofS (RM)
Mr. Padilla, RM
Mr. Thompson, Internal Review

b. Members Absent:

COL Kimes, Quality Management
COL Phurrough, ACofS (HP&S)
LTC Dolter, Outcomes Management
MAJ Stewart, MEDCOM PAD
MAJ Wesloh, PASBA
Ms. Cyr, ACofS (PA&E)
Ms. Leaders, TRICARE Operations Division
Ms. Mandell, PASBA
Mr. James, PASBA
ACofS Personnel Representative

c. Others Present:

MAJ Wilson, OTSG (Nursing)
Mr. Cardenas, AMPO
Mr. Bacon, PASBA

MCHS-I

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

2. Opening Remarks. There were no opening remarks.

3. Old Business.

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

b. DQFAST Metrics (exceptions only). The Medical Expense and Performance Reporting System (MEPRS) Unit Cost Metric has become more difficult to calculate. The service unit costs for the Ambulatory Functional Cost Codes (FCCs) in the Expense Assignment System (EAS) IV do not currently include ancillary costs. The Army MEPRS Program Office (AMPO) will contact the PASBA representative to discuss the changes necessary to produce this particular metric.

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

(1) Data Quality Management Control (DQMC) Program Memorandum from LTG Peake to the Tricare Management Activity (TMA) Resource Management Steering Committee, [enclosure 1.](#) LTG Peake is taking the DQMCP process very seriously. The AMPO representative requested clarification on LTG Peake's recommendation to TMA on revising the EAS IV suspense dates. **Decision: The TMA has not directed a change to the EAS IV suspense dates. Until that time the reporting timeline for question 2 on the Commander's Data Quality Statement remains the same.**

(2) Inpatient/Outpatient Records Coding Issues.

(a) The PASBA coding consultant conducted the first video teleconference (VTC) coding training on 30 July, items discussed were:

(1) There should be no coding of unconfirmed diagnoses on outpatient records.

(2) Ensure that coding is for vaccination/immunization and not for the disease/illness.

MCHS-I

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

(3) When coding for a spontaneous abortion, ensure that the abortion procedure code is not being used. The incorrect code could have serious repercussions when the Army submits its annual Abortion Report to Congress.

(4) For items 2.b. and 2.c. above the respective military treatment facilities (MTFs) were notified to correct their errors.

(b) A coding template, with KG-ADS loading instructions was sent out by PASBA. At this time there are no comments from the field.

(c) The PASBA has found no written guidance requiring any specific personnel qualifications for individuals conducting training on coding issues.

(d) It was noted that there were many positive comments on the first coding VTC. The Coding Workgroup meets approximately every two weeks and the next coding VTCs are scheduled for 27 August and 24 September.

(3) MEPRS Transition to EAS IV. Most field sites are doing a good job of meeting the current suspense for data submission. LTG Peake has been briefed that the Commander's Data Quality Statement for August will be reporting all data (including EAS) for the month of June. Any site not reporting June data will have a "No" annotated for that particular question, unless the TMA changes suspense dates for reporting timeframes. **Decision: The PASBA will send out guidance that if a site has not transmitted data for the month required on the DQMCP, then a "No" not "NA" will be recorded.**

(4) Defense Enrollment Eligibility Reporting System (DEERS) Checks at Pharmacy windows. **Decision: The TMA is expected to eliminate this question from the next checklist update.**

MCHS-I

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

(5) Great Plains Regional Medical Center (GPRMC) Issues, [enclosure 2](#).

(a) **Conflicting Metrics-Decision:** The Army established DQMCP standards requiring that the Standard Inpatient Data Record (SIDR) and the MEPRS dispositions should match exactly to be "green," the same is also required of Standard Ambulatory Data Record (SADR) encounters and the Worldwide Workload Report visits. If these do not equal then they are reported as "red," there is no "amber" on this particular Green-Amber-Red (GAR) report. The PASBA DQFAST SIDR Timeliness metric standards are Green (95-100 percent), Amber (90-94 percent) and Red (<90 percent). For the PASBA DQFAST SADR metric the standards are Green (99-100 percent), Amber (97-98 percent) and Red (=<96 percent). In lieu of any specific guidance from TMA on percentages to use for GARs the DQFAST Committee will request suggestions from the Regional Medical Commands (RMCs) on what they think the threshold percentages should be.

(b) EAS IV-In reference to the GPRMCs request for guidance on the methodology being used at PASBA and MEDCOM to ensure data quality for EAS IV submissions, the AMPO representative stated that there are two metrics posted on the PASBA website addressing EAS IV data. The two metrics are the MEPRS Currency Metric and MEPRS Discrepancies Metric. The AMPO office is currently in the process of conducting research to develop an additional metric addressing MEPRS data quality. **Decision: The AMPO will provide additional guidance to PASBA for inclusion in the response to GPRMC.**

d. DQMCP Summary of the Summary, [enclosure 3](#). The Team Leader reiterated that the committee will publish clarification on reporting requirements to the Commander's Data Quality Statement. Clarification will also address question number 5, percentage of outpatient records located. Beginning with the August Commander's Data Quality Statement any discrepancies noted must have an explanation. **Decision: Guidance will be published clarifying when explanations to discrepancies are required.**

MCHS-I

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

e. DQMCP Program Update.

(1) The Army's recommendation that the TMA DQMC Workgroup meet on a monthly basis, as opposed to the current quarterly meetings, was approved.

(2) The TMA DQMC Workgroup finished the review of the DQMCP Checklist and the Commander's Data Quality Statement. The revised checklist and statement will be effective for October's data on the December report.

(3) The Department of Defense Inspector General (DODIG) will not be visiting any more treatment facilities. Service audit agencies are investigating initial findings of the DODIG.

f. DQMCP Trends Update.

(1) On the top of the Summary of the Summary, there has been several lines added that reflect "green" or "red" depending on overall responses to questions ([enclosure 3](#)).

(2) The RMC GAR Report ([enclosure 4](#)) shows a general decline in MEPRS/EAS data reporting.

(3) The RMC GAR Report is a roll-up of the MTF GAR Report ([enclosure 5](#)).

(4) The Commander's Data Quality Statement question one will be changed back to its original wording, effective for the next report in August. While question three will be eliminated once revised by TMA.

(5) The DQMCP Line Charts ([enclosure 6](#)) were not discussed.

g. Electronic Signature Update. There has been a general improvement of sites using the electronic signature for their July 2001 DQMCP submission. Four MTFs did not use the electronic signature (Ft Huachuca, Ft Leonard Wood, Ft Lewis and Landstuhl) and two RMCs (GPRMC and Western Regional Medical Command).

MCHS-I

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

h. Full-Time Equivalent (FTE) Accountability Update.

(1) The AMPO is still having difficulty getting portions of this Access developed database program to work. The AMPO office and a PASBA representative will work together on resolving Access programming concerns.

(2) From a data quality perspective, there were some concerns about FTEs being assigned to some "E", "F" and "G" accounts. The AMPO office sent a message to the field sites requesting them to review and correct this discrepancy or provide a written explanation as to the justification for assignment. Sites will not be requested to retroactively correct FY 00 data.

i. Data Quality in the Balkans.

(1) Kosovo should be getting the Composite Health Care System by September of this year. They should then be able to transmit data electronically instead of in a paper format.

(2) Bosnia is still behind in their coding but has indicated they should have data ready by the next SIDR transmission. Bosnia had a total of 34 records for the month of July and only 3 of those records indicated discharge. The PASBA is working with those units to capture all of their data before they rotate out.

j. FY 02 IG Objectives. Members need to provide data quality objectives for the MEDCOM IG. These objectives will be used to assist the IG when making FY 02 site visits. A suggestion was to have a checklist of items from the DQMCP that should be looked at. In the past, the AMPO office has requested that the IG conduct an audit on various aspects of the financial reconciliation process. **Decision: The PASBA will forward a copy of the Summary of the Summary along with the AMPO suggestion to the MEDCOM.**

k. DQFAST Membership Review. Each member should review the charter and update their membership status. The goal is to have only one voting member from each section. **Decision: A message**

MCHS-I

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

will be sent to committee members requesting their input on membership.

4. New Business.

a. A member wanted to remind the committee that, in early September, the DQFAST committee would probably need to prepare some information on the DQMCP data quality management efforts. Specific information will be provided at a later date.

b. A question was asked if anyone was looking at data quality issues with the All Region Services (ARS) Bridge. The PASBA has membership representation on the ARS Bridge Working Group. The PASBA has also provided LTG Peake with topic information for presentation to TMA on the dual data feed process to the ARS Bridge along with timeliness and accuracy of data in the ARS Bridge. The PASBA also works with data from the ARS Bridge on a daily basis and accuracy of the data has been addressed as a concern with LTG Peake.

5. Deferred Issues. Two items were deferred until the next committee meeting, the status reports on the Uniform Biostatistical Utility and the End-of-Day processing metric.

6. The meeting adjourned at 1015. The next meeting is scheduled for 0900, 11 September 2001, in the PASBA conference room.

6 Encls
as

/s/
JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member