DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
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REPLY TO ATTENTION OF

MCHS-IQ 13 August 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 0900 on 20 July 2004.

a. Members Present:

MAJ Deborah Wesloh, Acting Team Leader, PASBA
COL Leo Bennett, Quality Management Division (QMD), MEDCOM
COL Burton Briggs, Patient Administration Division, MEDCOM
Ms. Garnet Robinson, Data Quality Section, PASBA
Ms. Jan Leaders, TRICARE Operations Division, MEDCOM

b. Members Absent:

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. Joan Richwine, IBA
Mr. Timothy Fannin, Internal Review, MEDCOM
Mr. Gregory Padilla, Resource Management (RM), MEDCOM
Mr. Ron James, Data Analysis Section, PASBA

c. Others Present:

LTC Bill Rice, QMD, MEDCOM
Ms. Carolyn Enloe, representing Decision Support Branch, PASBA
Ms. Mary Turner, representing RM, MEDCOM
Ms. Debbie, Lundberg, Data Quality Section, PASBA
Mr. Joseph Bacon, Data Quality Section, PASBA

2. Opening Remarks. No opening remarks.

3. Old/Ongoing Business.

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

b. Quality Management (QM).

(1) Colonel Bennett stated that COL Young-McCaughan is going to Brooke Army Medical Center. Her replacement, LTC Margaret Hawthorne, will be joining them at QM. Hopefully he will get on her schedule for her to join us at the next meeting. LTC Rice is the resident from Baylor and he will be a crucial contact between us and Quality Management.

(2) COL Young presented at the monthly QM Video Telephone Conference a Powerpoint presentation to quality management people in the field, showing various areas to get data to monitor outcomes. Specifically QM will be relying on the Army Population Health Portal to get patient-level data.

c. Data Quality.

(1) Metrics. The DQFAST Metrics, enclosures 1-6, are included for the members to review.

(a) The End-of-Day Processing Metric, enclosure 1--June 2004, is unchanged from last month. Compliance on this metric is still at 100 percent across the AMEDD.

(b) The Delayed Booking Metric, enclosure 2--June 2004, remains unchanged.

(c) The Medical Expense Personnel Reporting System (MEPRS) Currency Metric, enclosure 3--May 2004, showed that Ft Belvoir was the only facility not submitting their data on time. Ft Belvoir's Uniformed Chart of Accounts Personnel Utilization Reporting System server crashed. A new server has been ordered, but it might be as late as August 9th before it arrives.

(d) Standard Inpatient Data Record Timeliness Metric, enclosure 4--April 2004, showed a decrease in compliance. In March the metric was 100 percent compliant and in April it was 96 percent compliant (Red). We do not have a reason for the compliance change at this time.

(e) The Standard Ambulatory Data Record (SADR) Timeliness Metric, enclosure 5--May 2004, is still green. This metric compares an adjusted SADR with the Worldwide Workload Report.

(f) The Provider Specialty metric, enclosure 6--May 2004, compliance increased two percent from April to May. People in the field are still having problems with correcting this table. We thought we had some definitive guidelines in place, but some medical treatment facilities (MTFs) are still having problems. The North Atlantic Regional Medical Command has the most problems. Discussion ensued with committee members about who is supposed to be doing the updates to the table. This is still an issue, but Mr. Bacon stated that there were a few facilities that were doing well. These facilities should be contacted for best practices.

(2) Data Quality Management Control (DQMC) Program Issues.

(a) A couple of Department of Defense Instructions (DODIs) were made available last week. This is part of the TRICARE Managment Activity's medical coding plan improvement initiative. The DODI 6040.43, Custody and Control of Outpatient Medical Records explains what the MTFs are to do to control records, enclosure 7. Essentially, the DODI directs MTFs to have a closed system with nobody hand carrying the records. The MTFs are to ensure that at least 95 percent of records are available, with a goal of 100 percent. The Commander's effectiveness in improving and sustaining that availability should be included in their annual performance evaluation. The next DODI 6040.42, explains Medical Encounter and Coding at Military Treatment Facilities, enclosure 8. We must have external audits and monitor metrics that cover the timeliness of the completion, the availability of the records, the quality of the documentation, and accuracy of the coding. The DQMC Program workgroup is also scrubbing the metrics to ensure we have captured all that is required under the DODIs. A coding compliance plan has to be available at the MTFs and must include certain items regarding training and audit plans. Coders also must have proper references that are updated and current. This DODI also requires some sort of program for encoder software be available.

(b) Members of the PASBA staff are working on automating the DQMC Program input, making it a web based application. Most of the testing is completed and has gone back to the developer with some suggested changes. It is completely hands off except for when the MTF Data Quality Manager (DQM) has to enter in answers based upon what they do on their review list. The DQM sends it to the MTF Commander, who approves it and forwards to the Regional Medical Command (RMC) DQM and Commander. The RMC Commander forwards to PASBA as a final product. This will automatically build our briefing documents to include summary comments.

d. Coding. Current Issues/Solutions. The PASBA participated in a meeting with the Deputy Surgeon General on the status of the Coding Compliance Editor (CCE). Ft Sill is currently testing the CCE system. Both Ft Hood and Tripler Army Medical Center are scheduled to begin testing the CCE.

e. Resource Management.

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

(2) Mr. Bacon reported for the AMPO that the DQFAS and DQMC Program has concentrated its effort on improving data quality and ensuring valid information is entered in the Composite Health Care System (CHCS), Expense Assignment System, version IV (EAS IV), as well as all data systems in use at our MTFs. However, in several conversations with Ms. Jan Leaders and Ms. Burma Barfield, there are valid concerns on the practice of entering "bogus" data (providers, patients, MEPRS codes) in the CHCS live database during the implementation of CHCS II because there is not a test database for CHCS II. Although the MEDCOM Policy 25-00-02 prohibits this practice, implementation teams are instructing facilities to do different. This concern has been brought to the attention of COL Chiang and COL Hume (Army CIO) and is awaiting a final decision.

f. Data Quality for Deployed Units. MAJ Wesloh reported that PASBA is still receiving records from various deployed units. We provided some training for the 115th Field Hospital which will be deploying to the prison in Iraq.

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

5. The meeting adjourned at 0945. The next meeting will be on 17 August 2004.

8 Encls
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DEBORAH WESLOH
MAJ, MS
Acting DQFAST Team Leader

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1-Each Committee Member