



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND  
1216 STANLEY ROAD, SUITE 25  
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO  
ATTENTION OF

MCHS-IS

28 February 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 18 February 2003.

a. Members Present:

COL Clark, Team Leader, PASBA  
MAJ Briggs-Anthony, Data Management Branch, PASBA  
MAJ Wesloh, Deputy Director, PASBA  
Ms. Bacon, AMPO, MEDCOM  
Ms. Robinson, Data Quality Section, PASBA  
Mr. James, Data Analysis 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  
MAJ Anderson, IMD, OTSG  
CPT Blocker, Decision Support Cell, OTSG  
Ms. Mandell, PASBA  
Ms. Leaders, TRICARE Operations Division, MEDCOM  
Ms. Cyr, ACofS, PA&E, MEDCOM  
Mr. Thompson, Internal Review, MEDCOM

c. Others Present:

Mr. Bacon, PASBA

MCHS-IS

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

2. Opening Remarks. None.

3. Old/Ongoing Business.

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

b. DQFAST Metrics.

(1) The Standard Inpatient Data Record (SIDR) Timeliness Metric, [enclosure 1](#), showed a decline to 36 percent compliance for the Army. Both Landstuhl and Wuerzburg medical facilities attributed their decline to the release of the Medical Expense and Performance Reporting System (MEPRS) Encoder Grouper table. Landstuhl did not get the MEPRS release until the third week of November 2002, while Wuerzburg did not get the release loaded until December 2002. The medical facilities at Fort Bragg, Fort Sam Houston, and Fort Shafter indicate their declines are due to a shortage of coders or newly hired coders. Fort Sam Houston also indicated that they have had problems with the Ambulatory Data Module 3.0 (ADM 3.0), and the additional time it takes for staff to review medical records completed by residents. There was no information available for Fort Stewart, Fort Irwin, and West Point.

(2) The Standard Ambulatory Data Record (SADR) Timeliness Metric, [enclosure 2](#), showed a decline to 91 percent compliance for the Army. The medical facilities at Fort Sam Houston, Fort Bliss, Fort Gordon, and Fort Campbell indicated that their declines in compliance were coder/coding related. Tripler Army Medical Center at Fort Shafter also indicated that a lack of an automated charge capture system to include a Charge Description Master exacerbates their coder/coding issue. There was no information available for Fort Belvoir, Japan, 121st General Hospital in Seoul, Fort Rucker, and Fort Lewis.

(3) The Delay Bookings Metric, [enclosure 3](#), showed a slight improvement from November 2002, 3.1 percent noncompliance to 2.8 percent noncompliance in December 2002. Even with this improvement the Army's overall compliance is still Red. **Decision: The Decision Support Section of PASBA will run a query to determine what categories these delayed bookings are taking place (i.e., walk-ins, no-shows, etc.).**

c. Data Quality Management Control (DQMC) Program.

(1) DQMC Program, New Issues. The Surgeon General (TSG) directed that all medical facilities maintain a copy of the documentation for every outpatient encounter at their facility. The Director of PASBA met with personnel from the Office of the Surgeon

MCHS-IS

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

General (OTSG) to determine how this will be done, considering personnel and storage space shortages.

(2) Coding Update.

(a) The PASBA is developing a report that establishes a baseline for the number of coders required at a facility. This baseline report will be ready by the end of the February.

(b) Over the next 5 1/2 months the PASBA will be working with the Manpower Section at the U.S. Army Medical Command (MEDCOM) to collect data on facilities' coder requirements. To assist in this data collection effort the PASBA has created and disseminated 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) With the implementation of the graphical user interface to ADM 3.0, it is anticipated that approximately 85 percent of the coding requirements will already be completed. This should assist the facilities in their efforts to improve coding compliance.

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

(a) Based on electronic mail to the Army MEPRS Office it appears that Redstone is experiencing a data quality issue with their capturing of workload. Apparently Redstone has not been counting any telephone consults as visits. Redstone has their Composite Health Care System set-up to automatically show telephone consults as a non-count visit, but will convert to count when the providers open the encounter. The providers have been changing the telephone consults to non-count, therefore, Redstone has not been capturing any of their telephone consults as visits. A committee member related that once the appointment type is defaulted to non-count then you are not able to change that appointment type to a count. However, if the appointment type is defaulted to count then you can change the appointment to non-count. **Decision: The PASBA requested a copy of the email message for their review and input.**

(b) During the first quarter Review & Analysis to the Deputy Surgeon General (DSG) on 13 February 2003, Colonel Spencer, the MEDCOM Resource Manager, introduced a new metric on financial reconciliation. This new requirement is intended to

MCHS-IS

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

ensure financial reconciliation is completed and submitted to the Army MEPRS Functional Mailbox prior to transmission of EAS IV data. As a metric measurement, the completion of financial reconciliation is reported as Green, Amber or Red. Green indicates the reconciliation was completed and received in the MEPRS Functional Mailbox prior to the date the EAS IV data transmission was received in the EAS IV Repository. Amber indicates the reconciliation was completed; however, received in the MEPRS Functional Mailbox after submission of the EAS IV data. Red indicates the reconciliation was not received in the MEPRS Functional Mailbox, or was incomplete. The concern raised by both the DSG and the OTSG Director of Program Analysis and Evaluation was whether this metric is already reported thru the DQMC Program. The recommendation was to coordinate with PASBA and determine whether this metric should be an addition or replacement to the current metric in the DQMCP. **Decision: The PASBA will propose to the TRICARE Management Activity (TMA) DQMC Workgroup that a timeliness measure be added to the DQMC Financial Reconciliation question (Commander's statement question 2a).**

(4) DQMC (DQMC) Program Update.

(a) Last months DQMC Program report, [enclosure 4](#), reflected that medical facilities are still recovering from the MEPRS EAS IV table update. It was noted that more time and effort is needed to improve coding, this includes increased training to coders and physicians on documentation.

(b) A committee member stated that perhaps there should be a review of how the ADM is used. Instead of it being a tool that everyone from nurses to technicians use to capture a wide variety of data, maybe it should be used to only capture data that is relevant to an actual patient visit and/or for billing purposes. There are two million no-shows and cancellations alone that are captured in ADM each year.

(c) At the direction of TSG, an additional column has been added to the DQMC Program report, [enclosure 4](#). The new column will be a projection by each facility on whether they anticipate being Green, Amber or Red on the next reporting period for each question on the report.

(d) The Army Data Quality Manager prepared a MEPRS Early Warning and Control System (MEWACS) memo for the DSG's signature. This memorandum will be forwarded to Mr. Ford, Deputy Assistant Secretary of Defense for Health Budgets & Financial Policy. Additionally, an information paper was prepared discussing each question on the DQMC Program report, its background, importance and impact, along with specific recommendations.

MCHS-IS

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

(e) The next TMA DQMC Workgroup meeting will be 27 February 2003. The PASBA representative on the workgroup will present the date/timeliness of MEPRS financial reconciliation issue. The workgroup will provide an update on the previously presented issue on end-of-day processing being extended to 1200 hours the following day.

(5) DQMC Program Best Business Practices. There were no new best business practices reported by the 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. The PASBA has still not received hard copies of patient encounters. The PASBA will be tracking this to determine why the records have not been received.

(b) It was reported to PASBA that CHCS NT has been deployed to the field, but not the entire theater. The actual location of CHCS NT usage is being researched.

4. New Business. The new suspense date for facilities to have their DQMC Program data to their regional medical centers is the 20th of each month, and to PASBA by the 25th of each month.

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

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

4 Encls  
as

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

DISTRIBUTION:  
1-Each Committee Member