



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 May 2004

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 1230 on 18 May 2004.

a. Members Present:

MAJ Deborah Wesloh, Acting Team Leader, PASBA  
Ms. Garnet Robinson, Data Quality Section, PASBA  
Ms. Joan Richwine, IBA  
Mr. Ron James, Data Analysis Section, PASBA  
Mr. Gregory Padilla, Resource Management (RM), MEDCOM

b. Members Absent:

COL Leo Bennett, Quality Management Division (QMD), MEDCOM  
LTC David Petray, RM, MEDCOM  
MAJ Joan Ulsher, Decision Support Branch, PASBA  
CPT Misty Blocker, Decision Support Cell, Office of The Surgeon General  
Ms. Mona Bacon, Army MEPRS Program Office (AMPO), MEDCOM  
Ms. Jo Anne Cyr, ACofS, Program, Analysis and Evaluation, MEDCOM  
Ms. Jan Leaders, TRICARE Operations Division, MEDCOM  
Mr. Timothy Fannin, Internal Review, MEDCOM

c. Others Present:

Mr. Harold Cardenas, Representing AMPO, MEDCOM  
Mr. Doug Ashby, Uniform Business Office, MEDCOM  
Mr. Joseph Bacon, Data Quality Section, PASBA

2. Opening Remarks. For the next several months there will be a recurring conflict between the meeting time for the DQFAST and other committee meetings. A proposed alternative for the DQFAST meeting is the third Wednesday of each month at 1000,

MCHS-IS

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

instead of the current third Tuesday of each month at 0900. The DQFAST committee members will be electronically polled, via e-mail, on their preference between the two dates and times.

3. Old/Ongoing Business.

a. Approval of Minutes. The April 2004 minutes were approved as written.

b. Quality Management. There was no update at this time for Clinical/Clinical Practice Guidelines.

c. Data Quality.

(1) Metrics. The DQFAST Metrics, enclosures 1-8, are included for the members to review.

(a) There were three sites this month that did not submit their Medical Expense Personnel Reporting System data by the suspense date, enclosure 1. The three sites were Fort Gordon, Fort Monmouth, and Fort Rucker.

(b) The Standard Inpatient Data Record Metric, enclosure 2, is currently 95 percent compliant for the Army. Even though 95 percent compliant is still red it was a 1 percent improvement from January's results. This metric was recently completed and there has not been an opportunity to contact sites. As with last month the sites that are not green on this metric are probably due to coder/coding related issues. The sites are either short of coders or they are working on a backlog of records to be coded.

(c) The Standard Ambulatory Data Record Metric, enclosure 3, showed a decrease in compliance from 97 percent to 96 percent. This was a 1 percent decrease but, the metric is still green for the Army average. The few sites that are red are having coder/coding related issues.

(d) The Provider Specialty Code Metric, enclosure 4, is currently 84 percent compliant. Over the last several months there has been a slow but steady improvement in the Army's overall compliance. There should be significant improvement in this metric as sites update their Provider Specialty Table and more current records are submitted. One region doing very well on this metric is Europe. Europe has been very proactive in maintaining their Provider Tables and heeded PASBA's recommendations in the past to review their Provider Tables.

(e) The Health Care Access Metric (HCAM), which has a TRICARE Management Activity (TMA) and a Medical Treatment Facility Model, enclosure 5 and 6,

MCHS-IS

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

are basically unchanged from past results. Since the implementation of Appointment Standardization Model, Version III APSIII the HCAM will no longer be produced.

(f) Both the Delayed Booking Metric, enclosure 7, and the End of Day Processing Metric, enclosure 8, are basically unchanged from previous month's results.

(2) DQMC Program Issues.

(a) There is a new Department of Defense Directive, Medical Records Retention and Coding at Military Treatment Facilities, April 13, 2004, enclosure 9. This directive establishes policy for maintaining medical record availability at 95 percent with a target goal of 100 percent availability. This directive requires that 100 percent of outpatient encounters, other than Ambulatory Procedure Visit (APV), be coded within 3 business days. One hundred percent of the outpatient APVs are to be coded within 15 days of the encounter and 100 percent of the inpatient records are to be coded within 30 days of discharge. Overall coding accuracy has an ultimate target of 100 percent, with a target of 95 percent accuracy in 2004, 97 percent accuracy by 2005 and 100 percent accuracy by 2006.

(b) Ms. Robinson presented a Best Business Practice on the collection of other health insurance, DD Form 2569 from Walter Reed Army Medical Center (WRAMC), enclosure 10. The WRAMC incorporated most of the guidance referenced in memorandum, MEDCOM, MCHO-CL-P, 26 March 2003, subject: Requirement to Identify, Document, and Update Beneficiary Insurance Information. The WRAMC established "front desk" procedures requiring personnel to inquire if patients have other health insurance or not. This requirement has been incorporated in the job descriptions for "front desk" clerks. An incentive program for the hospital staff has been established.

(c) Mr. Doug Ashby, manager of the Uniform Business Office at MEDCOM, was invited to attend the DQFAST meeting. Mr. Ashby has some concerns about the requirement to have other health insurance, DD Form 2569, in patient's medical records. Mr. Ashby stated there is written guidance providing an alternative method for collecting and maintaining the DD 2569's besides placing a copy in the patient's medical records. Mr. Ashby was invited to attend the TMA Data Quality Management Program Workgroup. The workgroup will be discussing possible changes to the Commander's Data Quality Statement.

d. Coding.

(1) Current Issues/Solutions. The PASBA recently conducted a staff assistance visit at Eisenhower Army Medical Center, to look at the Composite Health Care System, Version II (CHCS) II. Currently the CHCSII is on a 60 day moratorium. The PASBA

MCHS-IS

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

recommended through COL Chiang to MG Farmer that the AMEDD not deploy CHCS II to any additional sites until three system incident reports and a high priority system change request are implemented and demonstrate their effectiveness. The concerned areas adversely affect the coding ability of the system. The Medical Decision Making Module of CHCS II has been turned off. The clinicians are currently doing their own documentation and selecting their own Evaluation and Management (E&M) Codes. The E&M Codes was one of the major items that CHCS II was to provide. Mr. James from PASBA met with COL Chiang and Dr. Dave Blair to discuss these issues. The Air Force and Navy also recognize the problems. Not only is the coding incorrect in CHCS II but there are also major issues with the slowness of the CHCS II. On top of technical issues there appears to be some serious functional issues.

(2) Systems Status (Coding Compliance Editor (CCE), Provider-Graphic User Interface, and CHCS II).

(a) Fort Sill is conducting hands-on training of coders in the use of CCE. The system administrators training was conducted prior to the coder training. With PASBA's concurrence Fort Sill decided not to "turn-on" the post editor for 30 days until their staff is trained and familiar with using the software. This will help to ensure there are no issues about middleware, coding validation, and the billing backend portion of the CCE. The Reynolds Army Community Hospital commander agreed to this step-by-step process to minimize possible concerns.

(b) The Deputy Surgeon General will be briefed on milestone "C" on the limited deployment of CCE. There have been some issues that delayed the signing of the milestone "C" document. A recommendation will be made to MG Farmer that he concur with the limited deployment of CCE, which are two sites per server.

d. Resource Management.

(1) There was no update at this time from the Budget Section of Resource Management.

(2) Mr. Cardenas, the AMPO representative, discussed a new tool for MEPRS and clinic personnel that provides information on workcenter productivity. This is a graphical chart display that compares productivity differences between 2003 and 2004. The tool is called the Ambulatory Workcenter Summary Report. The report can be found on the Expense Assignment System IV Repository under the Corporate Documents Section. The graphical charts address numerous areas to include; total visits, total available and assigned Full Time Equivalents (FTEs), total visits per provider FTE on a daily basis, total visits by beneficiary category, cost per total visits, ancillary and support expense per total visits, borrowed available FTE's by Standard Expense

MCHS-IS

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

Element Code (SEEC) or category, direct expenses, and direct expenses by SEEC.  
This tool is currently available.

e. Data Quality for Deployed Units. MAJ Wesloh reported PASBA is still receiving inpatient records from various deployed units. The PASBA was not able to hire any additional coders, as anticipated.

4. New Business. None to report at this time.

5. The meeting adjourned at 1300. The next meeting will be on 15 June 2004.

7 Encls  
as



DEBORAH WESLOH  
MAJ, MS  
Acting DQFAST Team Leader

DISTRIBUTION:

1-Each Committee Member