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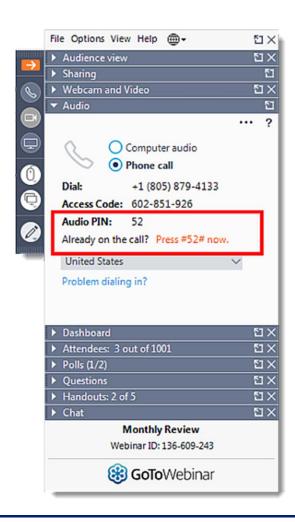
FPAR 2.0 Update from OPA

HHS Office of the Assistant Secretary for Health
Office of Population Affairs
Wednesday, August 5, 2020
3:30-5:00pm ET



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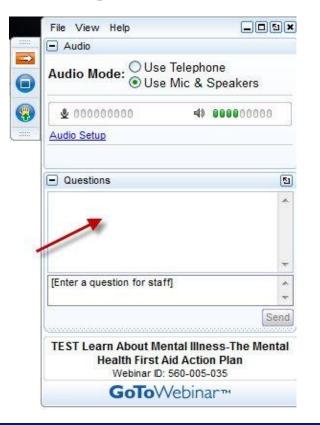






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FPAR 2.0 Update from OPA

Amy Margolis, Division Director Jamie Kim, Health Scientist 8/5/2020



Agenda for Today's Webinar

- Benefits of FPAR 2.0
- Process for revising FPAR 2.0
- Revised timeline & data elements
- FPAR 2.0 readiness survey for grantees
- Next steps
- Questions
- Additional OPA announcements





Why FPAR 2.0

- Encounter level data collection vs. aggregate level
- Benefits include:
 - Ability to measure key performance metrics related to women's health, family planning, and related preventive services in ways that haven't previously been possible
 - Improve quality of data available
 - Expand ability to use data for quality improvement
 - Improve monitoring and support for subrecipients
 - Relieve administrative burden for Title X sites and grantees





Process for Revising FPAR 2.0 (Aug 2019 – today)

- Received grantee feedback at July 2019 Title X Grantee Conference
- Collected additional grantee feedback through OPA project officers & the FPNTC to address data element concerns
- Used grantee feedback to reassess FPAR 2.0 data elements and response options
- Worked with MayaTech and 2 consultants (FPNTC and an EHR vendor) to develop a survey to assess Title X grantee's readiness to implement FPAR 2.0
- Plan to reach out to HRSA leadership to discuss ways to coordinate and collaborate to reduce reporting burden on Title X grantees who are also FQHCs





FPAR 2.0 Timeline Update

- August 2020: FPAR 2.0 grantee readiness survey released
- September 2020:
 - Data elements submitted to OMB
 - FPAR 2.0 contract awarded
 - FPAR 2.0 grantee supplement awarded
- 2021:
 - Early 2021 OMB clearance for data elements
 - OPA contractors develop and implement FPAR 2.0 data system
 - Grantees prepare systems/subs/sites for FPAR 2.0; continue to collect FPAR 1.0 data
- Jan 1, 2022: Grantees begin FPAR 2.0 data collection





Data Element Feedback

- Received feedback from grantees
- Worked with FPNTC to gather more structured feedback on data elements
- Technical document for back-end programming vs. document for end-users
- Standard response options
- Required vs. Optional data elements





Data Element Revision Process

- To revise the data elements we assessed the following:
 - Is this data element already in FPAR 1.0?
 - Does this enhance what we get from FPAR 1.0?
 - Is this needed for the contraceptive care measures or eCQM?
 - Caveat: for the CCM, we can't calculate the exact measure from FPAR 2.0, but will calculate a revised measure. This was done with grantees before.
 - Is this related to QFP?
 - Is this data OPA will use?
 - Do we need to change the wording/response options?





Data Elements #1-8

1 . 0 E I e m e n t	R e v i s e d	CCM	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
			Х	Facility Identifier	Code that identifies a hospital/clinic. May be a true identifier or a pseudo-identifier	TBD
	х		x	National Provider Identifier (NPI)	The National Provider Identifier (NPI) is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Standard. An NPI is a unique identification number for covered health care providers, created to improve the efficiency and effectiveness of electronic transmission of health information. Covered health care providers and all health plans and health care clearinghouses must use NPIs in their administrative and financial transactions.	NDI Number
x				Provider role	Highest level clinical provider occupational role	MD, Registered midwife, NP, PA, RN w/expanded scope of practice, Other service providers
	Х		Х	Patient identifier	Patient identifier	TBD
Х				Visit Date		Date
		х	_	Date of birth		Date
Х		Х	Χ	Administrative sex	<u> </u>	F, M, Unknown
х				English Proficiency	Patient's proficiency in English in listening, writing, reading, or speaking	proficient in English (no translator needed), not proficient in English (translator needed)





Data Elements #9-15

1 6 . n	ER ev 1 ni.es 0 ne:d	C C M	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
х			х	Race Category Excluding Null	"Race" as defined by the Office of Management and Budget (OMB)	American Indian/Alaskan Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, White, unknown, asked but no answer
x			x	Ethnicity	Client self-reports that they are or are not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	Hispanic/Latino or Not
Х				Annual Family Income	Combined family income for last year before taxes	Family income
Х				Family Size	Number in household	
x				Insurance Coverage Type	Client's primary insurance coverage status at encounter	No payment, Other government, private health insurance, unavailable/no payer specified
х				Expected Payment Sources	Current payment sources	no payment, Medicaid, self-pay, private health insurance, Medicare, SCHIP, veteran/military, other government, unavailable/unknown
Х		х	х	Pregnancy Status	Pregnancy status at time of encounter	currently pregnant, not pregnant, not pregnant-delivered in the last 2 months





Data Elements #16-21

1.0 Element	R e v i s e d 1 · 0	Моо	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
х		х	ΙX		Intention/desire in the next year to either become pregnant or prevent a pregnancy, based on the "One Key Question"	Wants to become pregnant, no desire to become pregnant, ambivalent about becoming pregnant, not sure of desire to become pregnant
		х	х		Indicate whether or not client has ever had sexual intercourse; ; using FPAR 1.0 definition: oral, anal, and vaginal intercourse	Yes/no
			х	Sex in last 3 months - reported	Indicate whether or not client had sexual intercourse in the last 3 months	yes/no/NA
			Х	Sex in the last year - reported	Indicate whether or not client had sexual intercourse in the last 12 months	yes/no/NA
	х		X	reported at intake	Most effective method reported at intake	Multiple methods listed, choose most effective; declines to state method; no contraceptive precautions
	х	х	х	Reason for no birth control use reported at intake	Reason for no birth control use reported at intake	Sexually abstinent, has same sex partner, other, sterility, wants to become pregnant





Data Elements #22-29

1 . 0 E I e m e n t	R e v i s e d 1 · 0	ООМ	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
x		x	х	Birth control method at exit reported	Birth control method at exit	Multiple methods listed, choose most effective method; declines to state method; no contraceptive precautions
				Contraceptive provision method	How was contraception provided?	Prescription, referral to health worker, provided during encounter
х		х	х	Reason for no birth control use reported at exit	Reason for no birth control use reported at intake	Sterility, has same sex partner, wants to become pregnant, sexually abstinent, other
	х			Pap test performed at this visit	Was a Pap test performed at the visit	Yes/No
Х				Last pap result	Result from last test on file	Multiple codes
	Х			Pap test in the last 5 years	Did client have a Pap test in the last 5 years	Yes/No
	х			HPV test performed at this visit	Was test performed at this visit	Yes/No
Х				HPV Test Result	Result from last test on file	Multiple codes





Data Elements #30-37

1 . 0 E I e m e n t	R e v i s e d 1 · 0	ССМ	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
	х			CT test performed at this visit	Was test performed at this visit	Yes/No
x				CT test Result	Result from last test on file	Multiple codes
	х			GC test performed at this visit	Was test performed at this visit	Yes/No
х				GC test result	Result from last test on file	Multiple codes
	х			HIV test performed at this visit	Was test performed at this visit	Yes/No
х				HIV Rapid Test Results	Result from last test on file	Multiple codes
х				HIV Supplemental Test Results	Result from last test on file	Multiple codes
				Systolic BP	Systolic blood pressure reading in mmHg	





Data Elements #38-42

1	i s e d	C C M	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
				Diastolic BP	Diastolic blood pressure reading in mmHg	
				Height	Height in inches	
				Weight	Weight in kilograms	
				Smoking status	Classification of client's smoking behavior	Never smoker, ex-smoker, smokes daily, occasional smoker, smoker, status unknown, heavy smoker, light smoker
			х	Contraceptive counseling provided	Was counseling for contraceptive use provided?	General counseling and advice on contraception, encounter for sterilization, encounter for surveillance of contraceptives, encounter for other contraceptive management, encounter for contraceptive management (unspecified), No counseling provided





Data Elements #43-45

1 . 0 E I e m e n t	R e v i s e d 1 · 0	O O M	e C Q M	FPAR 2.0 Field Name	Definition	Response Option
				Counseling to achieve pregnancy provided	Was counseling for achieving pregnancy provided?	Encounter for reversal of previous sterilization, encounter for procreative investigation and testing, encounter for procreative genetic counseling, encounter for general counseling and advice on procreation, encounter for procreative management and counseling for gestational carrier, encounter for other procreative management, encounter for other procreative management (unspecified), no counseling provided
	х			Syphilis test performed at this visit	Was test performed at this visit	Yes/No
Х				Syphilis test result	Result from last test on file	Multiple codes





Grantee Readiness Survey

- Purpose:
 - To help OPA determine capabilities of grantees and subs to implement FPAR 2.0
 - To help grantees determine support and training needed for subs and sites to implement FPAR 2.0
- Data used by OPA to inform future training and technical assistance
- Data provided back to the grantee





Survey Overview

- Part I: Grantee Level
 - Grantee demographic questions
 - Technical assessment of current reporting capabilities for FPAR 1.0
 - Capacity to implement encounter level data collection
- Part II: EHR/EMR System Review
 - For grantees and sub-recipients using unique EHR/EMR systems
 - Description of EHR/EMR systems utilized
 - Technical assessment of EHR/EMR system
 - FPAR 2.0 implementation readiness
 - For those without a EHR/EMR system, readiness questions





Questions?





Additional OPA Updates/Announcement

- Feedback on APR coming mid-August
- Program Reviews
 - In-person Program Reviews postponed through at least September
 - Going to start piloting partial virtual program reviews in Fall with grantee volunteers
- 2019 FPAR release anticipated in late August
- COVID Questions
 - Reopening Guidance
 - Telehealth Guidance





Next Week! Virtual 2020 National Reproductive Health Title X Conference









Questions?





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