



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

19 November 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 13 November 2001.

a. Members Present:

COL Halvorson, Team Leader, PASBA
LTC Starcher, PASBA
MAJ Griffith, RM
COL Jones, ACoFS (HP&S)
MAJ Stewart, MEDCOM PAS
Ms. Bowman, TRICARE Operations Division
Ms. Enloe, PASBA
Ms. Mandell, PASBA
Mr. Padilla, RM
Ms. Robinson, PASBA
Mr. Thompson, Internal Review

b. Members Absent:

LTC Dolter, Outcomes Management
MAJ Wesloh, PASBA
MAJ Burzynski, OTSG (IMD)
MAJ Shahbaz, OTSG (Decision Support Cell)
Ms. Bacon, AMPO
Ms. Cyr, ACoFS (PA&E)
Mr. James, PASBA
Ms. Leaders, TRICARE Operations Division
ACoFS Personnel Representative

c. Others Present:

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Maj Wilson, Representing OTSG (IMD)
Mr. Bacon, PASBA
Mr. Cardenas, Representing AMPO

2. Opening Remarks. There were no opening remarks.

3. Old Business.

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

b. DQFAST Metrics (exceptions only)--There was one exception to report, the Standard Ambulatory Data Record (SADR) Timeliness Metric ([enclosure 1](#)). For the month of September, the overall compliance percentage for the Army dropped to 79 percent. The primary reason being Madigan Army Medical Center at Fort Lewis did not get their Worldwide Workload Report (WWR) in by the 10th of the month resulting in a zero percent compliance for them. The person that does the WWR was out due to illness. Fort Eustis and Fort Belvoir had transmission problems which also resulted in a zero percent compliance and Walter Reed Army Medical Center had a 20 percent plus drop in compliance, for undetermined reasons. These were not the only sites with a decrease in compliance, but they were the most significant.

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

(1) Inpatient/Outpatient Records Coding Issues.

(a) Lieutenant Colonel Oliver, from the U.S. Army Medical Command (MEDCOM) Patient Administration Division (PAD), provided the committee a worksheet showing the adjusted number of required coders for each medical treatment facility (MTF) and the estimated cost of those coders ([enclosure 2](#)). With itemized billing, there will be a demand for more coders. The anticipated increase in workload and third party collections reimbursements was part of the justification for additional coders. Quantifying the value added by additional coders with a metric has proven to be difficult. The committee, thru the MEDCOM PAD representative, requested that Mr. Doug Ashby be

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present at the next committee meeting to elaborate on this issue.

(b) Updated International Classification of Diseases, 9th Revision, Clinical Modifications (ICD.9.CM) code tables have gone out to the field. A committee member related that this year the timeliness of the updated ICD code tables release was much improved over past years. The Tricare Management Activity (TMA) has oversight of the updated ICD code table release. The Information Technology Data Quality Integrated Product Team (IT DQ IPT) has been coordinating with all of the parties involved in the development and implementation/fielding of this release. The IT DQ IPT meets on a bi-monthly basis. The PASBA will present the timeliness of the updated ICD code tables release as an item for their agenda. **Decision: DQFAST committee member will report on the response of the IT DQ IPT to the updated ICD code tables release question at the next committee meeting.**

(2) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System (EAS) IV Update. The most recent release of table updates, version 2.2.4.1, will be sent out to the field by 16 November 2001.

d. DQMCP, New Issues.

(1) Mr. Carrato, the Executive Director of the Tricare Management Activity, issued a policy memorandum on 17 October 2001, titled "Data Quality Management Control Program, Revised Reporting Documents" ([enclosure 3](#)). The first part of this memorandum addresses the revisions to the DQMCP Review List and the Commander's Data Quality Statement. The revisions to the two documents are effective starting with the December 2001 report (October 2001 data). The second part of the memorandum addresses reporting MTF level performance to TMA and including the DQMCP in each services Medical Inspector General or Audit Agency compliance program. The Internal Review representative from MEDCOM stated that their office is already addressing data quality issues for each Regional Medical Center (RMC) area. **Decision: A PASBA representative will prepare approximately five items for the Internal Review office to consider when auditing each RMC area.**

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(2) A suggestion is going to be made to the Office of The Surgeon General that each RMC have a representative present, telephonically, during the monthly DQMCP briefing to The Surgeon General. An update on this suggestion will be provided to the DQFAST at its next meeting.

(3) The Great Plains Regional Medical Center (GPRMC) submitted an Executive Summary ([enclosure 4](#)) as part of their October DQMCP input.

a. The GPRMC expressed concerns from the field that daily end-of-day processing for after-hours and weekend care clinics do not have personnel available to complete end-of-day processing. **Decision: If a clinic is open to receive patients it seems that someone is there to receive those patients. Request that the GPRMC further explain the situation.**

b. There is concern about the timeliness of FY 02 software tables for workload and coding. **Decision: Workload tables, release 2.2.4.1, will be sent out to the field by 23 November 2001. The coding tables concern is being presented to the IT DQ IPT.**

c. The GPRMC staff is not confident that the data in the All Region Server Bridge is timely. **Decision: The PASBA and the DQFAST have expressed this concern through appropriate channels on numerous occasions. The DQFAST recognizes the GPRMC concern.**

d. The GPRMC is teaching coding throughout the region with the expectation of an increase in coding accuracy. **Decision: The DQFAST is interested in how the GPRMC plans on tracking the anticipated increase in its coding accuracy.**

(4) October Summary of the Summary Review ([enclosure 5](#)). Committee member subject matter experts are requested to look at MTF responses within their functional areas and provide input to DQFAST, so that feedback may be related to the MTFs.

e. DQMCP Trends, [enclosures 6,7 & 8](#) --The basic trend is an increase in MEPRS compliance percentages. Question 2.a. of the

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Commander's Statement showed a 22 percent improvement, attributed to improved EAS IV post-deployment processing. Most coding areas improved between 3 and 5 percent.

f. DQMCP Update--The Revised Review List and Commander's Data Quality Statement will be effective for the December 2001 reporting month (October 2001 data).

g. DQMCP Best Business Practices. There were no recommendations from committee members. This area will be addressed again at the next DQFAST meeting.

h. Electronic Signature Update--Out of 36 facilities 35 used the electronic signature program.

i. Data Quality in the Balkans--The PASBA received their first Composite Health Care System transmission from Bosnia. Data transmissions from Kosovo are still going well.

4. New Business.

a. Encoder/Grouper Issues--Update on this issue will be presented at the next DQFAST meeting.

b. New Metric Proposals.

(1) DQMCP versus SADR Compliance--This metric will look at the results from the SADR Compliance Metric and compare its results to the responses provided on the Commander's Data Quality Statement. This proposed metric will be presented to the committee next month.

(2) DQMCP versus MEPRS Timeliness--This metric will look at the results from the MEPRS Currency Metric, and compare its results to the responses provided on the Commander's Data Quality Statement. When reviewing this proposed metric, a number of discrepancies were identified between the MEPRS Timeliness Metric and the DQMCP responses. This metric will be presented to the committee at the next committee meeting.

c. Proposed DQFAST Meeting Date Change--Due to the growth of the DQMCP process and its complexity a recommendation is to

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move the committee meeting to the third Tuesday of each month. This will allow a more reasonable timeframe for PASBA personnel to compile the DQMCP reports and incorporate feedback from The Surgeon General. Committee members will be sent an electronic message to vote on this recommendation. Results will be reported back to committee members via electronic mail along with the next committee meeting date.

d. Other New Issue Discussion--None.

5. Deferred Issue--Encoder/Grouper.

6. The meeting adjourned at 1005. The next meeting date to be determined.

7 Encls
as

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

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1-Each Committee Member