



## **Video Transcript:** Engaging Your Title X Team for FPAR 2.0 Success Webinar

### **Jillian:**

Alright, welcome, and thanks so much for joining us for Engaging Your Title X Team for FPAR 2.0 Success. We are going to go ahead and get started. I think we've still got folks joining, but thrilled to see so many of you here with us today. Again, this is Engaging Your Title X Team for FPAR 2.0 Success, that's our webinar today. And I am delighted to welcome you. I have a couple of announcements before we begin. There will be some time for discussion throughout the presentation, so please feel free to use the chat at any time should you have any questions, and also to respond to the questions that will be asked throughout. We do want your participation. That's always one of the most valuable things in these sessions, so please do use the chat to participate. Closed captioning has been enabled for this meeting. To view that, click on the CC icon at the bottom of your screen. We are going to be chatting out the evaluation link right now. Please do complete the evaluation, and if you open it now, then it's open whenever you have to get off the session today or when the session ends. Your feedback is extremely important to us. And has enabled RHNTC to make quality improvements in our work based on your comments and thoughts that you've shared in evaluations. So please do take a moment to open the evaluation link in the chat right now, and consider completing the evaluation in real time or completing it as soon as you get off. In order to obtain a certificate of completion for attending this webinar, you must be logged into rhntc.org when you complete the evaluation. And then the last thing is this presentation was supported by the Office of Population Affairs or OPA, its contents are solely the responsibility of the authors and do not represent the official views of OPA. I'm going to move on to introducing our speaker for today.

### **Jillian:**

Our speaker is Sarah Cruthirds, an Associate II at JSI with experience in data collection, analysis and technical assistance for health centers and others. At JSI, she currently supports national projects, including UDS reporting, the HITEQ center's work on social needs data and Title X data submission through FPAR 2.0. Sarah holds an MS in epidemiology from Tulane University and a BA in anthropology from Baylor University. Her expertise spans health IT systems, compliance reporting and facilitating actionable insights from complex data sets. And we wanna make sure that everyone is prepared in their virtual space today. We are in a Zoom meeting, which means a few of us are on camera. You all have yours automatically turned off. And someone can tell me if I'm wrong about this, but I don't think you are able to turn your videos on, but you may wanna check because you don't wanna accidentally turn it on. That's always the thing to keep in mind. But we do want you to participate. So please do find the chat, open that

up so that you can pitch in there or put your thoughts in there whenever you want to. If you need any technical assistance or technological assistance, please let us know. We are in the Zoom chat box and keeping an eye on that and we're happy to help. So don't hesitate to put any issues or challenges that you're having in the chat including technological challenges and we're happy to help. And then the last thing is if your connection is unstable or you drop or one of us drops, weather is a wild thing these days. Yes, Sandy, you only see us, that's correct. And we'll be the only ones on camera today and anybody who doesn't wanna be on camera, just make sure that you're not. That's always the key, I think. But if any of us drop, don't worry. You can turn off your video to see if that helps. If you have an unstable connection, you're also able to connect by phone. If you're worried about your Zoom cutting out, you do that by clicking the up caret next to the audio and going switch to phone audio. And that will give you a phone number and a dial-in number and you can do that. So if anything happens, we'll be back. If anything happens for you, just jump back on, we'll still be here. So thanks for that. And with that, I'm going to go ahead and hand it over to Sarah. Thanks Sarah.

**Sarah:**

Awesome. Thank you, Jillian. I appreciate that introduction and covering all the bases for us. So let's jump in for our presentation today. I'm excited to be here with you all. Thank you for joining. And I hope that this hour is really informative and a great use of your time.

**Sarah:**

So let's briefly touch on our agenda for today. So right after this slide, we're gonna jump into some background information. This will help contextualize what we talk about in today's session. Next, we'll discuss engaging your various teams. So specifically, I've called out your clinical support staff, your providers, and your non-clinical team members as well. And then we're going to wrap everything up with some key takeaways, and we'll also have some time for Q&A. But don't feel like you have to hold your questions until that time, you can put them in the chat anytime during this presentation, if you would like.

**Sarah:**

So some background information. So let's talk about our learning objectives. So the three that we have from this webinar are understanding the importance of your role and others roles in FPAR 2.0 reporting. You'll also understand communicating effectively with your team about FPAR 2.0 reporting. And then lastly, know how to engage your team without increasing burnout, alienation or creating privacy concerns. So these are our main learning objectives.

**Sarah:**

So many of you already know what FPAR 2.0 is, but just to ensure that everybody's on the same page, we're briefly gonna touch on the definition here. So FPAR is the Family Planning Annual Report, and this is 2.0, the second version. It's enhanced reporting system for Title X funded organizations, and it focuses on data standardization, quality, and real-time performance tracking. Some benefits of FPAR 2.0 reporting include better

insight into who is being served and how services are delivered. There's equity-focused reporting, so it helps identify and address disparities in care. And there's improved federal oversight and program accountability. And then lastly, there's a streamlined reporting and future potential for integration with EHR systems.

**Sarah:**

So let's talk a little bit about why engagement matters. And the kind of the main thing is that healthcare is a team effort. So data accuracy and completeness depend on our teamwork across our clinical, our provider teams, and our non-clinical staff as well. So all of those groups working together to give healthcare. So this teamwork is also important for effectively working with your vendors, with your funders, and other people across the spectrum. A disengaged team could potentially lead to reporting errors, inefficiencies, and maybe even missed funding opportunities. So the importance of engagement is hopefully is paramount, keeping all of your teams engaged.

**Sarah:**

So as mentioned before, there's kind of three groups for engagement that we're gonna talk about today. The first one being your clinical support staff. So that's your nurses, your medical assistants, your other clinical team members, and then we have providers. So this includes your MDs, your PAs, your NPs, and anybody who's providing direct care to clients. And thirdly, your non-clinical team members, such as your quality department, your finance staff, and then your EHR vendors, other external teams that are involved in the provision of care to clients.

**Sarah:**

So let's jump in and talk about our clinical support staff.

**Sarah:**

So we're gonna chat this out too, but I wanna get the discussion going in the chat surrounding this question. So what are some challenges that you and your organization face in engaging with your clinical support stuff? Feel free to chat those in. We'll take a sec so people can type their responses. Yeah, I see a couple of responses coming in. So, Leticia said clinical staff having time to document thoroughly. Yes, definitely. Leah says time restraints, particularly in an FQHC or a primary care setting. Yes. Mary, sometimes being non-clinical, you're not as relatable. It's fair. Sandy said time. Yes. Getting all of the information collected, understanding the why, I see that, yeah. That's definitely, definitely a good one. Hard to motivate any staff, clinical and otherwise. I can't tell them how OPA will use the data elements, but yeah, so again, connecting them to that why of like, it's bigger than just data collection. Stressing the importance of accuracy, yes, great. Yeah, these are all really great responses. Thank you all for taking the time to chat those in. We'll have a couple other opportunities to chat in responses as well. So keep your keyboards handy.

**Sarah:**

Okay, so you all mentioned some challenges that you all are experiencing in engaging your clinical team members. I've populated a couple here and also some potential

solutions. So let's talk through some of those. A common challenge that can happen is sort of the us versus them mentality, which can arise when clinical teams are split across multiple work locations or groups can form based on similar job duties or functions. So cross-training your staff could be a good solution to help with this. When staff are trained in multiple areas, they are more likely to see themselves and others as members of the same team, rather than grouping based on their job function or their job site. If they're trained to work at multiple sites, do multiple jobs, they're gonna see themselves and others as team members and not an us versus them mentality. Another common challenge that some people had mentioned in the chat was some documentation, specifically inconsistent documentation, which can result in inaccurate or incomplete data come reporting time. So having a standardized workflow ensures staff understand that their role in the organization and how their efforts affect data collection, storage, and reporting. So even if you can't get them to fully understand the why behind reporting or explain how the data is going to be used, having standardized workflows that they can fall back on is helpful too so they know exactly what they're expected to do in their job functions. And then lastly, a lack of connection to the why. So several of you brought that up, definitely a big challenge. So lacking a connection to why of data collection could be remedied by involving staff in big picture conversations such as QIQA meetings, and overall encouraging a culture of documentation and risk mitigation. I worked at an organization previously that we really adopted a culture of documentation and risk mitigation and felt like that really helped people connect to not only the why of their job duties, but just doing them in a standardized way so that it's documented appropriately every time.

**Sarah:**

So let's talk a little bit more about cross training. So an MA understands their job duties and responsibilities, but also those of others as well by incorporating cross training into onboarding and ongoing training. So in the context of FPAR reporting, this might look like an MA who is hired for pediatrics, but is also trained to complete FPAR specific data fields for the appropriate pediatric population. And also being trained to do so at the adult clinic as well. So training them to work front desk or even perform other job duties relevant to FPAR. So just keeping in mind that you might hire somebody for a particular position, but cross-training them can help get them connected to the greater impact of the work that they do, especially as it relates to FPAR. If they understand how FPAR is integrated into all levels of the organization, they'll have a better understanding of like the why behind the data collection.

**Sarah:**

So we'll talk a little bit about standardized workflows. So these can be for common types of visits and can help mitigate data entry errors or omissions, thereby increasing reporting accuracy. So some common types of visits that you all might see or encounters would be contraceptive encounters, pregnancy-related encounters or preventive health screenings, so many more. So having standardized workflows for these could be really great in an effort to cross-train your staff. So we mentioned before having these standardized workflows and that can be a part of your cross-training of staff. So that way staff who maybe normally work in one clinic have been cross-trained

to work at a second clinic. They might not go over there all the time, and so there might be a little bit of fuzziness with, oh, I'm normally at clinic one, now I'm being asked to work in clinic two. Got to jog my memory on what I'm supposed to do at clinic two. And if there's a standardized workflow, they have that to fall back on. And so it's not just them fending for themselves, they have the standardization that they need in order to complete their job effectively. So that could be helpful too.

**Sarah:**

And then the last solution that we talked about in this section was involving our staff in big picture conversations. So two of those things that I brought up were QIQA meetings. So in these, you can review trends in missed client data that impacts FPAR completeness. I find that regularly reviewing data can help you mitigate problems later on with reporting. And two, timely correction is a great aspect of making improvements or making changes. Finding issues when they happen or soon after they happen and then correcting them within a timely manner can be helpful as well to involving staff in these big picture conversations such as QIQA or risk management can help connect them to the why of data collection and see how it goes beyond just what they are entering on their keyboard that it really is used at the organizational level and beyond. And then the second thing we talked about was the culture of documentation. So in my mind, documentation equals communication. If we are all using these electronic health record systems, we may as well use them to the best of their abilities, the best our abilities and document, document, document so that we can communicate and we have record of things that are happening. As well, risk mitigation by using systems to identify trends and missing data. So that kind of goes to the first point that we talked about under QIQA meetings that like identifying issues. As soon as they happen or soon after they happen and then offering that timely correction piece can be helpful as well. Because if you talk to me about something I did six months ago and there's a problem, I've slept since then, I've had a lot of coffee since then. I don't remember. But if you talked to me about it within a week, we're gonna be able to make some changes, I will be able make improvements and I won't be making the same mistakes over and over again.

**Sarah:**

Alright, so let's talk about providers and we are going to jump in with another discussion question. So similar to our first discussion question, what are some challenges you face in engaging with your provider staff? So specifically thinking about your providers, what are some challenges that you all have in engaging them? And please feel free to chat those in. Their time is limited. Yes, so competing priorities, yes, a big one. Consistency in documentation due to timing issues, yes, definitely. Don't have the time. Busy provider schedules, competing priorities, yes. Providers don't keep track of time when with their patients and they take longer and it runs into other appointments, yes, that can definitely be something that happens. Turnover with staff, yes, seeing documentation as serving multiple purposes, so informing future encounters, communicating and or reporting, yes. So I think that's almost like the other side of the coin of the competing priorities of they've got a document for multiple different avenues, right? And wanting to make sure, yeah, that we are meeting this requirement and that

requirement and this one over here, so, yeah. Duplicate data entry, yep, yep. I think that can be providers prioritizing patient care and experience and feel disconnected from the data, yes. Yeah, thanks for chatting that in, Payton. I think, that's a good one. And Sarah said, lack of intuitive EHR to make their appointments easier. Sometimes the system that's supposed to help us causes more problems or can cause more problems. So that's great. Awesome. Well, thank you everyone for chatting in your responses. Please feel free to continue chatting things in as we continue to go along. So, and we'll have a couple other opportunities for discussion as well. So thank you.

**Sarah:**

Okay, so similar to how we talked about our clinical team members, we'll talk about some common challenges with our provider teams, and then we'll talk about some solutions as well, and we'll go a little bit more in depth about all of those potential solutions too. So some three challenges that I'd like to highlight would be limiting understanding, limited, excuse me, understanding of reporting requirements. So many providers could be unaware or just further removed from what FPAR 2.0 is and why it matters because their focus is on giving good patient care. And we want them to give good patient. And so they might be a couple of steps back, a few degrees removed from what FPAR 2.0 reporting is. And they might not be engaging with the why behind why this matters. It could also be seen as admin only or just another compliance task. And then a third one is lack of visibility or lack of clarity on how provider inputs affect data quality and funding. So there's just a lack of visibility in general in data use. And then... Yeah, so documentation fatigue and competing priorities. So providers could feel really burdened by EHR documentation. There's definitely structured ways for data to be captured and they might feel that it's extra work, things like that. So, yeah, well, I want to go back and just touch on the solutions before I move forward with this, but yeah, so for limited understanding of reporting requirements, a potential solution could be educate with a purpose. We'll talk a little bit more about that later for documentation fatigue and competing competing priorities. A potential solution could be to streamline and integrate where possible. So this talks a little bit more about optimizing your EHR and your other health information technology systems to make things easier for people to use. And then finally, the lack of feedback or visibility into data use. So this is when providers often don't see the value of the data that they're documenting. There's no feedback loop, and there's just a disconnection or disengagement over time with the data that they are creating. A potential solution could be to close the loop with meaningful feedback, so giving them that vital component of showing them that their work impacts the overall, you know, data collection and use of what they're doing.

**Sarah:**

Okay, so let's dive in a little bit more and talk about educating with a purpose. So this problem or challenge was that providers may not fully understand what FPAR is, why it's important, how it differs from the old system, especially if they don't directly input data for reporting or if they're just a couple of degrees removed from it. So the solution that I posited was education with a purpose, which could offer a brief targeted training focus on what FPAR 2.0 means for client care, equity and funding, so not just compliance. You could use real world examples. So from your clinic, you could use real clinic

examples showing how provider documentation impacts the data and the services. And then you could designate a clinical champion to reinforce key messages and serve as a peer resource. When I worked at a clinic, I found that having a provider champion almost always really positively impacted any implementation that I was doing. So I think this could be a really great way to involve your providers and engage with them further is by having someone who's a champion who really understands FPAR reporting how their job is impacted by that and can encourage the other providers to feel similarly. So I wanna talk about some options for maybe some smaller groups. Some of your organizations might be on the smaller side. Some could be larger, some could be smaller. So if you're a smaller organization, you could do a cohort or a buddy system for peer support. So an example would be pairing an experienced provider with a newer provider to ensure consistency in FPAR data entry. And then, so similar to like a champion, but it's more on like a one-on-one level if your organization is smaller. And then you could also look towards external mentorship options for smaller clinics needing additional support. So if you don't currently possess somebody within your organization right now, who could be that champion or who could that buddy, who could it be that leader in advocating for FPAR 2.0 reporting, reaching out to maybe find an external resource who could provide that for you.

**Sarah:**

Let's talk about streamlining and integrating. And I put an asterisk where possible. So knowing that we can't always streamline everything, we can integrate everything, but there are options for doing so. So the main challenge with this was providers often feeling overwhelmed by EHR documentation requirements and they may not consistently interstructure data needed for the FPAR 2.0 fields. So the solution was to streamline and integrate. And within parentheses where possible. So you could work with your EHR teams to auto-populate fields or minimize duplicative data entry, highlighting overlaps between FPAR 2.0 data and other quality metrics that they already tracked. So it could be contraception access, STI screening, other various measures across other measure stewards that you are already tracking, just seeing where those things overlap. And then recognizing and respecting time constraints by embedding FPAR aligned data elements into your natural clinical workflows. So again, just kind of streamlining and integrating wherever you can and seeing where things overlap and you have the ability to make things a little bit easier on your providers.

**Sarah:**

And then lastly, the problem or the challenge here was that providers may disengage if they don't see how their documentation contributes to bigger goals or improves client care. So the solution for this is meaningful feedback. And I will say too, meaningful, timely feedback. Because again, if you leave too much time before you're providing that feedback, whether it's a correction or something that's positive or a little bit of both. It's best to do it as soon as possible. So either quarterly or a monthly review, I think is beneficial. So the solution could be closing the loop with meaningful feedback. So that could look like sharing data snapshots or dashboards that highlight provider level or site level clinic level performance. So they can see how they're doing and how they are improving over time. You can also use storytelling or case studies to show how FPAR

2.0 data drives funding, access and equity efforts. So like we talked on the last slide of using specific real world examples from your clinic, that could also work to engage with your providers. And then lastly involving providers in data review or quality improvement huddles so that they feel some ownership over the data as well, encouraging them to feel like they have some input and some ownership over what is happening can really get them engaged as well too.

**Sarah:**

And then the last group that I wanna spend some time talking about today is engaging your non-clinical teams. So this would be teams like your billing and EHR system staff, as well as your QIQA team and external vendors that could be involved in this process as well.

**Sarah:**

So we'll kick this off with our last planned discussion question. Which is what are some challenges you face in engaging with your non-clinical team members? So thinking about your billing staff, your QIQA staff, your EHR vendor, people that are not clinical that are providing direct care to clients.

**Jillian:**

I just want to shout out Leah saying that sharing their data back with providers often prompts some interest and attention to the discussion of FPAR. Thanks Leah.

**Sarah:**

Yeah, thanks for sharing that. I completely agree. So Kim says in regards to this discussion question, high turnover, yes. Especially if at an external, I'm thinking in terms of external, if somebody who works with your EHR, if that position is turning over frequently, that can be hard. But also internal turnover. So people in the billing department turning over, people in QIQA department turning over, 100%. And Mary said, for the EHR vendor, our sense of urgency is often not the same as theirs. That can 100% be the case. Two, as well, maybe if you're a smaller organization, you might feel sometimes that they don't have as high a priority for your issues as you have for your issues. Jenna said, challenges, understanding FPAR requirements, and collecting data across many sites. Yeah. So being spread out can definitely be an issue. And EHRs do not always understand FPAR requirements or what functions will actually assist clinical staff and data collection. Yes, 100%, yeah. There's that degree of them being a bit removed. If they're not a clinical provider, they won't know exactly what types of things could actually streamline and integrate things for clinical providers. And then Leah mentioned a change in EHR vendors has wreaked havoc for one of the larger sub-recipients. Yes, changing EHRs can definitely be a tumultuous time. And hopefully afterwards, you get to a point where there's some smooth sailing, but can definitely a bit of a topsy-turvy time when you're transitioning. Yeah, so there's a lot of great points about communication with your tech team, your IT and your EHR being, yeah, a real pain point for sure, for sure. And arguably these groups are the ones that are the furthest removed from FPAR 2.0 reporting. And so they likely really struggle with understanding the why behind FPAR reporting. Not that they don't wanna be helpful



because I'm sure that they do, but they have their own jobs competing priorities and things like that. And they're far away from. What it is that we're doing with data collection. So yes, these are all great responses. Thank you all so much.

**Sarah:**

So let's talk a little bit about the impact that these non-clinical teams have on FPAR 2.0 reporting. So these teams manage client scheduling, some data entry, billing, reporting, and then also IT and information systems, those things. So all of these are critical to data accuracy and completion, and recognizing these teams are facing various trade-offs, right? They need to move quickly, they need to gather all the requisite information, and the reality that not all clients will want to share the information and things like that, as well as all the things that you all mentioned in the chat. So competing priorities, just being far removed from the why, staff turnover, all sorts of things. So those were all really great responses. Thank you all for chatting those in.

**Sarah:**

So let's talk a little bit about some of these challenges that we have here. So we have the first one, which is a limited understanding of their role in reporting requirements. So billing, scheduling, registration teams may not realize how their work directly impacts FPAR data quality and Title X performance metrics. So solution there is meaningful involvement. The second challenge is competing priorities, which I think that we've mentioned for all of the groups in here. And that just goes to show you how many competing priorities we all have during the day. Everybody struggles with them. So I think even acknowledging that everybody has competing priorities could be a potential solution here in addition to streamlining and integrating, just saying like, hey, everybody has competing priorities, we understand. So yeah, so your competing priorities, so your non-clinical staff, like your front desk, your intake teams, your IT teams, your QIQA teams billing are under pressure to move clients through quickly. So that is specific to your front desks and your intake team and often at the expense of gathering complete demographic or insurance data. So a solution for that would be to streamline and integrate and again, I put the asterisk of "where possible," knowing that we can't streamline and integrate everything, but that there are options for doing so. And then lastly, the third challenge that I want to highlight today is outside of the organization. So groups or teams that are outside of within you know, your clinic, your four walls, or even you could say if you are a clinic that has multiple locations, you're spread out a lot that that creates some issues as well. So time and space can create can create issues. So your teams that are outside of your organization or just farther away can have a very real impact on your data collection and your reporting. Specifically, what I'm getting at here is your EHR vendor. And so solutions could be building relationships through a dedicated staff member to keep that relationship alive and well and a two-way street of information.

**Sarah:**

So let's spend a little bit of time talking about our three potential solutions. So the first one was meaningful involvement. And the challenge that this addressed was your billing, your scheduling, and your registration teams may not realize how their work

directly impacts FPAR data quality, and then their Title X performance metrics. So a potential solution here is meaningful involvement, which could look like showing the connection. So using, so incorporating reporting feedback, into regular meetings. So these could be regular meetings that those staff are having their internal staff meetings or incorporating it into if you have bi-annual or annual staff training. So incorporating that into this as well. And then involving somebody from every team in data reviews. So I always like to say that data doesn't just belong to the quality department, it belongs to everybody. So involving them in those data reviews can be helpful. So having a representative from your billing department at these data reviews so that they understand the importance that they play in the quality of the data that is being reviewed. That could be helpful as well. And then I always like to mention too, just celebrating contributions. So where the billing team or where the registration team, the call center, whomever, makes a really great contribution to your data quality and your ability to report accurately, calling them out on that and celebrating their contribution to successful reporting and accurate data collection I think is helpful. The organization that I worked at previously had a quarterly quality newsletter and we would usually rotate between the different non-clinical teams. Just calling out the work that they were doing to help support us with our data reporting. And I found that that was really helpful. Those teams enjoyed reading about their positive contributions to the work that we were doing. It made them feel connected and it kind of got rid of that us versus them mentality, right? So, that we talked about previously. So, could be helpful.

**Sarah:**

So streamlining and integrating. So I know that we talked about this with providers, but it could also be applied here for your non-clinical team members. So similar to those providers, your non-clinical staff often have competing priorities, as we mentioned in the chat. Front desk and intake teams are under pressure to move clients through quickly, often at the expense of gathering complete demographic or insurance data. So a solution could be streamlining intake forms to prioritize essential FPAR data elements and training staff on how missed data, so missing pieces about their demographic information, about their insurance, things like that. Those things do affect Title X funding and reporting. And then embedding helpful prompts or tool tips into your EHR or your intake systems to support accurate data entry. Um, I know I am often I forget things, especially within a routine structure. And so having the system, having it built into the system to prompt me or remind me to enter things, to do things when I'm supposed to, um, is oftentimes really helpful and I know that several EHR systems do utilize a function like that where you can build in custom reminders or prompts, things like that, or you can't move beyond the screen until you fill something out. Those sorts of options could be useful.

**Sarah:**

And then lastly, I wanna spend some time talking about relationship building. I think that this is really helpful for addressing your non-clinical staff who are outside of your organization. So anybody that's an EHR vendor or another type of vendor that you use that's like an overlay system. So if you use a system like Azara or you use third-party billing company or anything that you might use that's not housed directly within your

organization, still does have an impact on your data collection and also then your data reporting. So these groups might feel very disconnected from your entity and understanding the why behind you collecting FPAR data. So a potential solution here is to designate somebody to intentionally build relationships with these groups. So this person would identify key contacts at these external organizations. And I say plural contacts, not just one, because if that person were to not work there anymore, to be on an extended leave of absence, you would want to have multiple points of contact. So, this person from your organization would identify those key contacts at the external organizations and schedule regular check-ins with them. Could be a 15 minute phone call, could be a Zoom call. If they're local, they could maybe come to your clinic, and you can designate a liaison on your team to help coordinate with these external partners and keep the communication flowing. So you could invite your external partners like your EHR reps or your reporting vendors to internal meetings when you are discussing, planning FPAR processes. So this would be a great time to engage those external groups like your EHR vendor. With your providers who have very specific feedback about how they feel like the system could be better streamlined or integrated options for just making things a little bit easier for them. Getting those two groups of people to talk together in a meeting could be really beneficial instead of having a go between or an email chain, sitting those people down in a room together or virtually in a Zoom room could be really beneficial. And then lastly, just clarifying shared goals. So reinforcing that accurate, timely FPAR reporting is a team effort, even if it's across organizations. So your clinic, the EHR vendor, whoever else is involved, and anybody in between, just emphasizing that everybody understands the why and is very clear on that and is clear on their role in the why. So what they are providing, how they are fighting it and why it's, it's a part of the team effort. So I think this could be something that could be really helpful. I know at the organization that I previously worked at, we had somebody who was an EHR liaison who specifically worked on building these relationships with external vendors like our EHR, but also other groups that we were working with so that we always had points of contact at any of these organizations.

**Sarah:**

So I think we are wrapping up a little bit today, but that means we will have, or wrapping up, a little early today. But that does mean that we will have some great time for Q&A. But before we get to that, I do want to highlight a few key takeaways from today's session.

**Sarah:**

So there's three main takeaways and then a final call to action. So let's start with our key takeaways. So engagement at all levels, right? So from the front desk, to your providers, to your non-clinical or even non-organizational team members, people that are external, engagement at all of those levels, improves morale, teamwork, and data accuracy, right? Two, cross-training, recognition, and participation in decision-making are crucial strategies. And I will highlight here too also that provider champions or provider buddy systems can be really great in that as well. And then calling out the EHR liaisons or a designated person who is working to maintain those external relationships. And then thirdly, timely and actionable data review ensures real-time improvements. So

that's for everybody involved in the data creation process, which is almost everybody within the system, right? Everybody is creating data, entering data, interacting with the data. And so having actionable review of data that can help him make real time improvements. So lastly, as a final call to action, I challenge each and every one of you to take back what you have learned from this session to your organization and work with your teams to identify one engagement strategy that you can implement within the next quarter. So whether that's designating somebody at your organization to maintain external relationships and external partners, whether that is identifying a provider champion. Who could work with your other providers to help them see the why behind FPAR reporting, or whether that is developing and implementing streamlined workflows, standardized workflows for your employees to then perform their jobs and their job functions well. So take whatever you want from this webinar and go back to your teams and choose something to implement here in the next quarter.

**Sarah:**

Okay, thank you all so much for being here. Now we have a couple of minutes for Q&A. So please feel free to chat in any questions that you might have. And then I will also encourage my team who I think has been keeping track of some questions as well. Please feel free too, to highlight those and we can all have a good discussion about this. Oh, sorry, go ahead Jillian.

**Jillian:**

I posed a question to Julie who shared in the chat that they're the key person for the EHR billing and FPAR and that must give such a unique perspective and I am just very curious on how that information gets shared to others because like, you know, it all lives within you and so that it's sort of the opposite of the thing that we've been chatting about, which is how do you, how do you sort of get this information out as well? So thanks for sharing that.

**Sarah:**

Yeah, thanks Julie. And Jillian as well. Thank you for highlighting that.

**Jillian:**

I'm also struck by the number of comments about the sense of urgency and that is such a challenge and Sarah, maybe you can reflect on this too and maybe Lisa, you can as well. This, how can we sort of prioritize? How can we take that? So these conversations where we're working with our team that the takeaway isn't consistently like something that urgently needs to be addressed but rather we've got a prioritization process, we've gotta review process. We've got some way that we're sort of, you know, kind of trying to keep things moving along.

**Sarah:**

That, yeah, that is something good to reflect upon. Yeah, the organization I worked at previously, we sometimes felt like everything's on fire and we have all these fires to put out. And I will say one thing that helped us adjust to maybe being a bit more proactive instead of reactive was having a, and this sounds so simple, but we didn't have one

before. But was having like a master calendar that had all the reporting like deadlines and like when to pull things, when to review things. So not only when the annual report was due, but when we were going to check in on data elements, when we we're going to run reports, when we are going to have these internal meetings with our providers, with an MA, with a whomever to go over data and actionable items with them. And so we started out monthly, realized that was maybe a little too like quick. So we started quarterly. So that could be something that could help. So when you're having these scheduled regular check-ins, you can absorb some of those fires and help put them out on a more regular basis. So that way, when you go to report and submit, you're not having to put out all 10 fires. You've already dealt with five or six of them throughout the year, and now you've only got a couple you gotta put out.

**Lisa:**

Yeah, and I think similarly when I was in Arizona, we had a list of things that we looked at on a quarterly basis and that we provided feedback to on a regular basis. And those were things that would pop up as being errors in FPAR, things like if you had a mismatch in sex or a mismatch in age or a mismatch in, one of those fields that was really a critical field, that kind of QI was done on a regular basis so that it wasn't never got on fire, if you will. And then we would regularly we would pick one thing to focus on either every six months or every year. So, for example, we might pick that for the six months we're going to look at chlamydia, you know, screening chlamydia clients, females under 25. And we would focus that back, focus providing feedback to providers maybe on that one QI measure. And I'm trying to look in the chat to see, I think it was Marissa who asked what kind of data insights did we share back with clinical teams that was helpful. And that was the kind of thing that we would share back as we would pick kind of one thing to focus on at a time and share it back with them and show them where there might be some opportunities for improvement and some suggestions and ask them for what they thought might be happening with the data so that they could help provide the solutions and they always knew more than we did about really why would it be that no one was showing up in a certain field?

**Jillian:**

And I'm reflecting on a webinar we did a month or two ago where someone shared like notes from these data discussions come in so useful when we're compiling those data at the end of the year or at the of the quarter because those questions are likely to come up again, all of that. And so, you know, we talk about like provider or care team documentation often, but also sort of our own documentation that we can refer back to makes us better partners for our teams.

**Sarah:**

It could also help with staff turnover if you have documented questions or issues or things that have arisen in the past. Chances are if they happened with one group, one provider, one staff member, it could happen with somebody who is coming in after them or coming in into the organization later. So having those things documented so that you can address them, yeah, I think could be helpful too.

**Lisa:**

And I have to say that, you know, we often saw motivation really increase when we would share back those reports, like just, you now, people, I think it was exciting for people to be able to see who they were serving, what kind of services they were providing. Most of the people who are working in a clinic are there because they have passion for what they're doing. And to be to see that reflected back in a bigger picture kind of a way than their day-to-day one-on-one interactions, I think was really motivating for folks.

**Sarah:**

I'm gonna send in, in the chat here, just another follow-up question, Lisa thought of this. But before you go, we'd be interested in hearing if you would chat in one strategy that you learned from today that you would be interested in implementing within the next quarter. So kind of back to that final call to action that we had, what's a strategy that you are interested in implementing? Data visibility, Karen, yeah. Leticia using data to take back to the clinical staff and stressing the why. Danny says, offering brief targeted trainings focused on what FPAR 2.0 means, so not just for collection. I think that's great. Is anybody interested in having a provider champion or a buddy system? Let's see, Marissa says, integrating data into other resources that we provide back to the site. So helping them make the connection. Yes, I think, that's right. Sharing big picture to let them know the importance establishing a baseline for quality improvement monitoring, regular QI meetings with relevant staff, and then teamwork, would like to have a buddy. Great, awesome. Yeah, thank you all for chatting those in. I do hope that your implementation of one or more of these strategies goes well. Looking forward to, hopefully I'll cross paths with some of you in the future and I'll get to hear if those were successful, but. Fabulous, thank you all so much for your participation today. I really appreciate it. And I hope that everybody was able to learn something from today. So I think we'll move into wrap up. Jillian, if you wanna wind us down.

**Jillian:**

Absolutely. So first, please do complete the evaluation that you opened at the beginning. I am sure you all did. But just in case you did not, we will be dropping it in the in the chat again. So thanks so much for joining us today and join me in thanking Sarah for leading us today. If you have any additional questions, please don't hesitate to reach out to us at [rhntc@jsi.com](mailto:rhntc@jsi.com). And again, our final ask is that you please complete the evaluation today. The link is in the chat and will appear when you leave the meeting. You only need to do one of those, not both. And again it does really help us to understand where to go with these and to understand what you all need. So thanks again and that concludes today's webinar. Have a great one.

**Sarah:**

Thanks, everyone.