



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

26 April 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 16 April 2002.

a. Members Present:

COL Halvorson, Team Leader, PASBA  
LTC Starcher, PASBA  
MAJ Wesloh, PASBA  
MAJ Burzynski, OTSG (IMO)  
CPT Briggs-Anthony, PASBA  
Ms. Leaders, TRICARE Operations Division  
Ms. Mandell, PASBA  
Mr. Padilla, RM  
Mr. Thompson, Internal Review

b. Members Absent:

COL Jones, ACofS (HP&S)  
LTC Dolter, Outcomes Management  
MAJ Griffith, RM  
MAJ Stewart, MEDCOM PAD  
MAJ Shahbaz, OTSG (Decision Support Cell)  
Ms. Bacon, AMPO  
Ms. Cyr, ACofS (PA&E)  
Ms. Robinson, PASBA  
Ms. Enloe, PASBA  
Mr. James, PASBA  
ACofS Personnel Representative

c. Others Present:

MAJ Ruiz, Representing ACoS (HP&S)  
Mr. Cardenas, Representing AMPO  
Ms. Bowman, TRICARE Operations

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Mr. Fannin, Internal Review  
Ms. Price, OTSG  
Mr. Bacon, PASBA

2. Opening Remarks. None

3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only).

(1) The Standard Inpatient Data Record (SIDR) Timeliness Metric ([enclosure 1](#)) shows a number of facilities in the red. The European Region shows all three facilities in the red, the Great Plains Region has three facilities in the red, the North Atlantic Region has one facility in the red, the Western Region shows all three facilities in the red, and the South East Region has one facility in the red.

(2) The Standard Ambulatory Data Record Timeliness Metric ([enclosure 2](#)) shows five facilities in the red. This is not a major concern, there are usually three or four facilities in the red.

(3) The No Show/Cancellation Metric ([enclosure 3](#)) shows a considerable amount of amber and red. This metric addresses three patient appointment areas: No Shows, Cancelled by Facility, and Cancelled by Patient. The Cancelled by Patient portion is all red except for two facilities. Members voiced several possible explanations. **Decision: A medical command (MEDCOM) representative will contact the Clinical Operations Section at MEDCOM to determine if they have an explanation for the No Show/Cancellation Metric results, and whether or not medical facilities have guidance or policies to address missed patient appointments. The representative will report back to the committee at the next meeting.**

(4) The MEDCOM TRICARE representative stated that a system change request (SCR) had been submitted to the Composite Health Care System (CHCS) contractor to add a report program. This change would allow comments on why an appointment was not

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available for a patient. The report could then be printed and patient appointment templates could be reviewed to determine optimum patient appointment mixes.

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

(1) DQMCP, New Issues.

(a) The Department of Defense Inspector General (DOD IG) draft report on the audit of "Implementation of the Data Quality Management Control Program for the Military Health System" ([enclosure 4](#)) was received in the second week of April 2002. The PASBA forwarded their comments, which basically mirrored the comments made by the TRICARE Management Activity (TMA) and also provided additional details on training related subjects.

(b) Concern was expressed about the timeliness of the DOD IG draft report. The DOD IG team conducted their visits over ten months ago. Since that time there have been numerous changes to the DQMCP. Another concern expressed was that the DOD IG report will be forwarded to DOD level personnel and will paint a picture of the Army's DQMCP that is no longer accurate nor up-to-date.

(2) Guidance on end-of-day processing procedures is still being formalized. Once the PASBA representative is able to clarify a couple of questions the guidance will be sent out to the medical treatment facilities (MTF's). **Decision: Guidance on end-of-day processing procedures will be sent out within the next week.**

(3) Coding Update.

(a) The contract with the 3M Corporation has been signed. The process of assigning and distributing passwords to coders has begun. Physicians, physician assistants, and nurse practitioners will start receiving their passwords shortly.

(b) The implementation of itemized billing has been delayed. Itemized billing is suppose to become effective this year, no definitive implementation date has been determined.

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(c) There will be a coding video teleconference Monday, 22 April 2002.

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

(a) The MEPRS related questions on the DQMCP have shown steady improvement.

(b) The Armys MEPRS Program Office representative stated that PASBA would make a DQMCP presentation at the Resource Management Conference on 25 April.

(c) At the Association of the United States Army Senior Leadership Conference, there will be a presentation of the MEPRS Early Warning and Control System (MEWACS). A request was made that the MEWACS program use one standard deviation for compliance determination. **Decision: The TMA has decided that two standard deviations will represent amber and three standard deviations will represent red.**

(d) The Expense Assignment System IV has released version 2.3, which is currently being distributed to the MTF's.

(e) The MEDCOM TRICARE representative stated that their office has received a request from TMA asking for the establishment of 181 new Defense Medical Information System Identification's (DMISID's). The TRICARE Europe wants to institute enrolling DMISID's. All of these are basically for administrative locations, like Embassies. A request similar to this was made in the past and was disapproved. **Decision: A PASBA representative will assist in the research and preparation of a developed response to this request.**

(5) DQMCP Trends Update.

(a) There has been continued improvement across the board, although the DQMCP Combined Report ([enclosure 5](#)) indicates coding questions continue to fluctuate up and down.

(b) A PASBA representative is preparing a list, by name, of all the inpatient and outpatient coders within each MTF. This list will be provided to the MEDCOM.

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(c) A committee member questioned whether or not the MTFs are actually being monitored on their coding compliance percentages reported to the DQMCP. **Decision: The IOWA Foundation will be conducting audits of MTFs on coding compliance. The IOWA Foundation results will be forwarded to several activities for review.**

(6) DQMCP Update. The PASBA developed a new Regional Medical Center (RMC) perspective DQMCP metric. This new metric has been forwarded to the Office of The Surgeon General for review.

(7) DQMCP Best Business Practices. There were two best business practices submitted this month. One addresses the outpatient coding process ([enclosure 6](#)) <http://www.pasba.amedd.army.mil/dqfas/Resources/BBPFtRiley0203.pdf> and the other addresses end-of-day processing ([enclosure 7](#)) <http://www.pasba.amedd.army.mil/dqfas/Resources/BBPFtStewart0204.pdf>. **Decision: The committee appreciates the best business practices submitted by Brooke Army Medical Center and Winn Army Community Hospital. The committee encourages other activities to submit their best business practices.**

d. Data Quality Training and Initiatives.

(1) The PASBA is conducting a Data Quality Workshop for the Great Plains and South East Regions on 15-16 May 2002. At this point, approximately 60 personnel have registered to attend. Currently three medical treatment facilities have not registered any personnel to attend.

(2) The Data Quality Training and Initiatives Workbook ([enclosure 8](#)) was sent to two RMCs for review prior to Army-wide distribution. The two RMCs have not provided their input yet.

(3) If anyone wants to enroll in the TMA Data Quality course in May 2002, vacancies are still available.

e. Data Quality in the Balkans.

(1) Both Bosnia and Kosovo are on CHCS and their SIDRs are being transmitted to PASBA.

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(2) There have been some problems with the Patient Accounting & Reporting Realtime Tracking System (PARRTS). Personnel in Bosnia report their PARRTS information on manual data sheets and send them to PASBA for input. Personnel in Kosvo send their data to PASBA by electronic mail and PASBA enters their data into the system. Currently, there are very few communications capabilities with the Kuwait personnel so PASBA is not receiving PARRTS data from them.

4. New Business. The Great Plains RMC sent in an Executive Summary ([enclosure 9](#)) noting the fact that Fort Hood has identified errors in the sub-elements of the Diagnosis Related Groups (DRG), although the errors do not change the DRG category. **Decision: The TMA working group will meet on 25 April 2002, where this issue will be discussed.**

5. Deferred Issue--Update on the hiring of coders and how the process is working. This will be addressed at the 21 May 2002 DQFAST meeting.

6. The meeting adjourned at 1000. The next meeting will be 21 May 2002 at 0900.

9 Encls  
as

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

DISTRIBUTION:  
1-Each Committee Member