

Webinar Overview

Email us with questions at FPAR2.0@hhs.gov throughout the webinar



OPA's FPAR 2.0 Goals & Strategy
Update on 2.0 Activities & Progress
Review 2.0 tentative timeline

Answer
Questions



The importance of EHRs

Answer
Questions



The technical infrastructure FPAR
2.0 will leverage

Answer
Questions

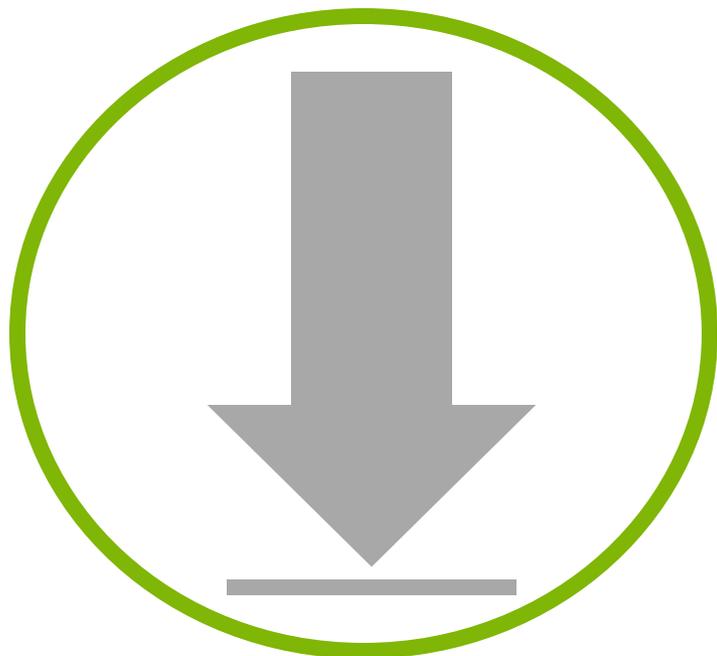
OPA Needs Your Help!

Review Resource
Handouts



+

Indicates resources available as downloadable handouts





The Future of FPAR Presentation

8/1/13 National Grantee Meeting, Day Three

Go to **fpntc.org** → **Resources** → **Conference**



Slides: <http://www.fpntc.org/training-and-resources/title-x-grantee-meeting-presentations>

Video: <http://www.fpntc.org/training-and-resources/title-x-grantee-meeting-videos-july-30-august-1-2013-0>



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Title X Grantee Meeting Presentations

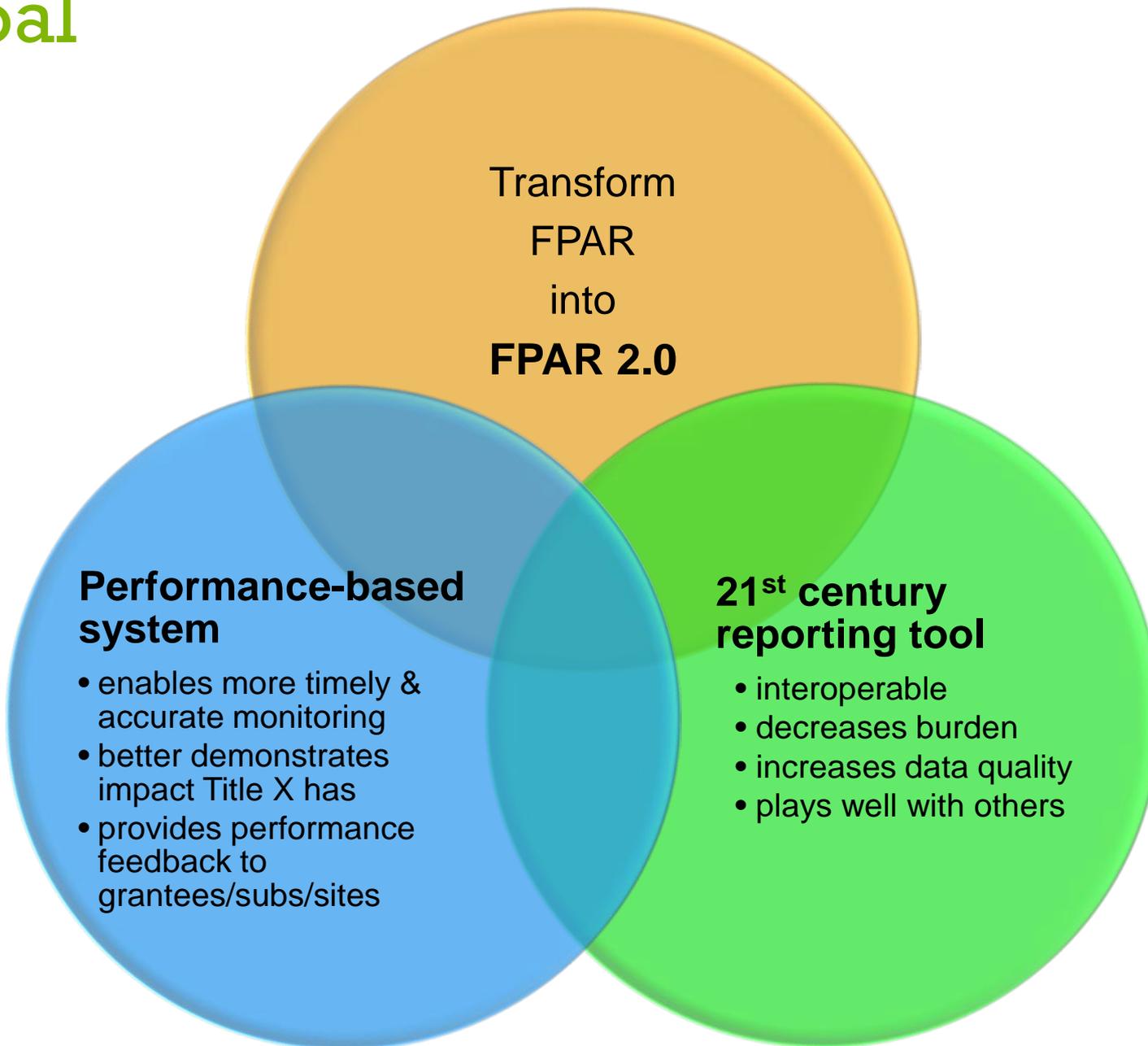
Resource Description:

The Title X National Grantee Meeting provides an opportunity for Title X grantees to learn about and share current information on a variety of topics relevant to the provision of high quality Title X family planning services.

DAY ONE: Tuesday, July 30, 2013



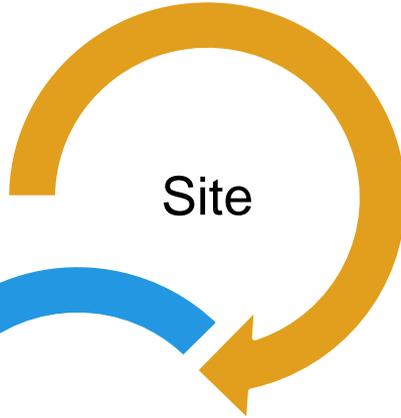
+ Goal



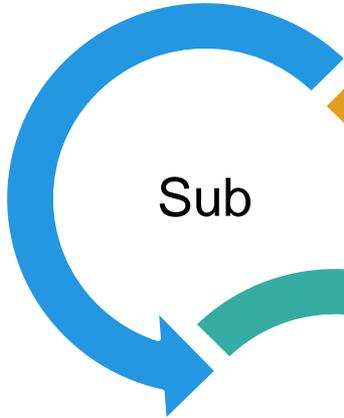


+ FPAR = aggregate data nationally

January 2012

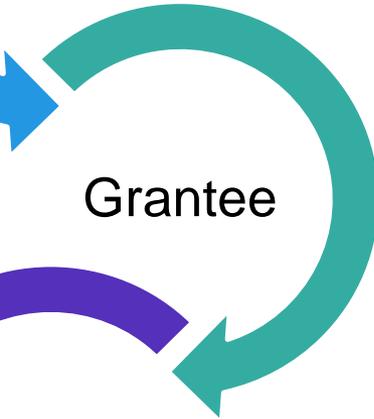


- Collects FPAR data on each Title X client encounter
- **Aggregates** & submits data to subrecipient or grantee

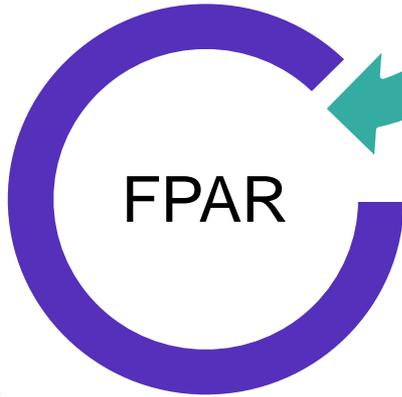


- **Aggregates** data from all sites
- Submits sub-level aggregate data to grantee

February 2013



- **Aggregates** data from all subs
- Submits grantee-level aggregate data annually populating FPAR tables



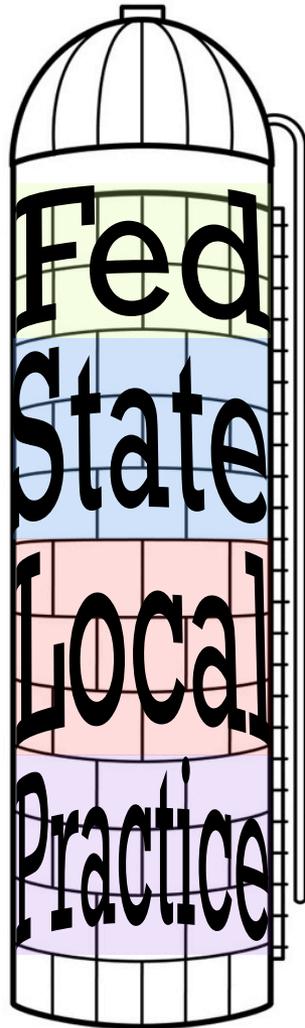
- Contractor **aggregates** grantees' data
- Validates, analyzes & **organizes** into



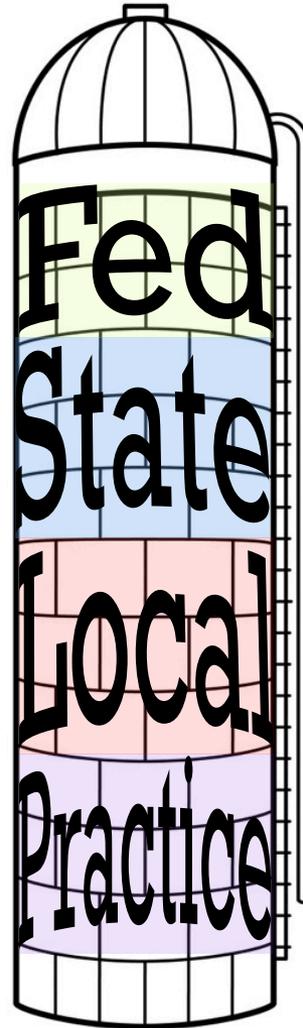
November 2013
23 months later



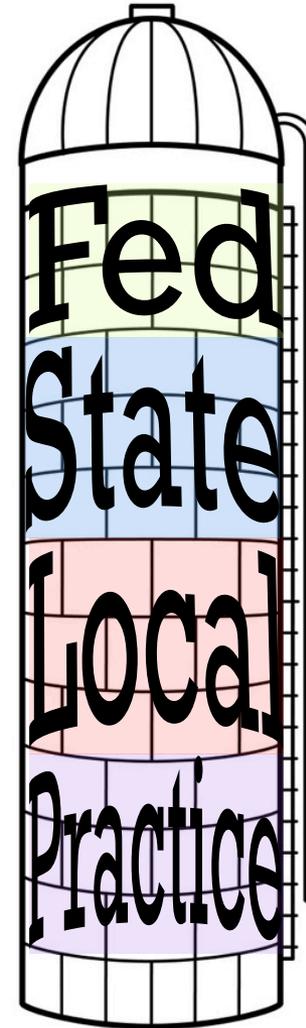
+ Finding meaning across siloes



HIV

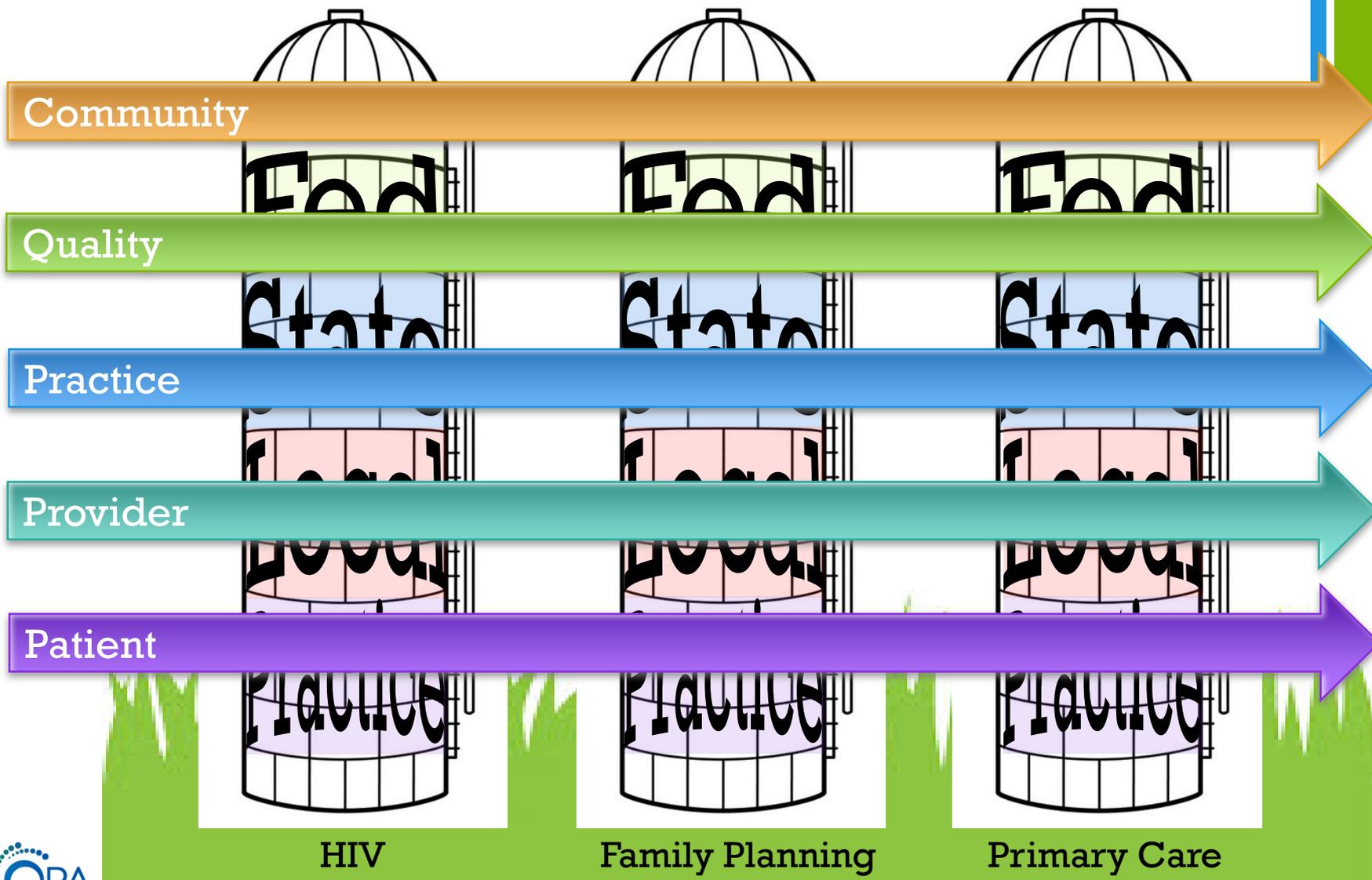


Family Planning



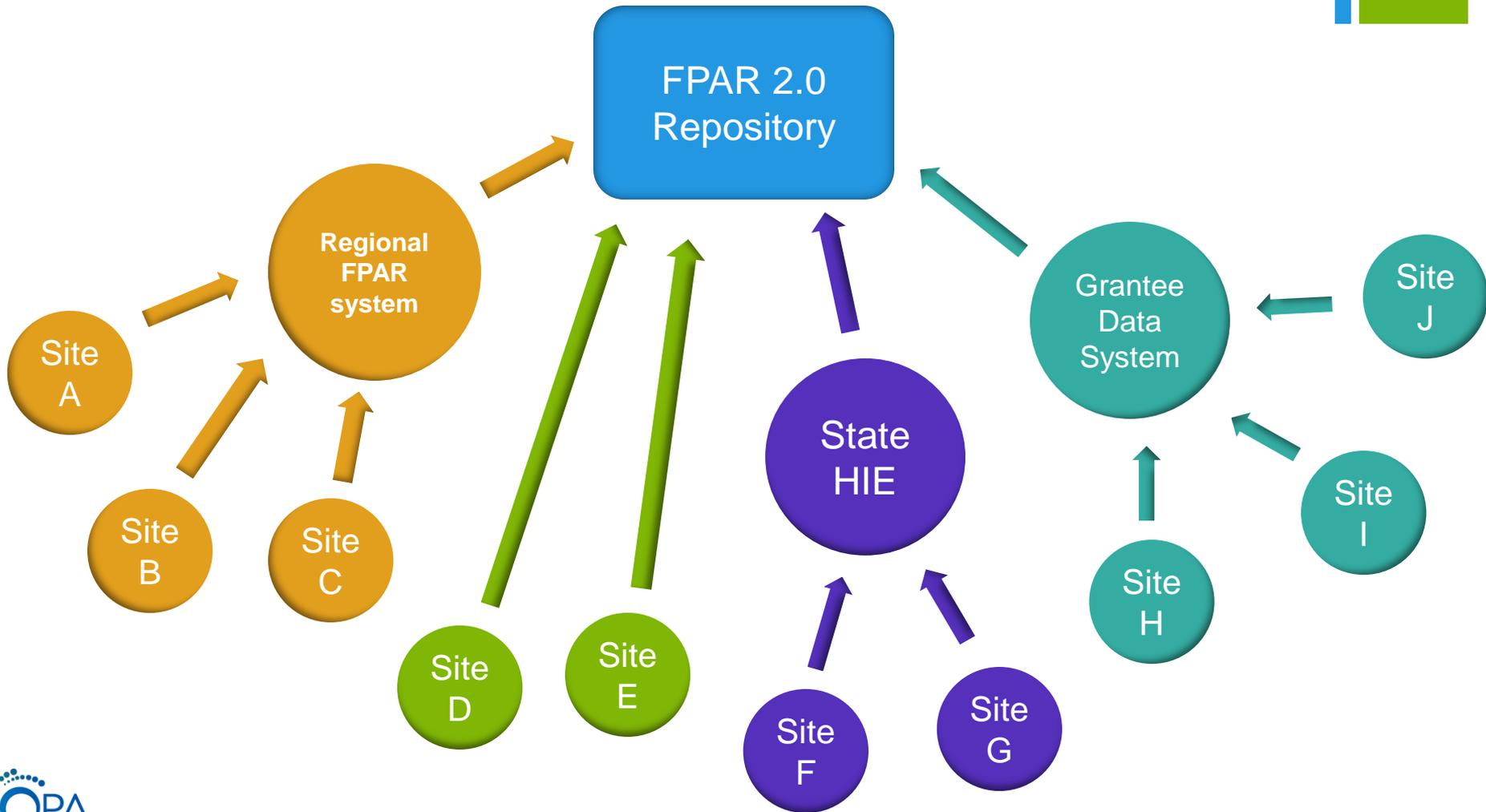
Primary Care

+ Finding meaning across siloes



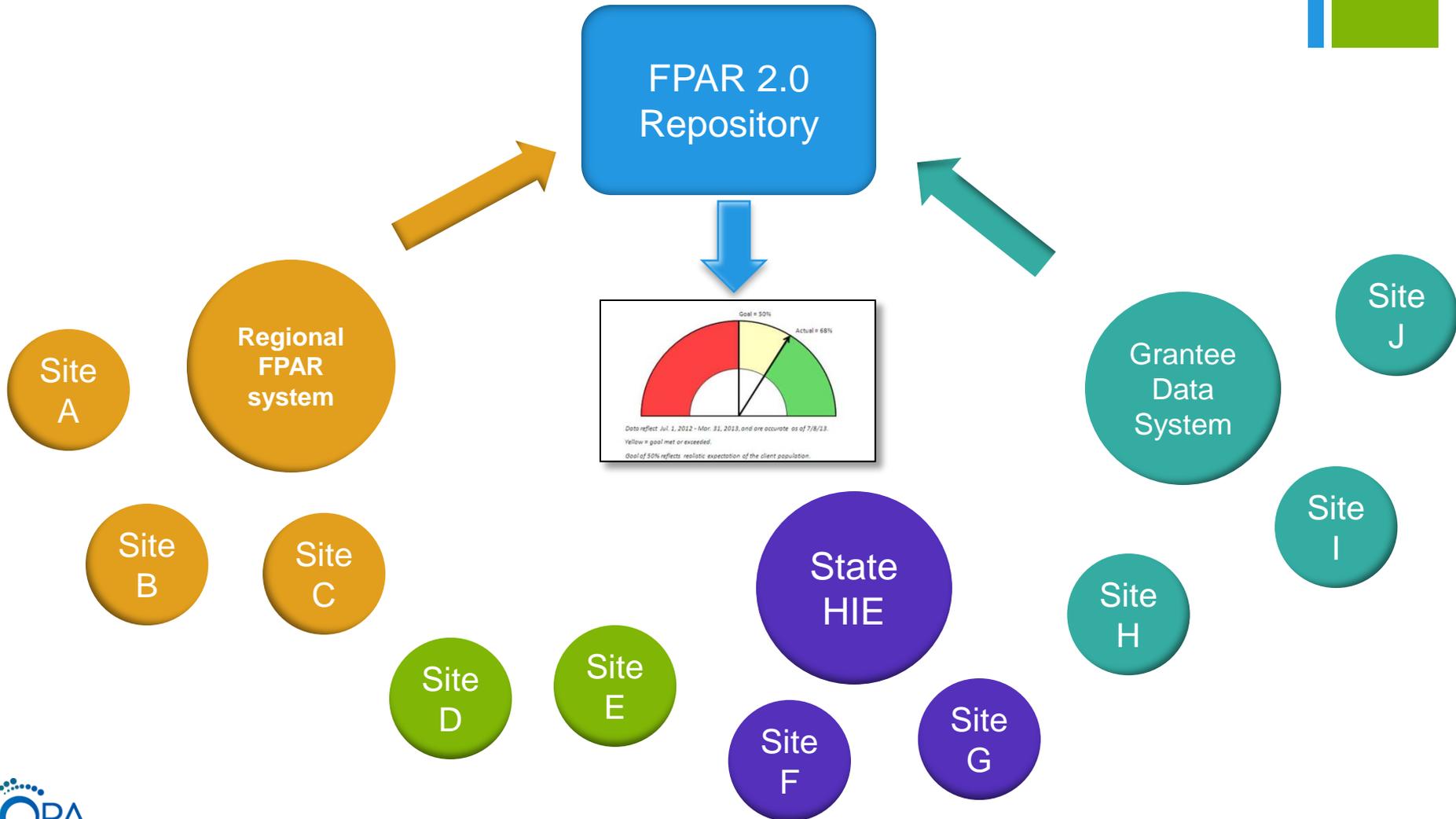
+ FPAR 2.0 = Encounter data nationally

Data from every Title X client encounter are transmitted to the FPAR 2.0 national repository where aggregation occurs



+ FPAR 2.0 = Encounter data nationally

Data would be aggregated, validated, and analyzed for reporting
Sent back or displayed for use at the local level.



How we got here

	Action	Outcome
2012	Mar Data Work Group convenes	Added variables of interest to current FPAR tables
	Aug Stakeholder Expert Work Group members invited	RPCs nominated 1 rep/Region; other stakeholders invited by OPA central office
	Nov 1 st EWG Meeting held	EWG saw & reacted to proposed 2.0 elements & modified draft FPAR tables for first time
	Dec - Meeting 1 input incorporated - EWG gathers feedback from field	Field commented on proposed 2.0 elements & modified 2 nd draft of tables
2013	Jan DWG synthesizes comments from field	Modified proposed elements & table additions to ↓ burden & ↑ acceptability
	Mar 2 nd EWG Meeting held	- EWG reacted to 3 rd draft of tables - New 2.0 PMs introduced - EWG provided support for <ul style="list-style-type: none">• Revised 2.0 elements• Transition to encounter-level data collection
	May 2.0 Prep contract work began	Contract awarded to JSI in September
	Aug National Grantee Meeting	Communicated vision to the grantees
	Sep Engaged with IHE	Expanded 2.0 efforts into EHR realm

+ “To do” after decision to move to encounter-level data collection

1. Engage with the larger Title X community
2.
 - a) Further develop & test
 - b) Formally adopt FPAR 2.0 data elements and performance measures
3. Assess the state of HIT within the Title X network
4.
 - a) Engage additional partners within & outside HHS
 - b) Align with larger federal efforts in re common public health data elements, exchange and reporting harmonization
5. Design, test, pilot, and build the FPAR 2.0 system



Study EHR implementation status & systems
 Pursue feasibility of data exchange & transition to encounter-level data



Operationalize QFP Recommendations
 Achieve NQF endorsement
 Provide performance feedback
 Validate 2.0 elements & measures



Work within SDOs
 Standardize & document family planning services
 Promote family planning integration in healthcare



Title X
 Federal partners
 Subject matter stakeholders
 Technical expert organizations



+ FPAR 2.0 & Quality



- Operationalize QFP Recommendations
- Achieve NQF endorsement
- Provide performance feedback
- Validate 2.0 elements & measures



+ Draft Performance Measures



Measure	Source	Aligns with
Proportion of sites that dispense or provide on-site a full range of contraceptive methods	AGI clinic survey, PIMS	Clinic survey, HP2020
Proportion of female users at risk of unintended pregnancy who adopt or continue use of the most effective or moderately effective FDA-approved method of contraception .	PIMS	NQF proposal, HP2020
Proportion of female users ≤ 24 years who were identified as sexually active and who had at least one test for Chlamydia during the measurement year	PART, PIMS	HEDIS, HP2020
Proportion of users ≥ 18 years of age who had their BMI documented during the measurement year.	QFP	HEDIS, HP2020
Proportion of users who were screened for hypertension during the measurement year.	QFP	HP2020
Proportion of users who were screened for tobacco use during the measurement year.	QFP	HP2020, Meaningful use
Proportion of users who stated clear childbearing intentions .	IOM, PIMS	*TBD*

+ DRAFT Site Level Data Elements

4 Structural Variables



1. Organization type
2. Access to services during expanded hours

1. Contraceptive methods provided onsite or by referral
2. Same day appointments for new clients



+ DRAFT Encounter-level Elements



- Client ID
- Provider ID
- Visit date
- Date of birth
- Sex
- Ethnicity
- Race
- Limited English Proficiency status
- Family size
- Income
- Principal health insurance coverage
- Pregnancy intention
- Pregnancy history
- Contraceptive method at entry & exit or Reason for no method
- Date of last pap and/or HPV test
- Screening tests for Chlamydia, Gonorrhea, and HIV
- HIV positive test result
- Linkage to HIV medical care
- Systolic and Diastolic BP
- Height and Weight
- Smoking status





+ Tentative Timeline

FPAR 2.0
Repository

Spring – Fall 2014	Market research 2.0 design/build specs
Spring – Fall 2015	Fund 2.0 build (assuming sufficient OPA budget)
2016 – 2017	Build system
Early 2017	Test and pilot system
Mid 2017	Go live with an initial cohort of grantees' sites
By end of 2018	Have data from all grantees' sites for analysis



Activities to Address FPAR 2.0 Strategy



JSI Data System Prep Contract

Task

- 1 2.0 data dictionary and implementation manual
- 2 Conduct pilot feasibility case studies
- 3 Perform analysis of common EHR/EPM systems
- 4 Assist with OMB burden estimate and supporting statement

Delivery

- Jan-Feb '15
- Aug '14
- Sep '15
- Sep'15





+ Proposed NQF Performance Measures for Contraceptive Services

Proportion of female clients aged 15-44 years who received contraceptive services in the past 12 months, that adopt or continue use of FDA-approved methods of contraception that are:

- | | |
|--|---|
| 1. Most effective | <ul style="list-style-type: none">• male or female sterilization• implants• intrauterine devices (IUDs) |
| OR | |
| moderately effective | <ul style="list-style-type: none">• injectables• oral pills, patch, ring• diaphragm |
| 2. Long-acting reversible methods of contraception (LARC) | <ul style="list-style-type: none">• implants• intrauterine devices (IUDs) |





+ Pregnancy Intention: ChildTrends research cooperative agreement

Key informant interviews

- Semi-structured, 100 providers

Pregnancy intention measures lit review

Cognitive testing

- 36 women



+ Progress on Quality-focused Initiatives

Underway	Just Begun	On Deck
2.0 Data Dictionary refinement	2.0 Feasibility case studies	Pilot testing 2.0 performance measures
Pursuit of NQF endorsement of contraceptive measures	Defining full range of contraceptive methods – site level	Collaborating on NQF endorsement of additional FP/RH measures
Defining pregnancy intention variable	Promoting FP measures w/in larger federal CQM efforts	Formally adopting 2.0 performance measures



+ Collaborations



Title X

Federal partners

Subject matter stakeholders

Technical expert organizations



+ Title X

- Visits to grantees and service sites
- FPAR Expert Work Group
- Presentations
 - 2013 Grantee meeting
 - 2013 APHA meeting
 - Today's webinar
 - 2014 NFPRHA Annual Meeting
- Dedicated FPAR inbox: FPAR2.0@hhs.gov
- Listserv announcements & RPC updates
- JSI feasibility study & data dictionary feedback





+ Federal Partners

CDC	Divisions of Reproductive Health & STD Prevention	
CMS	Centers for Medicare & Medicaid Services	★
HRSA	Health Resources and Services Administration <ul style="list-style-type: none"> • Bureau of Primary Health Care - UDS • Office of Quality & Data, HIT Branch • HIV/AIDS Bureau – Ryan White 	★
OMB	Office of Management and Budget	
ONC	Office of the National Coordinator for Health IT <ul style="list-style-type: none"> • Convenes NLM, AHRQ, FDA, CDC, HRSA • S&I Initiative's Structured Data Capture Initiative, Clinical Quality Framework 	★
USAID	U.S. Agency for International Development <ul style="list-style-type: none"> • Global Health, Office of Population & Reproductive Health 	



= Importance of





+ Subject matter stakeholders

Current national partners:



New national & international partners we're reaching out to:



 = Importance of



TITLE X FAMILY PLANNING DATABASE





+ Technical expert organizations & implementers

National Quality Forum

2013 – present

Standards Development Organization
Integrating the Healthcare
Enterprise (IHE)

Sep 2013 – present

State Health Information Exchanges
(HIEs)

Jan 2014 – present

EHR Vendors

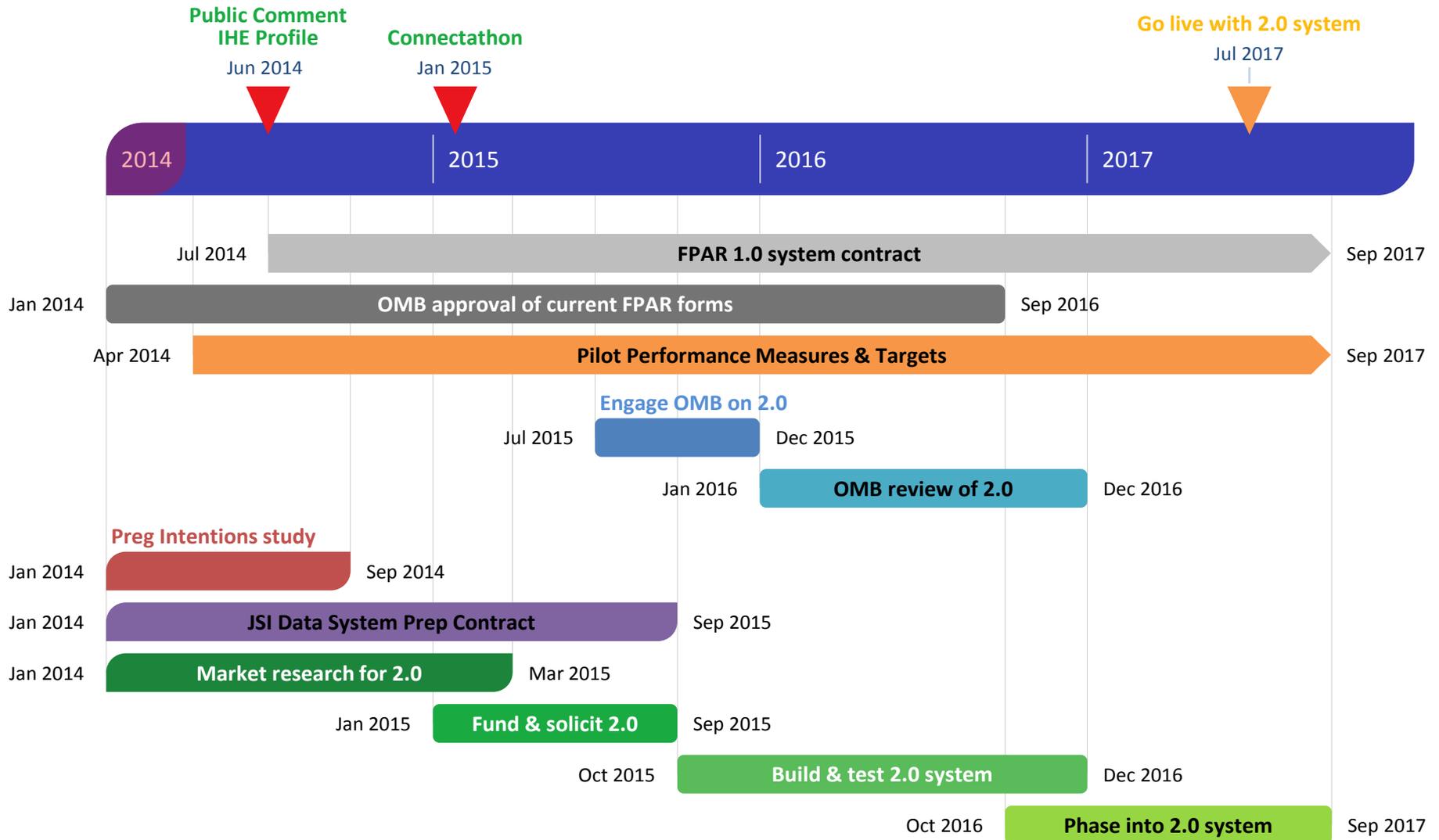
Apr 2014







Comprehensive 2.0 Activities Timeline



+ Thank You!

Questions?

Chat now

Contact us later at: FPAR2.0@hhs.gov



EHR Vendor Selection & Other Tips: A “Best Practices” Refresher



Lauren Corboy, MPH

ORISE Fellow

+ Strategies around EHRs

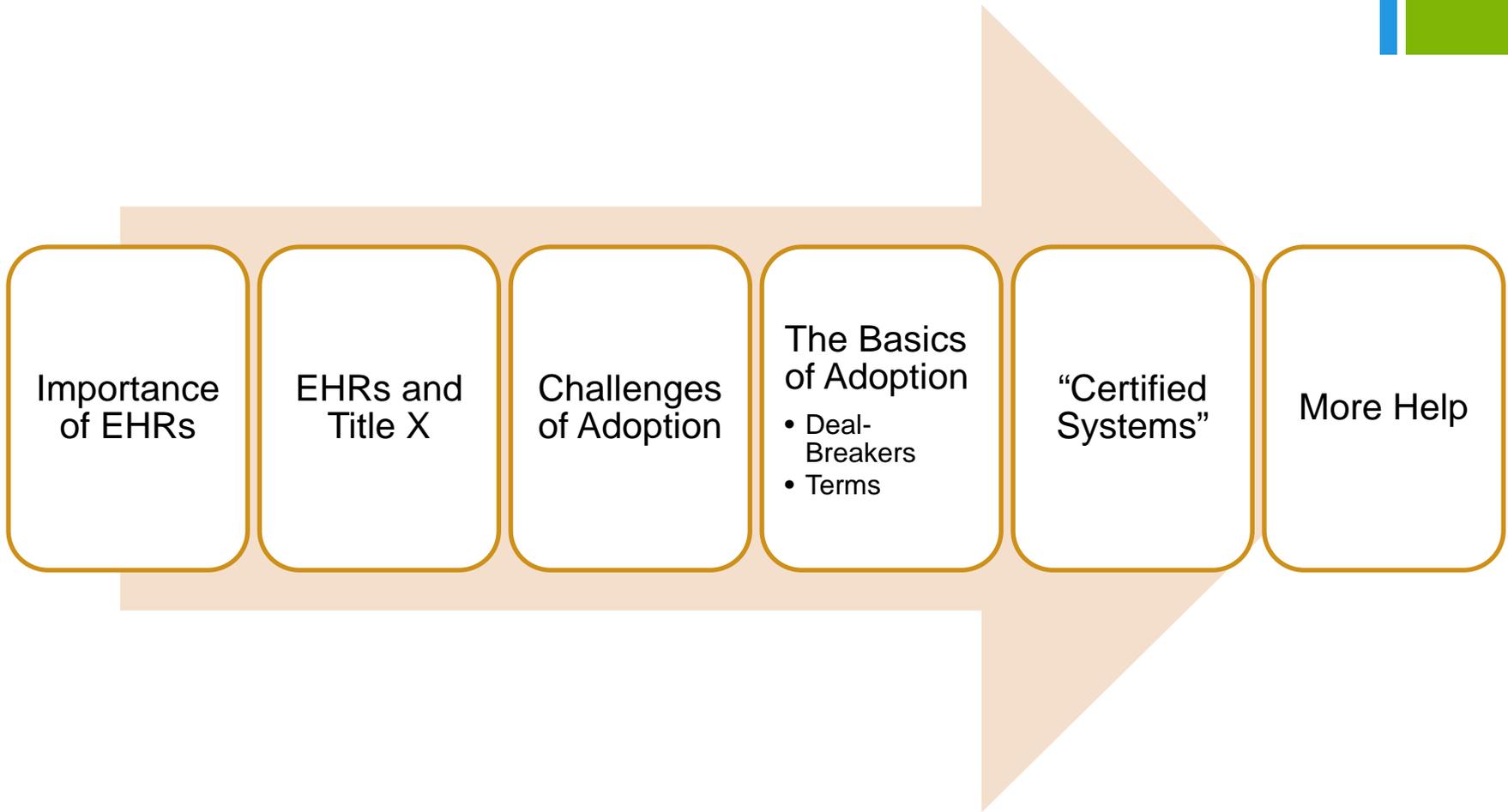
Study EHR implementation
status & systems

Pursue feasibility of data
exchange & transition to
encounter-level data

Assess EHR
Use and
Challenges

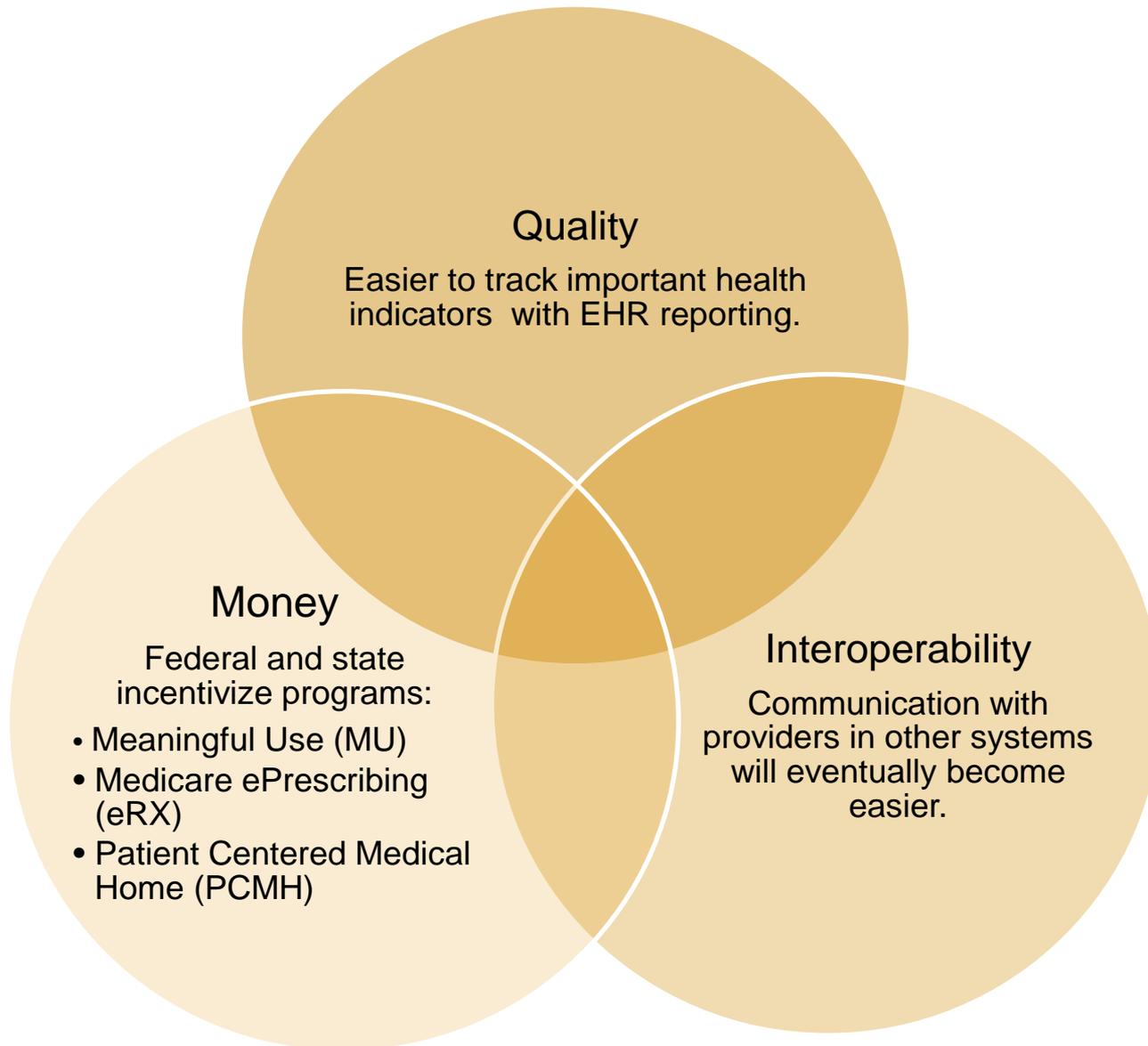


+ Roadmap





+ Why Should I Use an EHR, anyway?





+ EHRs & Title X Sites

June 2013 NTC Training Needs Assessment Results

- 454 Subrecipients, 1101 Service Sites
 - 33% Using EHRs
 - 32% Planning or implementing EHRs
 - **35% No EHR implementation plans**
- Variation in certification level, vendor, and functionality



+ Top Commercial EHRs by Service Delivery Type

36

■ All other commercial vendors



■ Greenway

■ NEXTGEN HEALTHCARE



■ VistA 

Health Dept



FQHC



PPFA



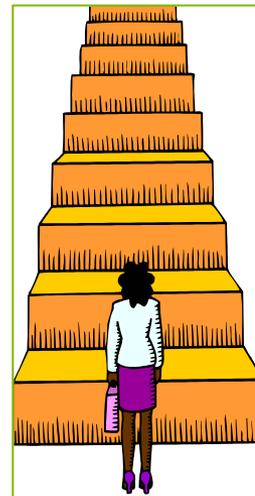
Other Private Non-Profit





+ Challenges of Adoption and Implementation:

- Financial burden
- Time constraints
- Small staff (or big staff!)
- Workflow (i.e. habit) redesign
- Lack of technical expertise
- Influx of systems on the market
- Forced migration onto a new system due to vendor consolidation
- Studies show EHRs take *at least* 1-2 years to start making good on their ROI promises
- Not “plug and play,” but a complicated, active, “team-sport” that requires a lot of planning, effort, and monitoring





+ Large Scale Tactics

Incentive programs

- MU
- PCMH
- eRX
- FREE EHR SYSTEMS!

Health Information Exchanges (HIEs)

- Private and/or public organizations that interface with smaller organizations, in order to facilitate information exchange

Top-Down Decisions

- HIEs or local governments helping local health departments adopt and implement by choosing one system for all entities

Standardization and Alignment

- Creation of “standard” data elements and practices to reinforce uniformity
- Regulation leads to uniformity and increased efficiency



General Tips for Adoption



- Define your needs and goals before you start the selection process
 - “Before evaluating vendors, you must evaluate your practice”
 - What do you want the technology to achieve for you?
 - “Don’t buy a Ferrari if you only need a Toyota”
- Three main things a practice needs, to be successful:
 - Time
 - Stamina
 - Leadership
- Patience is important:
 - The average implementation time for a solo practitioner is 12-18 months (longer for bigger practices)



+ DEAL-BREAKERS!



TWO ABSOLUTE DEAL-BREAKERS:

1. **An uncertified system**

- Your EHR system must be certified by the Centers for Medicare and Medicaid Services (CMS) in order to participate in Meaningful Use, and to avoid penalties in the future.

2. **A company that is unwilling and/or unable to interface with other systems (EHRs, EPMs, HIEs, etc.)**

- Your EHR system must have the capability to interact with other systems.
- This is now a requirement of Meaningful Use, as well as other incentive programs.
- Ask your vendor about this, and be sure they answer you with concrete plans to establish this capability or, ideally, processes that are already in place.

+ “Certified Systems”

- What do you mean by a “certified system”?
 - To be “certified” means that the system is a fully-integrated EHR, and meets certain standards laid out by CMS. A certified EHR is capable of documenting certain information, pulling varying types of reports, and other functionalities.
- How do I know if a system is certified?
 - A vendor will be able to tell you which version of their software (if any) is certified. *However, you should double-check on your own, as well.*



+ What is NOT a Certified System?

EPM ≠ EHR!

- An Electronic Practice Management System (EPM) is not the same as an Electronic Health Record (EHR)!
- EPMs typically only deal with workflow issues like scheduling and billing. EHRs actually contain clinical information, can pull reports, etc.

+ Upgrading to a Certified System

I am already using an uncertified EHR. What should I do?

- Ask your vendor if they have a certified version or system already available.
 - If yes:
 - How much will it cost to upgrade?
 - What does the upgrading process involve? (Timeline, new training, extra fees, etc.)
 - If no:
 - Do they have plans to create a certified version?
 - When would that version be ready?
 - Be sure to ask all questions above, as well!

NOTE: Be extremely cautious if you are told a certified version is “in the works” or will be coming soon. A concrete solution already in existence is ALWAYS your safest bet!

+ What if I *JUST* signed a contract for an uncertified system?

- Read your contract
 - Is there any indication you might be able to break the contract, if necessary?
- Have a lawyer read your contract
 - Best to double-check, regardless of what you find in the contract.
- Talk to your vendor
 - Do they have plans to become certified by 2015?
 - If not, then when?
 - How much would it cost for me to upgrade?
 - What does that process look like?



+ Who to Talk To



Your Colleagues!

- They have invaluable insights from an *impartial*, clinical perspective, which vendors and RECs won't be able to give you. Ask all the tough questions!

Vendors

- Find out about as many systems as possible. Do demos!
- Don't forget, you're talking to salespeople.

Regional Extension Centers (RECs)

- ONC-funded to help providers adopt and implement EHRs, and achieve Meaningful Use.
- Federal funding is ending soon, but there is still time. Call today to find out how they can help!



+ Thank You!

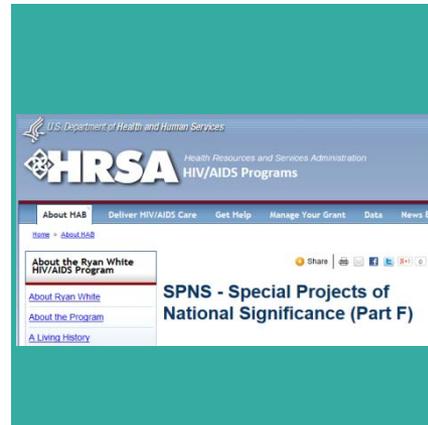
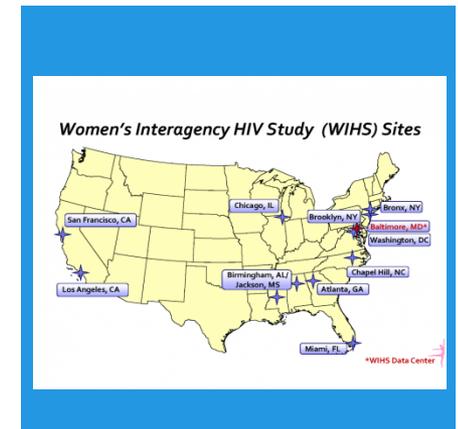
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Infrastructure Needed For FPAR 2.0



Johanna Goderre, MPH

Senior Health Informatics Advisor, OPA

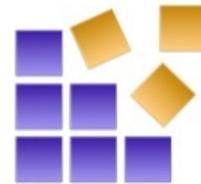


+ Infrastructure Development

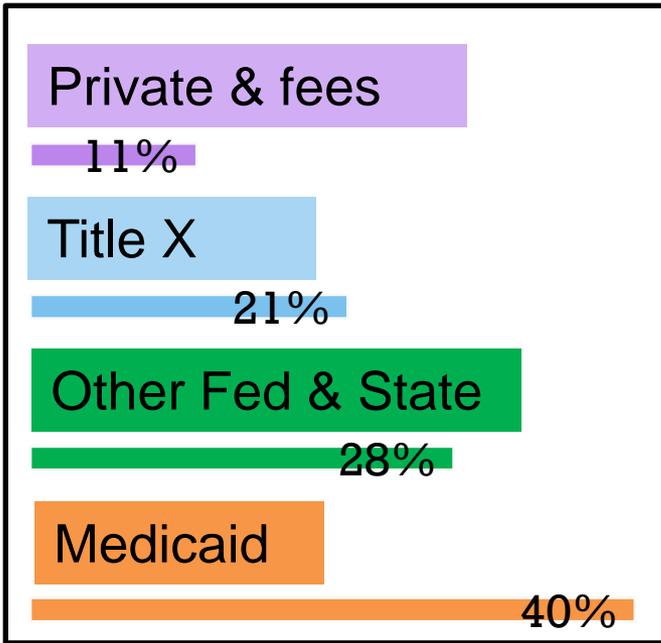


Develop
Structured
FP Data

Work within SDOs
Standardize & document
family planning services
Promote family planning
integration in healthcare



+ Common reporting burden among Title X sites



Funders
Reported Revenue Sources 2012 FPAR



Quality & Performance



Immunizations, cancer registry, chronic disease registries, notifiable diseases, syndromic surveillance,

Public Health reporting





+ Vital signs stored as structured, numeric data MU Stage 2

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this objective.

Certification Criteria*

§170.314(a)(4) Record and chart vital signs

- (i) Vital signs. Enable a user to electronically record, change, and access, at a minimum, a patient’s height/length, weight, and blood pressure. Height/length, weight, and blood pressure must be recorded in numerical values only.
- (ii) Calculate body mass index. Automatically calculate and electronically display body mass index based on a patient’s height and weight.
- (iii) Optional—Plot and display growth charts. Plot and electronically display, upon request, growth charts for patients.

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Record Vital Signs

Objective

Record and chart changes in the following vital signs: height/length and weight (no age limit); blood pressure (ages 3 and over); calculate and display body mass index (BMI); and plot and display growth charts for patients 0-20 years, including BMI.

Measure

More than 80 percent of all unique patients seen by the EP have blood pressure (for patients age 3 and over only) and/or height and weight (for all ages) recorded as structured data.



+ Percentage of EHRs in use



Next Gen	14%
<i>FL Dept of Health Management System</i>	11%
Netsmart Insight	9%
VistA	9%
<i>None</i>	8%
Greenway (Vitera)	7%
eClinicalWorks	5%
<i>Custom</i>	5%
Success EHS	5%
Centricity/Logician (GE)	4%
Epic	3%
<i>Ahlers (FPAR data only)</i>	2%
Allscripts/Eclipsys	2%
Mitchell & McCormick	1%
PatTrac	1%
AdvancedMD (ADP)	1%
Vitera Sage Intergy (Greenway)	1%



Diverse network with specific local needs, multiple reporting structures

Variety of tracking and reporting systems

Understand performance at finer granularities and in real-time

National improvements in electronic data capture and exchange

High individual costs to support infrastructure of data capture and exchange

Common tools to record and exchange data



Policy Consensus



Implementation

Regulation

Certification

Standards development & clarification



Testing the standards



Medical Software Logo, by Dr. Henry Dossou





Policy Consensus

Regulation

Implementation

Standards development & clarification

Certification

Testing the standards





Policy Consensus



Implementation

Regulation



Certification

Standards development & clarification



Testing the standards



+ Standards, Interoperability, and Consensus



International Council of Nurses ICN



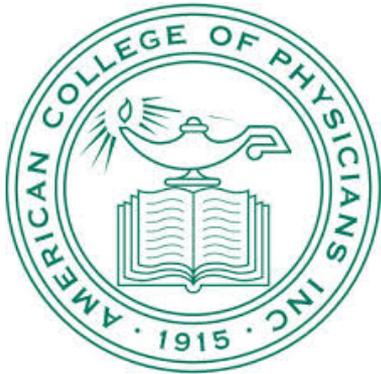
ONC Health IT Certification Program



+ IHE Quality, Reporting, and Public Health Committee

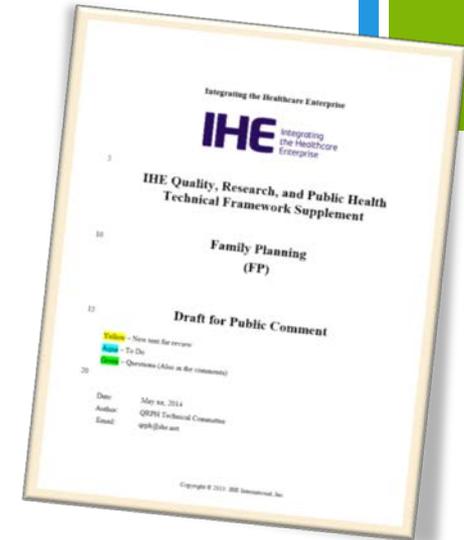


National Center on Birth Defects and Developmental Disabilities



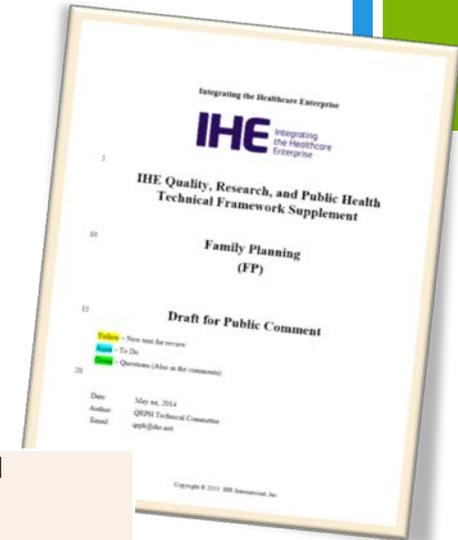
+ Publish the IHE Family Planning profile June 2014

Clinical Data Element	Optionality	CDA pseudo xPath
Weight	R	VitalSigns.vitalSignsOrganizer.vitalSignsObservation – Weight Code
Systolic Blood Pressure	R	VitalSigns.vitalSignsOrganizer.vitalSignsObservation – Systolic Blood Pressure Code
Diastolic Blood Pressure	R	VitalSigns.vitalSignsOrganizer.vitalSignsObservation – Diastolic Blood Pressure Code



+ Publish the IHE Family Planning profile June 2014

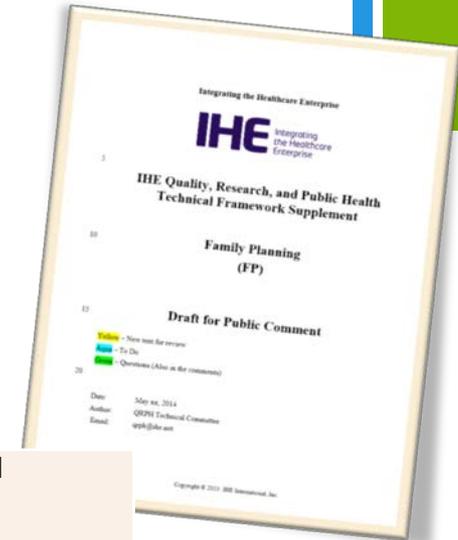
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Diastolic Blood Pressure	R	VitalSigns.vitalSignsOrganizer.vitalSignsObservation – Diastolic Blood Pressure Code



Template Type	Template Title	Opt and Card	templatedId
Entry	Vital Sign - Weight	[1..1]	1.3.6.1.4.1.19376.1.5.3.1.4.1.3.2
Entry	Vital Sign – Systolic Blood Pressure	[1..1]	1.3.6.1.4.1.19376.1.5.3.1.4.1.3.2
Entry	Vital Sign – Diastolic Blood Pressure	[1..1]	1.3.6.1.4.1.19376.1.5.3.1.4.1.3.2

+ Publish the IHE Family Planning profile June 2014

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Entry	Vital Sign – Diastolic Blood Pressure	[1..1]	1.3.6.1.4.1.19376.1.5.3.1.4.1.3.2

codeSystem	codeSystemName	Description
2.16.840.1.113883.6.1	LOINC	Logical Observation Identifier Names and Codes
2.16.840.1.113883.6.96	SNOMED-CT	Systematized Nomenclature Of Medicine Clinical Terms
2.16.840.1.113883.6.8	UCUM	Unified Code for Units of Measure



+ Publish the IHE Family Planning profile June 2014

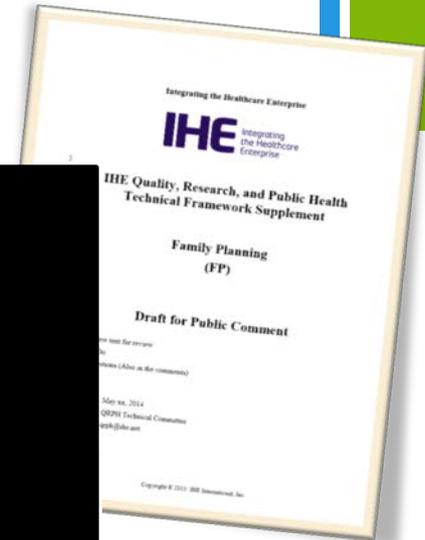
Clinical Data Element	Optionality	CDA pseudo XPath
Weight	R	VitalSigns.vitalSignsOrganizer.vitalSignsOb
Systolic Blood Pressure		
Diastolic Blood Pressure		

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Entry	Vital Sign - S
Entry	Vital Sign - I

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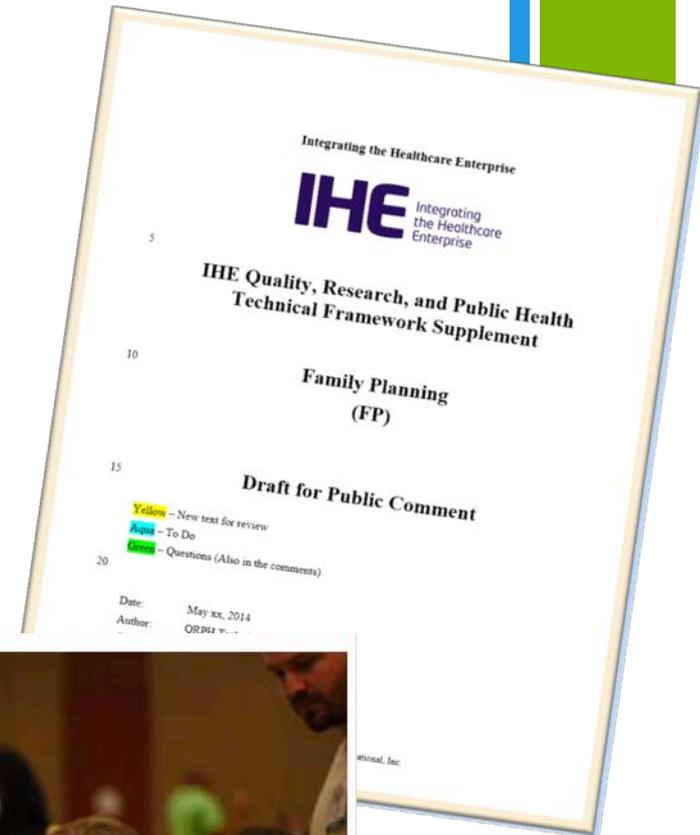
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    <effectiveTime value="/>
    <!-- For HL7 Version 3 Messages
  <author classCode='AUT'>
    <assignedEntity1 typeCode='ASSIGNED'>
      :
    <assignedEntity1>
  </author>
  -->
  <!-- One or more components -->
  <component typeCode='COMP'>
    <!-- Or a pregnancy status observation -->
    <observation classCode='OBS' moodCode='EVN'>
      <templateId root=''/>
      :
    </observation>
  </component>
</organizer>

```



tion
 Identifier Names and
 ure Of Medicine
 Measure

+ Vendors test their implementation of the Family Planning Profile at Jan 2015 IHE Connectathon

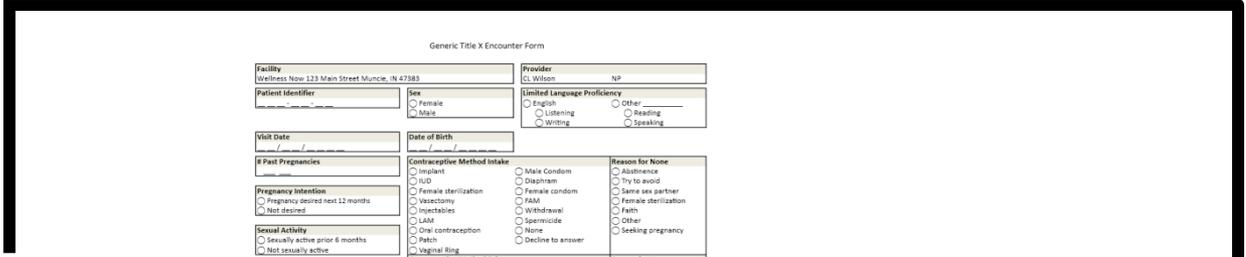


IHE Connectathon: A Unique Testing Opportunity



+ Meet me at the Connectathon

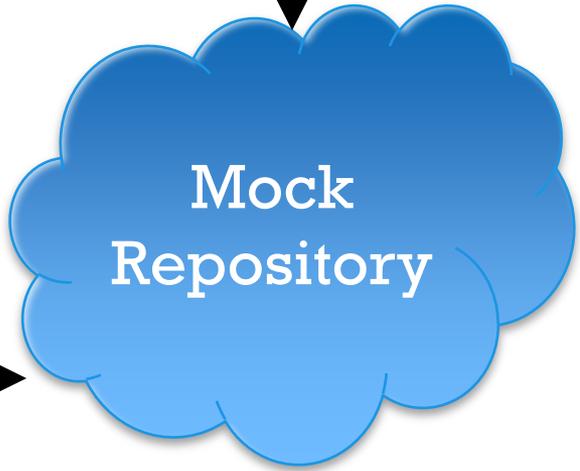
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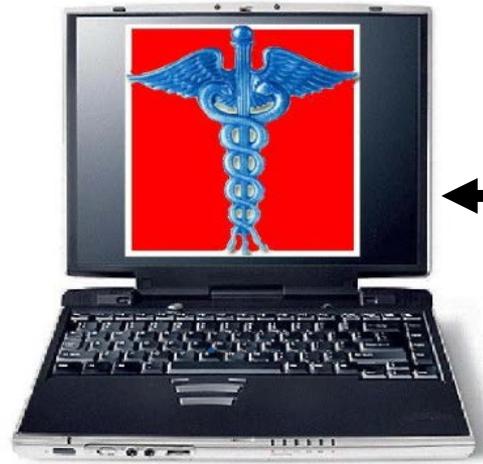
Generic Title X Encounter Form

Facility Wellness Now 123 Main Street Muncie, IN 47383	Provider <input type="checkbox"/> Wilson NP
Patient Identifier _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Visit Date ____/____/____	Date of Birth ____/____/____
# Past Pregnancies _____	Contraceptive Method Intake <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Female sterilization <input type="checkbox"/> Vasectomy <input type="checkbox"/> Injections <input type="checkbox"/> LAM <input type="checkbox"/> Oral contraception <input type="checkbox"/> Patch <input type="checkbox"/> Vaginal Ring
Pregnancy Intention <input type="checkbox"/> Pregnancy desired next 12 months <input type="checkbox"/> Not desired	Reason for None <input type="checkbox"/> Abstinence <input type="checkbox"/> Try to avoid <input type="checkbox"/> Same sex partner <input type="checkbox"/> Female sterilization <input type="checkbox"/> Faith <input type="checkbox"/> Other <input type="checkbox"/> Seeking pregnancy
Sexual Activity <input type="checkbox"/> Sexually active prior 6 months <input type="checkbox"/> Not sexually active	Contraceptive Method Exit <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Female sterilization <input type="checkbox"/> Vasectomy <input type="checkbox"/> Injections <input type="checkbox"/> LAM <input type="checkbox"/> Oral BC <input type="checkbox"/> Patch <input type="checkbox"/> Vaginal Ring
Current Pregnancy Status <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant - patient report <input type="checkbox"/> Pregnant - test	Reason for None <input type="checkbox"/> Abstinence <input type="checkbox"/> Try to avoid <input type="checkbox"/> Same sex partner <input type="checkbox"/> Female sterilization <input type="checkbox"/> Faith <input type="checkbox"/> Other <input type="checkbox"/> Seeking pregnancy
Last Pap ____/____/____	CT Ordered ____/____/____
HPV Typing ____/____/____	IC Ordered ____/____/____
HPV Screen Ordered ____/____/____	Date Referral Recommended ____/____/____
HPV Rapid Result ____/____/____	Referral Provider & Location ____/____/____
HPV Supplemental Result ____/____/____	Referral Completed ____/____/____
Height ____ in / ____ cm	Smoking Status <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Current daily <input type="checkbox"/> Current some day
Weight ____ lbs / ____ kg	Diastolic ____
Ethnicity <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a	Race (check all that apply) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Annual Household Income \$ _____	Primary Insurance <input type="checkbox"/> No insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay
Household Size _____	<input type="checkbox"/> Private/group <input type="checkbox"/> Medicare <input type="checkbox"/> Other public <input type="checkbox"/> Veteran/military <input type="checkbox"/> Other public

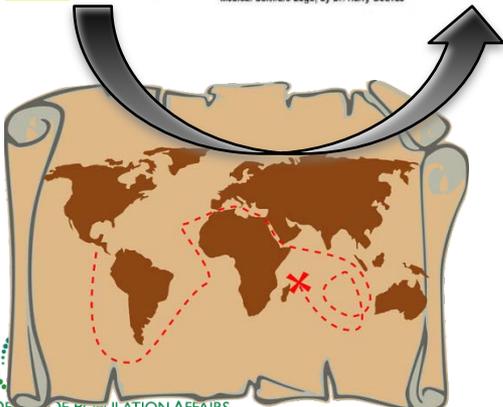
2



3



Medical Software Logo, by Dr. Harry Gouras



4

Generic Title X Encounter Form

Facility Wellness Now 123 Main Street Muncie, IN 47383	Provider <input type="checkbox"/> Wilson NP
Patient Identifier _____	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Visit Date ____/____/____	Date of Birth ____/____/____
# Past Pregnancies _____	Contraceptive Method Intake <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Female sterilization <input type="checkbox"/> Vasectomy <input type="checkbox"/> Injections <input type="checkbox"/> LAM <input type="checkbox"/> Oral contraception <input type="checkbox"/> Patch <input type="checkbox"/> Vaginal Ring
Pregnancy Intention <input type="checkbox"/> Pregnancy desired next 12 months <input type="checkbox"/> Not desired	Reason for None <input type="checkbox"/> Abstinence <input type="checkbox"/> Try to avoid <input type="checkbox"/> Same sex partner <input type="checkbox"/> Female sterilization <input type="checkbox"/> Faith <input type="checkbox"/> Other <input type="checkbox"/> Seeking pregnancy
Sexual Activity <input type="checkbox"/> Sexually active prior 6 months <input type="checkbox"/> Not sexually active	Contraceptive Method Exit <input type="checkbox"/> Implant <input type="checkbox"/> IUD <input type="checkbox"/> Female sterilization <input type="checkbox"/> Vasectomy <input type="checkbox"/> Injections <input type="checkbox"/> LAM <input type="checkbox"/> Oral BC <input type="checkbox"/> Patch <input type="checkbox"/> Vaginal Ring
Current Pregnancy Status <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant - patient report <input type="checkbox"/> Pregnant - test	Reason for None <input type="checkbox"/> Abstinence <input type="checkbox"/> Try to avoid <input type="checkbox"/> Same sex partner <input type="checkbox"/> Female sterilization <input type="checkbox"/> Faith <input type="checkbox"/> Other <input type="checkbox"/> Seeking pregnancy
Last Pap ____/____/____	CT Ordered ____/____/____
HPV Typing ____/____/____	IC Ordered ____/____/____
HPV Screen Ordered ____/____/____	Date Referral Recommended ____/____/____
HPV Rapid Result ____/____/____	Referral Provider & Location ____/____/____
HPV Supplemental Result ____/____/____	Referral Completed ____/____/____
Height ____ in / ____ cm	Smoking Status <input type="checkbox"/> Never <input type="checkbox"/> Former <input type="checkbox"/> Current daily <input type="checkbox"/> Current some day
Weight ____ lbs / ____ kg	Diastolic ____
Ethnicity <input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a	Race (check all that apply) <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Annual Household Income \$ _____	Primary Insurance <input type="checkbox"/> No insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay
Household Size _____	<input type="checkbox"/> Private/group <input type="checkbox"/> Medicare <input type="checkbox"/> Other public <input type="checkbox"/> Veteran/military <input type="checkbox"/> Other public

Title X Encounter
Please Confirm:

Site:

SD-3024

Visit Date:

6/1/2017



+ IHE FP profile alignment with FPAR 2.0 data elements

Facility
Provider
Visit Date
Patient Identifier
Date of Birth
Sex
Limited Language Proficiency
Lifetime Number of Pregnancies
Pregnancy Intention
Sexual Activity
Current Pregnancy Status
Contraceptive method at Intake
Contraceptive method at Exit
Reason for no contraceptive method
Date of last Pap test
HPV typing
CT Screen Ordered
GC Screen Ordered

HIV Screen Ordered
HIV Rapid Screen Result
HIV Supplemental Result
Date of HIV Supplemental Result
HIV Referral Needed
HIV Referred Provider Information
Data HIV Referral Completed
Systolic blood pressure
Diastolic blood pressure
Height
Weight
Smoking status
Ethnicity
Race
Household Annual Income
Household size
Primary Visit Payer





+ Success Stories

HRSA BPHC Health Center Controlled Network (HCCN)

East Providence, RI
NCQA PCMH L3, HCCN, & Title X
EHR system: NextGen



NFPRHA Case Study of group EHR purchasing
Indiana Family Health Council
EHR system: iSalus



HHS ONC Case Study of EHR implementation
Portland, OR
FQHC & Title X
EHR system: Epic





Health Center Information

- Home Page
- Member Center
- CHC Stories
- Policy Issues
- Clinical Issues
- Health Center Information**
- Research & Data
- Advocacy/Voter Registration
- Conferences
- Training & Technical Assistance
- Publications & Resources
- Job Board

In this Section

- HR Clearinghouse
- Financial/Operations Management
- Capital Development
- Governance
- Health Center Growth/Development
- Risk Management
- Emergency Management
- Health Information Technologies (HIT)**
- Outreach and Enrollment

EHR Vendors

Text Size: [A](#) [A](#) [A](#)

Electronic Health Record (EHR) Vendor Site Visits and Reviews

Over 100 health centers in over 40 states using more than 20 different EHRs are available to assist you in your EHR implementation efforts.

In this area you can:

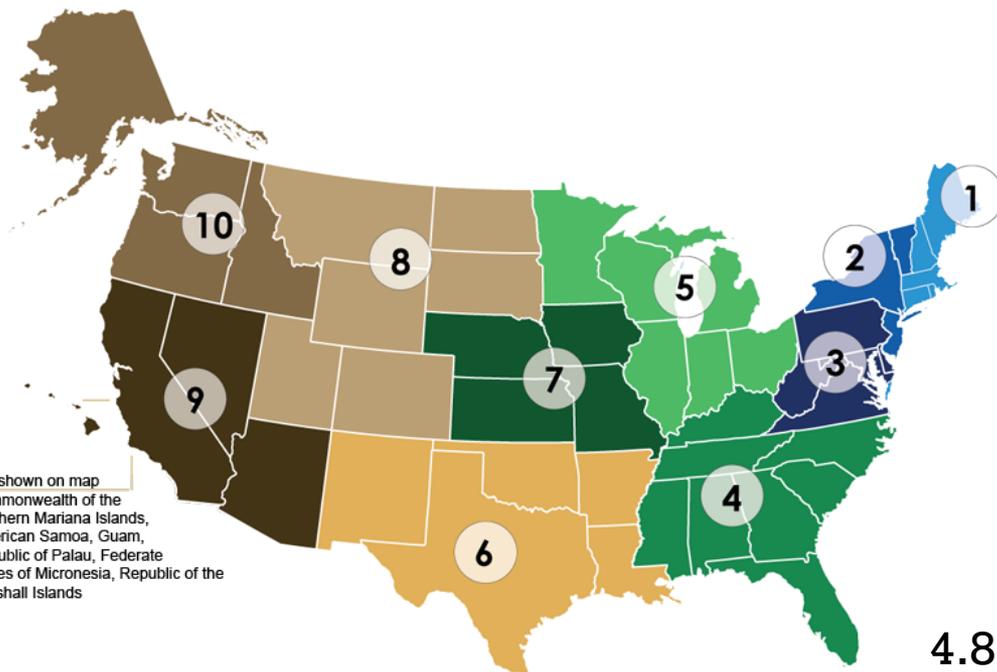
- Locate health centers that have implemented specific EHRs
 - Identify individuals who can provide the low-down on their experience with a specific EHR vendor;
 - Discuss arranging a site visit to see an EHR live
- If you would like to provide a review of an EHR product please send an e-mail to Shane Hickey, Director of IT Assistance, at shickey@nachc.com



Stay updated on Community



+ Family Planning Market



Not shown on map
Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federate States of Micronesia, Republic of the Marshall Islands

4.8 million clients annually

8.6 million encounters annually

4189 Service delivery sites and

1138 Sub recipients in

50+ States, territories, DC monitored by

93 Service grantees monitored

* 2012 FPAR service data



How you can help



+ ASK



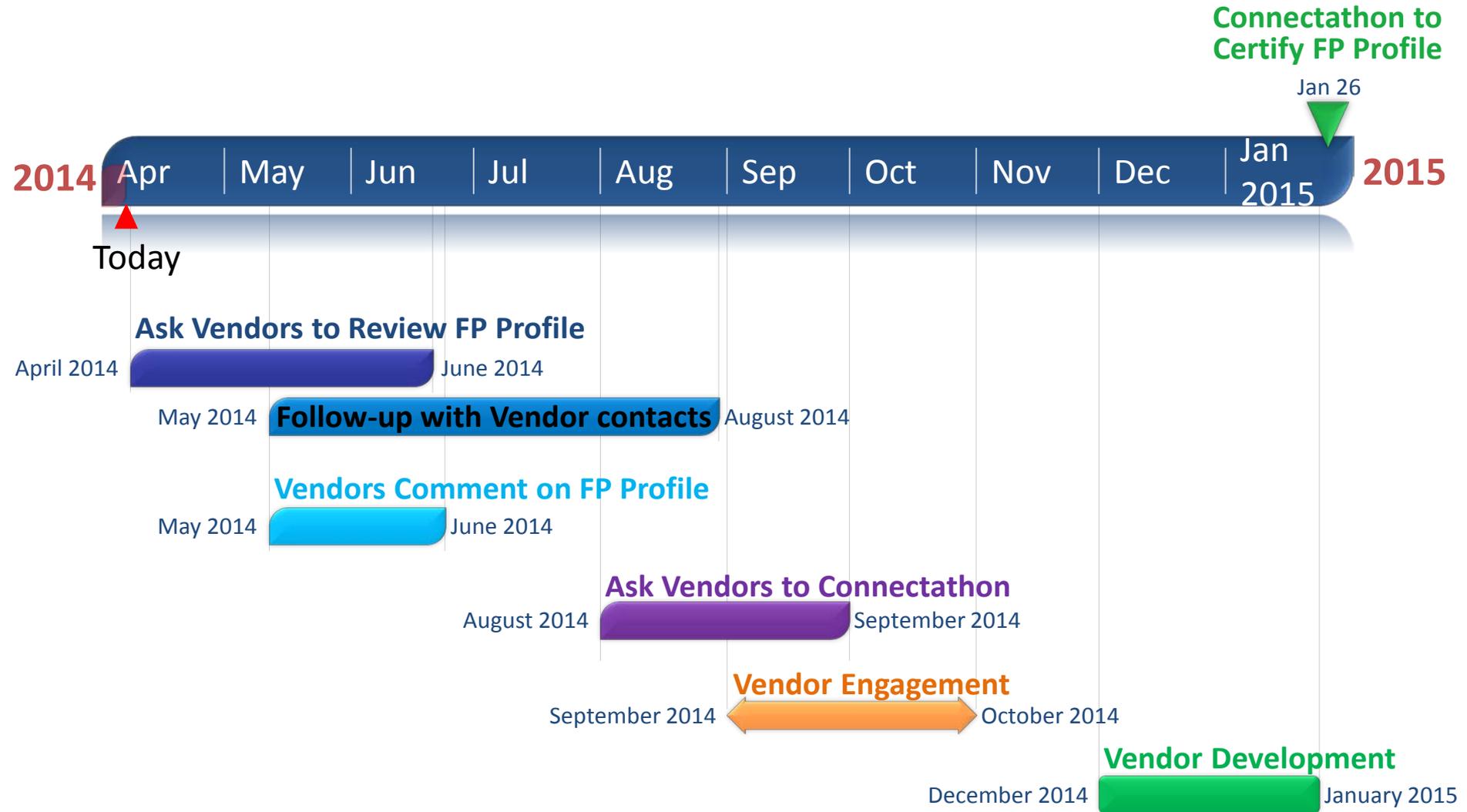
- We need grantees/subs/sites to help **encourage EHR vendors to certify** for our Family Planning Profile during the January 2015 IHE Connectathon

- All vendors welcome, but we are specifically interested in recruiting:
 - AllScripts
 - eClinicalWorks
 - Greenway
 - NextGen
 - NetSmart
 - SuccessEHS

- OPA has already begun vendor outreach & discussions

- Vendors listen to their customers (and potential customers)!

Timeline for IHE Connectathon Ask





ACTION ITEM

- Download the attached handout: Vendor Outreach
- Tailor the language as needed
- Email or call your EHR vendor to request their review & participation
 - Feel free to cc us at FPAR2.0@hhs.gov
 - Follow up with your vendor and let FPAR2.0@hhs.gov know if your vendor is serious about participating
- If vendors have questions, they can also reach out to us at FPAR2.0@hhs.gov

+ Thank You!

Final Questions

Chat now

Contact us later at: FPAR2.0@hhs.gov



+ Resources

