

Shaping the Future of Title X

Susan Moskosky, MS, WHNP-BC
Acting Director
Office of Population Affairs



Agenda

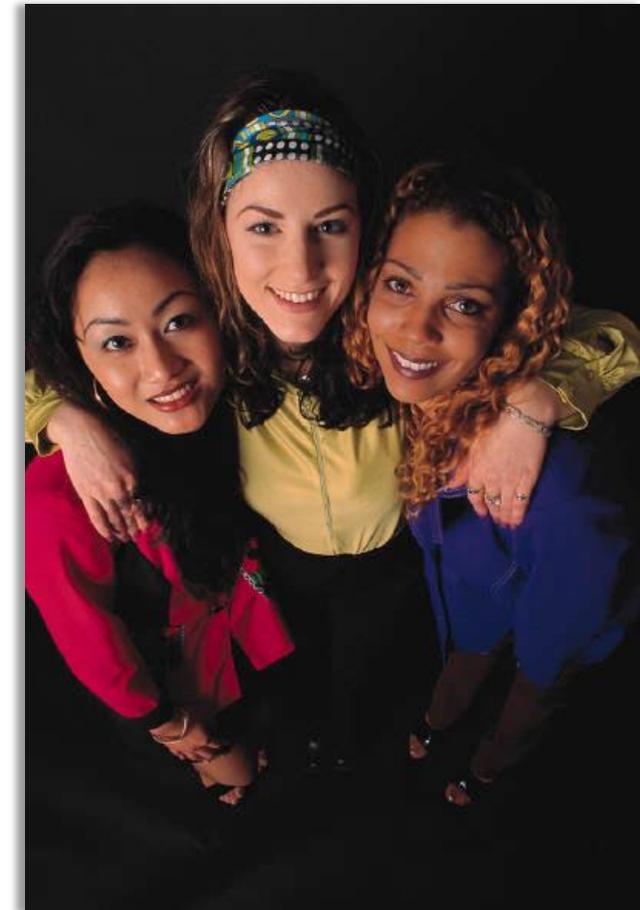
- **Overview of OPA strategic initiatives**
 - **Sue Moskosky: Acting Director**
- **Activities related to the QFP**
 - **Lorrie Gavin: Health Scientist**
- **After the ACA—Responding to health system changes**
 - **Tasmeen Weik: Health Scientist**
- **Health IT: FPAR 2.0 & the Family Planning Technical Profile**
 - **Christina Lachance: Public Health Advisor**
 - **Johanna Godderre: Health IT Advisor**
- **Updates on Service Delivery grants**
 - **Nancy Mautone-Smith: Commander—USPHS**
 - **David Johnson: Public Health Advisor**

OPA Staff

- **Service Delivery:**
 - David Johnson
 - Nancy Mautone-Smith
- **Health Reform/Research:**
 - Tasmeen Weik
 - Emily Jones
 - Carolina Loyola
- **Health IT**
 - Christina Lachance
 - Johanna Godderre
 - Lauren Corboy
- **Embryo Adoption**
 - Bob Scholle
- **Communication**
 - Laura Gray
 - Sima Michaels Dembo
 - Shanae Murraine
- **Administrative**
 - Susan Dunnell
- **Quality/Performance Measures**
 - Lorrie Gavin

Client characteristics - FPAR 2013

- 4,557,824 total clients
 - 4,184,587 females (92%)
 - 373,237 males (8%)
- 69% ≤ 29 years old
- 18% teens ≤ 19 years old
- 56% racial/ethnic minorities
- 30% Hispanic/Latino
- 70% ≤ 100% FPL
- 89% ≤ 200% FPL
- 63% uninsured





Title X Funding History

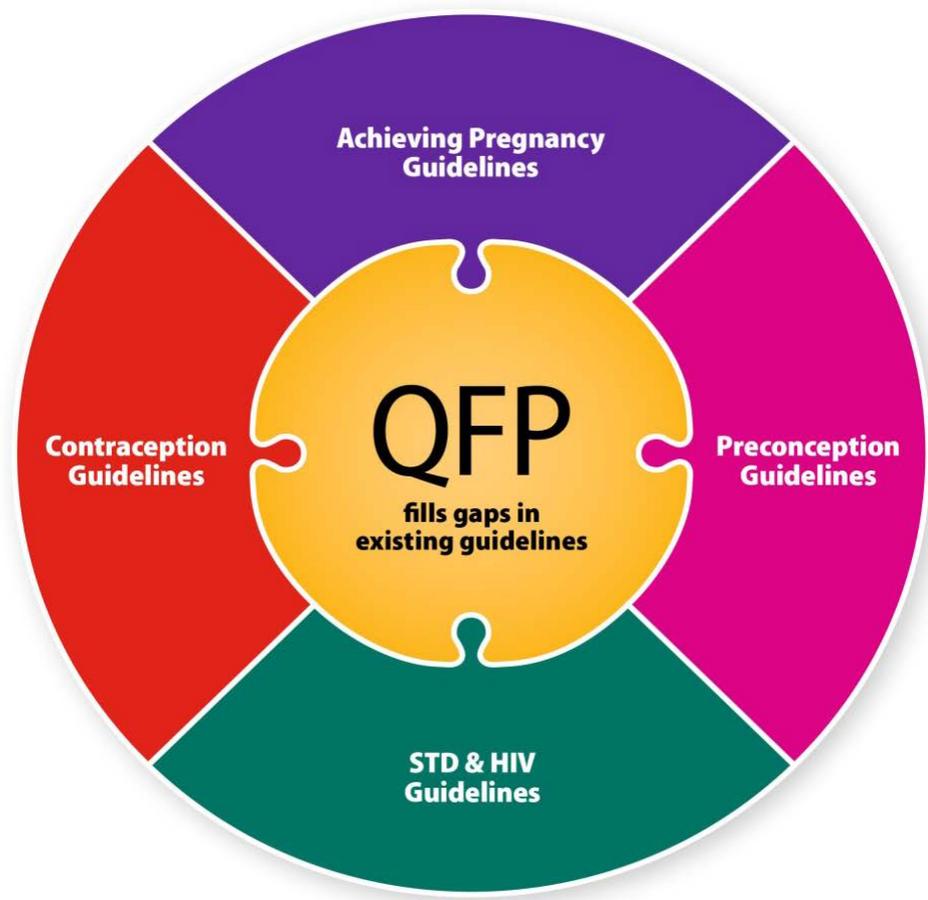
1971	\$ 6,000,000
1981	\$161,671,000
1983	\$124,088,000
1991	\$144,311,000
2001	\$253,932,000
2002	\$265,000,000
2004	\$280,000,000
2005	\$285,963,000
2009	\$307,491,000
2010	\$317,491,000
2011	\$299,400,000
2012	\$296,838,000
2013	\$278,349,286
2014	\$286,400,000
2015 (CR)	\$286,479,000

General Updates/Announcements

- **FY 15 services FOA**
 - **New focus area on sustainability**
- **Need data from grantees on number of clients who's copay falls below the SFS threshold**
- **Continued travel and meetings restrictions.**

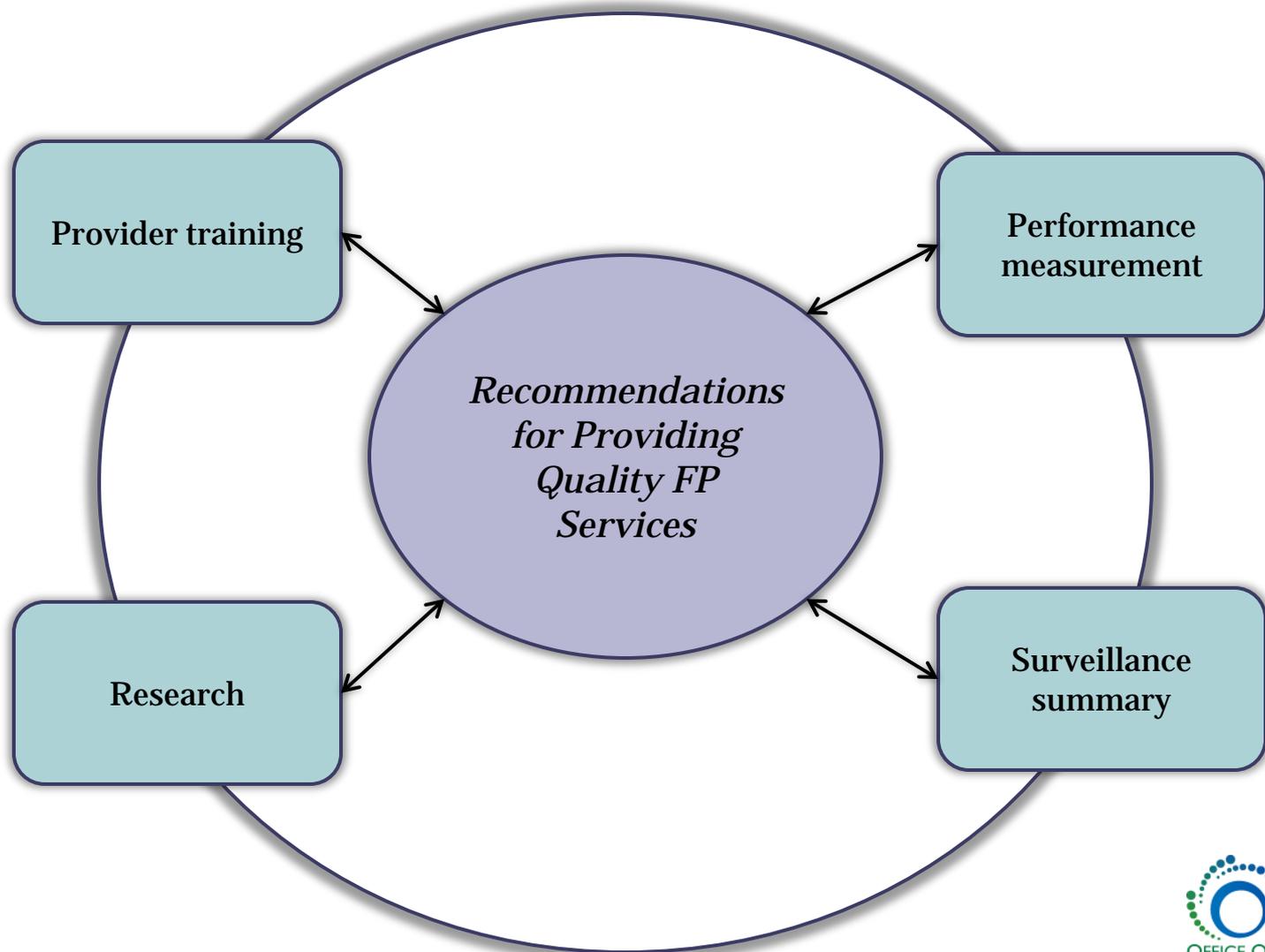
Strategic Initiatives

Efforts to help the field respond to changes in the healthcare environment and ensure access and high quality services for Title X grantees.

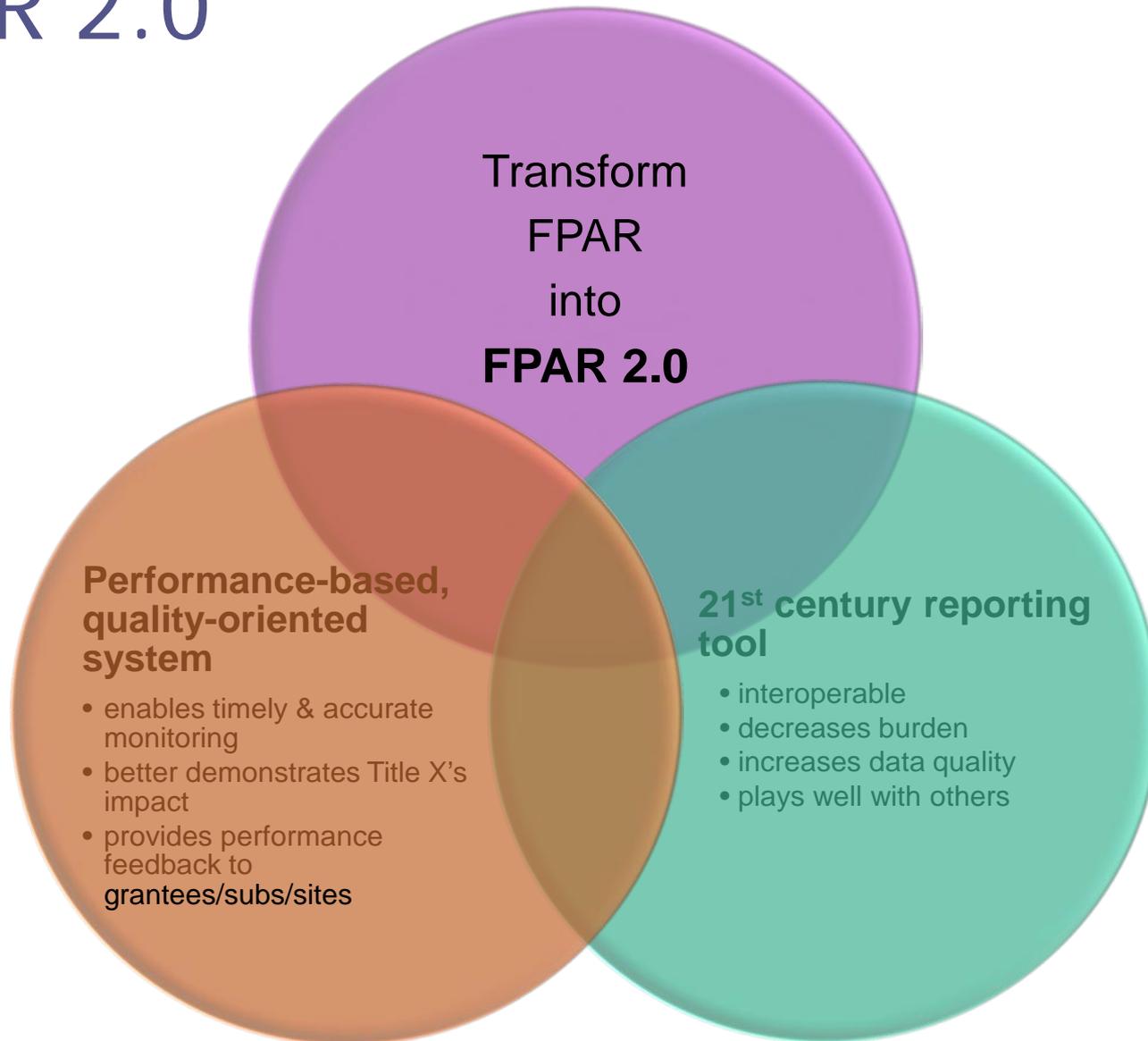


**The Quality Family Planning Recommendations (QFP)
Integrate & Fill Gaps in Other Guidelines
for the Family Planning Setting**

Future efforts to strengthen QFP

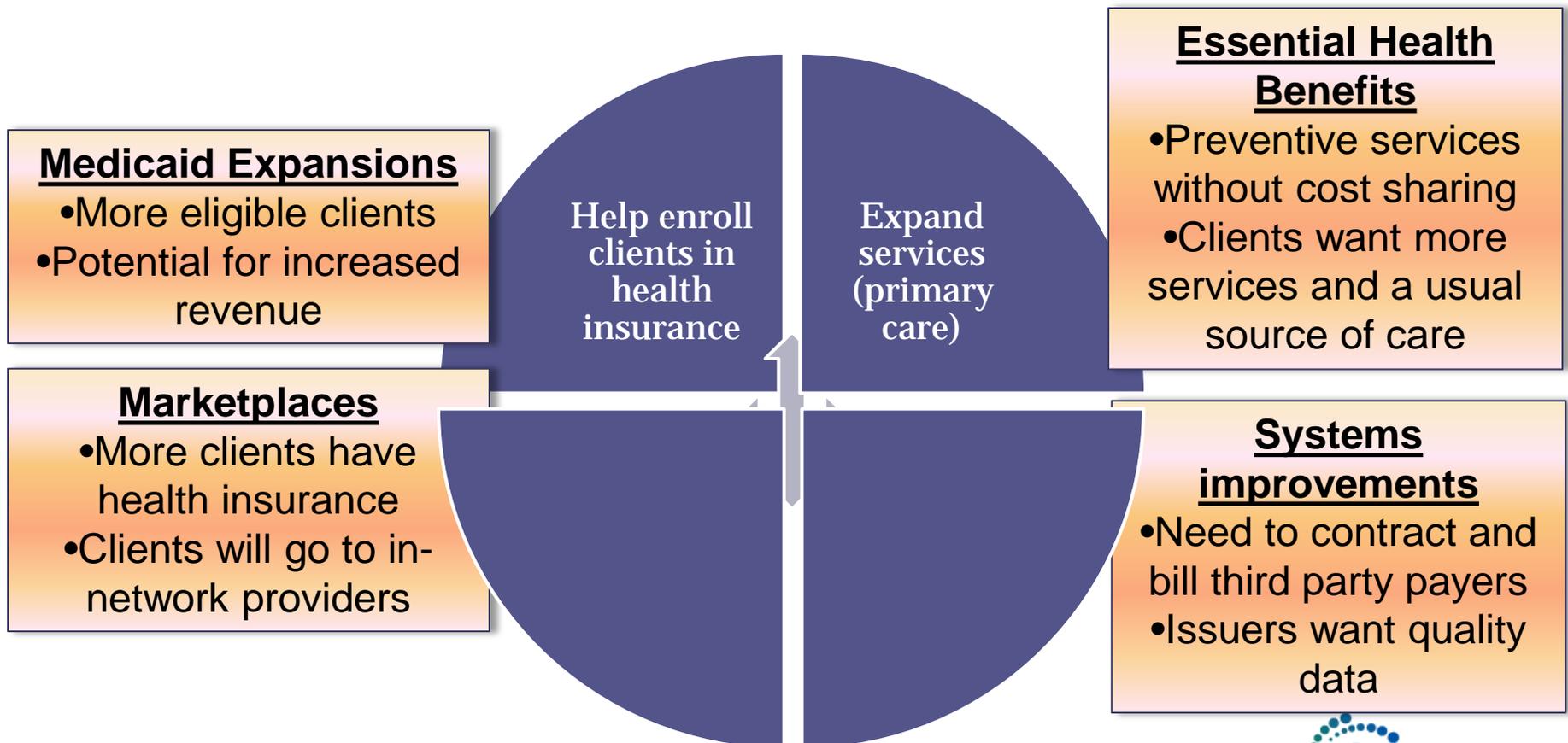


FPAR 2.0

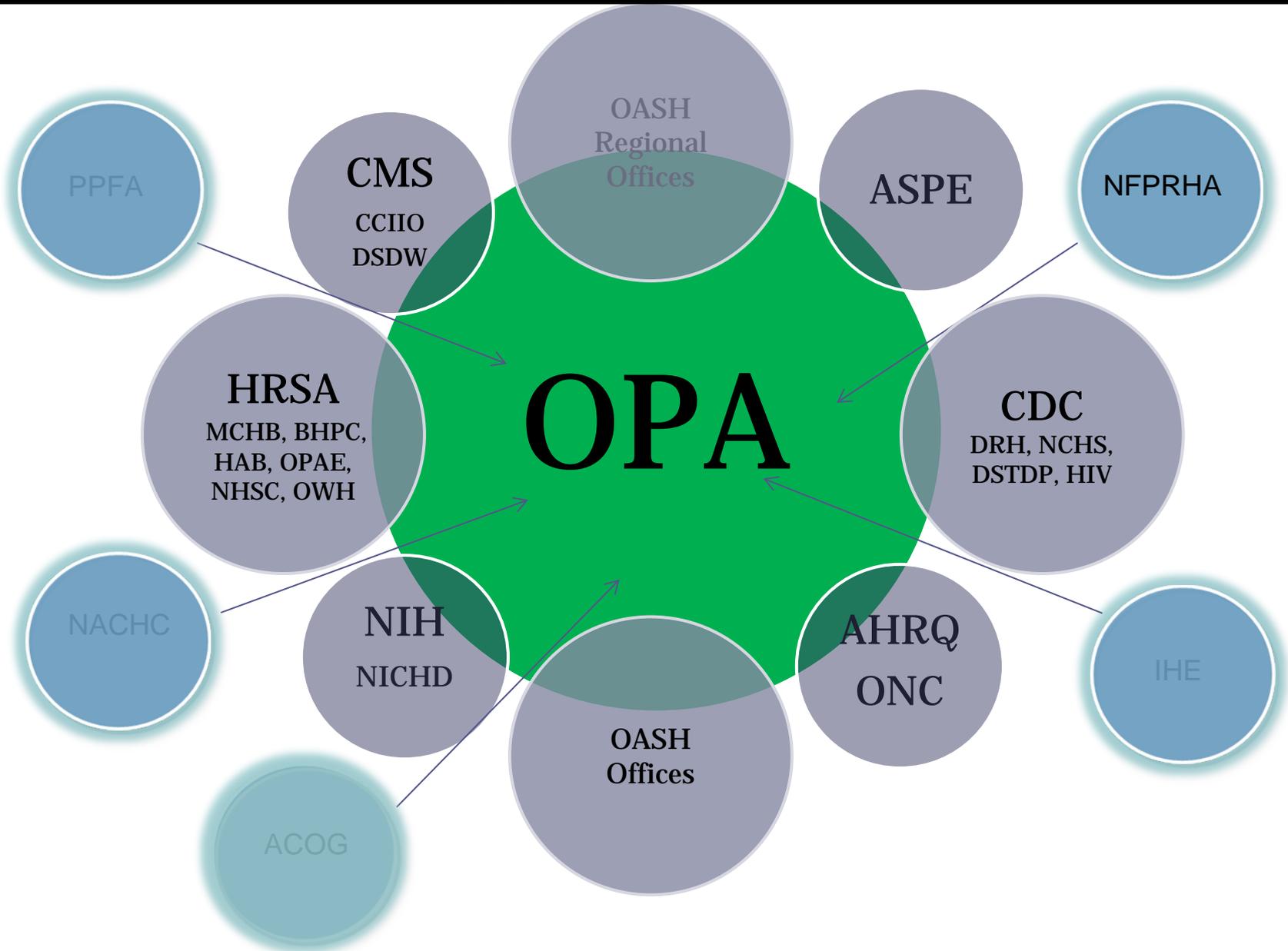


ACA

Implications for Title X



OPA: Supporting Coordination and Collaboration



Recommendations for Quality Family Planning QFP

Lorrie Gavin, PhD
Health Scientist
Office of Population Affairs

Objectives

- Briefly describe:
 - QFP-related training & other implementation activities
 - An 'occasional update' for QFP
 - Performance measures for contraceptive use



Share your feedback on the website

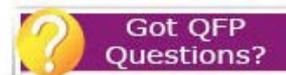


Search input field and button

- About us
- Resources
- Events
- Affordable Care Act
- New Recommendations**
- Communities of Practice

Home » New Recommendations for Quality Family Planning Services

New Recommendations for Quality Family Planning Services



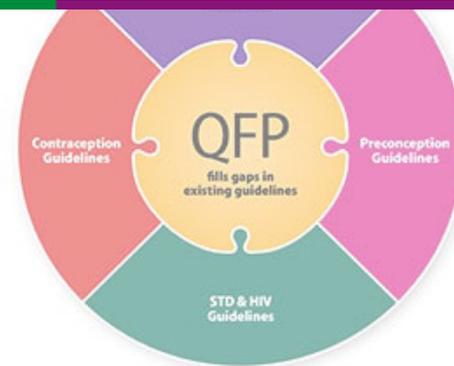
www.fpntc.org/resources/new-recommendations

describe *how* to provide them—to women and men. The *Title X Program Requirements* focus on Title X statutory and regulatory policies.



QFP KEY RESOURCES

- ▶ **Providing Quality Family Planning Services MMWR & CE Credit**
- ▶ **QFP One-Page Overview**
- ▶ **Clinical Pathway for Family Planning Services for Women and Men of Reproductive Age**
- ▶ **Family Planning and Related Preventive Health Services Checklists for Women and Men**
- ▶ **The Revised Title X Program Guidelines Video**



The Quality Family Planning Recommendations (QFP) Integrate & Fill Gaps in Other Guidelines for the Family Planning Setting

ENLARGE

DID YOU KNOW?

Family planning services are an integral part of delivering quality health care for the millions of men and women of reproductive age (15–44 years). Offering family planning services—at every

QFP-related training

Key *training products* to be developed this year:

- Contraceptive services
 - Instructional and job aids
 - IUD insertion training
 - Webinars (EC, counseling for clinicians & for front office staff)
- Clinical Services
 - Phone “app”
 - Virtual clinic
 - Virtual ‘coffee breaks’ about serving clients who want to become pregnant, infertility, and preconception health, new STD guidelines, adolescent health

QFP-related training, cont.

- Quality improvement
 - E-learning modules on quality improvement (QI) principles and quality improvement for family planning, with supplemental tools/resources,
 - QI Community of Practice (COP), with new resources added each month
 - QI case studies
- Business practices
 - Billing/coding job aids, specific to QFP services

QFP-related training, cont.

Flexible packages of resources

- Build Staff Awareness
- Build Staff Skill
- Support Implementation
- Facilitate Monitoring, Evaluation and Continuous Improvement

An 'occasional update' for QFP

Early 2015

- The Federal and professional medical associations cited in QFP (e.g., CDC, USPSTF) occasionally update their clinical recommendations during the 3-5 year period between major updates of QFP.
- An “occasional update” will be released in early 2015 that cites the most current version of existing clinical recommendations that are cited in the QFP.
- Any major implications for practice will be highlighted.

Clinical performance measures: Contraceptive Use

- Two measures are being validated now:

The percentage of women of reproductive age who are at risk of unintended pregnancy and who:

- Adopt or continue use of the *most* effective or *moderately* effective FDA-approved methods of contraception.
- Adopt or continue use of a long-acting reversible method of contraception (LARC).

Clinical Performance Measures, cont.

- Used by the Center for Medicaid and CHIP services (CMCS) as part of the Maternal and Infant Health initiative
- Over the coming year:
 - We expect to submit to NQF for endorsement, using Title X, PPFA and Medicaid data
 - We will explore ways to engage with Title X grantees on ways to use this data to improve the quality of care

After the ACA...

Responding to health system changes



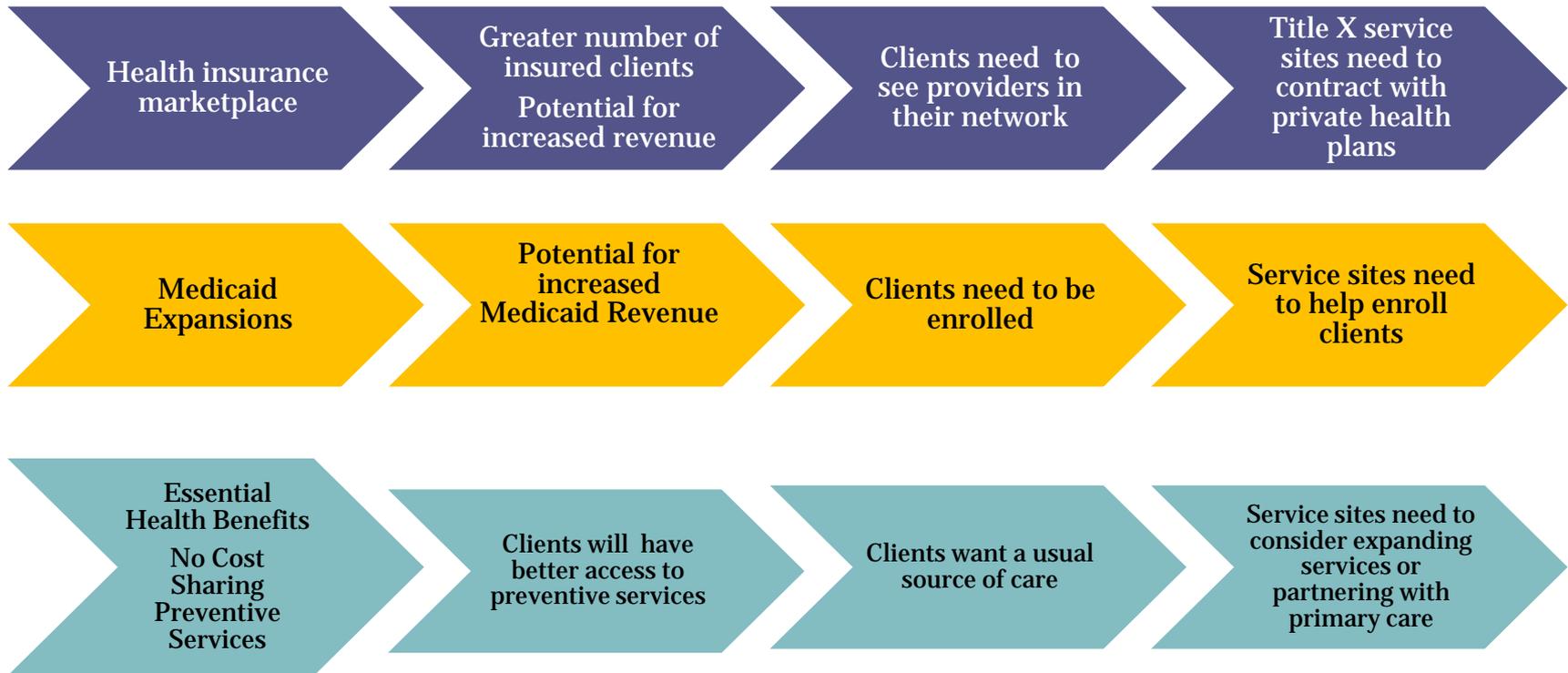
Tasmeen Weik, DrPH, MPH
Health Scientist

Office of Population Affairs

Will there be a need for Title X?

- MA grantees saw 90% of their 2005 clients in 2012.
- Clients with incomes 101%-138% and 139%-250% of FPL had the highest percentage without insurance.

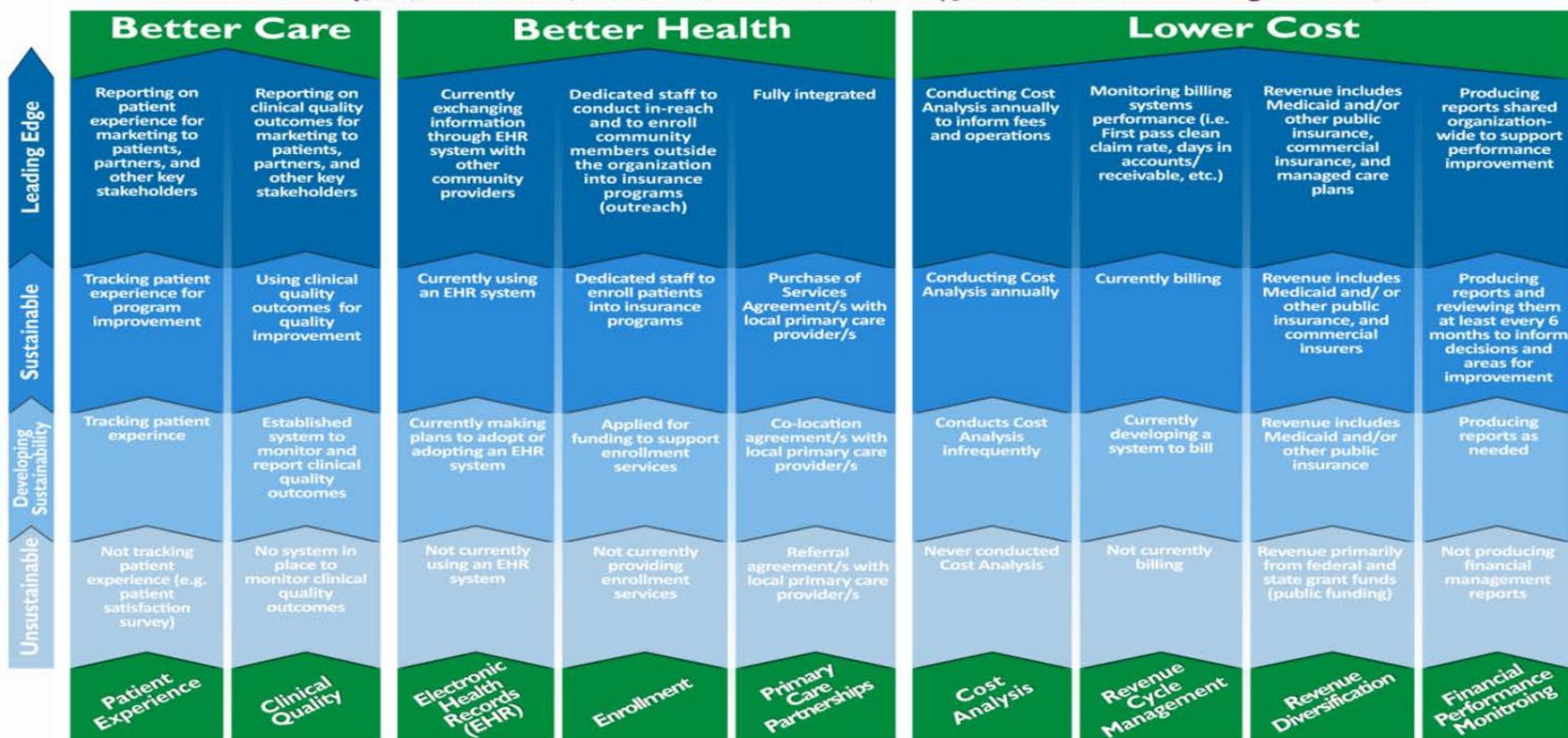
ACA: What it means for Title X



Where do we need to go?

Achieving the Triple Aim: Better Care, Better Health and Lower Cost A Guide for Family Planning Agencies

Adrienne Christy, BS, Ann Loeffler, MSPH and Reesa Webb, MSc | JSI Research and Training Institute, Inc.



Funding for this resource was made possible by the Office of Population Affairs (Grant #FF1PA006023-01-05). The views expressed do not necessarily reflect the official positions of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Sustainability Indicators

¹ Berwick, D. M., T. W. Nolan, and J. Whittington. "The Triple Aim: Care, Health, and Cost." *Health Affairs* 27.3 (2008): 759-69. Print.



Contracting

- **Identify payers in your geographic area and reach out to them**
 - **Resources:**
 - Value proposition for Title X (editable document)
 - NTC webinar on contracting
 - NTC webinars on revenue cycle management
 - NFPRHA case study on building relationship with third party payers
 - NTC credentialing job aid
- **Optimize billing**
 - **Resources:**
 - NTC e-learning module on coding
 - NTC resources on cost analysis.

Enrollment

- It is important for sustainability
 - Example: In NV, Medicaid revenue has increased as a result of enrollment efforts.
- Resources:
 - Enrollment COP—tons of resources!
 - NTC Print ready flyer
 - Enrollment job aid
 - Audio cast for clinicians

Ladies! Your birth control is free
if you have health insurance.
Sign up **today** at HealthCare.gov.

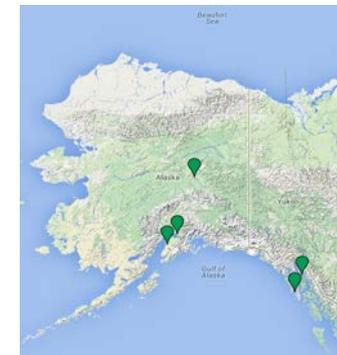
Take Charge of Your Health!

Web: www.HealthCare.gov Call: 1-800-318-2596 TTY: 1-855-889-4325

Family Planning
National Planning Council
Department of Health & Human Services
This project is a result of the Affordable Care Act (ACA). It was supported in part by the federal government.
The Department of Health & Human Services is committed to providing accurate and up-to-date information to the public.

Outreach and Enrollment Grants

- Awarded September 1, 2014
- 22 grants, 85 service sites



Red Markers: Grantees
Green Markers: Service Sites
Purple Markers: Grantee is also
 a Service Site

Have we had an impact on Title X clients?

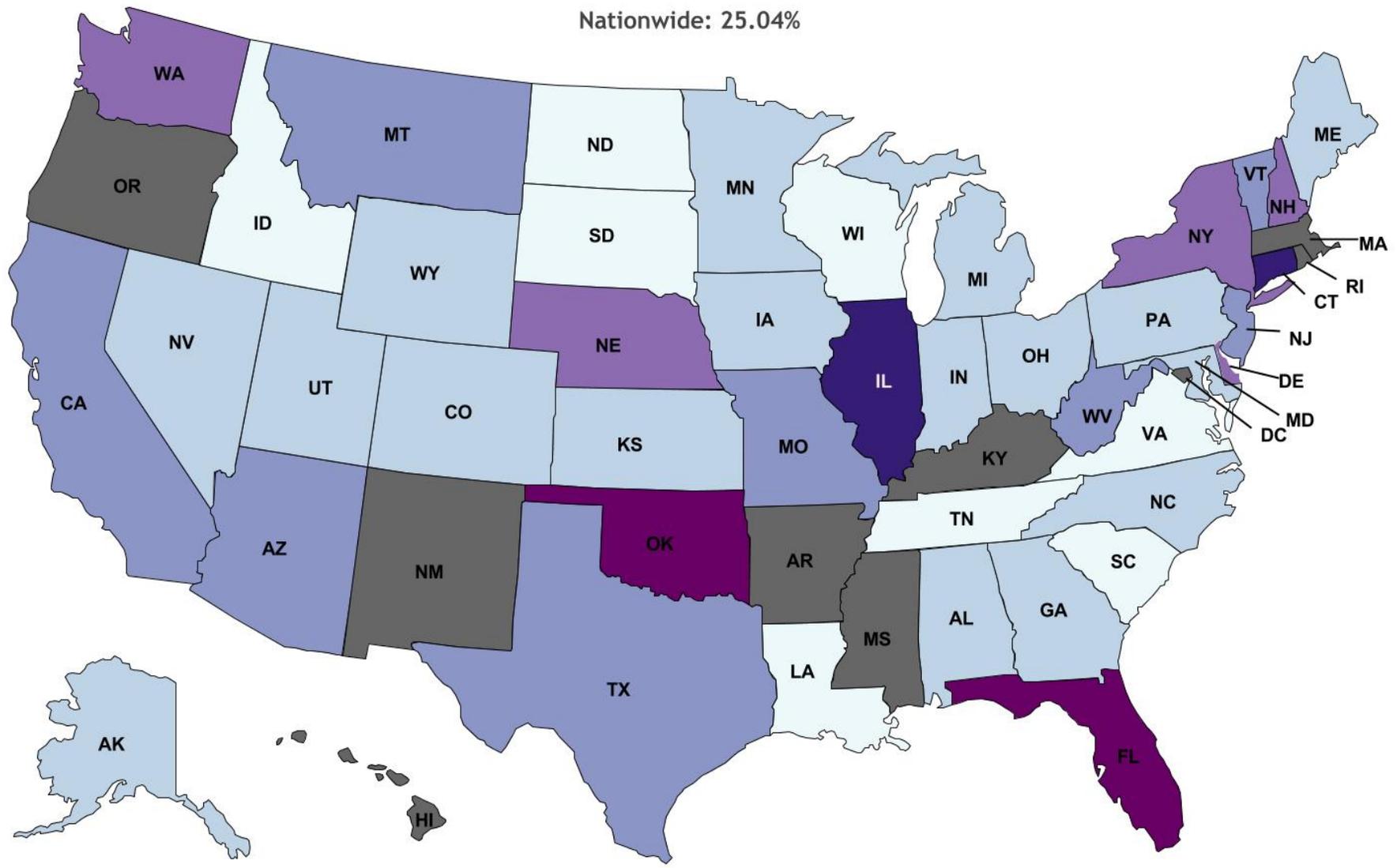
#enrolled in Title X centers

**# clients in Title X centers that were uninsured
+ unknown insurance (FPAR data)**

2013/2014 Title X Enrollment Data

Title X Enrolled : Title X Eligible for Enrollment

Nationwide: 25.04%



Have we had an impact on low income uninsured women of reproductive age?

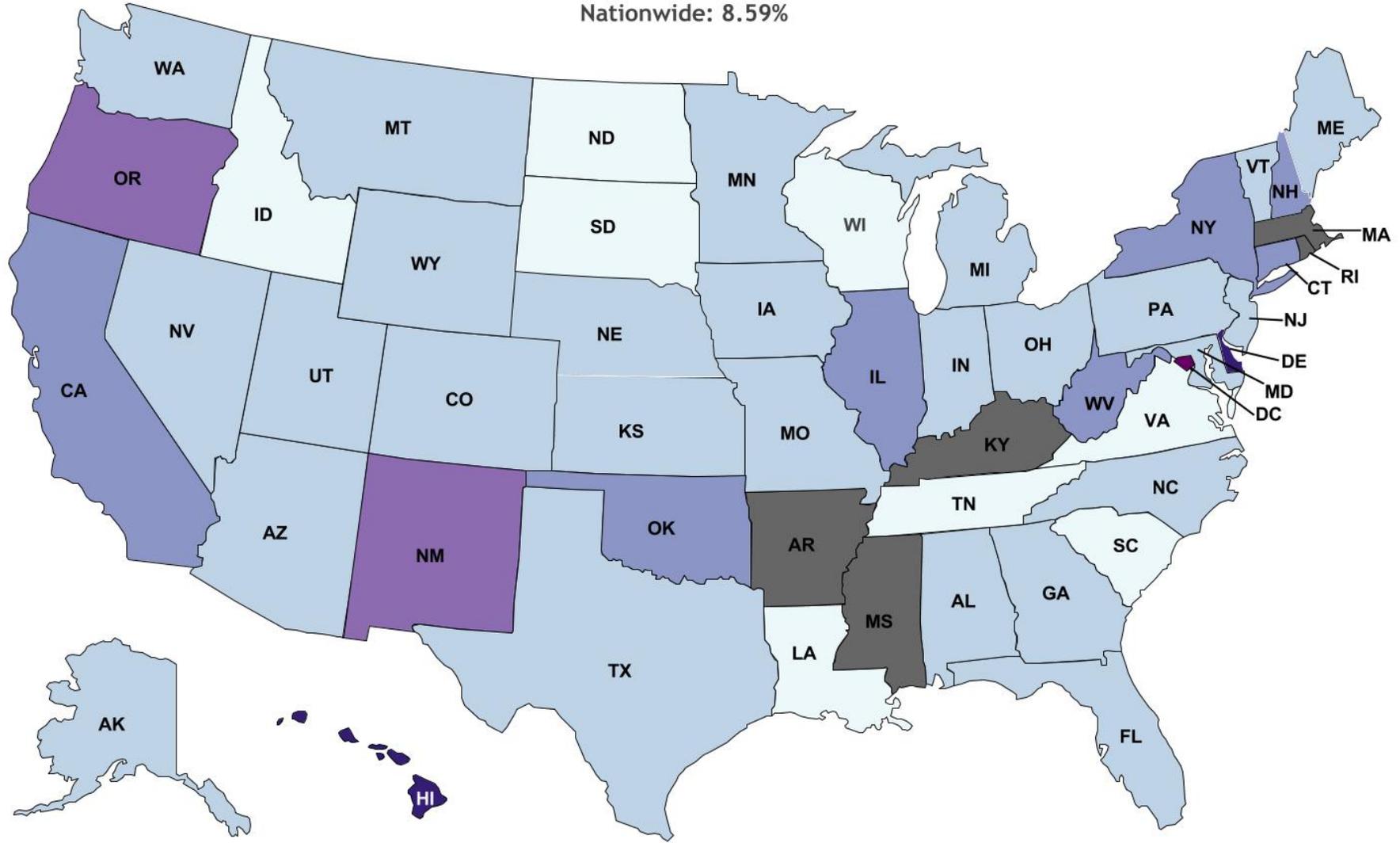
#enrolled in Title X centers

**# low income uninsured women aged 15-44
(calculated from 2009 ACS data)**

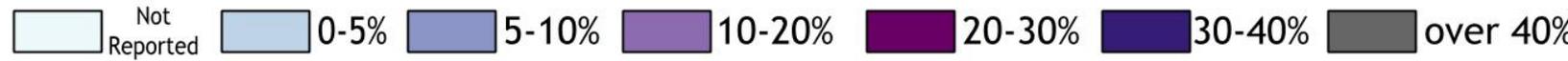
2013/2014 Title X Enrollment Data

Title X Enrolled : Estimated # Low Income, Uninsured Women

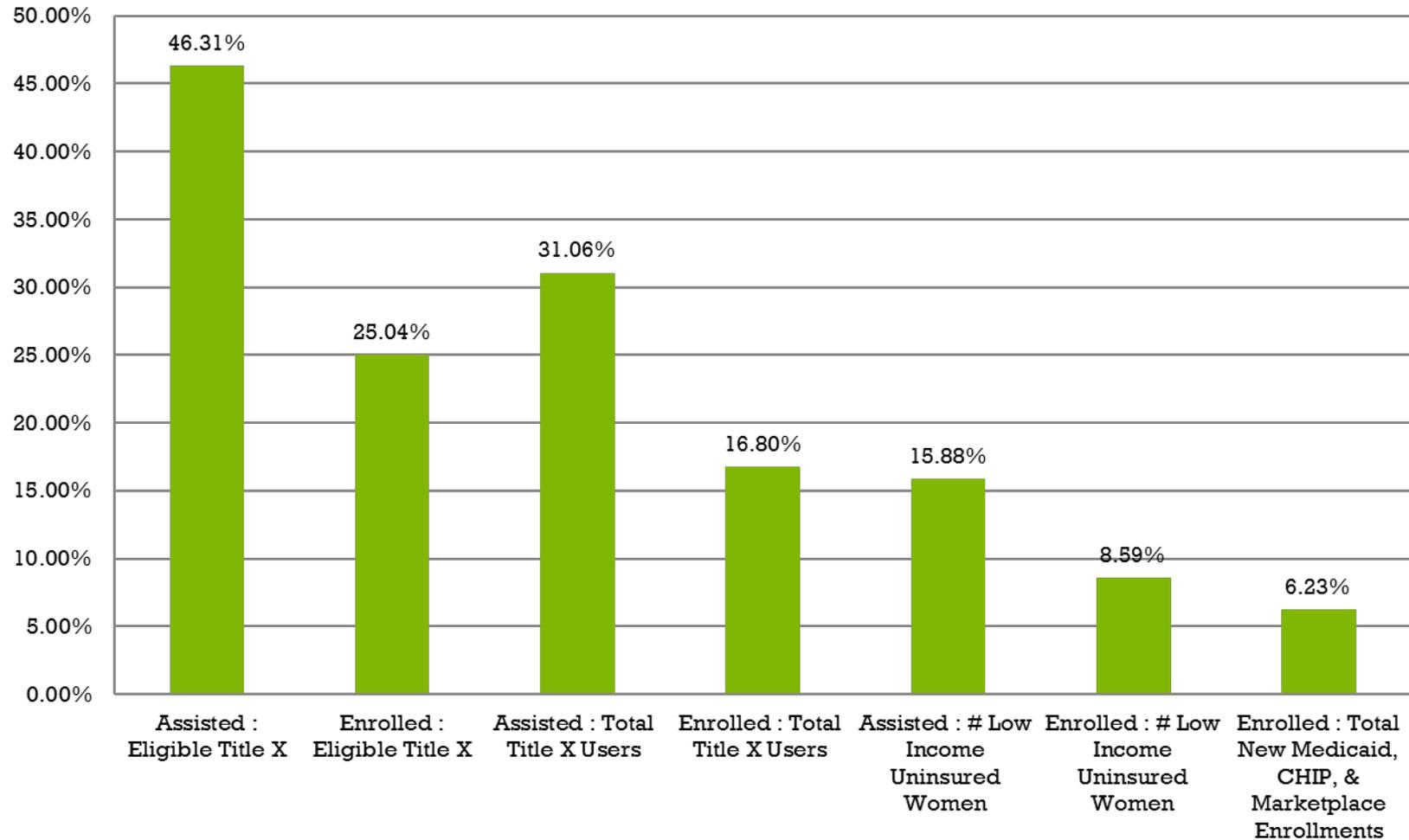
Nationwide: 8.59%



% Enrolled of Those Eligible for Enrollment



Nationwide Title X Assistance & Enrollment



Ongoing Data Collection

- **Number of trained workers**
 - Medicaid only
 - Partial Medicaid/Family planning waiver programs
 - Other state programs
 - Health insurance marketplace
- **Number of individuals assisted by trained worker**
 - Medicaid only (optional)
 - Partial Medicaid/family planning waiver (optional)
 - Marketplace only (optional)
- **Number of individuals who receive an eligibility determination**
 - Medicaid only (optional)
 - Partial Medicaid/family planning waiver (optional)
 - Marketplace only (optional)
- **Number of individuals who enroll**
 - Medicaid only (optional)
 - Partial Medicaid/family planning waiver (optional)
 - Marketplace only (optional)

For enrollment grants: only work funded through grant

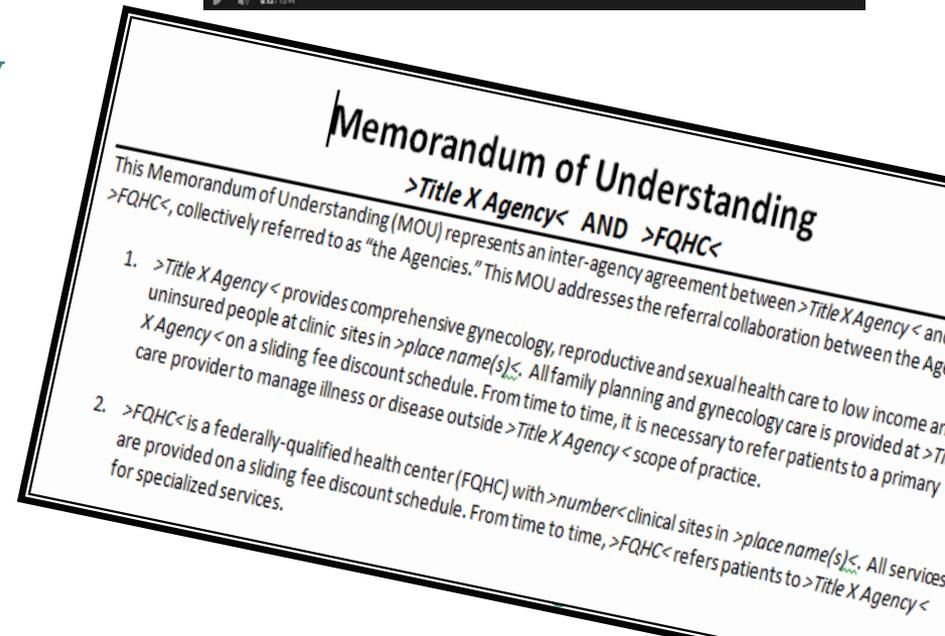
For all Title X grantees: all funding sources

Primary Care Partnerships

- Resources

- Video on talking to FQHCs
- Sample MOU
- NTC webinar on primary care partnerships

Primary Care Partnerships



ACA Collaborative

- **Four grantees funded through 2 FOA's**
 - **National Family Planning & Reproductive Health Association (NFPRHA)**
 - **Guttmacher Institute**
 - **Altarum Institute**
- **Evaluation study to understand financial viability and sustainability in Title X centers**
- **Qualitative Analysis Addressing Impact from Confidentially Providing Services**
- **Analysis of current services provided by family planning centers and how they are changing**

ACA Collaborative

- Requests coming to service sites:
 - **DECEMBER 2014:**
 - NFPRHA survey on how confidential services are billed.
 - **FEBRUARY 2015:**
 - Guttmacher field survey on services provided in family planning clinics
- Individual survey responses will not be shared with OPA.

Health IT Updates for FPAR 2.0

Christina Lachance, MPH
Public Health Advisor
Office of Population Affairs
FPAR2.0@hhs.gov





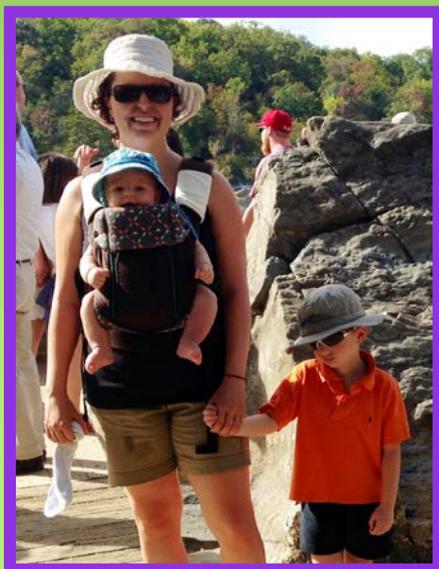
Christina



Johanna



Lauren



+ Stay up-to-date on the latest news

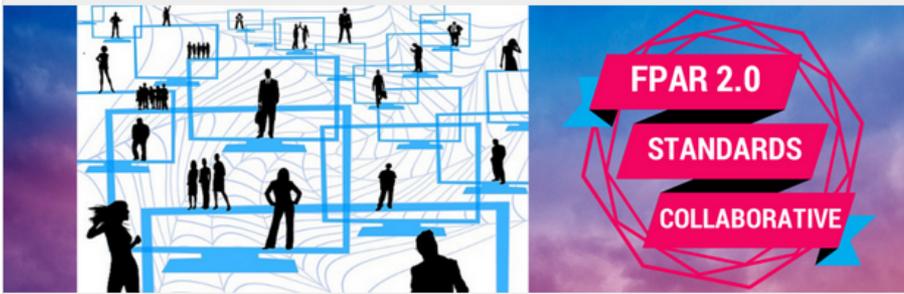
The Voice for Family Planning in Health IT

Office of Population Affairs Health IT Team

CONTACT | ARCHIVES

November 3, 2014 [Uncategorized](#)

Introducing: The FPAR 2.0 Standards Collaborative!



FPAR 2.0 Standards Collaborative

We would like to introduce the FPAR 2.0 Standards Collaborative! The Collaborative is a network of EHR vendors, state health departments, health IT consultants, and other stakeholders working together to make FPAR 2.0 a reality by participating in the foundational testing of the Family Planning Profile (FPP).

FOUR partners have committed to testing at Connectathon in January 2015, and FOUR additional partners, while not testing at Connectathon, have committed to partnering in the long-term to work on

SUBSCRIBE

Email FPAR2.0@hhs.gov to join a subscription list and be notified when this blog is updated.

TWEET BLENDER

twitter

psi @PSIimpact: Let's make safe sex second nature #familyplanning #climatechange <http://t.co/YZ7qOTuk8B> 2 months ago

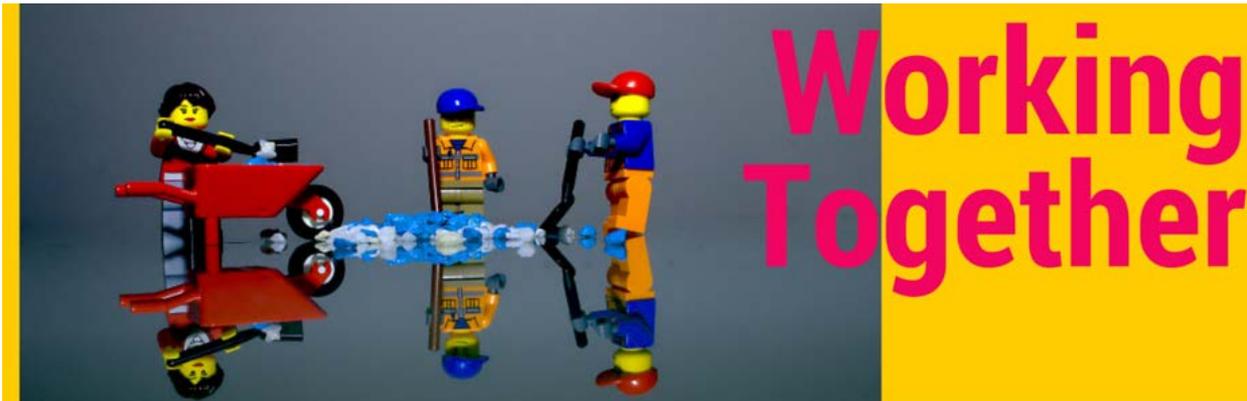
psi @PSIimpact: Is sex only for rich people? #familyplanning #reprohealth <http://t.co/zphKGV9Hww> 2 months ago

Jared Shenson @jashenson: Re Sacks quote...Applies brilliantly to debate about #healthIT taking away doctors' diagnoses. Instead gives time back to pt #inspiration 2 months ago

RightPatient @RightPatient: The Promise and Peril

- Follow our blog → <http://opahit.sites.usa.gov/>
- Email FPAR2.0@hhs.gov with “subscribe” in the subject line
- These slides & the handout available on the blog

Converge



Give back

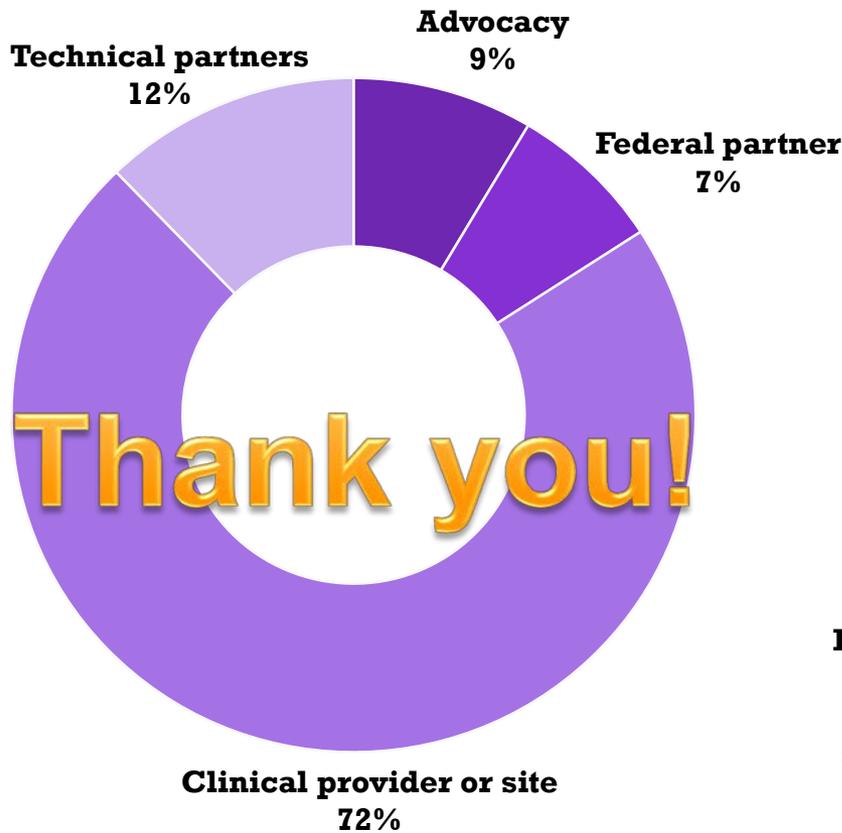
Takeoff



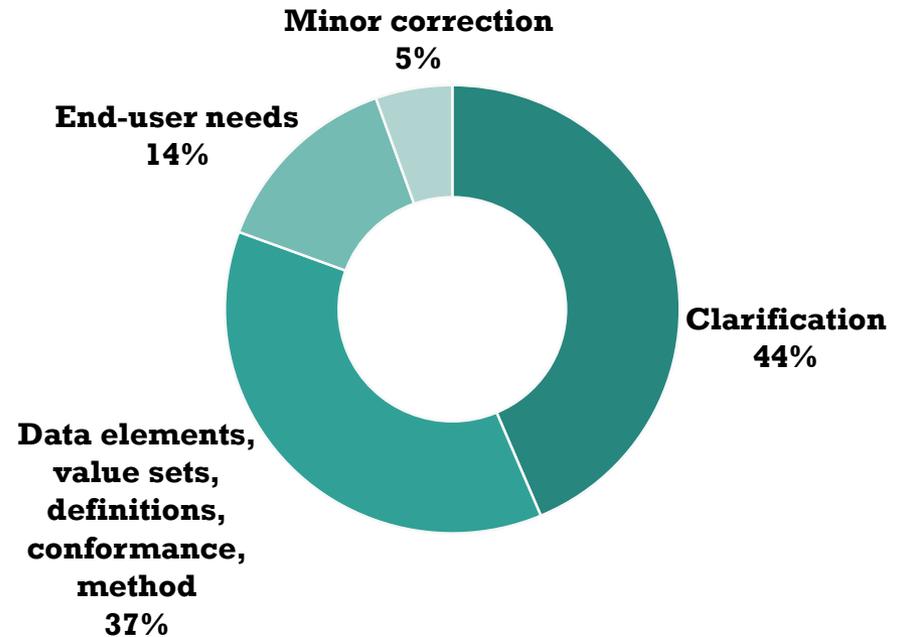
+ Converge



- 600+ comments from 80+ organizations!



Nature of the comments



+ Converge



Our testing partners at Connectathon:



And beyond:



Goal: Improved version of IHE Family Planning Profile for August 2015 review cycle

+ Takeoff



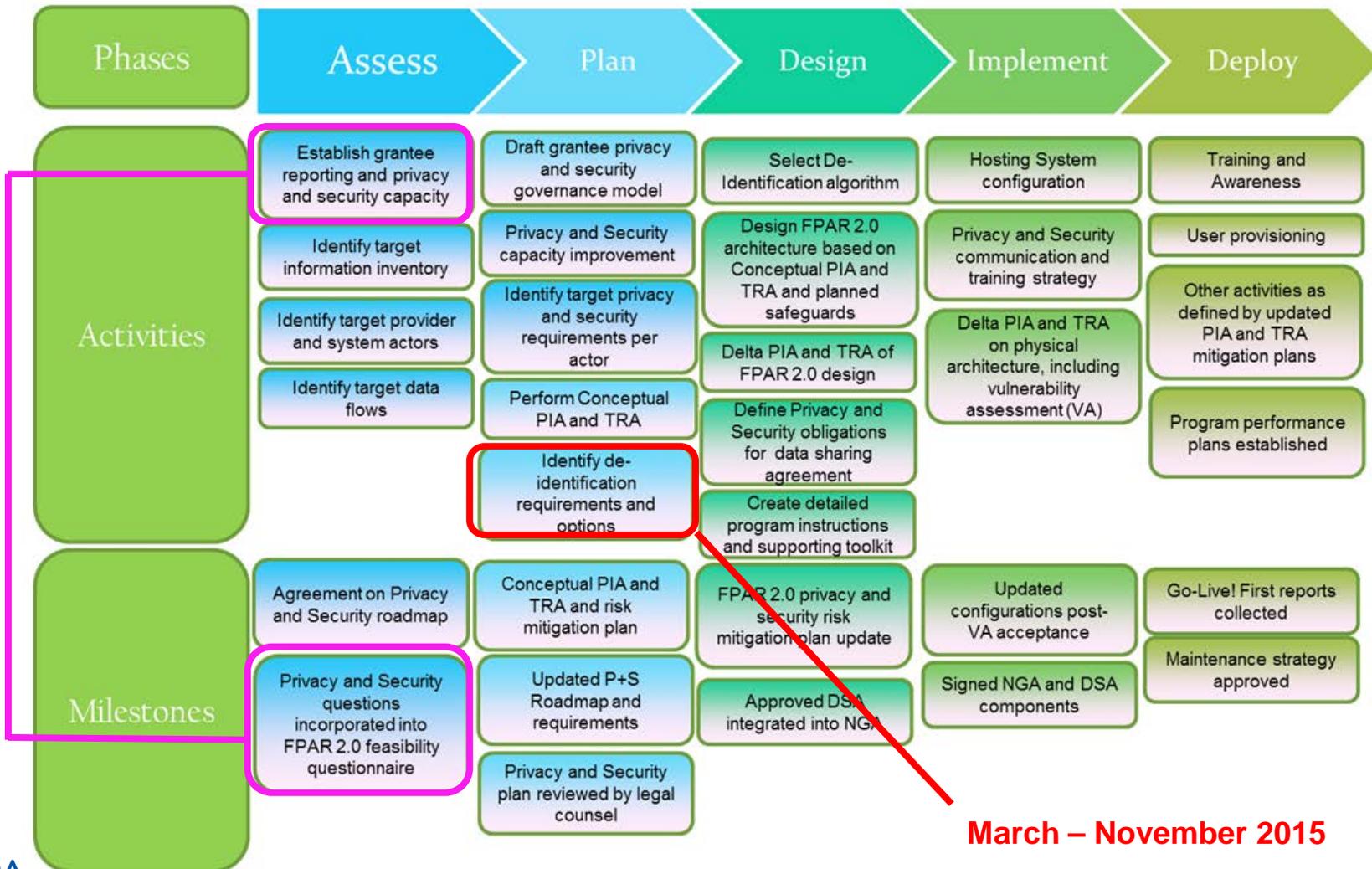
Data Element	Site 1	Site 2	Site 3	Site 4	Site 5	Site 6	Site 7	Site 8	Site 9
Client ID									
Family planning provider									
Service site ID									
Subrecipient ID	n/a	n/a	n/a				n/a	n/a	
Visit date									
Birth date									
Race									
Ethnicity									
Sex									
Limited English proficiency status									
Household size									
Household income									
Principal insurance status									
Systolic BP & diastolic BP									
Height									
Weight									
Chlamydia test performed									
Chlamydia test result									
GC test performed									
GC test result									
HIV screening test ordered									
HIV supplemental test - positive result received by provider									
HIV supplemental test - positive result communicated to client									
HIV supplemental test - positive result - linked to HIV medical care									
Pap test performed									
HPV test performed									
Date of last Pap test									
Current pregnancy status									
Pregnancy intentions									
Pregnancy history									
Contraceptive method at entry									
Reason for no method at entry									
Contraceptive method at exit									
Reason for no method at exit									
Smoking status									

+ Takeoff



May 2015

March – November 2015



Identify de-identification requirements and options



Give Back



Million Hearts® Clinical Quality Measure Rates to Clinical Target by State, as Reported by HRSA Health Care Sites



The map indicates the progress of clinical quality measure performance rate to Million Hearts® clinical target (70%) by state in each of the data systems. Choose a clinical quality measure in the dropdown to view performance.

Clinical Quality Measure
 Blood Pressure Control

Available Data Systems

- HRSA UDS - Health Resources and Services Administration Uniform Data System
- NCQA HEDIS - National Committee for Quality Assurance Healthcare Effectiveness Data and Information Set

Million Hearts® Clinical Quality Measures for Selected State, Corresponding HHS Region, and National Values, as Reported by HRSA Health Care Sites

ABCS Million Hearts® Clinical Quality Measures	Alabama		HHS Region 4 - Atlanta		National	
	%	target	%	target	%	target
A. Aspirin Use	74%	●	73%	●	75%	●
B. Blood Pressure Control	57%	●	61%	●	64%	●
Blood Pressure Screening	n/a	●	n/a	●	n/a	●
C. Cholesterol Management - Population	n/a	●	n/a	●	n/a	●
Cholesterol Management - Diabetes	n/a	●	n/a	●	n/a	●
Cholesterol Management - IVD	n/a	●	n/a	●	n/a	●
S. Smoking Assessment and Treatment	56%	●	66%	●	63%	●

Compare Million Hearts® clinical quality measures by state, HHS regions, and national

ABCS

Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking Assessment and Treatment

Clinical Quality Measure Performance (%)
 Progress toward Million Hearts® Clinical Target (target)
 No available data (n/a)

Performance Targets

Million Hearts® Clinical Target = 70%

Red = 0%-49%

Yellow = 50%-69%

Green = 70%+

Grey = no data available

Black = insufficient data (cell size < 20)

+ Give Back

```
library CMS153_CQM version '2'
```

```
using QUICK
```

```
parameter MeasurementPeriod default interval[
  DateTime(2013, 1, 1, 0, 0, 0),
  DateTime(2014, 1, 1, 0, 0, 0)
)
```

```
valueset "Female Administrative Sex" =
'2.16.840.1.113883.3.560.100.2'
```

```
...
```

```
context Patient
```

```
define InDemographic =
  AgeInYearsAt(start of MeasurementPeriod) >=
  16
  and AgeInYearsAt(start of
  MeasurementPeriod) < 24
  and Patient.gender in "Female
  Administrative Sex"
```



+ We love hearing from you!

To reach the HIT Team

All of us	FPAR2.0@hhs.gov	
Christina	Christina.Lachance@hhs.gov	240-453-2813
Johanna	Johanna.GoderreJones@hhs.gov	240-453-2831
Lauren	Lauren.Corboy@hhs.gov	240-453-2850
Tweet at us!	@OPAHIT	

Get your staff more involved in the development of FPAR 2.0 guidance and plans: FPAR2.0@hhs.gov

+ Upcoming “asks” & Opportunities to engage

Health IT Community of Practice - run by the National Training Centers	Early 2015
JSI's FPAR 2.0 Data Element Feedback Survey	March 2015
Privacy and Security Capacity Improvement Survey	May 2015
Feedback on De-identification Guidance	Summer 2015
Feedback on revised Family Planning Profile	Spring 2016

+ 3 Things to remember from today

1. Subscribe to the blog
2. Continue to engage - we can't do this without you!
3. Our foundational work is paying off - positioning us for safe takeoff and readying us to give you back relevant metrics

Thank you!

FPAR2.0@hhs.gov



Be the Voice

Service Delivery Update

CDR Nancy Mautone-Smith,
MSW
Public Health Advisor
Office of Population Affairs

David Johnson, MPH
Public Health Advisor
Office of Population Affairs

Service Delivery Update

- **Crosswalk- in progress, next version January 2015**
- **TA Contract-**
 - **New contractor- Atlas Research**
 - **Currently updating consultant database**
 - **Consultant training planned for early 2015**
- **FPAR 2013- soon to be posted on OPA website**
- **FPAR 2014- due February 15, 2015**

Service Delivery Update

Title X Service Grant Period Award Dates

- Process begins with New competitions beginning FY15
- Two start dates:
 - 1 April and 1 July
- Grantees with current end dates not in alignment with a 1 April or 1 July start will be contacted to review available options & processes to reduce gaps in services

Service Area Competition Realignment

- To align project period start dates within a state, territory and independent jurisdiction
- The Funding Opportunity Announcement will announce competitive service areas as a single service area
- Applicants may still submit applications for:
 - The entire state, territory, independent jurisdiction
 - Specific areas – cities, counties, regions, etc
 - Multiple applications, e.g., entire state, a specific county(ies), multiple areas, etc.



In Conclusion...

Susan Moskosky, MS, WHNP-BC
Acting Director
Office of Population Affairs

Now

Vision for the Future



- National recommendations for quality family planning
- Focus on performance measurement leading to quality improvement

Static/aggregate FPAR data that counts what Title X does

- Dynamic encounter level data that enables national performance measurement

Implementing the Affordable Care Act. Sustaining Title X networks.

- Ensuring that individuals have access to quality family planning services.

Collaborating with other agencies

- Active partnerships and harmonization with Federal and non-Federal agencies