



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

5 December 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
19 August 2003.

a. Members Present:

COL Bennett, QMD, HP&S
MAJ Wesloh, Deputy Director, PASBA
MAJ Ulsher, Decision Support Branch, PASBA
Ms. Robinson, PASBA
Mr. Padilla, RM, MEDCOM
Mr. Fannin, IRAC, MEDCOM
Ms. Mary Turner, RM, MEDCOM

b. Members Absent:

COL Clark, Team Leader, PASBA
COL Jones, ACofS, HP&S, MEDCOM
COL Young-McCaughan, Outcomes Management, MEDCOM
LTC Petray, RM, MEDCOM
MAJ Briggs-Anthony, Data Management Branch, PASBA
MAJ Anderson, IMD, OTSG
MAJ Stewart, PAD, MEDCOM
CPT Blocker, Decision Support Cell, OTSG
Ms. Mallett, PASBA
Ms. Bacon, AMPO, MEDCOM
Ms. Leaders, TRICARE Operations Division, MEDCOM
Ms. Cyr, ACofS, PA&E, MEDCOM
Mr. Beers, Internal Review, MEDCOM

c. Others Present:

Mr. Bacon, Representing Data Quality Section, PASBA

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2. Opening Remarks. In the future it is requested each member provide bullets on the subject matter they intend to brief.

3. Old/Ongoing Business.

a. Approval of Minutes. The July minutes were not available for approval.

b. Quality Management.

(1) Clinical/Clinical Practice Guidelines (CPGs). The Quality Management Control Division (QMCD), Health Policy & Services representative will meet with the Veteran Affairs (VA) and Department of Defense (DOD) CPG Work Group during the second week of September. An information paper is being completed for a presentation to the VA Health Executive Council and the VA/DOD Joint Executive Council. The QMCD representative to this committee will provide the DQFAST committee with an information update when this has been completed.

(2) Policy. The QMCD will develop a corporate approach for quality. This will be developed in conjunction with instructions from DOD/Health Affairs, TRICARE Management Activity (TMA) and the Office of The Surgeon General. The QMCD will integrate and coordinate needs from the medical treatment facilities (MTFs) and the Regional Medical Centers. We anticipate the development of initiatives that will use recognition of unwarranted variation analysis methods to improve systems, processes and outcomes.

(3) Current Processes. The QMCD is continuing to develop the CPGs and CPG toolkits. It is anticipated future actions with the CPGs will focus on implementation strategies and sustaining outcomes. This work will necessitate robust, reliable, and valid data.

c. Data.

(1) Flow. No comment.

(2) Analysis. No comment.

(3) System Synchronization. No comment.

(4) DQFAST Metrics (exceptions only).

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(a) Fort Hood, Fort Monmouth, and Fort Gordon did not meet the suspense for the timely submission of Medical Expense Performance Reporting System (MEPRS) data.

(b) The Healthcare Access Metric, on the TMA model improved 10 percent. In the past, facilities had been transmitting corrupted files. Those facilities have corrected their electronic transfer utility program. This accounts for the 10 percent improvement, but they are still in the amber at 89 percent.

(c) A number of facilities had a decrease in compliance on the Standard Ambulatory Data Record (SADR) Timeliness Metric. Walter Reed Army Medical Center attributed their decline to a shortage of coders. Fort Belvoir had electronic transmission problems which has been corrected, but still have a backlog. Fort Bliss had problems implementing the Composite Health Care System (CHCS) II; they encountered some of the same problems as Fort Eustis with the write-back application within CHCS II. Tripler Army Medical Center's decline is due to a shortage of coders, they have contracted with 3M to conduct their record audits. This will allow their coders to focus on coding. The contract with 3M will not be in effect until September. West Point is working through an emergency room backlog and has contracted with a company to assist with the backlog. Fort Hood, Korea, Fort Gordon, Fort Rucker, and Fort Lewis did not respond. The PASBA is doing a follow-up.

(5) DQMC Issues.

(a) On 8 October the Medical Command's (MEDCOM's) Plans, Analysis & Evaluation (PA&E) section briefed the Surgeon General on July's input. The Surgeon General is concerned with the rate of progress. He tasked PASBA, PA&E and MEPRS to improve the program.

(b) The MEDCOM representative from Internal Review brought copies of a report on uncorrected material weaknesses for Europe.

(6) Clinical Outcomes. None.

(7) Health Insurance Portability and Accountability Act/Data Security. None.

d. Coding.

(1) Current Issues/Solutions

(a) The PASBA is collecting business process plans on the MTFs and is assembling the documentation provided by the facilities. The PASBA has been

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proactive with collecting coding processes from the MTFs and will assemble this information and identify any patterns. The PASBA will report back to the RMCs on the analysis. The PASBA will also report what the Army facilities' assets are to the Deputy Surgeon General.

(b) The PASBA plans on reviewing the business processes in the regions and linking them to some of the initiatives for data quality. Several PASBA personnel will visit Patterson Army Health Clinic at Fort Monmouth, New Jersey to perform one of the first instructional visits for physician documentation. The Chief of Primary Care at Fort Monmouth requested this staff assistance visit to provide guidance on the use of Evaluation & Management (E&M) coding and documentation. Specifically, the team will provide a constructive analysis on their SADR data.

(c) The PASBA received funding from Major General Farmer to purchase books for e-business solutions. A list of the types of books and quantity to be purchased for each MTF was created by PASBA. The PASBA will also provide books for the compliance offices and the coding offices for inpatients/outpatients. Book distribution is based on the size of the facility and the number of coders they reported. If any funds remain PASBA will provide facilities with additional books. In addition, PASBA plans to order instructional books for the US Army Medical Department Center and School.

(2) Systems Status (Coding Compliance Editor (CCE), Provider-Graphic User Interface (P-GUI), and CHCS II). The Resource Information Technology Program Office and 3M will brief the coding compliance editor project to the AMEDD Chief Information Officer on 22 August. A representative from PASBA will be present as the AMEDD sponsor. The coding compliance editor is a 3M product. Ten site licenses can be purchased for about \$10,000.00 a year. It provides the coders software to code everything electronically, as opposed to referencing from a book. This also provides edits so you can cross reference to the National Correct Coding Editor. The CCE built by DOD would interface with the Ambulatory Data Module (ADM) and the P-GUI. The P-GUI was designed to be a portal of entry to correct the data entry errors between the ADM and the Third Party Outpatient Collection System. The P-GUI will not be used within the AMEDD, therefore the AMEDD does not have anything with this capability. In the meantime, the CCE can interface with the ADM. The sooner the CCE is deployed to the sites the sooner the providers can enter the data into ADM. The data will then transfer to the SADR and it will be available the next day to the coder at the CCE.

e. Resource Management.

(1) Current RM issues. None.

(2) MEPRS. None.

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- f. Data Quality for Deployed Units. None.
- 4. New Business. None.
- 5. The meeting adjourned at 0945. The next meeting will be on 21 October 2003.

LARRY J. CLARK
COL, MS
DQFAST Team Leader

DISTRIBUTION:
1-Each Committee Member