FAMILY PLANNING ANNUAL REPORT (FPAR) 2.0

Frequently Asked Questions for Title X Family Planning Agencies

Question 1: What is FPAR 2.0?

Answer 1: The Family Planning Annual Report (FPAR) is the source of uniform reporting by Title X grantees. Starting January 1, 2021, grantees will be required to collect and report individual patient visit, or "encounter-level" data elements for FPAR.

FPAR 2.0 has three main goals:

1. Reduce the burden of annual reporting requirements on the Title X network
2. Improve the quality of data sent to OPA to improve the ability to assess key performance metrics related to family planning and reproductive health;
3. Contribute to a learning healthcare environment by sending quality improvement related information back to Title X providers.

While the implementation of changes will take time, the end goal and future of FPAR reporting should be streamlined, fix data quality issues, and reduce reporting burden and resources in the long term.

Question 2: What is ACOG's role in FPAR 2.0?

Answer 2: Under contract with OPA, the American College of Obstetricians and Gynecologists (ACOG) is working to develop an interoperable, standards-based reporting system that can be used to collect FPAR 2.0 data from Title X grantees.

Question 3: Where can I find a list of the FPAR 2.0 data elements?

Answer 3: The list of FPAR 2.0 data elements can be found on the FPNTC website here.

Question 4: Where can I find the May 2019 FPAR 2.0 Webinar slides?

Answer 4: Slides for the FPAR 2.0 webinar from May 15, 2019 are housed on the Family Planning National Training Center (FPNTC) website here.

Question 5: When will Title X grantees be required to begin collecting encounter-level data for FPAR 2.0?

Answer 5: Title X grantees will be required to begin collecting encounter-level data for FPAR 2.0 starting January 1, 2021.

Question 6: When will Title X grantees be required to submit FPAR 2.0?

Answer 6: FPAR data should be reported according to the calendar year: January 1-December 31 of each year; however, data will be collected more frequently (e.g., on a quarterly basis, although this is still to be determined by OPA) throughout the year, as opposed to one annual data collection as was the case for FPAR 1.0.

Question 7: Which electronic health record (EHR) vendors have committed to signing on to building reporting capabilities for FPAR 2.0?

Answer 7: The two major EHR vendors that are used by almost half of Title X service sites are NextGen and eClinicalWorks. ACOG has been working closely with these and other vendors to assess vendor readiness and address potential barriers to implementation. Currently, NextGen has an extensive set of reporting tools, and eClinicalWorks has some reporting tools to support FPAR 2.0. Additionally, ACOG will be supporting service sites by encouraging other EHR vendors to build in these data collection and reporting capabilities during vendor calls so that sites can pull reports into an accepted format.

Question 8: If the network we serve has multiple EHR vendors, who is responsible for submitting to OPA: the grantee or the EHR vendor?

Answer 8: The grantee is responsible for submitting to OPA.

Having multiple EHR vendors in a network is a common occurrence across grantees. We understand that this places a logistical challenge on the grantee, and technical assistance will be offered to assist you.

Question 9: What are options for sites that are currently manually entering data?

Answer 9: Any application that allows you to export a .csv or MS Excel format summary will suffice. Additionally, an MS Access data collection and reporting system was also created for situations such as this and is available to sites. If you would like to try this system, please contact healthit@acog.org.

Question 10: How will OPA gather and handle the data?

Answer 10: OPA will have a contract with a registry vendor to accept and manage the collected data. The selected platform will be HIPAA compliant and meet the industry standards requirements for privacy and security.

Question 11: Will FPAR 2.0 data be de-identified?

Answer 11: Yes. While there are some data elements in FPAR 2.0 that are considered personal health information (PHI), OPA will not collect information on names of patients or your EHR system's patient medical record numbers. All data should be de-identified.

Question 12: How will the technical specifications for data collection and data exchange with the centralized system be made available?

Answer 12: Once OPA chooses a registry vendor, these specifications will be made available. The registry vendor should be able to accept data sent in any number of common formats, including a "flat file" or CSV, Consolidated Clinical Document Architecture (C-CDA), as well as an EHR vendor's proprietary formats.

Question 13: Will gender and sexual orientation be among the data elements for FPAR 2.0? If so, will they be required?

Answer 13: Sex at birth has always been a data element collected by OPA in the annual report and will continue to be collected as part of the new reporting requirements for FPAR 2.0. Gender and sexual orientation will not be collected for FPAR 2.0

Question 14: Why is "Administrative Gender" a data element that is being collected, and not "Sex Assigned at Birth"?

Answer 14: We realize gender is a fluid and subjective concept and is separate from sex. The data element "Administrative Gender" will **not** be asking for the gender identity of the patient, but rather their sex assigned at birth. We use the term "Administrative Gender" in FPAR 2.0 as this is the element incorporated into HL7 Fast Healthcare Interoperability Resources (FHIR). While this is how the data needs to be captured, it is not how the question needs to be asked during the encounter.

Question 15: Will OPA require a memorandum of understanding (MOU) between grantees and third party entities?

Answer 15: OPA will not require, nor is authorized to require, MOUs between grantees and a third party entity; however, from a business perspective, MOUs are often recommended, as they set and manage expectations, and clarify responsibilities and roles.

Question 16: Sexually transmitted disease (STD) and HIV rates are already reported to the Centers for Disease Control and Prevention (CDC). Will collecting and reporting this data to OPA for FPAR 2.0 be duplicative?

Answer 16: No. Reporting STD and HIV rates is different than reporting encounter-level data. By collecting this encounter-level data, we are also capturing screening data and will be able to better assess the true denominator when capturing performance measures and the work that you are doing every day. We are more interested in the process of care than tracking positive results.