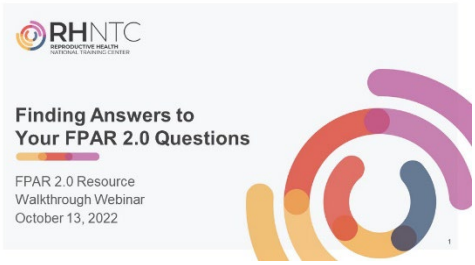
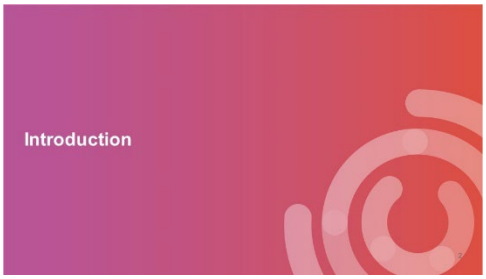
Finding Answers to your FPAR 2.0 Questions
October 13, 2022
Transcript

Slide 1: Title



- [Lisa Schamus] Hello everyone, I'm just going to give it one more minute while people join and then we'll get started. All right, it looks like people are still joining, so I'm just going to give it one more minute. All right, hello everybody, this is Lisa Schamus with the Reproductive Health National Training Center and I'm delighted to welcome you all today to today's webinar about finding answers to your FPAR 2.0 questions. We look forward to orienting you to the FPAR 2.0 materials available that answer many of the questions that you may have. I do have a few announcements before we begin. Everybody on the webinar today is muted, given the large number of participants. We plan to have some time for questions and answers during the webinar today, and you can ask your questions in the Q&A section at any time during the webinar. A recording of today's webinar, the slide deck and a transcript will be available on rhntc.org within the next few days. Closed captioning has been enabled for this webinar. To view, click on the CC icon at the bottom of your screen. Your feedback really is extremely important to us and has enabled the RHNTC to make quality improvements in our work based on your comments. So please, take a moment to open the evaluation link in the chat and consider completing the evaluation in real time. In order to obtain a certificate of completion for attending the webinar, you must be logged into rhntc.org when you complete the evaluation. This presentation was supported by the Office of Population of Affairs, and its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS. Note that this webinar is not intended to take the place of other support available for more support and for answers to questions that aren't covered today grantees can email general questions to their project officers. FPAR data system questions can be sent to FPARsupport@mathematica-npr.com and one on one TA requests can be submitted to the RHNTC at jsi.com or through the request technical assistance option at the rhntc.org.

Slide 2: Introduction



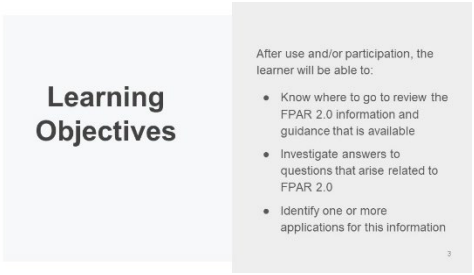
So I'd like to briefly introduce our speaker today, Jillian Maccini, since Jillian joined JSI in 2012, she's provided training in technical assistance to states, universities, community health centers, community based organizations, and other safety net organizations. Her training and technical assistance has supported a range of projects that center data analysis, qualitative and quantitative evaluation performance.

- [Jillian Maccini] I see Lisa is losing connection, so maybe I can just introduce myself. So I'll just say in addition to doing this FPAR 2.0 training in technical assistance, I'm also the project director of JSI's HITEQ Center, which supports FQHCs and other stakeholders in the use of EHRs, health IT and telehealth. I have an MBA with a focus in healthcare administration. And I live in North Carolina. So thanks so much for having me today. I hope we still have Lisa on the line, even if the internet is struggling a little bit. And I will take us forward unless Lisa is back with us.

- [Lisa Schamus] Can you hear me now?

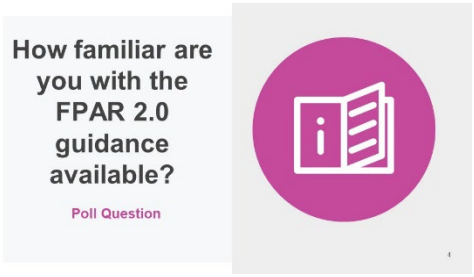
- [Jillian Maccini] Yeah, give it a go.

Slide 3: Learning Objectives



- [Lisa Schamus] Okay so I was just going to briefly go over today's learning objectives. After use and/or participation, you should be able to know where to go to review the FPAR 2.0 information and guidance that is available, investigate answers to questions that arise related to FPAR 2.0 and identify one, or more applications for this information.

Slide 4: Poll Question



So we're going to do a little poll on a Likert scale of 1 to 5 with not at all familiar to very familiar, how familiar are you with the FPAR 2.0 guidance? All right so, it looks like about a third of you are right in the middle, so it looks like we have kind of a nice bell shaped curve here.

- [Jillian Maccini] Yeah, excellent. So not a ton of folks very familiar, some folks not at all familiar, but a lot in the middle. So that's great, thank you so much. Thanks Lisa for the introduction. Thanks all for participating in the poll.

Slide 5: Case Examples and Where to Find Answers

So we are going to start with a quick overview of the FPAR 2.0 page on the OPA site, and we're going to be dropping that link in the chat here in just a moment. So this is the page that we're referring to when we refer to the FPAR 2.0 page on the OPA site. So you may hear me say that several times during this presentation and this is the page that I'm referring to. So the first thing to note is the sidebar on the right side of the screen, this gray sidebar over here. This includes links to an overview one pager, which might be a good thing to share as an introduction to FPAR 2.0 for any onboarding staff, or sub-recipients, for example. And I'll just show you what that looks like.

So this is what that one pager looks like right here. Just include some very basic questions that folks may have. And one of the things that it highlights is sort of the preferred approach versus the alternate approach. And these are mentioned more throughout, but the preferred pathway or the preferred approach is to submit any encounter level data that you have and get to complete encounter level data by 2025, as noted there in the green box. And the alternate approach is to, with a waiver, submit tables while you work towards encounter level reporting. So that's what's in this sidebar over here. And then we'll scroll down to where the FPAR 2.0 resources heading is and see some of the key resources. So the FPAR 2.0 resources is this subheading right here. And the first thing you'll see under that is the Excel file of the data elements. So this is the data elements spreadsheet and it's the list of the FPAR 2.0 data elements. And as noted on the page here, the file contains a couple things that might be useful. One is a Read Me tab, so a tab

entitled Read Me that gives some guidance on how to use the file. And then, there's also a log describing some key updates since this was initially published in March of 2022. Note that this file only contains the data elements. There are some other files that we'll look at here in just a second that have some sort of additional elements along with the data elements. The second item of sort of paramount importance that I'll highlight on this page is the Implementation Guide. This is really sort of the overall guidance for implementing FPAR 2.0. It includes general instructions for completing, a review of key terms and definitions, guidance on those reporting pathways that we talked about just a moment ago, the FPAR 2.0 data requirements, the data elements and information on FPAR 2.0 data privacy. And then finally, technical assistance resources because, as Lisa noted, this webinar, these resources, all of that don't necessarily... don't necessarily replace all of the guidance that's coming through. And then lastly, this section here, the Valid Values, Sample Files and Additional Reporting Guidance that is going to be... it's going to include a PDF of valid values and sample files here. This is sort of a guide for using everything that is below. I'll show you what this looks like because it's a very useful reference. So this sort of explains what the other resources are that are listed there and how they might be used, what you might take from them.

So what I'm showing here on this screen is this resource right here, this valid values and sample files PDF. Then those other documents that were described on the valid values and sample files PDF that we just looked at are listed here, these are the three files that were just shown in that. And each of these has important information. So the second one is the data elements with the valid values, this is a list of the data elements along with the possible values for responses for that. There's also an encounter level sample file, which is an example of how to format a CSV file that would be submitted. And there's a lab results sample file as well. Last thing to note is some insurance coverage mapping guidance so we have heard loud and clear that folks need clarity around the data element insurance coverage type, including a description of what those might be and how those might be matched to what you're already capturing. So that is what this right here refers to. And again, this is sort of just halfway down the page that was linked earlier. Just a friendly reminder that if anybody has any questions, please put those in the Q&A pod, thank you so much. And then the other thing that I'll draw your attention to is this Frequently Asked Questions, excuse me, Frequently Asked Questions page. This is again, about halfway or two thirds of the way down the OPA page and the link is in the chat now.

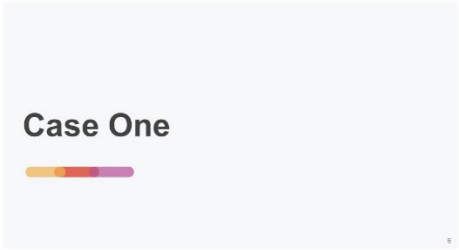
This FAQ page is super helpful. It has a number of different categories, including data elements, data privacy, data collection, data submission, data validation, reporting, waivers, et cetera. And then, there are FAQs under each of these with specific answers. So for example, in the Data Elements section, the data element is listed with its number. So you can sort of look at that in reference with the data elements list that we talked about earlier. So many questions that you may have will be answered in this FAQ page. I'll tell you, I turn to this all the time to make sure my sense is correct. So really want to make sure everybody knows about that. Those are the primary things.

And then this last section here is, again, those technical assistance contacts, which are the folks to turn to if you need assistance. And let me, sorry... all right, so now we can just get back to the slide deck. Sorry for my moving things around, here we go. Perfect. And somebody in the chat let me know if, for any reason, you are not seeing my slides successfully.

So we're going to move into some case examples of some questions we have received from grantees and some answers to those questions and sort of referencing those documents that I

mentioned throughout. And again, we will have a Q&A portion at the end, so please put any questions you have in the Q&A pod. Be sure to put them in the Q&A pod, not the chat so that way we can make sure we're able to address as many as possible at the end.

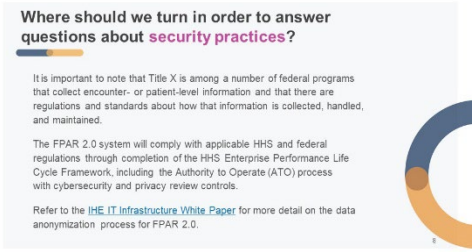
Slides 6: Case One



Slide 7: Case One Example – Security Concerns

So let's jump into these case examples. So the first case, and I'm going to sort of read it as if it's from a grantee. So we, a grantee, are planning the rollout of FPAR 2.0 across many subrecipients. Many of the subrecipients have expressed concerns about security including the submission of protected health information like date of birth. Where should the grantee turn to in order to answer questions about security practices as well as what is required for the birthday? Grantees also pose the following questions about privacy and they ask, "Would it be acceptable "for grantees to do some of this de-identification "before they submit their data? "It would alleviate a lot of subrecipient concerns." And then other questions include, what is the exact point at which identifiable data will be destroyed, is it right after the file is uploaded and de-identified or is it held for longer? So we're going to go through sort of answers and where to refer to for many of these particularities on these questions.

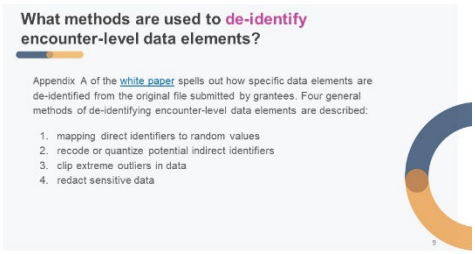
Slide 8: Security Practices



So first, the first sort of part of the question is where should we turn in order to answer questions about security practices? So data security and confidentiality is covered in several places. First thing to note is that Title X is among a number of federal programs that collect encounter or patient level information. And there are regulations and standards for how that information is collected, handled and maintained. And, of course, the FPAR 2.0 system will adhere to these standards. I think one of the big underlying questions here is how is patients' identifiable information not being shared in this process? And the answer is in part that the data is anonymized. That's the term we'll use. The white paper that's linked here describes the anonymization approach. And this is also described and depicted on pages eight and nine of the Implementation Guide that is on the FPAR 2.0 page on the OPA site. So pages eight and nine of the Implementation Guide sort of show this in detail. There's actually a really useful diagram at the top of page nine that I would encourage everybody to look at, I found it very helpful myself.

Resource: IHE IT Infrastructure White Paper

Slide 9: De-identify

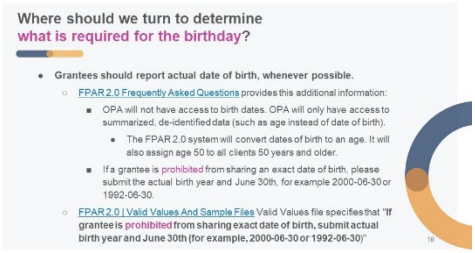


So digging into the IHE IT infrastructure white paper that was linked on the last slide and that Bemi just dropped in the chat, it's also linked in the Implementation Guide, just so you know so just trying to tie together where these resources live. So this white paper lays out how information is de-identified from the original file that is submitted. Note that all of this happens in the FPAR 2.0 system. You, as the grantee, are not doing this and this is not being done by OPA. The non-anonymized data is not making it to OPA. So the anonymization is done in four primary ways, some of which are shown in the image at the top of page nine of the implementation guide, which is Appendix E. So the first way is mapping direct identifiers to random values, meaning there's like an intermediary step where things like patient ID would be mapped to random values before that data is sort of used for anything further. The second is recode or quantize potential indirect identifier, I think one example here that is included in Appendix E of the implementation guide is mapping the visit date to the week of the visit and

then adding a number for the order in the whole data set. And so, that's sort of that recode and quantize potential indirect identifiers. Third is to clip extreme outliers in the data, meaning extreme outliers are mapped to the upper end or lower end of the normal distribution. The example given in the implementation guide is a height of 80 inches, which may be an outlier if the normal range is let's say 50 to 76 inches. And in that case the outlier of 80 would be mapped to 76. So that sort of brings that bell curve in and pulls those outliers out... or pulls those outliers in which otherwise, they might be identifiable, right? And then the last, the fourth way is to redact sensitive data, which is to say not to reveal it at all. Again, this is depicted on page nine of the implementation guide in Appendix E and also in Appendix A of the white paper linked. And Appendix A of the white paper spells out several examples and that begins on page 36 of the white paper. And one more note is that OPA, grantees, subs, etcetera will only have access to aggregated data in the form of dashboards and reports. Again, this is specified in the Implementation Guide on page nine.

Resource: [Integrating the Healthcare Enterprise (IHE) IT Infrastructure (ITI) White Paper]

Slide 10: Birthday

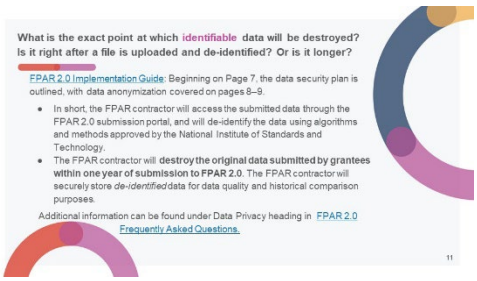


So the grantee question also mentioned concerns about date of birth, this is addressed in two places. One first thing that I want to note is that grantees should report the actual date of birth whenever possible because remember, upon submission the information will be anonymized in the ways spelled out in the references that we just looked at. As for date of birth in the FPAR 2.0 FAQ that I showed, it has a FAQ specifically related to this. Oh, and the link to that is in the chat right now as well. So one, OPA will not have access to birth dates and two, birth dates will be summarized or converted to age, including any clients that are 50 or over will be assigned to age 50. Also, if your program is prohibited from sharing birth date, you'll use June 30th of the client's birth year. So, for example, June 30th 2000 or June 30th 1996, if you're prohibited from sharing birth date, that's the approach that you'll use. The Valid Values file, another file that I showed on the FPAR 2.0 page on the OPA site, the valid values file notes that the required format for the birthday is year, month, day and makes the same note that if prohibited then June 30th, sort of month and day would be used. And again, actual birth date should be reported whenever possible.

Resources:

1. FPAR 2.0 Frequently Asked Questions
2. FPAR 2.0 | Valid Values And Sample Files

Slide 11: Destruction of Identifiable Data

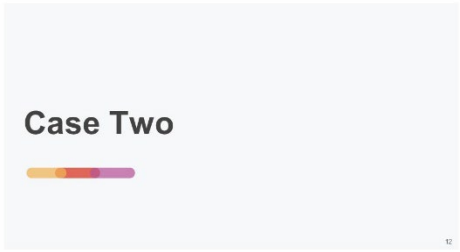


The last part to cover in response to the grantee's original question about security concerns is when exactly the original identifiable data is destroyed? And again, this is spelled out in detail in the implementation guide between pages seven and nine. The takeaway here is that the data will be submitted to the FPAR 2.0 submission portal where it will then be sort of algorithmically de-identified as we just discussed, that original data will be destroyed within one year of submission, and the de-identified data will be stored for a longer period for data quality and historical comparison purposes. So only the de-identified data will be stored for periods longer than that. There is more information available under the Data Privacy header of the FPAR 2.0 FAQs as well. So I'm just taking a quick peek at the questions to see if there's anything that we should immediately cover that's related to what we just said. So, for example, someone said, "We don't submit the data already de-identified "with the valid values provided." So you will submit with the valid values. The key thing to take away here is that you are not doing the anonymization, that is being done sort of upon submission, that's the key to takeaway there. And, again, do refer to the... yes and neither is OPA. That's an important distinction as well. Also, someone asked, "What if someone's actual date "of birth is 6/30," that's fine, that's a date of birth someone can have. Great questions and, again, be sure to review the FAQs under the Data Privacy heading in the FPAR 2.0 FAQ.

Resources:

1. FPAR 2.0 Implementation Guide
2. FPAR 2.0 Frequently Asked Questions

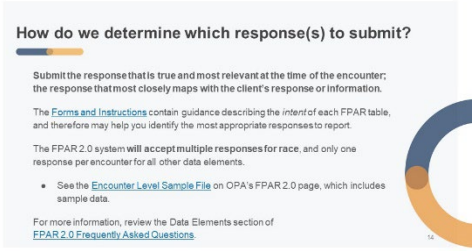
Slide 12: Case Two



Slide 13: Case Two Example

Okay, so let's go to Case Two. I accidentally opened too many things in that part. Let's go back here okay so, let's go to the Case Two. So the second example of a sort of example that we've heard from grantees is that many of these data elements can change, or there could be multiple response options and it can be unclear what should be submitted for FPAR 2.0. So examples of elements that might change across encounters include, for example, a client might initially report one gender and then transition to another gender. A client might initially choose to not provide a response to a particular data element and then provide a response at a later encounter. Or an example of an element where there might be multiple responses would be that a client identifies more than one race, or a client identifies more than one contraceptive method. So that's the question here is what about responses that can change, or where multiple options are relevant?

Slide 14: Which Response(s) to Submit



So several things to unpack here. First, because this is encounter level information, different responses at different encounters, such as changes in gender or going from not responding to something to responding to something would be reflected in those different encounters. So if a client was seen on March 3rd and declined to respond to household income, then that encounter would not have household income, which is data element 11, then maybe they're seen again on April 1st and they did provide their household income then it would be included on the April 1st encounter information. The important thing is to submit whatever is true and most relevant at the time of the encounter. If there's a situation where multiple responses or a response that doesn't align exactly with the specified options as listed out in the valid values file is needed and a determination needs to be made about what to submit, again, you will submit the response that is true and most relevant at the time of the encounter, specifically by selecting the response, the valid value that most closely maps with the client's response or information. You'll use your discretion for this. This is likely something you'll need to work on with your team, or your network, or your group to determine in order to decide how these various things should be captured. There is one data element that accepts multiple responses and it's race and all of

the races that a client reports, or selects are included on a given encounter. All other data elements only allow one response per encounter. Some important references for this include the forms and instructions, you all are probably extremely familiar with the forms and instructions because you've been using those for a long time. Those discuss the intent of each table. Understanding what the intent is can help guide your thinking in terms of what response is most relevant. Also, the Valid Values file shows the options for each data element, so that's a useful reference as well. A couple things to keep in mind, I alluded to this a little bit earlier, but this question can come up when your program's response options are not exactly aligned with the responses spelled out for the data elements. Similarly, in that situation you'll report the data element response option that most closely maps to the client's response or information. The valid values reference on the FPAR 2.0 page of the OPA site spells out the response options. And something to remember is that even with aggregate reporting, some of these determinations needed to be made though they may have been like less apparent because the data was rolled up before entering it, right? So thinking about making these determinations, grantees are often already doing this with multiple subrecipients who are asking things slightly differently and need to compile those responses. Some of the lessons learned here are that a grantee could ask subs to send all information in a uniform way. So meaning, okay, everybody needs to have already mapped to these particular response options, or information can be shared as collected, like a subrecipient would submit the information to the grantee as they collect it, and then the group can get together to determine what means what, what should be categorized as what, et cetera for submission. We'll talk more about this in the next case example, because I know there are lots of questions about this. Lisa, I don't know if you're still with us, but did you want to share any examples, or a specific example about what I just mentioned?

- [Lisa Schamus] I'm not sure if... can you all hear me?

- [Jillian Maccini] Yeah.

- [Lisa Schamus] Great, I think you did a fabulous job of explaining that.

- [Jillian Maccini] Okay,

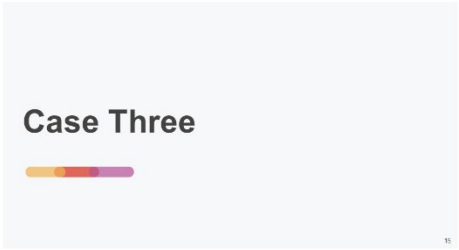
- [Lisa Schamus] So I think we're good.

- [Jillian Maccini] Great, it's almost like we talked before, perfect, thanks so much Lisa.

Resources:

1. Forms and Instructions
2. Encounter Level Sample File
3. FPAR 2.0 Frequently Asked Questions (data elements section)

Slide 15: Case Three



Slide 16: Case Three Example

Okay, so Case Three, again, this is sort of going to be a continuation of what we just talked about, getting into some more specific examples. So in this example, the grantee is curious about where they turn for system requirements. So an example is we're not sure that the selection options and other components of our system align with what's required for FPAR 2.0. So two examples, one, a grantee asked, "We currently collect whether a client "is a smoker or tobacco user or not. "And if yes, how many cigarettes a day or a week? "And so how should we report this information?" And I have seen this question come in, in the Q&A, so we're going to talk about this. And another example is, "Our system can generate "a CSV of encounter level information, can we submit this?" And so, we're going to talk about both of those. I want to make a quick clarification just in case I skipped over this too quickly for everyone, or for some folks on the call. We're talking about encounter level reporting. And so, I've used that term a whole bunch of times. Perhaps, you've seen it in a bunch of the FPAR 2.0 materials and what we're talking about there is data elements per encounter, right? So if we think back to the examples I just gave on the last case that we're talking about, we're talking about if someone has had four family planning encounters in the period that is four encounters for which data elements, any relevant data elements would be captured. And just to answer a question that has come up many times these data elements are not to drive clinical care. This is not a checklist that you need to do at every encounter this is, the information should be collected as clinically appropriate and when collected reported on that encounter level. So when we talk about encounter level, we're talking about if there were, you know, 2500 family planning encounters in the year, there's 2500 encounters with some data elements captured and submitted, and we'll get into some more detail on that. But I just wanted to give a little bit of a thumbnail sketch as to what encounter level means for anybody for whom that is a new term.

- [Lisa Schamus] And Jillian, I'm just going to pop in there and say, and of those 2500 encounters, there might have been 2,000 clients that had those encounters just to make that distinction that you might... you're going to have more-

- [Jillian Maccini] Yes.

- [Lisa Schamus] than one encounter per client.

- [Jillian Maccini] Yes, absolutely. And again, thinking back to that example where I said okay, somebody's seen on March 3rd, they declined to give their income information, then they're seen again on April 1st and they do share their income information, that's two encounters, one client, the encounters are sort of what the data elements are... what we're looking at the data elements on. That's what we mean by encounter level. Okay so, I'm just going to recap the questions we asked just in case we lost track of those. So first example here is we collect whether a client is a smoker or tobacco user or not. And if yes, how many cigarettes a day or week, how do we report this information? And then, the second question is, our system can generate a CSV of encounter level information, can we submit this?

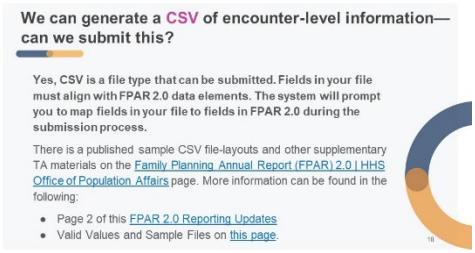
Slide 17: Tobacco Use/Smoking Status

So let's talk about each of those. So let's talk about tobacco use, or smoking status first. So smoking status options for FPAR 2.0 include current everyday smoker, current someday smoker, former smoker, never smoker, smoker current status unknown, unknown if ever smoked, current heavy tobacco smoker, current light tobacco smoker, those are the smoking status options for FPAR 2.0. These statuses represent CDC specified responses for recording smoking status so these are sort of nationally specified responses for smoking status. So the ideal approach is to change the responses so a client can report in alignment with these options. That's the ideal scenario is that they're selecting from these particular options. Until that is done, let's say your situation does not match with these options currently, until that's done, your discretion will need to be used as to what, for example, is current heavy tobacco smoker versus current light tobacco smoker. Or perhaps even a better example is current everyday smoker versus current light tobacco smoker or something like that so until the change has been made to map to the statuses specified by CDC you'll need to use your discretion to map to these options. One other note is that you should refer to the Valid Values file for what exactly those values are for each data element. So we're giving this example for smoking status, but there are valid values for each particular data element. And then the Valid Values file also specifies whether the field is required for FPAR 2.0 submission, meaning will your submission be accepted if that field is blank? As we talked about in the last case and alluded to above, an intermediate step for grantees and subrecipients might be to come together and agree on definitions and when agreement is reached existing answers can or should be mapped to the smoking statuses listed. And, again, I want to stress that, you know, this happens anytime that we're combining data from multiple sources and needing to say, "Okay, how are you asking this question? "How are you asking this question?" It is kind of on that same par.

Resources:

1. Data Elements file
2. Representing Patient Tobacco Use Smoking Status
3. Valid Values file

Slide 18: CSV of Encounter-level Data

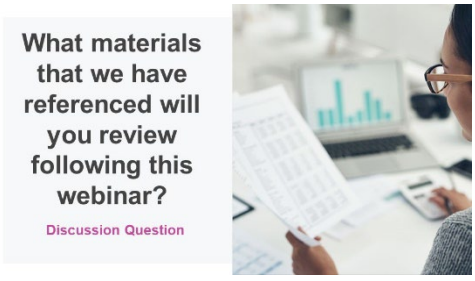


The second system configuration question that came up is whether a CSV of encounter level information can be submitted. The guidance says the FPAR 2.0 system developed by Mathematica will accept encounter level data in either CCDA or a flat file format. A CSV is, in fact, a flat file. So when we use this term flat file, a CSV is a flat file. It just means that sort of all of the information just goes across in a single flat file. It's not a relational database. So yes, a CSV is a type of flat file that can be submitted. Note that the fields in the CSV need to align with FPAR 2.0 data elements. So that's the real determinant of whether the CSV you have will work, do the fields align? So file type is the first thing. And then there's this question of do the fields in your CSV align with the FPAR 2.0 data elements. During the submission process, your flat file or CSV file, you will have to map that. The system will prompt you to map those fields in your file to the fields in FPAR 2.0. So, you know, this is our patient ID, this is our NPI, this is our household income, that type of thing. So you'll be prompted to do that mapping when you upload it. On the FPAR 2.0 page on the OPA site you can see a sample CSV file that illustrates what the layout looks like. It may be helpful to download this and compare it to what you have. So we've covered a lot of information.

Resources:

1. Family Planning Annual Report (FPAR) 2.0 | HHS Office of Population Affairs page
2. Page 2 of FPAR 2.0 Reporting Updates
3. Valid Values and Sample Files

Slide 19: Discussion



So while we are compiling the questions you all have posed, we would like to ask you a question which is, spoiler, what materials that we have referenced will you review following this webinar and what will you use them for? And you can just put your responses in the chat, we can see them and we will read them out. So what materials that we've referenced will you use? Okay so, somebody said, "The insurance coverage doc," somebody said, "Probably everything." Shout out to the…everything, amazing. The FAQ OPA link, I really find the FAQ very, very helpful. Somebody asked, "For getting a list of the sources," tell me more about what you're asking for there. Someone else said, "Data elements and valid values, "comparing that to the data we already collect." Someone else said, "Check the data elements "to make sure our FPAR 2.0 upload "includes the elements," great. Someone else said, "Most of the materials "to make sure we submit correctly," that's wonderful. Oh yes, okay, so somebody said, "Again really helpful "to put dates so we can track if we've reported it already." I will say most have that, I can say for sure the Implementation Guide has the date on the first page and I can say for sure the Data Elements has that log of changes so those notes are important. All right so, if anybody has any questions, do put those in the Q&A pod, but we have a bunch of questions queued up so we are going to jump into those now. And Bemi will be... oh, so somebody said, "When items are added to the FPAR 2.0 website." Duly noted, we will make note of that request and see what the word is on that. So I'm going to turn to Bemi to moderate our Q&A portion.

- [Bemi Oworu] Okay, all right Jillian, the first question I have here is, "If we're ready to submit the full file "with all data fields is OPA still "requiring aggregate tables or just "the file submission each year?" A related question, "The updated instructions "still refer to the tables and I was under the impression "that the encounter level data submission "for FFR 2.0 would replace the tables."

- [Jillian Maccini] Great question and we saw this question come in a bunch of times in the Q&A pod, so really good question. So the thing to understand here is the encounter level submission does not wholly replace the tables. The encounter level submission populates tables 1 through 12. So those grantees who are submitting encounter level data will do that submission including mapping your fields to the FPAR 2.0 data elements that I mentioned. Once that is done, the system will compile that information into tables 1 through 12 and then grantees will sort of work through those tables just as you used to do when you filled it in by hand to review the newly compiled tables, make any corrections needed to those compiled tables and continue on to complete tables 13 and 14. So I'm just going to say that one more time because I know there's lots of questions about this. So when you submit your encounter level data, you'll do that submission including mapping your fields to the FPAR 2.0 data elements and once that's done the system will compile all of that information into tables 1 through 12 and then grantees will sort of review those newly compiled tables, make any corrections needed and continue on to complete tables 13 and 14.

- [Bemi Oworu] Okay, the next question, "Is FTE going to be "a data field collected in 2023 and subsequent years? "I see it's still required for 2022 in the instructions."

- [Jillian Maccini] Great and so this is very much related to what we just said. So FTEs are not part of the FPAR 2.0 encounter level data, the 43 data elements that are listed in the data elements file. However you will still report FTEs. Those grantees who are submitting encounter level data will do that submission again, including mapping your fields to the FPAR 2.0 data elements. Once that's done, as I mentioned, the system will compile that information into tables 1 through 12, grantees will then review the newly compiled tables, make corrections and

needed and continue on to complete tables 13 and 14, which includes FTE. So a way to understand this that I found really helpful is that those programs who are not yet able to report encounter level data will go into the system and enter the information into the tables. Those who are reporting encounter level information will sort of get a jump on that by submitting that encounter level information in the beginning and then will move through the same process as others, which is to say work through the summary tables which reflect or summarize the encounter level information submitted and then go on to complete tables 13 and 14, which do include FTE.

- [Bemi Oworu] Okay, next question, "Since we are "submitting partial data for 2022 "with five required fields we would still have "to enter aggregate data for tables 1 through 14. "How long will OPA expect this? "Or is this only an expectation for 2022 data?" "A different way to say this, what if we can provide "some but not all of the FPAR 2.0 elements in year one? "Would OPA rather have that or the aggregate data?"

- [Jillian Maccini] Excellent question so first, OPA encourages grantees who can submit some but not all FPAR 2.0 data elements to submit any encounter level FPAR 2.0 data available in early 2023. Grantees will have two options for addressing incomplete data or data quality issues. You can correct encounter level data and resubmit that data. So, for example, if you sort of have more information that you're able to access, you can do that. Or you can edit the grantee level tables produced by the FPAR 2.0 system. So let's say you do that submission of those data elements that you have and so then you'll get those summary tables that we talked about and you can edit those grantee level tables produced by the FPAR 2.0 system. And remember, after submitting encounter level information that information will populate the summary tables and grantees will have the option to edit summary tables to ensure totals for each table accurately represent services provided. This is stated in the FAQs under the Data Elements heading. So that last portion that I just shared that is in the FPAR 2.0 FAQs under the Data Elements heading. And the one other note that I would give is that grantees should report using a single approach for the reporting cycle, so if you are able to submit even some encounter level data, that's the approach to take. And then, as we said, you can edit the grantee level summary tables created by the FPAR 2.0 system in order to make sure that maps to your totals.

- [Bemi Oworu] Okay, the next question, "What are the five required fields "that someone mentioned earlier?" Every encounter record must contain five data elements. The facility identifier... Go ahead.

- [Jillian Maccini] Yeah so there are five data elements that must be contained in order for a submission to be accepted. So these are the five required data elements and, again, the idea here is that you'll report what you can, ideally it will be more than these five. But the five required for it to be accepted are one, facility identifier. Four, patient identifier so data element one, facility identifier, data element four, patient identifier. Data element five, visit date. Data element six, birth date and data element seven, sex. Files with missing values on any of these five data elements will not be accepted by the system. All other data elements shall be reported on each encounter when clinically appropriate, as discussed before. The system will accept files with missing values on other data elements and missing data will be included in data quality reviews. Please refer to FPAR 2.0 data elements with Valid Values document for additional information about expected data and that's on the FPAR 2.0 page on the OPA site.

- [Bemi Oworu] So follow up question to that, "For those who don't have a facility ID "for data element one, what should be entered "in this required field? "For example, the Valid Values file does not specify "what this has to be but does say that this is required."

- [Jillian Maccini] Yeah, great question. A facility ID is needed for submission, that is required. If there is no facility ID then NPI can be used. So in the case where there is not an applicable facility ID then data element one, facility ID and data element two, attending physician NPI will be the same. But facility ID should be used whenever possible. Just only in those cases... Only in those cases where that's not possible, would this be the approach.

- [Bemi Oworu] All right, a question related to Case Number Two that we discussed about the data elements with multiple responses. Some questions have come in about data element 17, which is contraceptive method at intake and 21, which is how a contraceptive method was provided. "Clients are often using more than one contraceptive method. "Should we report all methods used?"

- [Jillian Maccini] Yeah, great question and this goes back to that question about if there are multiple responses, what do we do? So you are not able to report all methods used with the exception of race, all other data elements only allow a single response per encounter. So there are several situations in which there might be more than one thing that has been reported. And in the case of multiple forms of contraception, as you just asked Bemi, grantees should only report the most effective contraceptive method used by the family planning user and how the most effective method was provided. This guidance is in the FAQs on the FPAR 2.0 page and there is a CDC link there to reference. And so what I mean by that is if you're trying to determine, okay, what is the most effective contraceptive method? If that's something that you want to have a reference for, there is a CDC link in there that is useful.

- [Bemi Oworu] So another question on data element 21, "How the contraceptive method was provided on site, referral "or prescription doesn't map into a particular FPAR table. "How will this be treated when the tables are summarized?"

- [Jillian Maccini] Yeah, good question. So you'll notice that FPAR 2.0 includes several new data elements that are not currently included in the 14 FPAR tables. These should still be reported whenever applicable and possible and elements not currently summarized in the FPAR national report will still be analyzed and summarized for grantee and PO review in the data system. So as I referenced sort of towards the middle of the presentation, there will be this like summary analysis that's available to grantees and OPA. It's summarized at the top of page nine of the implementation guide. And so, even if it's not in the national tables, it will be available in there.

- [Bemi Oworu] So a question on data element 20, the reason for no contraceptive method, "Should pregnant be added to both of the reasons "for no contraceptive method fields or will we use Other?"

- [Jillian Maccini] Great question and this is related to many, many questions we've gotten in the Q&A so I just want to really be clear about this. It is appropriate to use skip logic to skip questions when those are not applicable. So in this case, for people who are pregnant, which is captured in data element 15, you could then just skip those questions that don't make sense for those folks. So please, do use skip logic or other approaches to only ask relevant and appropriate questions. It is not necessary to collect all data elements at every encounter and to many of the questions that have come in, in the Q&A, you would just leave that particular

element blank. It just doesn't need to be... you know, again, there's those five elements that are required for a submission and blanks will show up on the data quality reports. But in these situations, where that's appropriate, that's absolutely fine so just leave those blank, if that wasn't part of the encounter. Somebody just asked a question. Do put that question in the chat. I'm sorry, in the Q&A pod, sorry, bad instructions. Okay so, we are going to move on to a couple more questions. So someone said, "Please discuss the ongoing requirement "of submitting existing FPAR tables at the same time "as providing line listed data. "What is the intersection? "How long will this dual reporting be required?" So I believe we answered this at length with providing those examples of those summarized data and how once you have submitted the encounter level data, it's summarized at the table level, you then review those tables and complete those other two tables, that is the process there. But I welcome OPA, or anybody else to weigh in on that. And so, I just want to say, so this is not dual reporting this is really you're submitting the encounter level data and then you're reviewing those summarized tables. You're not having to to sort of enter that separately. So OPA or others, anything else you would add to this particular question?

- [Lisa Schamus] I think you've explained it well, so nothing to add.

- [Jillian Maccini] Okay. All right great, thank you so much. The next question is, "Is there an updated date "when the MVP or," I assume that to mean minimum viable product, "Will be available?" And the response there is the FPAR 2.0 system will open in early 2023, grantees will be able to access the system upon completion of HHS cybersecurity and privacy checks. And I see I took over Bemi's role, so I will let her ask the next question please. Sorry about that.

- [Bemi Oworu] You're fine, okay, the next question is, "Can you please speak to how many family planning patients "and encounters identified using the data elements? "Is there a minimum number of data elements "or specific data elements that must be included "for a patient to be reported? "Example, a patient is screened for pregnancy intention "but receives no counseling and decides not "to use a method at exit so no provision occurs. "Is screening alone enough to report this individual "and this encounter as a family planning encounter? "If there's an algorithm for identifying family planning "qualifying encounters in patients using "the data elements that would be very helpful."

- [Jillian Maccini] So the list of FPAR data elements includes data relevant to family planning encounters. If care you provide align with FPAR data elements, please include that information in your report. Pregnancy intention is included in the list of FPAR data elements and should be reported in your FPAR submission. There is not an algorithm for identifying family planning encounters, but I do want to shout out that there is a useful job aid on the RHNTC site that helps with identifying family planning encounters. I don't know if anybody from my team has that link readily available, but there is a job aid for identifying family planning encounters. But there is not sort of a algorithm for doing that. Forms and instructions are still applicable for identifying encounters, that's really important. We said it when we talked about the intent of the tables. This is also the case here, sort of the guidance from the forms and instruction is still applicable for identifying encounters.

- [Bemi Oworu] Okay, another question that came in was, "So we don't submit the data already de-identified "with the valid values provided, will OPA do so?"

- [Jillian Maccini] So I think this is a little bit of a double barreled question, so I'm going to unpack it in two separate ways. So you do not submit the data already de-identified. Thank you,

so sorry, Lisa just dropped the link in the chat to the job aid that is useful for identifying family planning encounters. So please do reference that, if you need that assistance. Back to the question we were just talking about. So no, you as the grantee will not do the de-identification, that is done in the FPAR 2.0 system. Second part is the valid values are the valid values for submitting your FPAR 2.0 data. So those you will submit using the valid values provided. I'm going to pause there, maybe we do one more question and then we close it out unless Lisa tells me otherwise.

- [Bemi Oworu] Okay, I will do one more.

- [Jillian Maccini] Great.

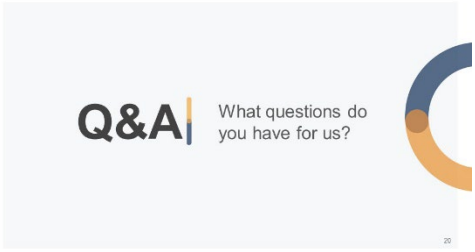
- [Bemi Oworu] And this one's on breast exams, "Breast exams is still included "in FPAR instructions for the 2022 submission, "even though we're supposed to/able to submit FPAR 2.0 "this year, will it be removed in the future?"

- [Jillian Maccini] I have the note here that Table 10 on breast exams will be removed. So that is the answer to that question. Thank you so much Bemi for moderating that. That was super helpful.

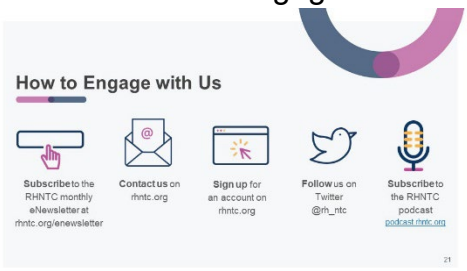
- [Bemi Oworu] You're welcome.

- [Jillian Maccini] Lisa, I'll hand it back to you.

Slide 20: Q&A



Slide 21: How to Engage with RHNTC

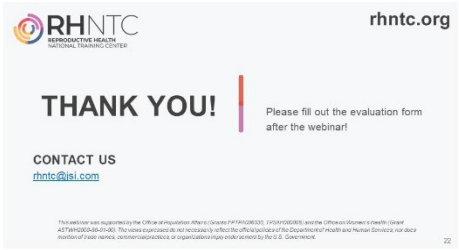


- [Lisa Schamus] Great and I'm wondering if we can just advance to the slide that shows how you can engage with us. So to stay in so...

- [Jillian Maccini] Oops, it looks like we lost Lisa. So to stay in touch with RHNTC subscribe to our monthly e-newsletter by visiting rhntc.org/newsletter. Contact us through our website

rhntc.org. Sign up for an account on our website, follow us on Twitter, find us at @rh_ntc. And finally, subscribe to our podcast at podcast.rhntc.org or in your favorite podcast app.

Slide 22: Thank you



Thank you so much everyone. The evaluation link is in the chat. We sincerely appreciate you completing the evaluation, that means a lot to us. And with that, we will conclude today's session. Thanks everyone.

Link to webinar evaluation