



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

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15 May 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 0900 on 15 April
2003.

a. Members Present:

COL Clark, Team Leader, PASBA
COL Jones, ACofS, HP&S, MEDCOM
MAJ Wesloh, Deputy Director, PASBA
MAJ Ulsher, Decision Support Branch, PASBA
MAJ Briggs-Anthony, Data Management Branch, PASBA
Ms. Bacon, AMPO, MEDCOM
Ms. Bowman, TRICARE Operations Division, MEDCOM
Ms. Robinson, Data Quality Section, PASBA
Mr. Padilla, RM, MEDCOM
Mr. Fannin, IRAC, MEDCOM

b. Members Absent:

LTC Young-McCaughan, Outcomes Management, MEDCOM
MAJ Stewart, PAD, MEDCOM
MAJ Petray, RM, MEDCOM
MAJ Anderson, IMD, OTSG
CPT Blocker, Decision Support Cell, OTSG
Ms. Cyr, ACofS, PA&E, MEDCOM
Ms. Tremont, OTSG
Mr. Beers, Internal Review, MEDCOM
Mr. James, Data Analysis Section, PASBA

c. Others Present:

Mr. Bacon, Data Quality Section, PASBA

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2. Opening Remarks. None.

3. Old/Ongoing Business.

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

b. DQFAST Metrics (exceptions only). There are three metrics that are one month late. They are the Medical Expense and Performance Reporting System (MEPRS) Discrepancy Metric, Standard Inpatient Data Record (SIDR) Timeliness Metric, and No Show/Cancellation Metric.

c. Data Quality Management Control (DQMC) Program.

(1) DQMC Program New Issues. None.

(2) Coding Update.

(a) The Resource Information Technology Program Office (RITPO) is the lead agency responsible for the development of the Coding Compliance Editor (CCE). The AMEDD representation in this process was significantly reinforced this month. MAJ Joan Ulsher and Ms. Sherri Mallett (PASBA) will join the CCE Joint Application Configuration (JAC) Workgroup to resolve current AMEDD issues or concerns. The next CCE JAC is scheduled for 6-9 May 2003 and is sponsored by RITPO.

(b) The PASBA Coding Help Desk continues to be very consistent and rapid in responsiveness. The response time is currently down to a one-day average. We responded to 38 inquiries during the month of March, but expect an increase during April due to the complexity of several outstanding inquiries coupled with next month's anticipated workload. The number one topic of concern for the help desk continues to focus on the proper application of Current Procedural Terminology coding (an outpatient coding guideline/convention). Justification may stem from the lack of initial outpatient coder training, the hiring of non-certified coding personnel, lateral transfers of inpatient coders to outpatient coding responsibilities, the implementation of Outpatient Itemized Billing, a lack of current and adequate coding references at the medical treatment facilities (MTFs), the epidemic shortage of qualified coding personnel for hire in continental United States and outside continental United States, poorly conceived Ambulatory Data Module (ADM) coding guidelines, and the lack of continuing education or on-site coder training and support.

(c) The electronic (web-based) integration of the 3M on-line coding and documentation training is proceeding exceptionally well. The amount of inquiries and

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requests for passwords from PASBA has been significantly reduced. All issues are now directly coordinated by 3M via the joint 3M/Army dedicated web page. The PASBA continues to work with 3M as small problems arise. Sites have a better understanding on how to use the online site. At this point there are 294 active coders and 495 providers participating in the training.

(d) The monthly coding video teleconference is scheduled for Monday, 21 April 2003. Coding updates include guidance for Severe Acute Respiratory Syndrome, Small Pox coding errors, Abortion coding errors, coding for retained fragments, coding for war time, Advance Med coding audit, and the ADM tri-services coding guideline status.

(e) The PASBA is pursuing the development of an independent Improvement Process Team (IPT) to study the General Schedule job series (669 & 675) in which coders are often hired and placed. The IPT will be formed with the specific goal of making recommendations on whether to have the series revamped to specify that all new coding staff be nationally certified as a minimum job qualification.

(f) The PASBA distributed the TRICARE Management Activity (TMA) draft policy guidance on the upcoming Advance Med coding study (audit). The final proposal was not received from TMA at the date of this report, subsequently 6 AMEDD sites being identified by TMA as first round selectees for the audit (Fort Irwin, Fort Sill, Fort Bliss, Fort Sam Houston, Fort Belvoir and Fort Eustis). Advance notice was provided to these sites by PASBA. Each MTF will have only fifteen days to respond to the survey by mail.

(3) MEPRS Expense Update.

(a) Lieutenant General Peake sent a message inquiring if Fort Monmouth is reporting sick call data at Fort Dix's clinic. There were 11 visits for the month of December and well over 2,200 visits in March reported in the Composite Health Care System at Fort Dix's clinic. This appears to indicate that the visits are associated with Soldier Readiness Processing workload in the Worldwide Workload Report.

(b) The Army MEPRS Program Office developed a new financial reconciliation metric and briefed it to the Deputy Surgeon General during the pre-brief for the Review and Analysis (R&A). However, this metric will not be briefed during the R&A to The Surgeon General. Instead, the MEDCOM Assistant Chief of Staff for Resource Management will keep this as a MEPRS internal metric.

(4) DQMC Program Update, enclosure 1. The Mar 03 DQMC report shows some improvement in MEPRS and coding. On 7 April, Major General Farmer was briefed. During this brief, he tasked PASBA with two due-outs. One was to prepare a

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memorandum for his signature to the Regional Medical Commands (RMCs), Chiefs of Staff stating that data quality will become part of supervisors and commanders, performance objectives. We are in the process of staffing this memorandum. The other tasking was to identify system problems that are either external to the MTFs, unique to a particular MTF or RMC, or one of a kind facility-level items. The next DQMCP teleconference with the RMCs, Program, Analyses and Evaluation, Office of The Surgeon General (OTSG), and Information Management Division (OTSG) is scheduled for 1 May. Additionally, the TMA DQMC Program Working Group is also scheduled to meet 1 May. Two issues are pending:

(a) The proposal to change End of Day (EOD) processing from midnight until noon the next day. A decision should be made soon 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 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 regarding potential CHCS II impacts using this methodology.

(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. Major General Farmer's request that system upgrades and/or deployments be permitted "Down Time" (similar to the "non-deployable" status on a Unit Status Report) will also be discussed.

(5) Data Quality for Deployed Units. The PASBA has received 252 SIDRs from the 865th in Kuwait. We have been in contact with the 28TH Combat Support Hospital, they have been operational since the 10th of April. Communication via email with Major Mark White was very brief; most of the patients were Iraqis. MAJ White will communicate with Mr. Milton Bell of PASBA to get the IP address in order to begin inputting data in the Patient Accounting and Reporting Realtime System.

4. New Business.

a. A copy of the MEDCOM Internal Review (IR) report was forwarded to each committee member. The reports were for visits that were made last year between March and August. The current status of each facility is based upon conversation over the last 2 weeks with those respective facilities. In general, the facilities implemented most of the things that IR recommended. One of the major recommendations was for the facilities to document their meetings with minutes. The sites visited have officially appointed members. Logs are used to track problem areas, identify those responsible

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for resolving the problems and when they are resolved. There are still two areas identified by IR that have only been partially implemented. One area is a supplemental memorandum from the commander stating that they endorse MEDCOM's policy on the DQMC Program. The second issue is whether or not free-standing clinics should be audited or reviewed. Although Lieutenant General Peake's original memorandum stated that freestanding clinics would be audited, some facilities question whether freestanding clinics should be done separately with their own review list or should they be combined with those clinics within the hospitals.

b. Internal Review indicated that some facilities thought that a training video, addressing data quality and its importance, would be helpful. This video would be shown to employees on an annual basis and/or to new employees to emphasize the importance of the DQMC Program.

5. The meeting adjourned at 0955. The next meeting will be on 20 May 2003.

Encl
as

LARRY J. CLARK
COL, MS
DQFAST Team Leader

DISTRIBUTION:

1-Each Committee Member