



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 August 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 20 August 2002.

a. Members Present:

COL Clark, Team Leader, PASBA
MAJ Wesloh, PASBA
Ms. Leaders, TRICARE Operations Division, MEDCOM
Ms. Robinson, PASBA
Mr. Thompson, Internal Review, MEDCOM
Mr. Padilla, RM, MEDCOM

b. Members Absent:

COL Jones, ACoFS (HP&S), MEDCOM
MAJ Cherry, Outcomes Management, MEDCOM
MAJ Stewart, PAD, MEDCOM
MAJ Burzynski, IMO, OTSG
MAJ Shahbaz, Decision Support Cell, OTSG
MAJ Petray, RM, MEDCOM
CPT Briggs-Anthony, PASBA
Ms. Bacon, AMPO, USAMISSA
Ms. Cyr, AcofS, PA&E, MEDCOM
Ms. Mandell, PASBA
Mr. James, PASBA

c. Others Present:

MAJ Wilson, IMD, OTSG
MAJ Galloway, Representing HP&S, MEDCOM
Ms. White, PASBA
Mr. Cardenas, Representing AMPO, MEDCOM
Mr. Bacon, PASBA

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2. Opening Remarks. COL Clark, the new DQFAST Team Leader, introduced himself to the committee members. The committee members introduced themselves.

3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only).

There were two metrics with exceptions.

(a) The Medical Expense and Performance Reporting System (MEPRS) Currency Metric ([enclosure 1](#)) showed six facilities as non-compliant. Fort Huachuca, Fort Wainwright and Fort Lewis mistakenly thought the suspense date was the fifteenth of the month. Redstone Arsenal's MEPRS person is out on workers compensation and the Army MEPRS Program Office (AMPO) has been trying to assist them remotely. The AMPO representative related that the future status of the Redstone MEPRS person was unclear, but the AMPO has been communicating with the Resource Management Office at Redstone. The AMPO is planning a site visit within the next few weeks to try and resolve the problem. The MEPRS person for Seoul has been on leave and the facility failed to submit data by the suspense date. The AMPO representative did not know why Fort Meade missed the suspense. The AMPO representative stated their office generates a weekly report for the MEPRS staff at the facilities that reflects the monthly suspense dates for the entire year.

(b) The Standard Ambulatory Data Record (SADR) Timeliness Metric ([enclosure 2](#)) had numerous facilities showing a marked decline in compliance. There are ongoing efforts to determine the reason for Fort Riley, Fort Leonard Wood, Fort Sill, Fort Irwin and Japan's decline in compliance. Fort Bragg is having equipment problems and Fort Benning has submitted a trouble ticket. Fort Eustis' problem appears to be linked with their being a test site for Composite Health Care System (CHCS) II. Additional research is required to specifically identify the problem. The Worldwide Workload Report (WWR) data for Bosnia was not submitted prior to the

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completion of the SADR metric. All sites are aware of various suspense dates for submitting data.

(c) The End-of-Day Metric has been removed from the PASBA website. There were concerns from the field that this metric was not an accurate depiction of their end-of-day processing. The metric will be broken down to two metrics, one being a pure End-of-Day Metric and the other being an Unscheduled Appointments Metric. **Decision: Both of these metrics are currently being developed by PASBA and will be re-posted to the web when completed.**

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

(1) DQMCP, New Issues. The Team Leader discussed with BG Weightman's staff to schedule the second Thursday or Friday of each month as a standing meeting to brief the DQMCP to BG Weightman. The Chief, Program, Analysis and Evaluation (PA&E), Office of The Surgeon General (OTSG) will also participate in this meeting. The Chief, PA&E would then brief the SG on data quality issues. There were no new Executive Summaries from the field to address.

(2) Coding Update.

(a) A Medical Command (MEDCOM) Patient Administration Division (PAD) representative provided a PASBA representative the status of coders hired. One hundred twenty-four have been hired and ninety-three are pending hires. This total exceeds the one hundred seventy-five coders that were initially addressed with an Unfunded Requirement approval through MEDCOM. Some facilities decided to use their funds to hire additional coders. **Decision: A PASBA representative will request that MEDCOM PAD differentiate between government hires and contractors on the next coder hire status report.**

(b) Preliminary results indicate that sites using the CHCS II have a 90 percent accuracy rate for coding. Based on these results, facilities may want to look at government hires versus contractors. Each facility needs to determine what best meets their needs while considering the timeline for the deployment of CHCS II .

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(c) The Internal Review representative commented that if the committee is going to track the number of coders hired, then the committee should also consider tracking how the coders are assigned. This would facilitate a comparison of coding audits and whether having centralized or decentralized coders results in better overall coding. Some other areas to consider when making this decision should be flexibility, supervision, quality control, size of the facility, and workload.

(d) Web-based training for coders is progressing (enclosure 3). The following figures were quoted: 450 request for passwords, 317 passwords distributed, 19 passwords recently requested by 3M, 18 slots reserved for pending hires, 34 slots were requested for contractors; 62 slots were requested for Uniform Business Office(UBO)/Third Party Collection personnel. The progress/status reports were difficult to read and are being reformatted by 3M. **Decision: The DQFAST committee will continue to monitor the status of web-based training for coders.**

(e) One facility hired contracted coders who were minimally qualified and it is unknown whether they will have a positive impact on the facility's record coding.

(f) The web-based training for providers is progressing more slowly. The memorandum on web-based training for providers to be signed by The Surgeon General is awaiting signature. However, several facilities have been granted permission to proceed with training for providers. There was discussion among committee members on what was the best way to proceed in soliciting names of providers for web-based training. **Decision: PASBA will explore how to expedite the web-based training of providers.**

(g) The effort to identify on-line auditing tools has been going slowly. Several auditing tools are still being researched. **Decision: This item will be addressed at the September committee meeting.**

(3) MEPRS Expense Assignment System IV Update. The AMPO representative stated that their office forwarded a memorandum through the MEPRS Management Improvement Group to the TRICARE Management Activity (TMA) requesting an exemption to exclude Fort Stewart from meeting the timelines to submit MEPRS data. Fort Stewart is a test site for the Defense Medical Human

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Resource System internet. Based upon past experience, the testing of this program will require a significant amount of time and effort on the part of MEPRS staff at Fort Stewart.

(4) DQMCP Update (enclosure 4).

(a) BG Weightman was briefed on the DQMCP on 14 August 2002. The biggest issue was Korea did not submit a Commander's Data Quality Statement. Korea's explanation was that they had a significant number of turnovers in staffing. Korea stated they should have their statement submitted before 23 August 2002.

(b) Korea has not been reporting any end-of-the-day processing for months. Korea responded with several explanations for not complying. The PASBA has provided very specific guidance, with step-by-step instructions, on how to complete end-of-day processing. **Decision: With the recent change of command at Korea, PASBA will renew efforts to assist Korea in complying with end-of-day processing requirements.**

(c) The DQMCP working group will meet on 22 August 2002 to continue their annual review of the DQMC Review List and Commander's Data Quality Statement. Listed are major areas being reviewed:

(1) Dividing end-of-day processing into two parts: the end-of-day processing by appointments and the end-of-day processing by clinics. This change will be made on the DQMC Review List and the Commander's Data Quality Statement.

(2) Adding the review of the MEPRS Early Warning and Control System to the DQMC Review List.

(3) Addressing guidance on the timelines for the completion of Standard Inpatient Data Records, SADR, WWR, Expense Assignment System IV and MEPRS. The UBO personnel are also reviewing the timeline requirement for the completion of the SADRs.

(d) The next Data Quality Workshop for the North Atlantic Regional Medical Center area is scheduled for 4-5 September 2002. All 55 slots have been allocated. The workshop group is still trying to get a keynote speaker.

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Brigadier General Weightman was scheduled to speak, but had to cancel. Also the TMA Data Quality course is scheduled 17-19 September 2002. There are approximately 10 to 12 Army personnel participating in the TMA course.

d. DQMCP Best Business Practices. None to report.

e. Data Quality in the Balkans. Deferred.

4. New Business.

a. The MEDCOM Internal Review office gave an overview of their visit to the medical treatment facilities at Fort Bliss and Fort Carson ([enclosure 5](#)). Both facilities have implemented an effective DQMCP. Fort Carson uses a spreadsheet to consolidate responses on data quality efforts from freestanding clinics.

b. An Internal Review representative recently visited MTFs at Fort Belvoir and Fort Bragg within the North Atlantic Regional Medical Command. **Decision: The final report of the NARMC visit should be completed by the next committee meeting.**

c. The MEDCOM TRICARE Operations Division representative spoke about the Defense Enrollment Eligibility Reporting System redesign effort, highlighting the Primary Care Manager By Name (PCMBN) activity ([enclosure 6](#)). There are approximately a dozen major areas being redesigned. Enclosure 6 diagrams the interim solution being proposed. To accomplish this interim and final redesign effort, the MTF's need to clean up their provider databases and maintain accurate provider files in the future. This enables the MTF Commander to better manage the providers as PCMBN assignment moves to the Managed Care Support Contractor under T-Nex. Some of this effort is a continuation of the National Enrollment Database transition.

5. Deferred Issues.

a. Coding Audit Tools

b. Data quality in the Balkans

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6. The meeting adjourned at 1030. The next meeting will be
17 September 2002 at 0900.

6 Encls
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/s/
LARRY J. CLARK
COL, MS
DQFAST Team Leader

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1-Each Committee Member