



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-IQ

17 September 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 17 August 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 (PAD), MEDCOM
Ms. Garnet Robinson, Data Quality Section, PASBA
Ms. Mona Bacon, Army MEPRS Program Office, MEDCOM
Mr. Gregory Padilla, Resource Management (RM), MEDCOM
Mr. Ron James, Data Analysis Section, PASBA

b. Members Absent:

Ms. Jan Leaders, TRICARE Operations Division, MEDCOM
Ms. Carolyn Enloe, Representing Decision Support Branch, PASBA
Ms. Mary Turner, RM, MEDCOM
MAJ Joan Ulsher, Decision Support Branch, PASBA
CPT Misty Blocker, Decision Support Cell, Office of The Surgeon General
Ms. Jo Anne Cyr, ACofS, Program, Analysis and Evaluation, MEDCOM
Ms. Joan Richwine, IBA
Mr. Timothy Fannin, Internal Review , MEDCOM

c. Others Present:

Ms. Debbie, Lundberg, Data Quality Section, PASBA
Mr. Joseph Bacon, Data Quality Section, PASBA

2. Opening Remarks. No opening remarks.

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3. Old/Ongoing Business.

a. Approval of Minutes. The following amendments were made to the July 2004 minutes:

(1) Paragraph 3, subparagraph b, item 1, should have read as follows: COL Bennett stated that COL Young-McCaughan is going to Brooke Army Medical Center (BAMC) as the Chief, Nursing Research. Her replacement as Chief, Evidence-based Practice Section of the MEDCOM QMD, will be LTC Margaret Hawthorne. Hopefully, he will get on her schedule for her to join us at the next meeting. COL Bennett introduced LTC William A. Rice to meeting attendees. LTC Rice is a Health Administration resident from the US Army Baylor University Masters of Healthcare Administration Program and is assigned to work with COL Bennett at QMD this academic year.

(2) Paragraph 3, subparagraph b, item 2, should have read as follows: COL Young presented information at the most recent monthly Quality Management video telephone conference showing various locations where outcomes data may be found. An emphasis was made for using the Army Population Health Portal to get patient level data.

b. Quality Management (QM).

(1) COL Bennett reminded the committee to change their contact information from COL Stacey Young-McCaughan, Chief, Evidence-based Practice Branch, MEDCOM QMD, as she made a Permanent Change of Station to BAMC as Chief of Nursing Research. LTC Margaret Hawthorne, Army Nurse, is replacing COL Young at MEDCOM QMD, Evidence-based Practice Branch. COL Bennett will ask LTC Hawthorne to review her calendar and plan on meeting the DQFAST members in person at the next DQFAST meeting currently scheduled for 21 September 2004 at 0900 Central Daylight Time (CDT) at PASBA, Fort Sam Houston, TX.

(2) COL Bennett updated the DQFAST meeting attendees on the status of the Veterans Affairs/Department of Defense (VA/DoD) Clinical Practice Guidelines Workgroup Charter (CPG WG) Revision action. COL Bennett will brief MG Webb as The Acting Surgeon General at 0800 CDT, 18 August 2004 to provide information about the transition of the VA/DoD CPG WG from its current charter purpose and objectives to the restructuring and refocus intended by the charter revision. The intent of the revised charter is to transform the current activities into action that will bring more DoD/Military Health System representation to this work in line with the structure and function that exists in the VA National CPG Council structure and activity to which the VA/DoD CPG WG reports. This work has been the focus of COL Young and COL Bennett's

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representation on the DQFAST in the past and will continue into the future under the new charter.

(3) COL Bennett announced that the Medical Corps (MC) Consultants will be holding one of their three meetings of the year in San Antonio, TX at the Holiday Inn Select from 14-16 September 2004. Six hours of the meeting on 15 September 2004 from 0800 to midday will be devoted to a workshop on a performance improvement model practicum presented by Dr. David C. Aron, Medical Doctor, Master of Science, Associate Chief of Staff for Education at the Louis Stokes Cleveland VA Medical Center (LSC VAMC), Senior Scholar at the LSC VAMC National Quality Scholars Fellowship Program and Professor of Medicine, Epidemiology and Biostatistics at Case Western Reserve University. COL Bennett invited Mr. Ron James from PASBA to attend this workshop to facilitate answers to questions that the MC Consultants may pose related to quality improvement projects and data for performance improvement activities in the MC Consultants' Unwarranted Variation Initiative.

c. Data Quality.

(1) Metrics. The DQFAST Metrics, enclosures 1-5, are included for the members to review.

(a) The Provider Specialty Code Metric, enclosure 1--June 2004, shows a slow but steady improvement. We will see what we can try to do to assist the facilities to speed this up.

(b) The Standard Ambulatory Data Record Timeliness Metric, enclosure 2--June 2004, showed the metric is still in the Green at 97 percent.

(c) The Standard Inpatient Data Record Timeliness Metric, enclosure 3--May 2004, showed a slight decline in compliance. In the month of May, the Army is down to 95 percent, which is Red.

(d) The Medical Expense Performance Reporting System (MEPRS) Currency Metric, enclosure 4--June 2004, showed a decrease in compliance from last month. Fort Knox, Fort Lee, and Fort Belvoir did not submit their data on time. Ms. Bacon stated that Fort Knox had a resourcing issue, Fort Lee had software problems, and Fort Belvoir had a server problem.

(e) The No Show/Cancellation metric, enclosure 5--June 2004, is mostly Amber and Red. There is some improvement. Cancelled by facility might be inaccurate due to contractors defaulting to this when the patient does not come in.

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

(a) In the last input from the field, Great Plains Regional Medical Command (GPRMC) Commander, BG Fox, submitted concerns about fictitious data, providers, workload, and patients being entered into Composite Health Care System, version II (CHCS II) for purposes of testing, enclosure 6. Ms. Robinson prepared a memorandum for MG Webb's signature to TRICARE Management Activity, addressing the issue.

(b) The DQMC Program and AR 40-66 require a DD Form 2569, enclosure 7, be filed in the health record for every non-active duty beneficiary that receives care. The BAMC developed its own form, BAMC Form 1188, enclosure 8. This form has bigger font, and added accident/incident information, but is otherwise the same as DD Form 2569. However, use of this form does not negate the requirement to file the DD Form 2569 in the medical record. Ms. Robinson informed the GPRMC Data Quality Manager (DQM).

(c) Ms. Bacon and Ms. Robinson are meeting with an informal group of DQM and MEPRS personnel that are interested in updating the workload reconciliation process documentation.

(d) The next TRICARE Data Quality course is 21-23 September 2004 in Alexandria, Virginia. The deadline for registering for the hotel is 20 August 2004.

(e) The PASBA is developing a web-based DQMC Program for the Commander's Statement input. We expect to be fielded for Fiscal Year (FY) 2005.

d. Coding. Current Issues/Solutions.

(1) The new coding supervisor, Mr. Staley, will arrive on 20 September 2004.

(2) Industry Based Workload Alignment . Walter Reed Army Medical Center tried to start reimplementing of the process. They are having processing issues and Mr. James has been asked to assist. He will be at WRAMC the end of September for about a week. While he is there, he will be reviewing their coding, and clinical operations functions between the wards and PAD. A lot of their problems, besides volume, are they have some process issues regarding notification of changes in attending physicians and identifying the attending physician as not being a Graduate Medical Education. These are some minor things, but they need some outside help in looking at the processes.

(3) The Coding Compliance Editor will be deployed to Fort Hood and Tripler Army Medical Center starting in September.

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(4) The CHCS II is currently running the latest edition. Still there is an ongoing issue of pending System Change Requests (SCRs). There are stacks and stacks of SCRs for fixing CHCS II.

(5) The PASBA received a new set of the Advanced Medical Audits and we are doing the analysis. What we see from basic trends is there are no real changes. The only relief that we are going to get from the Advanced Medical Audits is in the number one area that we get dinged on -- which is the Ambulatory Patient Visits (APVs), primarily the coding of the anesthetic agents. With the implementation of the 2005 rate table, we will not be required to code the agents.

(6) The online coder training is on track. The Fort Sam Houston Contracting Office had an award date of no later than 27 August. Mr. James did the technical review last week and the Contracting Office is finalizing their part of the administrative review.

e. Resource Management.

(1) Budget Section of Resource Management – Mr. Padilla stated the DoD appropriation bill is signed. About \$25 billion is for the war effort for FY 05, which has to be distributed. The only thing that we do not have signed is the authorization. We are also working on year end close-out.

(2) MEPRS

(a) Ms. Bacon stated she received an e-mail in reference to the Surgical Burn clinic at BAMC not being able to bill because the MEPRS code they are using is not on the billable rates table. The issue is being coordinated through appropriate channels for resolution. Ms. Bacon also indicated that "BBN" has been established as the standard third level MEPRS code for the Surgical Burn clinic, effective FY 05. She also said they have a code for FY 05 which will be implemented in October.

(b) There is a fairly new MEPRS course called Statistical Analysis for MEPRS Managers. The criteria are you have to have basic knowledge of MEPRS methodology and concepts and be able to navigate somewhat easily through the Expense Assignment System, 4th revision repository. Ms Bacon will be announcing the dates and locations for the course. The first one is coming up in October in Germany.

f. Data Quality for Deployed Units. MAJ Wesloh stated Ms. Enloe is currently doing some PAD deployment training. There are multiple schedules of events for the next couple of months. The 44th Medical Brigade is training 23-27 August, the other half of

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the 44th Medical Brigade will be training the second week of September, the 228th Combat Support Hospital in October and the 429th also in October.

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

5. The meeting adjourned at 1000. The next meeting will be on 21 September 2004.

8 Encls
as



DEBORAH WESLOH
MAJ, MS
Acting DQFAST Team Leader

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1-Each Committee Member