

Planning Your Path to FPAR 2.0 Readiness



Purpose: Family Planning Annual Report (FPAR) 2.0 is the next iteration of FPAR data reporting that will collect encounter-level data for Title X family planning service grantees. FPAR 2.0 will allow for improved data collection, reporting, and analysis that will ultimately lead to more opportunities for improving service delivery. The current method of aggregate-level FPAR 1.0 data reporting will end in 2022. All grantees are responsible for implementation of policies and procedures related to charging, billing, and collecting funds for services provided by projects.

Title X Program grantees will start collecting encounter-level data in 2022 and report it for the first time in 2023. A new data system for grantees to upload FPAR data is in development. The Office of Population Affairs (OPA) will work with grantees to provide features, analyses, and reports that utilize FPAR data and will help inform quality improvement efforts.

In fall 2021, OPA offered the option to apply for a waiver to grantees who needed extra time to transition to FPAR 2.0 reporting. Those grantees who applied for a waiver must continue to work toward full encounter-level reporting of FPAR 2.0. With the exception of some new data elements, grantees are already collecting the necessary data (i.e., client sex, race, ethnicity, insurance status, birth control method) for reporting in FPAR 1.0. Grantees who applied for a waiver will work to ensure that electronic health record (EHR) systems (including both their own and those of their subrecipient agencies) are updated to support FPAR 2.0 encounter-level data collection and reporting.

Using this tool: This resource lays out the steps that Title X grantees can take to prepare for FPAR 2.0 reporting. For grantees with subrecipient agencies, use this resource with each subrecipient agency, as each will have unique needs. Users should review each step. If the response to the question posed in the step is “no,” then work through the considerations for that step before moving on to the next step. Each step builds on the one before, culminating in increased readiness for FPAR 2.0 reporting. Clients must not be denied project services or subjected to any variation in quality of services because of inability to pay. Ensure equitable and quality service delivery consistent with nationally recognized standards of care.

Step 1: Do you have a data collection system or EHR?

- **If yes**, continue to step 2.
- **If no**, it is important to begin the process of selecting and then implementing a system.

Key considerations:

- » Determine how any system you implement will accurately identify Title X encounters—and therefore family planning users—within your electronic system. For more guidance refer to the [FPAR 2.0 Implementation Guide](#).
- » Most family planning programs currently use EHRs. Common examples include eClinicalWorks, Nextgen, Epic, AthenaHealth, Greenway Health, Allscripts, Patagonia Health, and Ahlers (Note: This is not an endorsement of these nor is this an exhaustive list of all EHRs in use by Title X.)
- » Ensure that any data collection system being considered or implemented can both collect, and generate encounter-level data, on all of the required FPAR 2.0 data elements. This doesn’t mean all of this needs to be possible immediately, but in the near future.
- » You can read more about the FPAR 2.0 data elements and download a full Excel file of them [here](#).

Step 2: Have you connected with the administrator of your data collection system and/or your EHR vendor to determine their readiness for FPAR 2.0 reporting? This includes confirming that the system can generate the needed encounter-level reporting.

- **If yes**, continue to step 3.
- **If no**, review the [FPAR 2.0 EHR Vendor Discussion Starter Job Aid](#). You can use this as a discussion starter with your EHR administrator or vendor. If your administrator or vendor has questions about the data elements, implementation guidance, or business rules (e.g., what is required for submission), refer them to [OPA's FPAR 2.0 page](#), which includes all of that information and frequently asked questions.

Step 3: Have you worked with your team, including information technology/EHR staff in your program, organization, or contractors, to confirm that all required data elements are present in the system for use in the clinical workflow and align with FPAR 2.0 data elements and guidance in the implementation guide? This includes verifying that your EHR system collects structured data fields that are necessary for FPAR 2.0 reporting.

Key considerations:

- » Your current data collection or EHR system may be set up to respond to other data requirements that do not necessarily align with FPAR 2.0 data elements. One key is to confirm that response options align with or can be mapped to FPAR 2.0 response options detailed in the data elements.
- » Note that it's not necessary to include every response option; some may not be relevant to your program or workflow. For example, insurance type in FPAR 2.0 is likely different from what you are collecting at intake, so mapping to appropriate FPAR 2.0 response options may be necessary.

- **If yes**, continue to step 4.
- **If no**, then work with your team to make needed updates to the data collection fields and/or response options in your EHR/ data collection system. This configuration may entail working with those inside your project as well as the broader organization and perhaps your EHR/data vendor. The EHR/ data vendor may have FPAR 2.0 templates or forms available. It is also possible that someone in the organization can make updates to questions, drop-down or pick lists, and/or response options. It is important to be sure that any updates made to align the data collection “pull through” to your encounter-level FPAR 2.0 reporting. This means that any changes made will cross over from the front-end (where providers enter the data) to the back-end (where reports are pulled out). You don't want data to be entered where it cannot be pulled out!

Step 4: Have you engaged your Title X program staff (those involved in Title X encounters or in generating Title X data, Title X grant management, and/or those involved in data reporting for Title X) in understanding new FPAR 2.0 reporting and any related clinical and/or data workflows?

- **If yes, then you are well positioned for successful FPAR 2.0 reporting!**
- **If no**, then now is the time to bring your staff together to implement FPAR 2.0 in your program. This will involve introducing everyone to your FPAR 2.0 data plan, including how frequently each element needs to be collected and whether they are required or clinical judgement should be applied. Then work together to develop roles, responsibilities, and workflows to ensure appropriate and valid documentation of the elements that support, rather than inhibit, the clinical encounter. Finally, as a team, design a quality assurance plan to review processes, procedures, and results, and to make course corrections as needed.

Taking these four steps will build a strong foundation for successful FPAR 2.0 reporting. Remember, taking a continuous quality improvement approach as you move forward with implementation will be important as well. For example, staff training and retraining will be an ongoing activity.