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 8 April 2003

MEMORANDUM FOR SEE DISTRIBUTION

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

1. The DQFAST met in Room 107, US Army Patient Administration Systems and Biostatistics Activity (PASBA) Conference Room, Building 126, at 0930 on 18 March 2003.

a. Members Present:

COL Clark, Team Leader, PASBA
COL Jones, ACofS, HP&S, MEDCOM
MAJ Wesloh, Deputy Director, PASBA
MAJ Briggs-Anthony, Data Management Branch, PASBA
MAJ Anderson, IMD, OTSG
Ms. Bacon, AMPO, MEDCOM
Ms. Tremont, OTSG
Ms. Leaders, TRICARE Operations Division, MEDCOM

b. Members Absent:

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. Cyr, ACofS, PA&E, MEDCOM
Mr. Beers, Internal Review, MEDCOM
Ms. Robinson, Data Quality Section, PASBA
Mr. James, Data Analysis Section, PASBA
Mr. Padilla, RM, MEDCOM

c. Others Present:

Mr. Bacon, Representing Data Quality Section, PASBA

2. Opening Remarks. None.
3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only). There were no exceptions to report.

c. Data Quality Management Control (DQMC) Program.

(1) DQMC Program New Issues. The chairman requested that the DQFAST members bring forth any data quality issues their respective organizations are addressing.

(2) Coding Update.

(a) The Resource Information Technology Program Office (RITPO) will fund the outpatient coding reference materials for the entire corporation. This issue will be worked as soon as the funds are available. Materials to be purchased are part of the Coding Compliance Editor (CCE). This means Army facilities will get the CCE materials approximately eight to nine months earlier. This will allow personnel an opportunity to get experience on how to use the online tools for this particular product. This should assist in improving coding and Third Party Collection (TPC) Program.

(b) The Deputy Surgeon General (DSG) directed the Patient Administration Division, US Army Medical Command (MEDCOM), Third Party Uniform Business Office manager coordinate with the Resource Management Office and determine which medical treatment facilities are having the greatest loss of revenue from TPCs. These will be the facilities that will be prioritized for initial deployment of CCE.

(c) One item that will be added to the "coding toolbox" is the Graphical User Interface (GUI) for providers. The GUI has already been deployed at Bethesda and is in the process of being deployed at Fort Belvoir. A decision needs to made on what the process will be to deploy the GUI to all of the facilities.

(d) A committee member reported that apparently Colonel Chiang at the Office of The Surgeon General will be responsible for the deployment schedule on the GUI.

(e) The RITPO will be responsible for the deployment of the GUI documentation.

(3) Medical Expense Performance Reporting System (MEPRS) Expense Update. A new financial reconciliation metric was developed and briefed to the DSG during the pre-brief for the Review and Analysis (R&A). It will not be briefed during the R&A to The Surgeon General. However, the MEDCOM Resource Manager wants to keep this as a MEPRS internal metric.

(4) DQMC Program Update, enclosure 1.

(a) The next TRICARE Management Activity Data (TMA) Quality Training Course is 18 - 20 March. The next DQMC Tri-service work group meeting is 27 March. Two of the issues pending are from previous discussions. One of those is a proposal to change EOD processing from midnight until noon the next day. A decision should be made on this issue. The Navy's related EOD process standardization recommendation was based on a review conducted by the Science Applications International Corporation (SAIC). The recommendation by SAIC is not supported by the Army. The SAIC recommendation advocates use of the Multiple Patient Check-In by Default Option, which requires extra steps to cleanup that information if patients do not keep their appointments. The Army is waiting for feedback from Fort Eustis.

(b) The TMA is working with the MEPRS Management Information Group to revise the MEPRS Early Warning and Control System (MEWACS) question to make it more meaningful, and to provide guidance for the MEWACS review. Two other items will be discussed. The first is the standardization of the EOD processing. This should help clear up that an appointment not closed on the day of the appointment, or day after, or over a weekend does not count against the clinic more than just one time. The other item is MG Farmer's request that system upgrades and/or deployments be permitted “Down Time”. This is like the “non-deployable” status on a Unit Status Report.

(c) The next DQMC DSG briefing to The Surgeon General is 7 April. Internal Review from MEDCOM made some data quality site visits to several facilities in reference to their implementation of the DQMC Program. The reports were not available in time to send out to all members when the agenda was done. For the next meeting copies of all four reports will be sent to each committee member. The first visit was conducted on 19 April 2002 and the last one was on 30 September 2002.
Decision: At the next committee meeting the members will be updated on the reports and the current status of any recommendations within the reports.

(5) Data Quality for Deployed Units. There are now ten units in Kuwait. In addition, there are still units in Bosnia, Kosovo, and Afghanistan. The PASBA has not had any communications with the many units recently deployed. The 86th Combat Support Hospital (CSH) and the 865th CSH are up and running. The PASBA is

receiving Patient Status Reports and Patient Accounting and Reporting Real Time Tracking System (PARRTS) input. Communication issues still exist in regards to PARRTS access via the web. Some of the units are not using a computer within a ".mil " domain; therefore they are not able to access PARRTS. A work around has been established and units are being educated on this process with PASBA and the unit's Information Management Officer.

4. New Business. Brigadier General Weightman will be tracking progress on the requirement that each medical facility maintain a copy of the documentation for each patient visit.

5. The meeting adjourned at 0945. The next meeting will be on 15 April 2003.

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

Encl
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DISTRIBUTION:
1-Each Committee Member