



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

27 March 2002

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 19 March 2002.

a. Members Present:

LTC Starcher, Acting Team Leader, PASBA
COL Jones, ACofS (HP&S)
MAJ Wesloh, PASBA
MAJ Burzynski, OTSG (IMD)
Ms. Bacon, AMPO
Ms. Mandell, PASBA
Ms. Robinson, PASBA
Mr. Padilla, RM
Mr. Thompson, Internal Review

b. Members Absent:

COL Halvorson, Team Leader, PASBA
LTC Dolter, Outcomes Management
MAJ Griffith, RM
MAJ Stewart, MEDCOM PAD
MAJ Shahbaz, OTSG (Decision Support Cell)
Ms. Leaders, TRICARE Operations Division
Ms. Cyr, ACofS (PA&E)
Ms. Enloe, PASBA
Mr. James, PASBA
ACofS Personnel Representative

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c. Others Present:

Ms. Bowman, representing Ms. Leaders, TRICARE Operations
Mr. Fannin, Internal Review
Mr. Bacon, PASBA

2. Opening Remarks. None

3. Old/Ongoing Business.

a. Approval of Minutes. There were several corrections to the minutes from the February 2002 meeting.

(1) On page 4, paragraph 3, subparagraph f, second sentence stated "...Advanced Primary Nurses..." but, should have stated "...Advanced Practical Nurses...".

(2) On page 4, paragraph 3, subparagraph f, fourth and fifth sentences stated "...class 1 and class 2 clinicians..." but, should have stated "...skill 1 and skill 2 personnel on utilizations...".

b. DQFAST Metrics (exceptions only). There were no exceptions to report.

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

(1) DQMCP, New Issues.

a. The end-of-day (EOD) processing requirement is presenting difficulty for some medical treatment facilities (MTFs) ([enclosure 1](#)). The TRICARE Management Activity (TMA) requires that EOD processing compliance be monitored by clinic, not by total visits. The suggestion that EOD processing compliance be monitored based on total visits instead of by clinic has been made to TMA.

b. A clinic that operates during normal duty hours should conduct EOD processing compliance every day, prior to 2400 hours. This is the standard that all service branches are using. For clinics that operate on a 24-hour basis, they should conduct the EOD process prior to 0700 the next morning.

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c. A member stated that field sites have questions about why EOD processing must be done prior to 2400 hours each day instead of 0700 the next morning. The field also reported concerns on the cost effectiveness of performing EOD processing on a daily basis. They feel it is manpower intensive and accomplishes very little in terms of productivity.

d. A committee member expressed concern with some Commander's Data Quality Statements. The commander will ask questions or request guidance on a subject, but they are included in the general comments or explanations of the Commander's Data Quality Statement. If MTF's have questions or concerns then Executive Summaries should be submitted to the committee.

e. Decision:

1. Prior to an EOD guidance letter being sent out to the field, the Army Data Quality Manager will determine exactly what steps or actions need to take place before EOD processing is performed by a clinic. The guidance will be formalized and sent out to the field sites prior to the next committee meeting.

2. The Army's Data Quality Manager will forward a reminder to all MTF's stating that questions/process issues need to be addressed via Executive Summaries. Questions/process issues should not be included within the explanatory remarks of the Commander's Data Quality Statement.

(2) Coding Update.

(a) The contract with the 3M Corporation should be signed by 29 March. This will make training on coding available to physicians and coders via the internet. There are approximately 7,500 slots available to physicians for training. Based upon input from physicians there have been some enhancements made to the modules offered by the 3M Corporation. Enhanced modules address surgeons, anesthesiologists, and physicians involved in teaching.

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(b) In the civilian sector, the physicians are being held accountable for Evaluation and Management codes and substantiating documentation. Once the Army starts using itemized billing, government physicians will probably be held to the same level of scrutiny as physicians in the civilian sector.

(c) By Monday, 25 March 2002, the first encoder grouper and Composite Health Care System (CHCS) updates should be available via the internet. The facilities' information management officers need to ensure that TMA has their names and other pertinent information, otherwise they will not have permission to access the website and download the encoder grouper and CHCS updates.

(3) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System IV Update.

(a) The agenda for the Resource Management Conference is not finalized yet. However, approximately 45 minutes will be available for PASBA to address data quality issues.

(b) The Army MEPRS Program Office (AMPO) representative related that they have received very positive feedback from training sessions on the new software program called MEPRS Early Warning and Control System. The interactive workbook section is not completely functional, at this point. If anyone is interested, the program is on the TMA website at http://www.tricare.osd.mil/ebc/rm_home/imcp/mep/index.htm

(4) DQMCP Trends, [enclosure 2.](#)

a. Overall, there has been an improvement in DQMCP trends. Even when the Green-Amber-Red (GAR) color has not changed on a particular question, there have been percentage improvements. There has been a steady improvement in the MEPRS related questions.

b. The coding related questions have shown a general improvement, although some sites are fluctuating up and down.

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c. The AMPO representative expressed concern about DQMCP questions that require a "Yes" or "No" response, 35 out of 36 facilities must respond "Yes" to be green on the GAR Metric. The AMPO representative requested that this standard be reconsidered by TMA.

d. The AMPO representative also addressed question 3a on the DQMCP Commander's Statement. The question pertains to whether or not data was submitted in a timely manner. It does not pertain to whether or not workload and financial reconciliation processes were completed prior to timely submission of data. Therefore, Fort Leonard Wood's response to question 3a should be "Yes" instead of "No". **Decision: The AMPO will contact the Great Plains Regional Medical Center representative (GPRMC) for data quality and Fort Leonard Wood's representative. If both representatives agree then Fort Leonard Wood's response will be changed from "No" to "Yes".**

(5) DQMCP Update. General Officer DQMCP briefings are scheduled for 22 March, to Colonel(P) Granger, and on 2 April to The Surgeon General.

(6) DQMCP Best Business Practices. Fort Belvoir has job descriptions for ambulatory coders ([enclosure 3](#)). The job descriptions have been approved and classified by the Civilian Personnel Office. The job descriptions cover various grades, depending upon skill level, and are posted on the PASBA Website at <http://www.pasba.amedd.army.mil/dqfas/coderPD.htm>
Decision: The committee commends Fort Belvoir for their hard work in developing these ambulatory coder job descriptions. The committee also appreciates their willingness to share the results with everyone.

d. Data Quality Training and Initiatives. The DQMCP Review List Workbook ([enclosure 4](#)) still has incomplete sections. Once it is complete the committee would like feedback from the field on its usefulness prior to full Army Medical Department distribution. The Army's Data Quality Manager will coordinate a partial document review by Great Plains Regional Medical Command and Southeast Regional Medical Command.

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e. Data Quality in the Balkans.

(1) A PASBA representative related that Bosnia was able to download encoder/grouper via the internet. However, it will be July of this year before the encoder/grouper can be downloaded to the Kosovo computers. Kosovo is already using Windows 2000, which will not accept the current version of the encoder/grouper.

4. New Business.

a. The Internal Review representative informed the committee that their office conducted a site visit at one MTF and reported the following:

(1) When MTF reviews records for coding compliance they review records from a different clinic each month. Which means there may not be an improvement in coding compliance from month to month. Facilities that follow this practice need to ensure their comments on the Commander's Data Quality Statement reflects they are reviewing a different clinic each month, to help account for monthly variances.

(2) The MTF also had questions about their Standard Ambulatory Data Records (SADRs) being less than their Worldwide Workload Report numbers. This brought up the question of which encounters require a SADR. The Internal Review representative thought it might be helpful to send out guidance to the entire field on which encounters should generate a SADR.

(3) The last item the Internal Review representative addressed was identifying and tracking who attended data quality training at the MTF. Exactly what was to be included was unclear. However, the representative stated there was going to be a meeting on 21 March 2002 to clarify this area.

b. Other Issues--The GPRMC is hosting a GPRMC EAS IV Repository Training Conference for their region on 26 thru 28 March. The GPRMC has allocated time for PASBA to address data quality.

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5. Deferred Issue--Update on the hiring of coders and how the process is working. This will be addressed at the 16 April 2002 DQFAST meeting.

6. The meeting adjourned at 1030. The next meeting will be 16 April 2002 at 0900.

4 Encls
as

JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

DISTRIBUTION:

1-Each Committee Member