The Future of FPAR

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Public Health Advisor
Office of Population Affairs

National Title X Grantee Meeting
August 1, 2013
What FPAR Revision???

- Reminder of OPA’s intentions
- Make the case for why it’s important
- Discuss the revision process to date
- Discuss performance measures
- Characteristics of 2.0 data and potential timing of a transition
- Questions
Family Planning Annual Report

- Annual submission *required* of all Title X family planning services grantees

- Only source of annual, uniform reporting by all Title X service grantees
<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
<td>Enactment of Title X Statute - Law includes Section 1009</td>
</tr>
<tr>
<td>1970s</td>
<td>National Reporting System for Family Planning Services (NRSFPS)</td>
</tr>
<tr>
<td>1980</td>
<td>Bureau Common Reporting Requirements (BCRR) - paper report</td>
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<tr>
<td>1983</td>
<td>Title X moved from HRSA to OPA - BCRR data collection continues</td>
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<tr>
<td>1995</td>
<td>HRSA/Bureau of Primary Care moves to Uniform Data System (UDS)</td>
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<tr>
<td>1995</td>
<td><strong>OPA initiates Family Planning Annual Report (FPAR) - paper</strong></td>
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<tr>
<td>1998</td>
<td>First OMB clearance of FPAR</td>
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<tr>
<td>2001</td>
<td>First FPAR Work Group convened to revise FPAR</td>
</tr>
<tr>
<td>2005</td>
<td>Repeal of Section 1009 &amp; major revision of FPAR implemented</td>
</tr>
<tr>
<td>2008</td>
<td>Extension of forms and instructions</td>
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<tr>
<td>2011</td>
<td>FPAR web reporting launched via RTI system; Extension of forms and instructions through calendar year 2013</td>
</tr>
<tr>
<td>2012</td>
<td>FPAR web system used for first time</td>
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Purpose

• Monitor program performance and compliance with statutory requirements
• Comply with accountability and federal performance requirements for Title X family planning funds
• Guide strategic and financial planning and respond to inquiries from policy makers and Congress
• Estimate the impact of the Title X-funded activities on key reproductive health outcomes
  ▫ Prevention of unintended pregnancy, infertility, and invasive cervical cancer
OPA’s Goal

• To modify FPAR to become a system of enhanced reporting that will enable OPA to
  ▫ better monitor program performance and
  ▫ demonstrate the true impact Title X providers are having on public health.

• Bring FPAR into the 21st century ➔ FPAR 2.0
Why revise now?
ACA Implications

• ACA is causing changes within Title X
  Encouraging adoption of EHR
  Require more sophisticated 3rd party billing capabilities
  Motivate clinicians \(\rightarrow\) essential community providers

• Revising FPAR enables us to better track performance
  Allows us to measure the impact of ACA on the system
  Demonstrate how Title X has adapted

• FPAR data will be essential to grantees who are seeking out partnerships with CHCs.
  Meaningful use requires measurement of blood pressure, tobacco, BMI, HIV/STD screening, cancer screening
FPAR’S Importance

- OPA must demonstrate accountability for the funding we receive
  - Compliance with legislative and statutory requirements
  - GPRA performance goals
- FPAR is the centerpiece of Title X performance monitoring
  - Independent and articulated source to demonstrate the value of the program
  - Allows us to measure performance and assess national health objectives
  - Supports policy-oriented research that assesses the cost effectiveness of the program
    - CDC and Guttmacher
FPAR’s importance: Past & Future

<table>
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<tr>
<th>PAST</th>
<th>Congressional inquiries</th>
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<tr>
<td></td>
<td>Departmental inquiries – ASFR, ASPE, HRSA</td>
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<td>Budget requests – OMB, Department, Congress</td>
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<td></td>
<td>Monitoring national, regional, and state trends in contraceptive use, service delivery, client demographics</td>
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<td></td>
<td>Presentations at internal meeting, conferences, and for other public documents</td>
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<tr>
<th>PRESENT/FUTURE</th>
<th>Implementation of the new Title X Guidelines</th>
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<tr>
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<td>New central administration of Title X training</td>
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<td>Monitoring impact of ACA</td>
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OPA Initiatives

- Title X Guidelines
- FPAR 2.0 and PIMS project
- New National Training Model
- QA/QI: SDI research, IOM report
FPAR 2.0 Revision Process To-Date

March 2012
FPAR 2.0 Data Work Group convened
Reviewed all 14 FPAR tables
Considered the new guidelines & encounter-level reporting
Consulted and sought valid measures
• HHS data collection efforts and guidance (UDS, USPFTF, CDC)
• National surveys (NSFG, NHIS, BRFSS)
• Industry groups (ACOG, ACS)
• Healthy People 2020 Objectives
• HEDIS (NCQA, NQF)
• IOM recommendations - 2009
• FPCA measures
Focused on revising and adding tables

August 2012
Sought to expand our efforts
Data Work Group Members

Sue Moskosky  OPA Central Office
Christina Lachance  OPA Central Office
Nancy Mautone-Smith  OPA Central Office
Kathy Desilets  OPA Region I
Evelyn Glass  FPAR Consultant
Christina Fowler  FPAR Contractor/RTI
Lorrie Gavin  CDC Div. Reproductive Health/Guidelines
Katie Saul  QA/QI/E National Training Center
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FPAR 2.0 **Expert** Work Group Members

I  Susan Lane, Michael Stelmach
II  Joe Alifante, Rachel Baum
III Roberta Herceg-Baron, Katherine Burnet
IV  Bernie Operario
V   Lisa Wolfe, Barbara Recker
VI  Travis Duke
VII Julie Reno
VIII Karrie Galloway
IX  Rebecca Meece, Karen Peacock, Lisa Schamus
X   Mary LeMier
NTCs Ann Loeffler (MSI), Susan Grantham (QAQIE)
HHS   Lorrie Gavin (CDC), Heather Ngai (UDS), Diane Pilkey (ASPE)
Other Jennifer Frost (AGI), Clare Coleman (NFPRHA), Nathan Sikes (RTI)
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Title X
Performance Measures
### Current Title X “Performance Measures”

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<tr>
<th>Goal II.A.1 — <strong>Increase</strong> the total number of <strong>unduplicated clients served</strong> in Title X clinics by 5 percent over 5 years.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal II.A.2 — <strong>Maintain</strong> the proportion of clients served who are <strong>at or below 200 percent of the federal poverty</strong> level at 90 percent of total unduplicated family planning users.</td>
</tr>
<tr>
<td>Goal II.A.3 — <strong>Increase the number of unintended pregnancies averted</strong> by providing Title X family planning services, with priority for services to low-income individuals.</td>
</tr>
<tr>
<td>Goal II.B.1 — <strong>Reduce Infertility</strong> among women attending Title X family planning clinics by <strong>identifying Chlamydia infection through screening</strong> females 15 - 24 years old.</td>
</tr>
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<td>Goal II.C.1 — <strong>Increase</strong> the number of unduplicated female clients who receive a <strong>Pap test</strong>.</td>
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<tr>
<td>Goal II.C.2 — <strong>Reduce invasive cervical cancer</strong> among women attending Title X family planning clinics by <strong>providing Pap tests</strong>.</td>
</tr>
<tr>
<td><strong>Efficiency</strong> — <strong>Maintain actual cost per Title X client below the medical care inflation rate.</strong></td>
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OPA’s Recent Investments Title X Performance

- Engaged the IOM
  - Comprehensive review of Title X, 2009
  - Standing committee on family planning, 2011-12

- Helped define national Healthy People 2020 objectives for family planning

- Funded the PIMS project (Performance Information and Monitoring System)
  - Sought to identify a set of evidence-based performance standards to guide the design of a new FPAR system

- Overhauled the Title X service guidelines
Potential Title X Performance Measures by Category

1. Contraceptive services – site & encounter-level*
2. STD screening/infertility prevention - current PM
3. Preventive/preconception health*
4. Childbearing intentions/reproductive life plan*

- Examining retaining current goals for:
  ▫ low income users,
  ▫ unintended pregnancies averted,
  ▫ cost effectiveness

- Related preventive services metrics – track internally
  ▫ Pap screening, HIV+ linkage to care
# Contraceptive services

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<th>Source</th>
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<td>Proportion of sites that dispense or provide <strong>on-site a full range of contraceptive methods</strong></td>
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STD screening/infertility prevention

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## Preventive/preconception health screening

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<td>Proportion of users $\geq 18$ years of age who had their <strong>BMI</strong> documented during the measurement year.</td>
<td>Recs Quality FP Services</td>
<td>HEDIS, HP2020 NWS-5</td>
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<tr>
<td>Proportion of users who were screened for <strong>hypertension</strong> during the measurement year.</td>
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<td>HP2020</td>
</tr>
<tr>
<td>Proportion of users who were screened for <strong>tobacco use</strong> during the measurement year.</td>
<td>Recs Quality FP Services</td>
<td>HP2020, Meaningful Use</td>
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Childbearing intentions/RLP

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<tbody>
<tr>
<td>Proportion of users who <strong>stated clear childbearing intentions</strong>.</td>
<td>IOM, PIMS</td>
<td><em>TBD</em></td>
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## DRAFT FPAR 2.0 Measures Being Considered

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Encounter-Level FPAR 2.0 Data Collection and Reporting
Encounter-level Data Defined

• Reports **each client encounter** with all/most of the required FPAR elements as a single line of coded information in a specified format
  ▫ Excel spreadsheet
  ▫ CSV – comma-separated values – file
    • Example:
      
      07302013,SEA,287,03,08012013

      This line of data (codes) describes this meeting’s start date, location, number of participants, duration in days and end date

• **Transmission/submission**
  ▫ via electronic transfer
  ▫ online data entry
  ▫ explore other mechanisms as needed
EL feasibility within Title X

OPA-funded PIMS project (2008-2012) revealed:

• Establishing a voluntary sentinel-type system
  • Too costly and impractical for a program of Title X’s size
• Expertise is available; other Federal models exist (SAMHSA, HRSA)
• Technical requirements to build and operate web-based encounter-level system are known
  ▫ All study agencies had minimum IT capacity to submit EL data to web-based system
  ▫ Study agencies collected more data than FPAR requires
• Participating agencies acknowledged EL benefits:
  ▫ Perceived and appreciated that PIMS could produce relevant and beneficial performance information
    • for self-assessment
    • to evaluate and increase awareness of benefits of Title X and public investment in family planning
FPAR encounter-level reporting in 2010

47% of total FPAR records (conservative estimate)
- or 4.6 million records
  - Region 1 system
  - Region 9 - CFHC CDS, AZ
  - Ahlers – agencies in 18 states
Power of EL Data at the National Level

• Better measure, monitor and defend program performance nationally

• Strategically guide the program and position ourselves better relative to change – enable us to be nimble

• More robust, flexible, and complex data analyses could be performed
Power of EL Data at the National Level

• Ask questions of the data in the future that we may not even be aware of now
  • How many clients are below 138% FPL?
  • How do these clients differ from other clients (race/ethnicity, age, income, services received) ?

• Demonstrate achievement of national health objectives around disparities and equity in access to care
Power of EL Data in Demonstrating Performance

- Establish performance standards and measure how close we are to reaching them
  - Sub-recipients

- Examine differences in performance based on age, race/ethnicity, income, insurance characteristics of clients
  - Ex: whether providing the same kinds of services to minorities, teens, low-income users as to other users
Power of EL Data at the Regional, State and Local Level

• Enable identification of real training and technical assistance needs within the network
• Centrally produce reports that grantees can use for their own monitoring and evaluation
• More nimbly identify, investigate, and address issues related to data integrity
Other Benefits of EL Data

• Collection of encounter level data is becoming the national standard
  ▫ Meaningful Use requires it
  ▫ Title X providers need to make their data interoperable with other systems
    • Coordination of care in re data exchange
  ▫ UDS acknowledges EL data would be ideal
Example of EL Data’s Power

Proportion of female users at risk of unintended pregnancy who adopt or continue use of a highly or moderately effective FDA-approved contraceptive method

**Aggregate data**

- Annual trends, women by age group moving from one effectiveness category to another

  Client characteristics: Age group

  Levels: National, regional, state

(by request)

**Encounter-level data**

- Annual or more frequent (quarterly) trends where we could cross tabulate additional characteristics by each contraceptive method

  Client characteristics: Age, race/ethnicity, state of residence, service site visited, contraceptive method at entry, childbearing intentions, LEP status, income and insurance status

  Service site characteristics: Method availability, operating hours, staffing profile

  Levels: National, regional, state, grantee, service site
The FPAR Revision

Boil it down for me
Who???

- Title X Grantees
  - Sub-recipients
  - Service sites
DRAFT 2.0 Site Level Characteristics

- Availability of:
  - Same day appointments to new users for initial contraceptive visit
  - Contraceptives on-site
  - HPV vaccination services on-site

- Use of
  - Electronic Health Record and/or Electronic Practice Management System

- Staff FTEs
  - Physician
  - PA, NP, CNM
  - RN with expanded scope of practice
  - RN
  - Other educators, counselors/case manager

- Sources of Revenue
Working DRAFT 2.0 encounter-level data elements

- Date of birth
- Sex
- Race
- Ethnicity
- Income
- Number in family
- Health insurance status
- Limited English Proficiency status
- Childbearing intention (or currently pregnant)
- Contraceptive method at exit or Reason for no method
- CPT codes for tests done at clinic: Chlamydia, Gonorrhea, HIV, Pap
- Date of last pap
- Systolic and Diastolic BP
- Height and Weight
- Smoking status & Cigarettes per day (if current smoker)
- If HIV-positive, date client attended first HIV medical appointment
• FPAR 2.0 platform will offer many data submission mechanisms to accommodate all grantees
  ▫ Diversity in terms of systems and readiness
  ▫ Continue to evaluate grantee/sub/site status

• Privacy & data security concerns
  ▫ Study and address
When???

2013  Obtain OMB extension of current forms → 2016; Work to finalize data elements, create data dictionary and define performance measures; Continue to engage with the EWG, RPCs, NTCs

2014  Pilot testing; Begin system build; Prepare for OMB approval of FPAR 2.0

Late 2015/ early 2016  Obtain OMB approval of 2.0 data elements & new platform

2016  Pilot transition year to collect data using new 2.0 platform → select grantees only

2017  **Full transition year** for remaining grantees
Recap

• Changes to FPAR are coming...slowly

• 2.0 platform will collect encounter-level data from every client visit → 2017

• New program guidelines & performance measures guiding us

• Goals
  ▫ Transparency & clear communication
  ▫ Help Title X thrive through demonstrating performance
  ▫ Success
    and...
Involvement

- **Your voice is important**
  - Provide assistance in anticipating implementation challenges

- Send thoughts to:
  - Expert Work Group representative
  - RPC
  - *Email: FPAR2.0@hhs.gov*
THANK YOU

FPAR2.0@hhs.gov