DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD, SUITE 10
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO
ATTENTION OF

MCHS-IS 18 June 2002

MEMORANDUM FOR SEE DISTRIBUTION

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

1. The DQFAST met in Room 107, Patient Administration Systems and Biostatistics Activity (PASBA) Conference Room, Building 126, at 0900 on 18 June 2002.

a. Members Present:

COL Halvorson, Team Leader, PASBA
COL Jones, ACofS (HP&S)
MAJ Wesloh, PASBA
MAJ Griffith, RM
MAJ Burzynski, OTSG (IMO)
MAJ Shahbaz, OTSG (Decision Support Cell)
CPT Briggs-Anthony, PASBA
Ms. Mandell, PASBA
Ms. Robinson, PASBA
Mr. Thompson, Internal Review

b. Members Absent:

LTC Dolter, Outcomes Management
LTC Starcher, PASBA
MAJ Stewart, MEDCOM PAD
Ms. Bacon, AMPO
Ms. Cyr, ACofS (PA&E)
Ms. Leaders, TRICARE Operations Division
Mr. James, PASBA
Mr. Padilla, RM
ACoS Personnel Representative

c. Others Present:

LTC Patrin, MEDCOM Clinical Services
MAJ Petray, RM
Ms. Price, OTSG

Mr. Cardenas, Representing AMPO
Mr. Bacon, PASBA

2. Opening Remarks. None

3. Old/Ongoing Business.

a. Approval of Minutes. The May minutes were approved as written.

b. DQFAST Metrics (exceptions only).

The Standard Ambulatory Data Record (SADR) Timeliness Metric (enclosure 1), has shown a decrease in compliance. In March the compliance percentage for the Army was 96 percent, in April the compliance was 93%, and in May the compliance was 88%. Fort Knox has been having problems with their server, which accounts for their 5% compliance percentage. Fort Hood, Fort Eustis, and Fort Jackson have also been having transmittal problems. There are several technical issues currently being worked on.

c. Data Quality Management Control Program (DQMCP) Issues.

(1) DQMCP, New Issues. There were no new issues to discuss.

(2) Coding Update.

(a) The passwords for internet coding training for coders have been distributed. The passwords for the physicians are ready, but have not yet been distributed. **Decision: By 24 June 2002 a memorandum should be published addressing physician on-line coding training. The issue of whether a marketing video will be added is still pending.**

(b) The hospitals in Region One have been audited by a contracted agency which reviewed coding accuracy. Dewitt Army Community Hospital was the Army facility reviewed. The results were very encouraging. Inpatient coding showed 85% accuracy, while the Healthcare Financing Administration (HCFA) requirement is 93% accuracy. Outpatient coding for Evaluation and Management (E&M) showed 88% accuracy. **Decision**: A**dditional clarification will be provided to Army facilities regarding**

primary and secondary patient encounters, and new versus established patient coding.

(c) There will be several enhancements made on encoder groupers to include: an on-line coding clinic; key word search capability; and the Diagnosis Related Group optimization effort.

(d) Currently, 118 coders have been hired with 87 hires pending out of a total allocation of 264. Apparently, some sites will not need as many coders as initially determined.

(e) Several auditing tools have been collected and are in the process of being reviewed. **Decision: Auditing tools were to be posted to the PASBA website 18 June 2002. By the next committee meeting the selected auditing tools will be posted to the PASBA website.**

(4) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System IV Update. The Army MEPRS Program Office representative stated that approximately 30% of the facilities have responded to the inquiry on negative expenses. The majority of the responses indicate that cost transfers from one account to another represent the reason for negative expenses. **Decision: The DQFAST Committee will continue to monitor the status of responses as reported by the AMPO.**

(5) DQMCP Trends Update (enclosure 2).

(a) There are still some problems involving the Ambulatory Data Module (ADM) SADR timeliness issue. These appear to be hardware oriented. It is anticipated that the issue will be resolved with the installation of ADM version 2.3.

(b) Coding did not show an improvement from the last committee meeting - there has been a slight decline across the board. **Decision: There are a number of initiatives currently underway that should improve this area. The hiring of coders is one of those initiatives. Another is to provide standardized "superbills" reviewed by the Office of the Surgeon General consultants and placed on a website to improve accuracy of E&M procedure codes.**

(6) DQMCP Update. Next week, TRICARE Management Activity and The Services will begin the annual review of the DQMCP Review List and Commanders Statement for input clarification and standardization.

(7) DQMCP Best Business Practices. One site is currently working on a best business practice that addresses E&M coding. One member suggested that the PASBA coding training program is a best practice in and of itself.

d. Data Quality Training and Initiatives. The next Data Quality Workshop will be for the North Atlantic Regional Medical Center area, in the first week of September 2002. The third Data Quality Workshop will be for the Western Regional Medical Center area, in the middle of January 2003.

e. Data Quality in the Balkans.

(1) There are continuing concerns with Bosnia and Kosovo units on their use of the Patient Accounting & Reporting Realtime Tracking System (PARRTS). Personnel in Bosnia are reporting SADRs thru PARRTS. They are currently receiving training on the Composite Health Care System, to be able to capture inpatient data. Personnel in Kosovo continue to enter their inpatient records thru PARRTS.

(2) In Kuwait, the 21st Combat Support Hospital (CSH) has been replaced by the 405th CSH. In Afghanistan, the 86th CSH is being replaced by the 339th CSH. However, this transition has been delayed.

(3) A committee member inquired into the training requirements for deploying units. There is training provided to units prior to their deployment. Also, the newly arriving units usually have the opportunity to get some training from the units they are replacing prior to that unit's departure.

4. New Business.

(a) The Unified Biostatsitical Utility (UBU) Working Group is a Tri-service workgroup sponsored by the TRICARE Management Activity Director, Health Program Analysis and Evaluation. The UBU is proposing to reduce the standard for completion of SADRs via the ADM (formerly the Ambulatory Data System) from the

current standard of 14 days to 72 hours. The primary incentive for shortening the turnaround time is to enhance the itemized billing function. One of the treatment facilities within the Great Plains Region responded that their SADR completion rates were 63% within 72 hours, 73% within 14 working days, and 79% within 30 days. There is some concern that this site is not an isolated case. **Decision: A representative from the Great Plains Regional Medical Center is working this issue and will provide a response to the DQFAST committee, prior to the next committee meeting.**

(b) Work continues on developing adhoc report capabilities for those sites that have transitioned from KG-ADS to ADM. The ADM does not have all of the report capabilities that users were accustomed to in KG-ADS, primarily a loss of query capabilities using BusinessObjects.

(c) The DQFAST consulting physician stated that there will be a new website coming online shortly from the Clinical Services Division, titled "AMEDD Population Health Clinical Optimization". He would appreciate any comments.

(d) By the next committee meeting, the Medical Command Internal Review office should have a summary report of their visit to the Great Plains Regional Medical Center region.

(e) Major Griffith introduced his replacement, Major Petray, who is coming from Fort Bragg.

5. Deferred Issue--None.

6. The meeting adjourned at 0940. The next meeting will be 16 July 2002 at 0900.

\s\
JAMES A. HALVORSON
COL, MS
DQFAST Team Leader

2 Encls
as

DISTRIBUTION:
1-Each Committee Member