



DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
1216 STANLEY ROAD, SUITE 25
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REPLY TO
ATTENTION OF

MCHS-IS

28 January 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the U.S. Army Medical Command Data Quality for AMEDD
Success Team (DQFAST)

1. The DQFAST met in Room 107, U.S. Army Patient Administration Systems and Biostatistics Activity (PASBA) Conference Room, Building 126, at 0900 on 21 January 2003.

a. Members Present:

COL Clark, Team Leader, PASBA
MAJ Briggs-Anthony, Data Management Branch, PASBA
MAJ Anderson, IMD, OTSG
MAJ Wesloh, Deputy Director, PASBA
Ms. Bacon, AMPO, MEDCOM
Ms. Robinson, Data Quality Section, PASBA
Mr. Padilla, RM, MEDCOM

b. Members Absent:

COL Jones, ACofS, HP&S, MEDCOM
LTC Young-McCaughan, Outcomes Management, MEDCOM
MAJ Ulsher, Decision Support Branch, PASBA
MAJ Stewart, PAD, MEDCOM
MAJ Petray, RM, MEDCOM
CPT Blocker, Decision Support Cell, OTSG
Ms. Mandell, PASBA
Ms. Leaders, TRICARE Operations Division, MEDCOM
Ms. Cyr, ACofS, PA&E, MEDCOM
Mr. James, Data Analysis Section, PASBA
Mr. Thompson, Internal Review, MEDCOM

c. Others Present:

LTC Shero, representing HP&S, MEDCOM
Ms. Bowman, representing TRICARE Operations Division, MEDCOM
Mr. Bacon, PASBA

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2. Opening Remarks.

a. The PASBA recently completed the Data Quality Workshop for the Western and Pacific Regional Medical Commands (RMCs) and the 18th Medical Command.

b. There have been some recently implemented initiatives to help improve coding (see 3c(2)).

3. Old/Ongoing Business.

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

b. DQFAST Metrics. The Medical Expense and Performance Reporting System (MEPRS) Metric ([enclosure 1](#)) was the only metric addressed. This metric declined from 97 percent compliance in September to 50 percent compliance in October. This drop was due to a table update issue (see 3c(2)).

c. Data Quality Management Control (DQMC) Program.

(1) DQMC Program, New Issues. There was an Executive Summary ([enclosure 2](#)) submitted from the Pacific RMC on an issue identified by Tripler Army Medical Center (TAMC). This is a request to change the methodology in measuring the End-of-Day (EOD) processing requirement. The TAMC has a number of clinics that run after duty hours or are 24-hour clinics with minimal support staff and no administrative staff to complete the EOD processing requirement. The request is to extend the EOD processing requirement from midnight to noon of the following day. **Decision: The EOD processing requirement is a tri-service requirement. While the DQFAST does not have the authority to change this requirement the committee will ensure that this request is presented at the next Tricare Management Activity (TMA) DQMC Program Workgroup, which will meet on 22 January. The current requirement of EOD processing by midnight will remain in effect until the TMA DQMC Program Workgroup directs otherwise.**

(2) Coding Update.

(a) On 10 January, the PASBA met with representatives from the 3M Corporation. Discussion included availability of products to assist commanders in improving coding accuracy at their facilities.

(b) There is a recognized shortage of coders with the implementation of outpatient itemized billing. Over the next 6 months the PASBA will be working with the Manpower Section at the U.S. Army Medical Command (MEDCOM) to collect data on

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facilities' coder requirements. To assist in this data collection effort the PASBA has created a template for the facilities to use. Data will be collected on ambulatory and inpatient coding, and should be completed by the end of July. This data will help establish a minimum requirement for coders at each facility. If a facility has less than the minimum number of coders they require, then corporate funding will be provided to meet this minimum requirement. Funding for coders above this minimum number will be the responsibility of each facility.

(c) At the Medical Record Administrators (MRA) Workshop conducted December 2002, one issue identified was that coders did not have current up-to-date reference materials. This lack of timely reference materials impacts on a facility's ability to code accurately. **Decision: The PASBA has put together a document that is being forwarded to the E-Business Strategy Group to consider corporate funding to purchase up-to-date reference materials. Additionally, TMA is looking at the Coder Compliance Editor tool, a desktop computer application, which would be available through the TMA network.**

(d) At the MRA Workshop, information was provided on a "toolkit" for facility commanders. This "toolkit" addressed those things that are available to improve coding: superbills, Evaluation and Management worksheets, desktop applications, and the use of contractors.

(e) In an effort to improve coding and data quality, the PASBA is working with the U.S. Army Medical Department Center and School (AMEDDC&S) to present training to students. The first opportunity to present this training will be in February 2003, to the Pre-Command Course. This training will not talk directly about coding, but will address documentation requirements and its impact. In March 2003, the PASBA will participate in the Clinical Data Quality training at the AMEDDC&S. Additionally, there are ongoing discussions with the AMEDDC&S to determine the best way to incorporate data quality and documentation requirements into all provider tracts.

(3) MEPRS Expense Assignment System (EAS) IV Update. Although the FY 03 EAS IV table update release was disseminated in November, there was a significant issue with the loading of this release. Research determined the release failed to fully execute when rolling over the site Account Subset Definition Table to the new fiscal year due to the existence of duplicate records in the FY 02 ASD Table. To date, 20 Army sites have encountered this issue of which 19 have been resolved. The EAS IV Help Desk is currently working to resolve Ft Wainwright's situation. As a result, only 42 percent of our medical treatment facilities (MTFs) were able to meet the required suspense for October MEPRS submission. However, to-date, 72 percent (26 sites) have transmitted October's data, while only 47 percent (17 sites) have transmitted November.

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(4) DQMC Program Update.

(a) The last data quality workshop was conducted for the Western and Pacific regions and the 18th MEDCOM region on 15-16 January 2003. There were many positive comments on the workshop and a lot of participation from attendees.

(b) The next TMA DQMC Program Workgroup will meet on 22 January. The representative from the PASBA will be presenting two issues to the workgroup. The first is the EOD processing requirement change that the Pacific region submitted, and the second is to remove the MEPRS Early Warning and Control System (MEWACS) question 2(c) on the Commander's Data Quality Statement (although the MEWACS question would remain on the DQMC Review List). There are also some coding issues the workgroup will address.

(c) There was some discussion within the DQFAST Committee on some of the proposed timeline changes for reporting various data. The PASBA representative to the DQMC Program Workgroup will ask the workgroup what the current status is on these proposed timeline changes.

(d) There is a new Department of Defense Instruction (DODI) on the DQMC Program: DODI 6040.40 Military Health System Data Quality Management Control Procedures, 26 November 2002. The new DODI may be located at http://www.dtic.mil/whs/directives/corres/pdf/i604040_112602/i604040p.pdf.

(5) DQMC Program Best Business Practices. There were no new best business practices reported by facilities this month.

(6) Data Quality in the Balkans.

(a) The PASBA is currently tracking four units: the 5601st in Bosnia; the 67th Combat Support Hospital (CSH) in Kosovo; the 865th in Kuwait; and the 48th CSH in Afghanistan. Both the 865th and 48th CSH have been in their location for approximately 1 month, and neither of these units is using the Composite Health Care System yet. The PASBA is entering both of these units Patient Accounting and Reporting Realtime Tracking System (PARRTS) data, their Standard Inpatient Data Records (SIDR), Standard Outpatient Data Records and Worldwide Workload Report data. The 48th CSH is entering Patient Accounting and Reporting Realtime Tracking System (PARRTS) data. Both the 67th CSH and the 5601st are using PARRTS, but the PASBA is not yet receiving their SIDR. The PASBA will contact these two units to determine why they are not sending their admission and coding sheets.

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(b) There have been discussions with the Patient Administration Division Chief of the 65th in Germany, on the reporting requirements as each unit deploys. Apparently there are some questions on the retirement of inpatient records after a provider has seen a patient.

(c) There are ongoing communications with the 48th on the use of the Secure Internet Protocol Router Network. This system permits secure messaging via the Internet.

(d) The PASBA is currently determining how to distribute inpatient register numbers to the 28th CSH. It is anticipated the 28th CSH will be deployed to two different locations. They may need to have register numbers divided into different groups for distribution.

4. New Business. Since the regional Data Quality Workshops have been completed, the PASBA will look at conducting staff assistance visits to MTFs. These visits will address data quality issues of each specific MTF.

5. Deferred Issues. The MEDCOM Internal Review Office's final report of their North Atlantic RMC's visit.

6. The meeting adjourned at 0950. The next meeting will be on 18 February 2003.

2 Encls
as

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

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1-Each Committee Member