



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 July 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 July 2002.

a. Members Present:

CPT Briggs-Anthony, PASBA (Acting Team Leader)  
COL Jones, ACofS (HP&S)  
Ms. Bacon, AMPO  
Mr. James, PASBA  
Ms. Robinson, PASBA  
Mr. Thompson, Internal Review  
Mr. Padilla, RM

b. Members Absent:

COL Halvorson, Team Leader, PASBA  
LTC Dolter, Outcomes Management  
MAJ Wesloh, PASBA  
MAJ Stewart, MEDCOM PAD  
MAJ Burzynski, OTSG (IMO)  
MAJ Shahbaz, OTSG (Decision Support Cell)  
MAJ Petray, RM  
Ms. Cyr, ACofS (PA&E)  
Ms. Leaders, TRICARE Operations Division  
Ms. Mandell, PASBA  
ACoS Personnel Representative

c. Others Present:

Ms. Price, OTSG  
Ms. Richards, Representing MEDCOM RM  
Ms. Bowman, Representing MEDCOM TRICARE  
Mr. Bacon, PASBA

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2. Opening Remarks. By the next DQFAST meeting in August, Colonel Clark will have assumed the duties as the Director of PASBA and will be the Team Leader for the DQFAST Committee.

3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only).

(1) There were no exceptions to the metrics.

(2) The previously approved End-of-Day metric ([enclosure 1](#)) was presented to the committee. The metric is posted on the PASBA website and uses data from the same adhoc report that is used for the Healthcare Access Metric. The End-of-Day metric determines whether or not a medical treatment facility (MTF) is promptly and routinely performing end of day processing. Outpatient appointment records are compliant when the 'pending' appointment status is updated to either 'kept, no-show, or cancel'. Outpatient appointment records are non-compliant when the 'pending' appointment status remains as 'pending', although the appointment date has matured. Also, outpatient appointment records are non-compliant when the 'appointment date' occurs before the 'entered system date', resulting in a 'Negative Wait Days' (i.e., appointments entered into the Composite Healthcare System (CHCS) 24 hours after the appointment occurred). This report can be replicated at the MTF level. **Decision: The committee will monitor this metric, as there are a number of facilities in the amber range.**

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

(1) DQMCP, New Issues. There were no new issues to discuss.

(2) Coding Update.

(a) The hiring of coders is progressing slowly. At the June DQFAST meeting, there were 87 pending hires and as of the 10th of July there were 82 pending hires. The pending hires are

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broken down by region as follows: Southeast Region has 23; Northeast Region has 18; Great Plains Region has 26; Western Region has 4; Pacific Region has 4; Europe has 4; and Korea has 2 pending. The Southeast Region appears to be having the most trouble hiring coders. Offering comparable pay to civilian counterparts is a significant issue.

(b) Web based training for coders is progressing, but the 3M Corporation has not furnished a corrected report on exact status of coder training yet.

(c) The status of coding training for physicians has not progressed since the last committee meeting. The memorandum addressing this issue is still at The Office of the Surgeon General waiting for approval. The contract with 3M provides for training through March of 2003, at which time any unused slots will be lost. However, the European Region is ready to start physician training. **Decision: The PASBA will coordinate with the European Regional Medical Command to get a list of their providers so that they may start the physician coding training.**

(d) Several auditing tools have been collected and are still being researched. **Decision: This item has been deferred until the August committee meeting.**

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

(a) The Army MEPRS Program Office (AMPO) representative stated that MEPRS data for May was due on the 15th of July. Thirty-one sites met the suspense and four did not. Fort Leonard Wood is experiencing problems transmitting to the repository. This was called into the help desk and still has not been resolved.

(b) The AMPO requested that the negative expense report no longer be addressed on a monthly basis by the committee. The AMPO stated that due to a common business practice by budget the negative expenses are attributable to cost transfer procedures. **Decision: The negative expense report will no longer be monitored by the committee. With the AMPO's concurrence, the following caveat was stipulated: those individuals that use expense data on a monthly/quarterly basis for cost comparisons between one quarter and a previous quarter should be aware that**

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**current quarter data might be understated, due to the monthly negative expenses.**

(4) DQMCP Update (enclosure 2).

(a) There was a slight downward trend for MEPRS data, as previously discussed. There are still some issues with coding; most comments from MTF's address the need for the pending internet coding training for physicians.

(b) The TRICARE Management Activity (TMA) and the Services have begun their annual review of the DQMCP Review List and Commanders Statement for input clarification and standardization, most changes have been minor. Their next meeting will be on 25 July.

(c) The next Data Quality Workshop for the North Atlantic Regional Medical Center area is still on track for the 4th and 5th of September 2002. There is web-based registration on the PASBA website, along with information about the workshop.

d. DQMCP Best Business Practices. None to report.

e. Data Quality in the Balkans.

(1) There are continuing concerns with Bosnia and Kosovo units on their use of the Patient Accounting and Reporting Realtime Tracking System (PARRTS). The 405th Combat Support Hospital (CSH) has sent in their first PARRTS transmission of inpatient data. They have not transmitted any Standard Ambulatory Data Records (SADRs) using PARRTS, but they have sent hard copies of Standard Inpatient Data Records.

(2) The 339th CSH has taken over for the 86th CSH, although communications have not been established with them at this time. Personnel in Bosnia are reporting SADRs through PARRTS. They are currently receiving training on CHCS to be able to capture inpatient data.

4. New Business.

a. The Unified Biostatistical Utility (UBU) Working Group is a Tri-service workgroup sponsored by the TRICARE Management Activity Director, Health Program Analysis and Evaluation.

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The UBU is proposing to reduce the standard for completion of SADRs via the Ambulatory Data Module (formerly the Ambulatory Data System) from the current standard of 14 days to 72 hours. One of the treatment facilities within the Great Plains Region responded that their SADR completion rates were 63 percent within 72 hours, 73 percent within 14 working days, and 79 percent within 30 days. The Great Plains Regional Medical Center (GPRMC) representative is working this issue. One problem is that there is no longer a regulation that specifies a timeline. **Decision: This issue is still not resolved, although the GPRMC representative is working with the facility to improve compliance.**

b. The Medical Command Internal Review office is currently arranging to visit Fort Bragg and Fort Belvoir at the end of July. The Internal Review representative solicited suggestions from committee members on areas to address at these two facilities. The Internal Review representative was not ready to report on their visit to the GPRMC region. **Decision: The GPRMC visit will be briefed at the next committee meeting.**

5. Deferred Issues.

a. Coding Audit Tools

b. Medical Command Internal Review Summary of GPRMC visit.

6. The meeting adjourned at 0920. The next meeting will be 20 August 2002 at 0900.

/s/ CPT Diedra Briggs-Anthony  
for

2 Encls  
as

JAMES A. HALVORSON  
COL, MS  
DQFAST Team Leader

DISTRIBUTION:

1-Each Committee Member