



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

9 March 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 17 February 2004.

a. Members Present:

COL Clark, Team Leader, PASBA
LTC (P) Bennett, Quality Management Division (QMD), MEDCOM
MAJ Briggs-Anthony, Data Management Branch, PASBA
Ms. Robinson, Data Quality Section, PASBA
Mr. Fannin, Internal Review, MEDCOM
Mr. James, Data Analysis Section, PASBA

b. Members Absent:

LTC Davidson, MEDCOM
LTC Petray, Resource Management (RM), MEDCOM
MAJ Wesloh, Deputy Director, PASBA
MAJ Ulsher, Decision Support Branch, PASBA
CPT Blocker, Decision Support Cell, OTSG
Ms. Bacon, Army MEPRS Program Office (AMPO), MEDCOM
Ms. Mallett, Coding and Training Section, PASBA
Mr. Padilla, Resource Management, MEDCOM
Ms. Cyr, Program, Analysis and Evaluation, MEDCOM
Mr. Beers, Internal Review, MEDCOM
Ms. Leaders, TRICARE Operation Division, MEDCOM
Ms. Richwine, IBA

c. Others Present:

Ms Turner, representing LTC Petray, RM, MEDCOM
Mr. Bacon, PASBA, representing AMPO
Ms. Lundberg, Data Quality Section, PASBA

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2. Opening Remarks. COL Clark informed the members that he had a very informative meeting with LTC Bennett and Mr. Ron James regarding data quality and the approach to having quality data and data managers. LTC Bennett's input was very valuable and will be a big asset to the DQFAST.

3. Old/Ongoing Business.

a. Approval of Minutes. The January 2004 minutes were approved as written with a few corrections. A corrected copy of the minutes will be forwarded.

b. Quality Management.

(1) Clinical/Clinical Practice Guidelines (CPGs). LTC Bennett reported they would continue using data from PASBA while deploying the Military Population Health Portal to users. The data from PASBA rolls up nicely. Data from the Military Population Health Portal is going to be more actionable at the provider level. THE MEDCOM Quality Management Division had a good response from the provider level users at the medical treatment facilities (MTFs). COL Young reports that we currently have about 55 subscribers to the Military Health Portal with a capacity to handle up to 500. COL Young used some of the data from the Military Population Health Portal to build recent balanced scorecard metrics diabetes. These measures seem to reliably reflect use of CPGs in some regions.

(2) Other Quality Management Issues. LTC Bennett stated he reviewed the revised DQFAST Charter and indicated he is prepared to provide guidance pertinent to quality improvement methods as identified by COL Clark as the Charter requires. LTC Bennett recently met with the Regional Medical Command (RMC) Quality Managers from the AMEDD. This meeting provided an opportunity to bond and communicate issues of importance to the RMC Quality Managers and the QMD staff at the MEDCOM. LTC Bennett noted that in the DQFAST charter there is a communication process from the Quality Managers at the AMEDD level down to the regions. The MEDCOM QMD can facilitate dialogue between the regional and facility quality management staff as needed.

c. Data Quality.

(1) Metrics. Ms. Lundberg presented the particulars for the new/revised metrics.

(a) Provider Specialty Metric: Previously we only reviewed the fields that were blank and the fields that were not blank. We added parameters to this program to identify fields that have an invalid code. MG Farmer requested a solution to fix the third party documentation on the DD 2569. Mr. James pulled some data and determined the

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information on the form was incorrect compared to the Provider Table accuracy. If the table is incorrect, Third Party Outpatient Collection System will never be able to pull over the information to file a claim accurately. This metric will be posted on the PASBA website effective this month. This metric was developed at the request of MG Farmer.

(b) Ambulatory Procedure Visit Metric: We will remove the cancellations from the metric based on requests from the field. COL Clark asked how it was determined to remove the cancellations from the metric. Ms. Robinson indicated that development of this metric was made a Service responsibility by TRICARE Management Activity. Removal of the cancelled appointments is another refinement in its development. The cancelled appointments do not require coding, but rather track the cause for cancellation.

(c) 3 Business Day Metric: An ad hoc report was developed to assist the MTFs by providing data by clinic and provider identification for those records not being completed within 3 working days. This report was sent to the RMCs and they in turn will send to their MTFs.

(2) DQMC Program Issues. Ms. Robinson developed a tracking list for taskings resulting from the Deputy Surgeon General's monthly DQMC Program briefing. The list contains the tasker by date, the action taken, and the status of the tasker. COL Clark indicated that once we complete item #7 (standardize collection of Other Health Insurance (OHI) information, we will revisit item #5 (add collection of OHI to job descriptions) because we must first determine who should have responsibility for collecting OHI before we can make it a part of the job description. (See enclosure.)

(3) Pre-Command Course: The Pre-Command Course is scheduled 23 February-5 March. Members of PASBA will be presenting at the course. Presentations will be on coding workload and data quality, TO&E medical records, management of patients in the TO&E environment, and the different tools available to map these patients in a deployed environment.

d. Coding.

(1) Current Issues/Solutions. Staff Assistance Visits (SAV). Several members of the PASBA staff conducted a visit to Ft Lee 3 and 4 February. This visit was in conjunction with the 2nd week of Composite Health Care System II implementation. During the visit, the staff provided a physician-based course on Evaluation and Management (E&M) codes, discussed Relative Value Units (RVUs) flow process and visited specific clinic sites. The team received direct feedback in some areas needing improvement. This feedback was consistent with the feedback from Ft Eustis regarding the physician training provided by IBM. The next SAV is scheduled in April 2004 to the

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Europe RMC, conducting similar training in E&M, RVU workload, and reviewing business processes. A visit to William Beaumont Army Medical Center (WBAMC) is pending. The goal is to visit all sites during the implementation of CHCS II or prior to implementation. Fort Eustis implemented CHCS II about 1 year ago. Lessons learned from previous site visits can be provided and implemented at upcoming visits.

(2) AdvanceMed Audits: The next list of sites to be audited has been announced. The MTFs to be audited are Brooke Army Medical Center, Ft Rucker, Ft Leonard Wood, Ft Irwin, Ft Belvoir, and West Point. These are the same MTFs audited in FY 03. There will be no additional MTFs audited in FY 04. The audits performed in FY 04 will be considered follow-up studies.

(3) We are in the on-going process of working on the web-based education and training program provided by 3M and McStrategies. This program will assist in addressing the issue of under trained coders and actually create a workforce that is certified to meet the growing demand for ambulatory coders. A Statement of Work is due from 3M. The goal is to have this contract in place and implemented by April 2004. Specialty coding guidelines are being developed to address issues involved in coding Anesthesia, Occupational Therapy/Physical Therapy/Speech Therapy, Obstetrics/Gynecology, Audiology, and Telemedicine.

(4) Ft Sill has been selected as the test site for the Coding Compliance Editor. This editor will be on the backend of CHCS II and is designed to assist the coders verify codes being used. This system should be tested in about 1 month. Staff from PASBA will be assisting during the testing and simultaneously provide a staff assist visit.

(5) Members of the PASBA staff met with manpower personnel. They developed and agreed upon a staffing model for ambulatory and inpatient coders. This model is based on number of encounters and compares to the civilian sector's standards.

e. Resource Management.

(1) Current Resource Management Issues: No updates at this time.

(2) Medical Expense and Performance Reporting System (MEPRS): Mr. Tim Bacon presented for the MEPRS staff. Ft Hood was the only facility that did not meet the December suspense. Ft Hood is experiencing an unknown submission problem and has not been able to resolve. A trouble call was submitted. A Tri-service Conference is scheduled 14 June 2004 in Washington, DC. The MEPRS is offering another class, 15-19 June 2004 at the AMEDD classroom at Ft Sam Houston.

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f. Data Quality for Deployed Units.

(1) The 21st Combat Support Hospital (CSH) and the 28th CSH have returned from Iraq. The 21st has been replaced by 57th CSH out of Wuerzburg and the 28th CSH was replaced by the 31st CSH from Ft Bliss. The PASBA has received about one-half of the records from the 21st CSH and 28th CSH to review the record coding quality. Record retirement rules have changed which affords us the opportunity to review the record coding prior to submission to St. Louis.

(2) Afghanistan and Kuwait units will soon be replaced. The 452nd CSH in Afghanistan will be replaced by the 325th CSH and Reserve Unit. Members of PASBA are providing training to the units on the Patient Administration Division Tool (PAD Tool). The PASBA is advocating the use of the PAD Tool for the management of patients which replaces the Theater Army Medical Management Information System tool.

4. New Business. None

5. The meeting adjourned at 0945. The next meeting will be 16 March 2004.

Encl


LARRY J. CLARK
COL, MS
DQFAST Team Leader

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1-Each Committee Member
Deputy Surgeon General