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Office of Population Affairs (OPA)
Title X Family Planning Annual Report (FPAR) 2.0 Grantee Readiness Survey

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Office of Population Affairs (OPA)
Title X Family Planning Annual Report (FPAR) 2.0
Grantee Readiness Survey

Introductory Email Text/Survey Preamble and Instructions:

Dear Title X Grantees:

The Office of Population Affairs (OPA) has been developing a standards-based reporting system to collect data at the individual patient level in a standardized format from all Title X-funded service sites. This new data reporting system, Family Planning Annual Report (FPAR) 2.0, will allow OPA to measure key performance metrics related to women's health, family planning, and related preventive service provisions which have not previously been possible. These benefits will be realized through a transition from aggregate-level data collection and reporting (FPAR) to encounter-level data collection and reporting (FPAR 2.0). FPAR 2.0 will greatly improve the quality of data available; relieve the administrative burden on Title X sites and grantees; and increase the usability of data for improved monitoring, support, and quality improvement by grantees and subrecipients. Grantees will be expected to collect encounter-level data from their subrecipients and service sites, and to store, manage, and report that data to OPA.

A link to the draft of the FPAR 2.0 data elements and response options is included [here](#) and in the survey.

FPAR 2.0 Grantee Readiness Survey Instructions

Purpose of the Survey: The MayaTech Corporation has been contracted by OPA to conduct a survey of the capacity of grantees and their sub-recipients in preparation for FPAR 2.0. The results will be used to:

- assess the extent to which grantees have the capacity to modify, develop, or outsource the development of an encounter-level data collection and reporting system.
- assess the extent to which sub-recipients have the capacity to collect encounter-level data and report that data to a grantee-managed system.
- assess the scope and timing of a transition from FPAR to FPAR 2.0 for participating grantees and sub-recipients.

Additionally, grantee specific data and results from the survey will be shared back with each grantee. The information can be used by grantees to help in their FPAR 2.0 preparations.

Who Should Complete the Survey: This survey contains questions for both grantees and subrecipient agencies.

For Grantees:

The grantee-specific questions aim to provide OPA with information about grantee readiness to transition to FPAR 2.0. These questions should be completed by someone within the grant project who has knowledge of the grantee network's readiness to either carry out or oversee the collection, storage, and submission of FPAR 2.0 encounter data.

- If you are a grantee with no subrecipient agencies, please complete both the grantee-level questions and the EHR/EMR questions.

- If you are a grantee with an EHR/EMR and you have subrecipients, please complete the EHR/EMR questions, and have at least one subrecipient representative complete the questions for each unique EHR/EMR used in your grant project.
- If you are a grantee without an EHR/EMR, and have subrecipients with an EHR/EMR, please have at least one subrecipient representative complete the questions for each unique EHR/EMR used in your grant project.

In addition, we ask that you forward a link to this survey to select subrecipients. Instructions for subrecipients are within the survey.

For Subrecipients:

The subrecipient questions aim to provide OPA with an overview of the diversity of EHRs and reporting systems used within each grant project. The EHR/EMR questions will need to be completed for every unique EHR/EMR system or other reporting system being used in your grantee's Title X network.

Survey Completion Date: Please submit your survey by {DATE} 11:59 PM, EDT.

Where to direct questions about the survey: For questions about this survey, please contact the MayaTech Survey Team at opafpar@mayatech.com.

Office of Population Affairs (OPA)
Title X Family Planning Annual Report (FPAR) 2.0
Grantee Readiness Survey

Please indicate if you are: ___ **Grantee (Continue to Part I)**
 ___ **Subrecipient (Skip to Part II)**

Part I: Grantee-level Questions

1. Grantee Organization Name:
2. Contact Information of Person Completing Survey:
 - a. Name:
 - b. Title/Position:
 - c. Email Address:
3. What type of organization is your grantee organization? SELECT ONE.

___ State health/public health department
___ County health/public health department
___ City health/public health department
___ Private
___ Not for profit
___ Community health center
___ Federally Qualified Health Center (FQHC)
___ Primary Care Association
___ Other
4. How many subrecipients does your Title X grant fund have?
5. How is FPAR (1.0) data currently collected from subrecipients and/or services sites?
CHECK ALL THAT APPLY.
 - a. Encounter-level data collected through a grantee-maintained system (such as a centralized data system, not an EHR/EMR)
 - b. Encounter-level data collected through third-party vendor
 - i. Vendor name:
 - ii. Length of relationship with vendor:
 - c. Aggregate-level data collected from subrecipients and/or service sites.
 - d. We are a direct service site grantee with no subrecipients/service sites; encounter-level data are collected in our EHR/EMR.

- e. Health-e-Link
 - f. Ahlers
 - g. Excel
 - h. Access
 - i. SAS
 - j. STATA
 - k. SPSS
 - l. Other - please describe:
6. Please check the box that best describes your current FPAR reporting capabilities: [check one]
- a. FPAR reports are generated directly from our EHR/EMR system.
 - b. FPAR reports are generated from a system (not our EMR) that collects encounter-level data for our Title X grant.
 - c. Statistical (or other) software - such as SAS, STATA, SPSS, Excel, or Access – is used to analyze *encounter-level data* and create FPAR tables.
 - d. Subrecipient agencies submit aggregate-level reports that we compile by hand/calculator.
 - e. Other – please describe:

Agency's Capacity to Implement Encounter-level Data System

7. The following questions ask about your agency's ability to implement an encounter-level data collection and reporting system for FPAR 2.0, either through a third-party vendor or in-house staff. Please check the box for each feature that describes your plans and confidence in those plans.

Encounter-level Data Collection and Reporting System Feature	CHECK ONE BOX PER ROW					
	Plan to use third-party vendor and confidence in vendor to do this:			Plan to do in-house - Confidence in grantee's current capacity is:		
	Need to hire third-party vendor	Existing vendor; unsure of their ability to do this	Existing vendor; high confidence in ability to do this/ already does for FPAR 1.0	Little confidence	Some confidence	High confidence /we already have this for FPAR 1.0
a. Build (or expand) a logical software application/database to collect FPAR 2.0-related information that conforms to all HIPAA privacy and security criteria (e.g., consistent backups; role-based privileges; secure systems; minimum necessary access)						
b. Support the enrollment of subrecipients and users to the software application/database						
c. Manage an ongoing subrecipient and/or service site engagement process to ensure that FPAR 2.0 data are accurate, complete, and submitted in a timely manner. To include: acceptance of encounter-level data, verification data are fully/correctly formatted and populated, application of validation logic to ensure that encounters are correctly coded (e.g., age-based criteria, gender criteria, etc.)						

d. Ensure software application/database translates and/or normalizes data from subrecipients so that it is consistently stored, managed, and reported.						
e. Report processing errors to sub-recipients and/or service sites and support the submission of corrections.						
f. Generate FPAR Reports at the grantee level for submission to OPA.						
g. Securely export data to OPA for analysis and reporting of family planning encounters.						

Agency’s Perspective on Burden Associated with FPAR

We hope to get your agency’s perspective on the relative burden associated with collecting encounter-level data across your network. The linked PDF lists each of the [planned FPAR 2.0 data elements](#). Please review the list and describe the top three most difficult data elements to collect and why.

8. [State first element that is difficult to collect]. Explain “Why data are difficult to collect?”
9. [State second element that is difficult to collect]. Explain “Why data are difficult to collect?”
10. [State third element that is difficult to collect]. Explain “Why data are difficult to collect?”

- 11.

Part II. EHR/EMR SYSTEM REVIEW (Grantee and/or sub-recipient)

Please indicate whether you are: ___ Grantee (Continue)
___ Subrecipient (Skip to Q1)

For this section, the grantee will report information on the grantee’s EHR/EMR system. Additionally, the grantee will send a link to this section to be filled out by **one subrecipient for each different EHR/EMR system utilized.** For example, if the grantee has four subrecipients that use two different EHR/EMR systems and the remainder fill out the reports by hand, the grantee would pick three subrecipients to respond to the link provided (one for each of the two different EHR/EMR systems; and one from the group that completes reports by hand).

Grantees, please list the subrecipient organizations you asked to complete the EHR/EMR system review survey for your grant project. Subrecipients, please move to question 1 below:

- a.
 - b.
 - c.
 - d.
 - e.
-

1. Organization name:
2. ___ Grantee ___ Subrecipient: (specify your grantee organization’s name)
3. Contact Information of Person Completing the Survey:
 - a. Name:
 - b. Title/Position:
 - c. Email:
4. How many family planning service sites does your organization currently support?
5. On an annual basis, how many family planning visits are supported by your organization and associated service sites?
6. Do you use an Electronic Health Record (EHR) system or Electronic Medical Record (EMR) system for collecting data associated with family planning visits?
 - a. Yes (please continue to question 7)
 - b. No (please continue to question 11)
7. If yes, please provide the following EHR/EMR vendor information:

- a. EMR/EHR Vendor:
 - Ahlers
 - AthenaHealth
 - AdvancedMD Allscripts
 - Cerner
 - eClinicalworks
 - Epic
 - GE Centricity
 - Greenway Health
 - Nextgen
 - Patagonia Health
 - Other
 - b. EHR/EMR Type/Name:
 - c. Version number:
 - d. Of the total service sites in your network, please indicate the number of service sites that use your organization's EHR/EMR system.
8. Does your EHR/EMR system contain a specific module to support the capture and reporting of family planning encounter-level data (regardless of whether or not you currently use it)? If yes, please answer the questions below. If not, or if you don't know, please go to question 9.
- a. What is the name of the module used to collect family planning data?
 - b. Was the module custom built for your organization?
 - c. Was the module part of the system as originally delivered?
 - d. To what extent does the module support or conflict with established clinical workflow and practice?
 - e. Have you had the need to customize the module and if yes, have you used internal staff or your EHR/EMR vendor to complete that work?
 - f. Could this module be customized to collect FPAR 2.0 data elements?
 - g. If yes, would you use internal staff, EHR/EMR vendor staff, or a combination of both to customize the module?
 - h. Please go to question 10.
9. Does your EMR/EHR system currently collect and report family planning encounter-level data for your organization?

__YES: If yes, please answer the following.

__NO: If not, please go to question 11.

a. Does your EHR/EMR currently capture 100% of the existing FPAR data elements as listed below? [YES/NO series]

- Medical record #
- Race
- Ethnicity
- English proficiency
- Primary language
- Gender
- DOB
- Visit date
- Provider type
- Household size
- Household income
- PHIC
- Contraceptive method at exit
- Reason for no method
- CBE referral
- Pap smear
- Breast exam
- Chlamydia test
- RPR
- GC
- HIV Test
- HIV Positive result

b. How does your EHR/EMR system identify a qualified family planning encounter record?

- ICD 10 and CPT Codes only
- A “Title X” or “Family Planning” field or check box is used to identify family planning encounters
- Other (specify)
- I don’t know/not sure

c. Does your EHR/EMR system support the extraction of family planning encounter-level records and creation of an export file for submission to an external system or database?

___YES: If yes, was this provided by your EHR/EMR vendor or was it developed in house?

- a. EHR/EMR vendor developed
- b. Developed in-house

___NO

10. Please answer the following questions associated with the implementation of FPAR 2.0 data collection and reporting. [series of Yes/No]

- a. Do you have in-house staff that can implement FPAR 2.0 in your organization from a workflow perspective (e.g., ensuring FPAR 2.0 data are collected from patients and staff)?

___Yes

___No

- b. Do you have in-house staff that could modify your EHR/EMR to collect FPAR 2.0 data elements (add new fields; add new options to existing fields)?

___Yes

___No

- c. Do you have in-house staff that could use existing EHR/EMR tools (e.g., reporting module) or develop custom queries for extracting encounter-level data for reporting to a grantee-level system?

___Yes

___No

- d. Have you engaged your EHR/EMR vendor about the potential for encounter-level FPAR 2.0 data collection and reporting?

___Yes

___No

- e. Do you anticipate that your EHR/EMR vendor will be able to adequately support the implementation of FPAR 2.0 data collection and reporting?

___Yes

___No

***** END OF SURVEY FOR AGENCIES WITH AN EHR/EMR system *****

This next section is to be answered by 1) grantees and subrecipients who do not have an EHR or EMR; and 2) grantees and subrecipients who have an EHR/EMR, but do not collect encounter-level data.

11. Do you have an EHR/EMR?

- a. YES (skip to Q12)
- b. NO: If you do not have an EHR/EMR system, which of the following best describes your plans?: [check one]
 - i. We plan to obtain one in the next year.
 - ii. We plan to obtain one in the next two to three years.
 - iii. We plan to obtain one in four to five years.
 - iv. We have no plans to transition to an EHR/EMR system.
 - v. We plan to use the OPA-provided flat file specification (Access database or .CSV file).

12. For agencies without an EHR/EMR that collects encounter-level data or other encounter-level data collection and reporting system, please answer the following questions associated with the implementation of an FPAR 2.0 data collection and reporting system.

- a. Do you have in-house staff that can implement FPAR 2.0 in your organization from a workflow perspective (e.g., ensuring FPAR 2.0 data are collected from patients and staff)?
- b. Do you have in-house staff that could support the implementation of a data collection and reporting system to support FPAR 2.0?
- c. To support FPAR 2.0 data collection and reporting, which of the following plans is/are your organization considering? [check all that apply]:
 - i. developing a system in-house:
 - ii. contracting with a third-party vendor for a centralized FPAR 2.0 system
 - iii. contracting with an EHR/EMR vendor
 - iv. using the OPA-provided flat file specification (Access database or .CSV file)
- d. Of the plans your organization is considering to support FPAR 2.0 data collection and reporting, what is your organization's **preferred plan**?: [check only one]
 - i. develop a system in-house:
 - ii. contract with a third-party vendor for a centralized FPAR 2.0 system

- iii. contract with an EHR/EMR vendor
- iv. use the OPA-provided flat file specification (Access database or .CSV file)
- e. Have you engaged an EHR/EMR vendor about the potential of implementing a system capable of FPAR 2.0 data collection and reporting?

__YES: If yes, what level of support do you anticipate from your EHR/EMR vendor as you implement FPAR 2.0?

__A great deal (go to “f”)

__Somewhat (go to “f”)

__A little support (go to “f”)

__NO [END]

- f. Please explain your response.

Thank you for your participation.

SUBMIT