

Clinical Data Elements Guidance



With the transition to FPAR 2.0 reporting, Title X-funded agencies are required to submit data for certain clinical indicators. Agencies should gather data as clinically indicated, but national recommendations or guidance (such as from the American College of Obstetricians and Gynecologists (ACOG) and the Centers for Disease Control and Prevention, CDC) may also apply. The table below presents the FPAR 2.0 data elements for which the Reproductive Health National Training Center (RHNTC) was able to find published guidance in early 2023. That guidance is linked and abstracted and may be useful for agencies to reference, as they are developing and refining their workflows, processes, and policies.

Data Element Name	Link to Available Guidance	Abstracted Clinical Recommendations (from available guidance)
Tobacco smoking status	<p>CDC: A Practical Guide to Helping Your Patients Quit Using Tobacco</p> <p>USPSTF: Tobacco Smoking Cessation in Adults, Including Pregnant Persons: Interventions</p> <p>eCQI Resource Center: Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention</p> <p>ACOG: Tobacco and Nicotine Cessation During Pregnancy</p>	<p>CDC: Recommends screening both non-pregnant and pregnant patients for tobacco use, including e-cigarettes, at every visit. Also recommends that providers congratulate patients if they disclose that they have quit tobacco use, follow up with questions about challenges the patient may be facing, and offer any support the patient may need to continue cessation. For patients who have quit but relapsed, recommended to acknowledge the difficulties of quitting and offer support. Recommended screening intervals are the same for those who are pregnant and those who are not.</p> <p>United States Preventive Services Task Force (USPSTF): Follows the same guidelines as CDC.</p> <p>The Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention electronic clinical quality measure (eCQM): Measures whether patients ages 18 years and older who were screened for tobacco use one or more times during the measurement period AND who received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period, if identified as a tobacco user.</p> <p>ACOG: Follows the same guidelines as CDC.</p>

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Data Element Name	Link to Available Guidance	Abstracted Clinical Recommendations (from available guidance)
<p>Pap test performed at this visit</p> <p>HPV test performed at this visit</p> <p><i>NOTE: The guidance is the same for these two data elements.</i></p>	<p>CDC: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>ACOG: Updated Cervical Cancer Screening Guidelines</p>	<p>CDC: Recommends cervical cancer screening in average risk patients ages 21–65 (the recommendations do not apply to patients with signs and/or symptoms of disease). Screening should begin at 21 with Pap smears (cytology testing alone) every 3 years up until the age of 29. Recommended options expand between the ages of 30 and 65, with options to continue with Pap smears every 3 years, transition to high-risk human papillomavirus (hrHPV) testing every 5 years, or to co-test (both cytology and hrHPV testing) every 5 years—the choice will be made according to individual risk, testing needs, and preferences. Recommended screening intervals are the same for those who are pregnant and those who are not.</p> <p>After age 65, cervical cancer screening is no longer recommended if the patient has three consecutive negative cytology results, two negative co-testing results, or two negative hrHPV results.</p> <p>For pregnant people, non-pregnant people, transgender, and gender-diverse people with cervixes, recommendations for hrHPV screening are the same for the CDC, USPSTF, ACOG, the American Academy of Family Physicians (AAFP), and American College of Physicians (ACP)—outlined above.</p> <p>For those with HIV, cytology testing is recommended within one year of sexual activity, and testing should be repeated 6 months later; ACOG recommends that patients over 65 with HIV continue hrHPV screening.</p>

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<p>Chlamydia sp test performed at this visit</p>	<p>CDC: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>National Academies of Sciences, Engineering, and Medicine: STI Screening and Treatment Guidelines Issued by Health Professional Societies</p>	<p>CDC: Recommends routine chlamydia screening for non-pregnant sexually active women under age 25. Women 25 and older only need screening if at increased risk (new partner, multiple partners, or known/potential exposure to infection). Rectal screening in women may be considered based on patient needs. All patients treated for infection should be retested within 3 months post-treatment; pregnant women with infection must receive a test of cure 4 weeks post-treatment with a retest 3 months later. Pregnant women under age 25 should also be routinely tested with a retest during the third trimester.</p> <p>Young men who have sex with women in high-prevalence settings should be screened routinely. Men who have sex with men should be screened annually at minimum regardless of condom use; 3–6 month screening may be necessary if at increased risk.</p> <p>For transgender and gender diverse people, the CDC recommends that screening be performed according to patient anatomy; if the patient has a cervix, follow guidelines for women.</p> <p>People with HIV should be screened once at their initial HIV evaluation and then at least annually, with frequency depending on individual risk factors.</p> <p>USPSTF: Recommends screening in sexually active women 24 years and younger and in older women with increased risk of infection. There is no recommendation for chlamydia screening in low-risk men who have sex with women based on insufficient current evidence.</p> <p>AAFP: Follows the same guidelines as CDC for pregnant and non-pregnant women. Recommends screening in men who have sex with men only if at risk. The recommendation is the same as CDC for HIV+ individuals.</p> <p>American Academy of Pediatrics (AAP): Follows the same guidelines as CDC.</p> <p>ACOG: Follows the same guidelines as CDC for all populations except pregnant women. Routine screening recommended for pregnant women of all ages.</p> <p>American Academy of Physician Assistants (AAPA), ACP, nursing organizations: No guidelines.</p>

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<p>Neisseria gonorrhoeae test performed at this visit</p>	<p>CDC: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p> <p>National Academies of Sciences, Engineering, and Medicine: STI Screening and Treatment Guidelines Issued by Health Professional Societies</p>	<p>CDC: Recommendations reflect their same guidelines outlined for chlamydia screening for both non-pregnant and pregnant women under 25 and for those over 25. CDC only recommends additional testing sites (pharyngeal, rectal) based on individual patient needs. CDC recommends the same guidelines for men who have sex with women with low risk, with screening recommended for those in high prevalence settings. The same guidelines outlined for chlamydial screening apply to men who have sex with men, transgender and gender diverse people, and people with HIV.</p> <p>USPSTF: Recommends screening in sexually active women 24 years or younger and in older women with increased risk of infection. No recommendation for gonorrhea screening in low-risk men who have sex with women based on insufficient current evidence.</p> <p>AAF: follows the same guidelines as CDC for non-pregnant and pregnant women. Recommends screening in men who have sex with men only if at risk. The recommendation is the same as CDC for HIV+ individuals.</p> <p>AAPA: Follows the same guidelines as CDC.</p> <p>ACOG: Follows the same guidelines as CDC except for pregnant women. Test of cure not needed if uncomplicated urogenital/rectal treatment; culture or NAAT testing only needed for pharyngeal treatment.</p>

Data Element Name	Link to Available Guidance	Abstracted Clinical Recommendations (from available guidance)
<p>HIV test performed at this visit</p>	<p>CDC: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources</p>	<p>CDC: Recommends HIV screening in all non-pregnant women ages 13–64 and all women who seek evaluation and treatment for sexually transmitted infections (STIs). Patients have the choice to opt out of recommended screens, but a rapid test should be performed during delivery if there is no history of HIV screening during pregnancy.</p> <p>Pregnant women should be screened at first prenatal visit with a retest in the third trimester only if high risk is indicated (drug use, multiple sex partners, live in areas with high prevalence, etc.)</p> <p>All men who have sex with women ages 13–64 and all men seeking evaluation and treatment for STIs should be tested for HIV with the option to opt out. Men who have sex with men and are sexually active at the time of visit should be screened if HIV status is unknown or negative and the patient or their sex partner(s) have had more than one sex partner since the most recent HIV test; the benefits of more frequent screening should be discussed.</p> <p>HIV screening should be discussed and offered for all transgender and gender diverse people.</p>

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<p>Syphilis test performed at this visit</p>	<p>CDC: Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Source</p> <p>National Academies of Sciences, Engineering, and Medicine: STI Screening and Treatment Guidelines Issued by Health Professional Societies</p> <p>ACOG: Chlamydia, Gonorrhea, and Syphilis</p>	<p>CDC: Recommends screening asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection, and refers to USPTF's <i>Final Recommendation Statement on Syphilis Infection in Nonpregnant Adolescents and Adults</i>.</p> <p>It is recommended that all pregnant women be screened at the first prenatal visit, with retests early in the third trimester and during delivery if at high risk.</p> <p>Annual testing is recommended for men who have sex with men, with increased frequency (3–6 months) if there is increased risk.</p> <p>People with HIV should be screened at initial HIV evaluation and at least annually after; more frequent screening may be necessary based on individual risk factors and local epidemiology.</p> <p>AAFP, AAP, USPSTF: Follow the same guidelines as CDC.</p> <p>ACOG: Does not recommend routine screening for women who are not pregnant. Recommendations same as CDC for pregnant and HIV+ women.</p>