

ASK OPA

An update from the Office of Population Affairs

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Tasmeen Weik, DrPH, MPH
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Presentation Overview

- Provide an update on the Office of Population Affairs activities and priorities
- Identify OPA initiatives that address:
 - Improving quality
 - Expanding access and building sustainability
 - Data systems
 - Service delivery
- Questions from you!

OPA Staff

- Sue Moskosky
- Administrative/Budget
 - David Johnson
 - Susan Dunnell
- Service Delivery
 - Nancy Mautone-Smith
 - Cynda Hall
- Performance/Quality
 - Lorrie Gavin
- Health Systems Improvement
 - Tasmeen Weik
 - Emily Jones
 - Carolina Loyola
- Health IT
 - Christina Lachance
- Communications
 - Shanae Murraine
 - Laura Gray
- Embryo Adoption
 - Bob Scholle

Program Funding

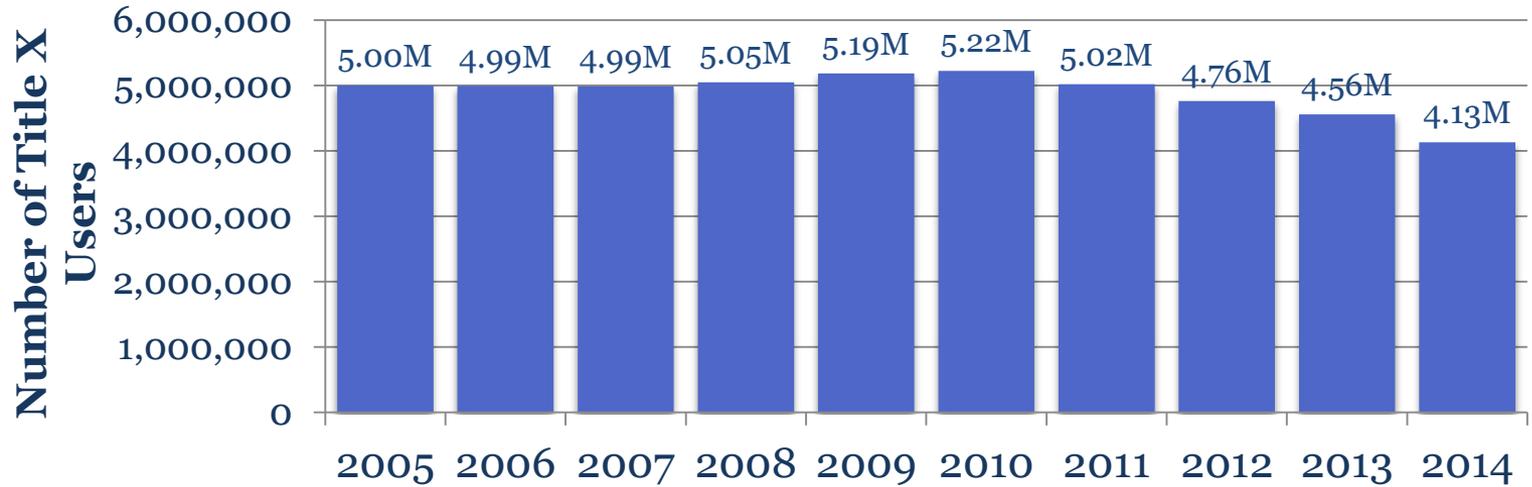
- FY 16 Appropriation - \$286,479,000

Past years' appropriation

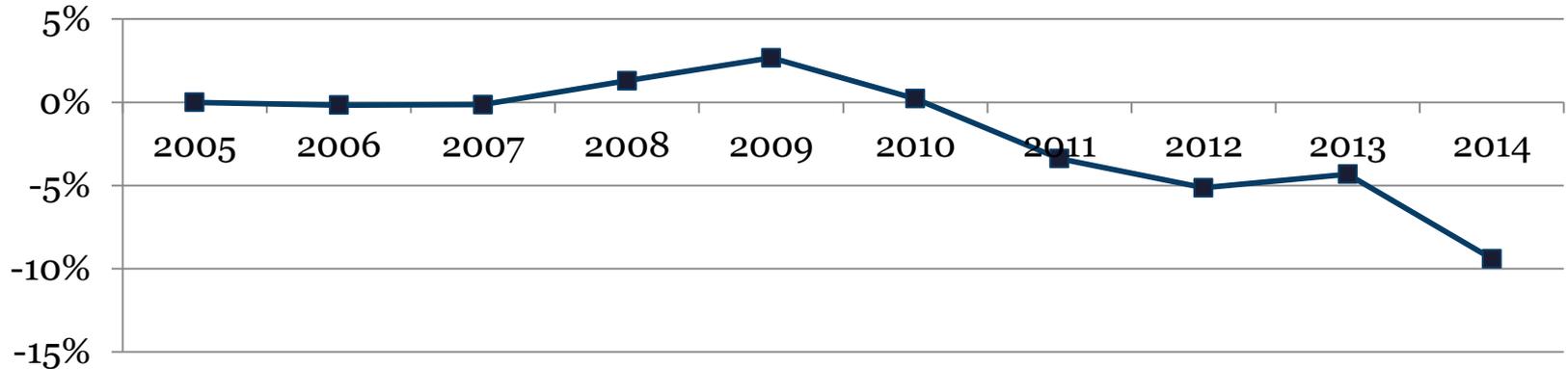
- \$286,479,000 FY15
 - \$286,400,000 FY14
- Grant Awards:
 - All grants now have an April 1 or July 1 start date
 - Competitive service areas are published as the entire State
 - OPA Database:
 - Used for contacting grantees with important information
 - Used for 340B registration and recertification
 - CMS ECP list
 - **It is your responsibility to update it!**

Total Number of Title X Users Over Time

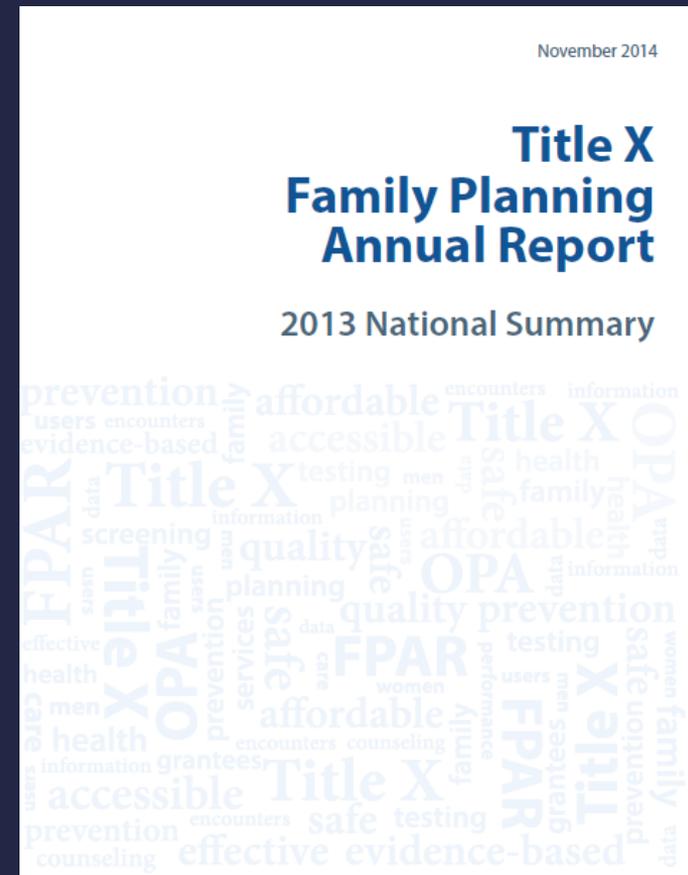
National Data



Decline in Percent



- Family Planning User
- Family Planning Encounter
- Reporting all users within the Title X Project

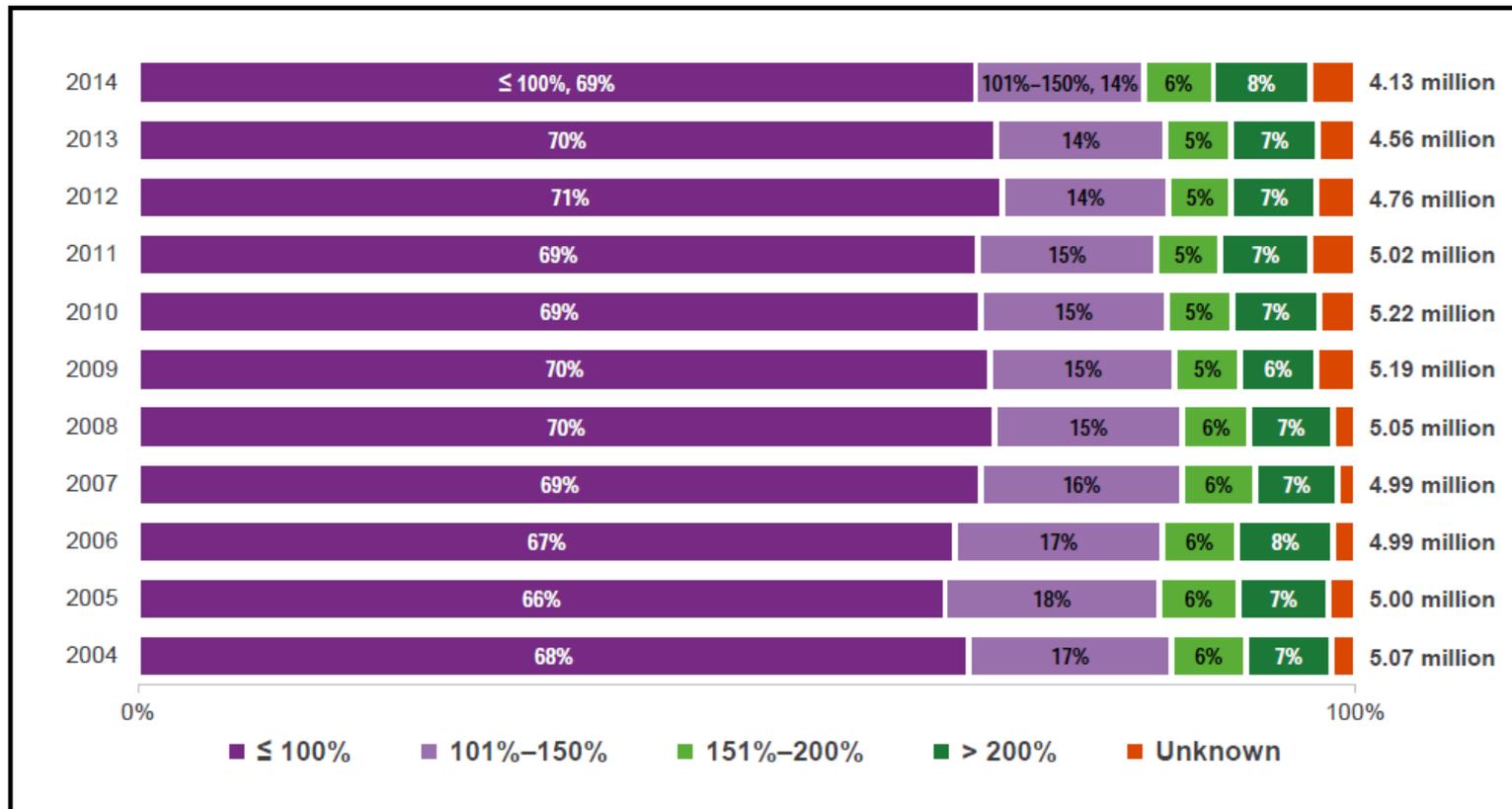


- *Title X Family Planning Annual Report-Forms and Instructions, OMB No. 0990-0221. Exp. Date 9/30/2016



FPAR Update- Income Reporting Trends

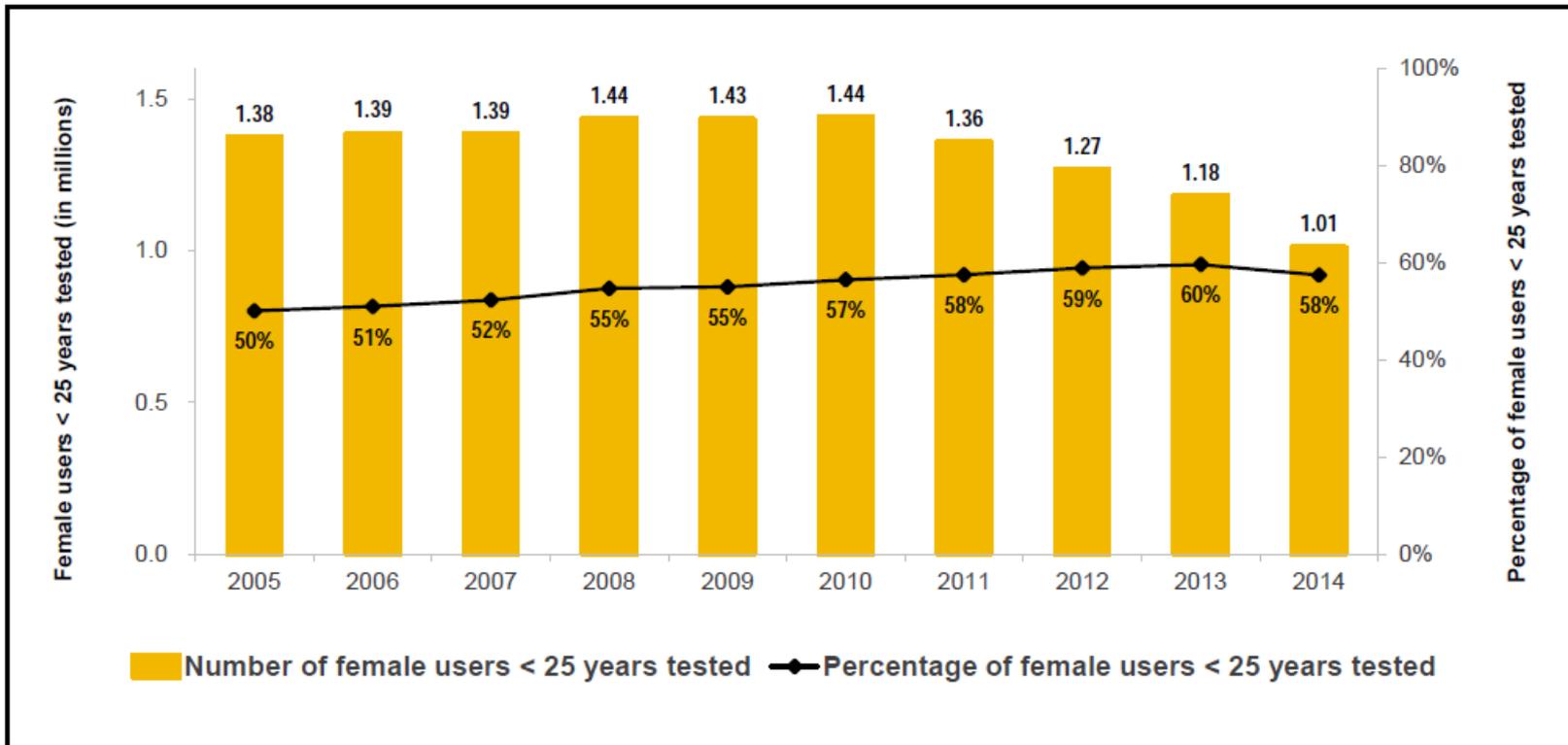
Exhibit A-6b. Number and distribution of all family planning users, by income level and year: 2004-2014



Note: Title X-funded agencies report user income as a percentage of poverty based on guidelines issued by the U.S. Department of Health and Human Services (HHS). Each year, HHS announces updates to its poverty guidelines in the *Federal Register* and on the HHS Website at <http://aspe.hhs.gov/poverty/>. Due to rounding, percentages in each year may not sum to 100%, and percentages in combined or aggregated categories may not match the sum of the individual percentages that are included in the aggregated categories.

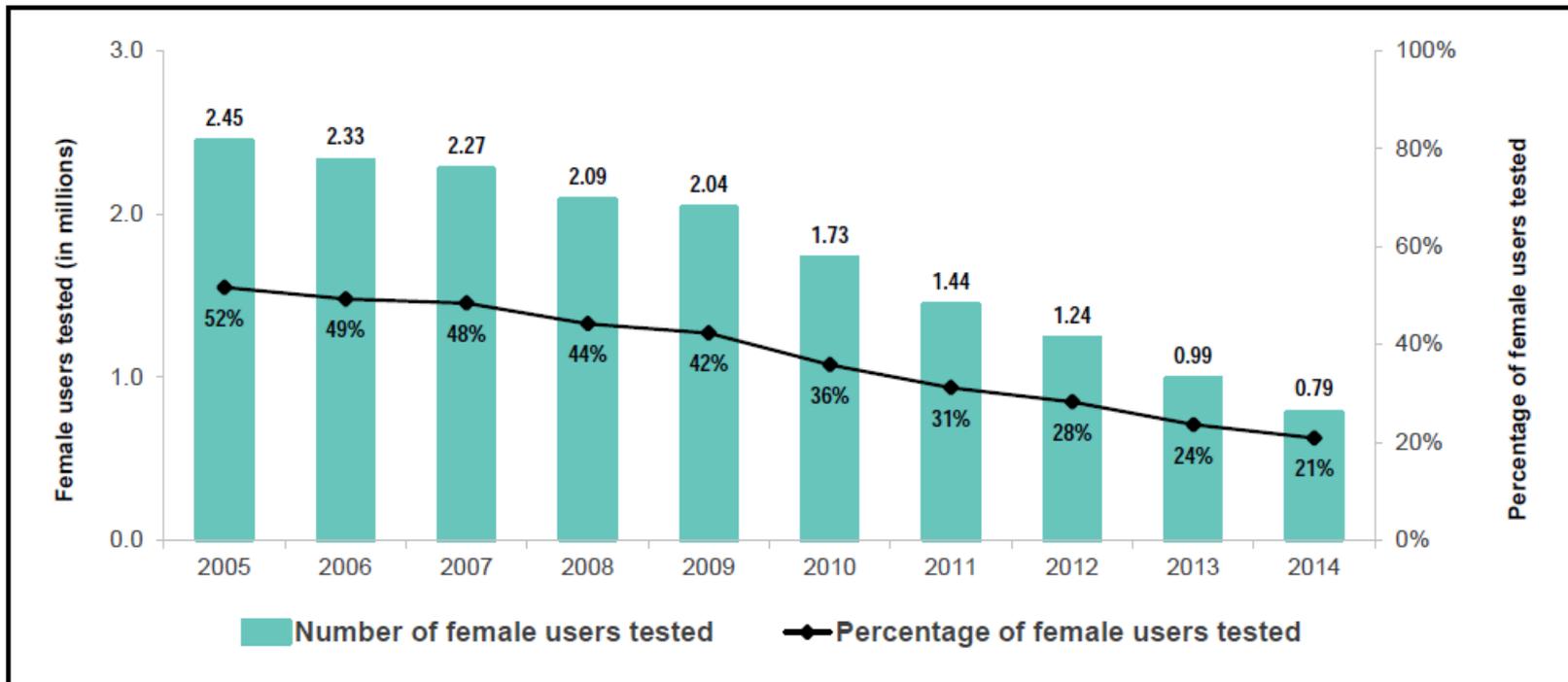
FPAR Update- Chlamydia Screening Trends

Exhibit A-10b. Number and percentage of female users under 25 tested for chlamydia, by year: 2005–2014



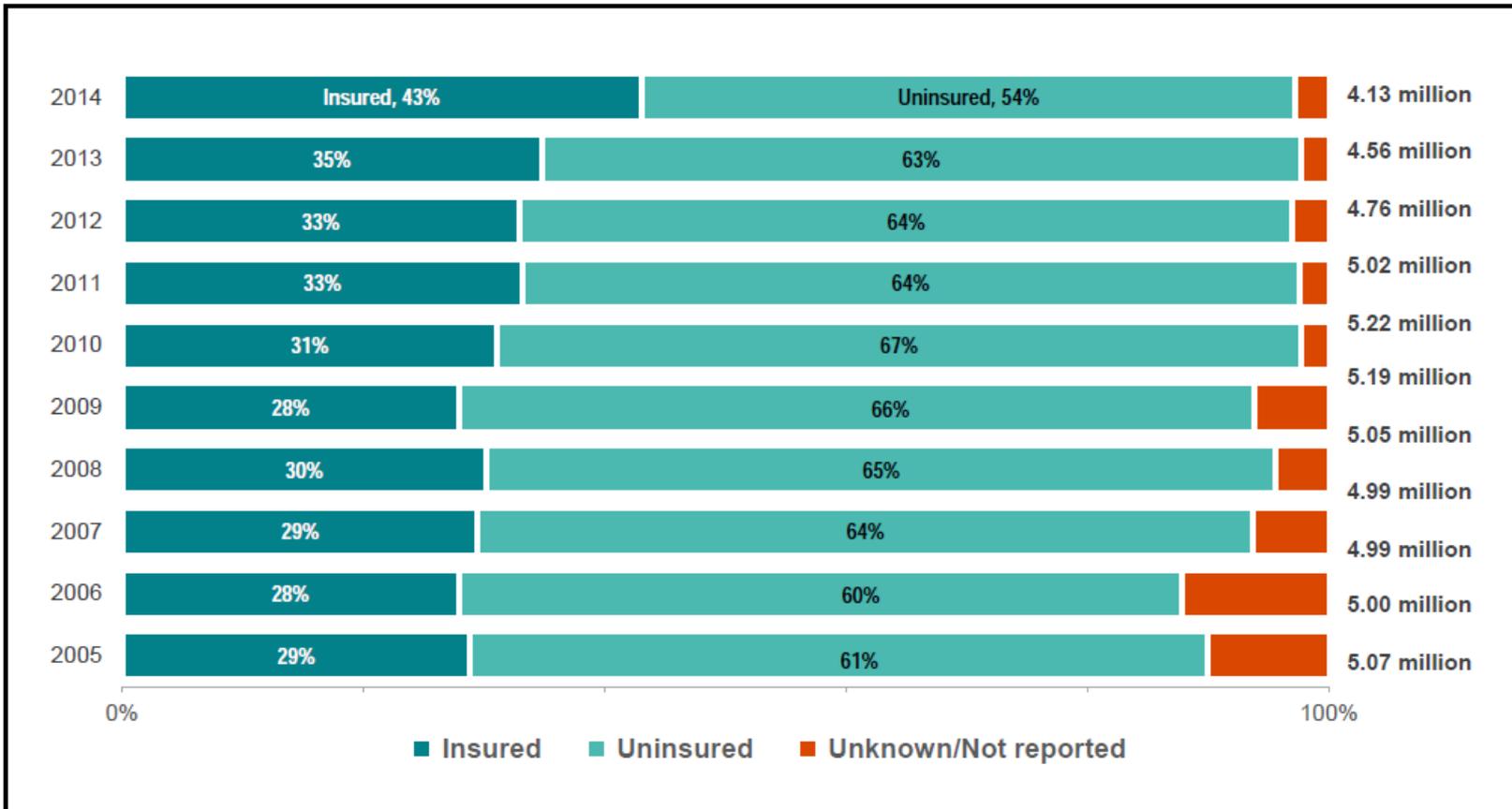
FPAR Update- Pap Testing Trends

Exhibit A-9b. Number and percentage of female users who received a Pap test, by year: 2005–2014

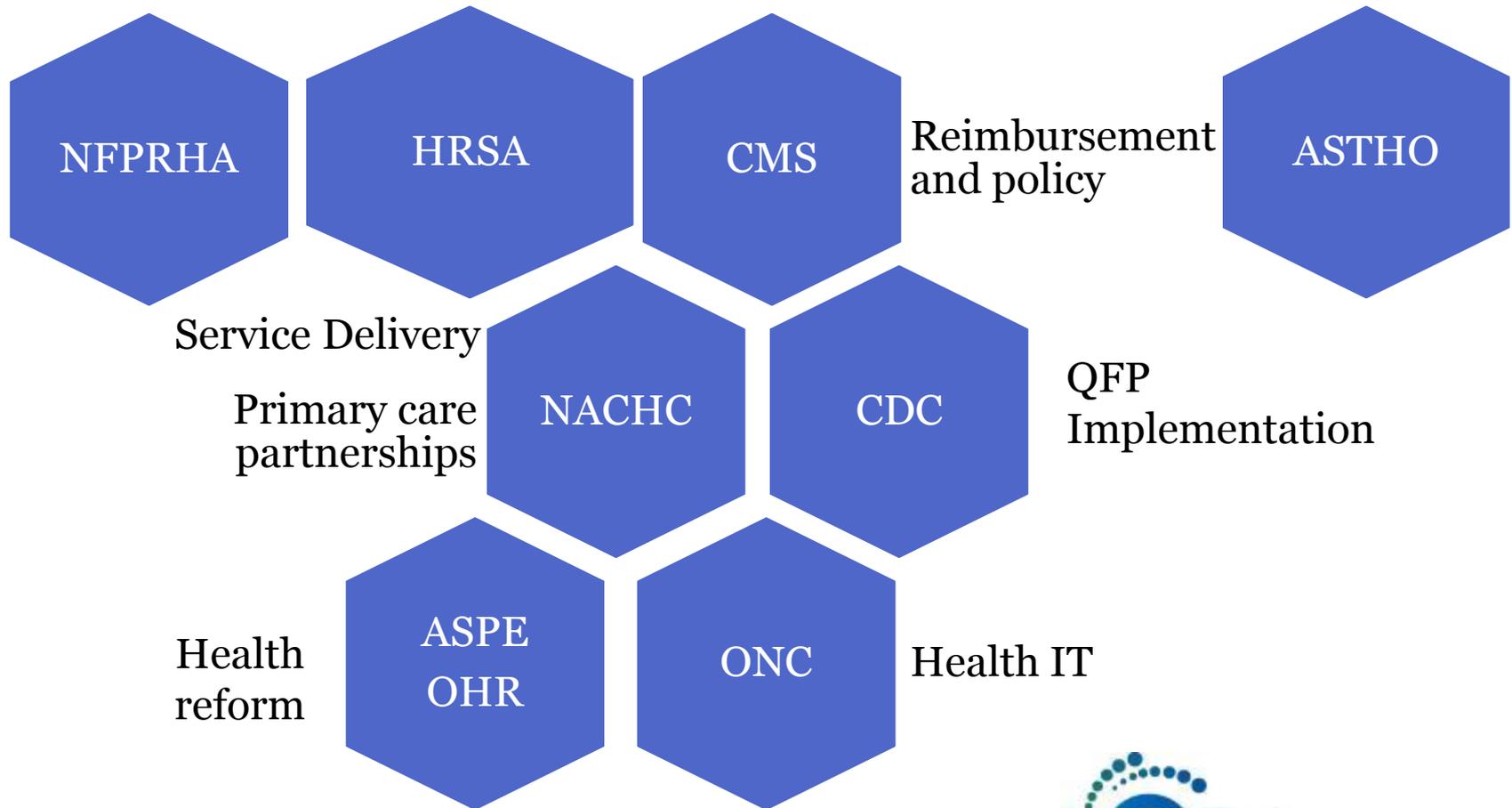


FPAR Update- Insurance Status Trends

Exhibit A-7b. Number and distribution of all family planning users, by health insurance status and year: 2005-2014



Partnerships



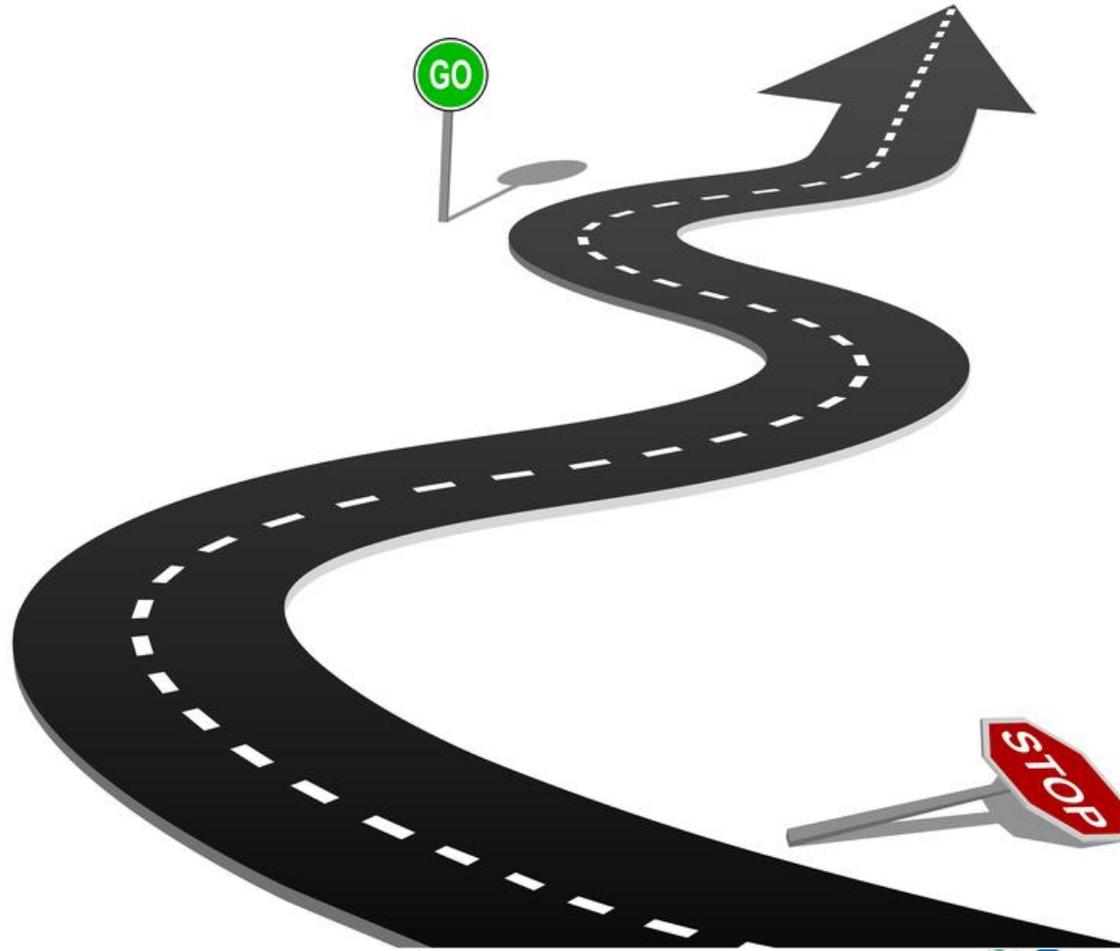
OPA Priorities

- Service delivery
- Improving care quality
- Ensuring access to services
- Investing in health information technology

Service Delivery

Nancy Mautone-Smith, MSW, LCSW

Update on Program Review Tool



Program Review Tool Update



Quality Family Planning

Lorrie Gavin, PhD

Centers for Disease Control and Prevention
MMWR
 Morbidity and Mortality Weekly Report
 Recommendations and Reports / Vol. 63 / No. 4
 April 25, 2014

Providing Quality Family Planning Services
 Recommendations of CDC and the U.S. Office of Population Affairs



Continuing Education Examination available at <http://www.cdc.gov/mmwr/cma/contad.html>.



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

Keeping QFP current

- An “occasional” update has been cleared by CDC and will be published in MMWR Weekly
- The development of QFP 2.0 is underway
 - Joint effort with CDC/DRH
 - EWG meeting late February 2016
 - Two new topic areas likely, including LGBT clients
 - Expected publication in late 2018

QFP Implementation

- QFP baseline – results to be published soon!
 - Title X providers have higher scores than non-Title X
 - Still room for improvement
- Efforts to support implementation:
 1. Payment
 2. Quality improvement
 3. Training and technical assistance

Payment



- Partnership with the Center for Medicaid and CHIP Services (CMCS)
- Payment strategies designed to improve contraceptive access have been identified
 1. Reimburse for the actual cost, including LARC and counseling
 2. Remove administrative and logistical barriers to support same-day insertion
 3. Cover immediate postpartum insertion of LARC

Quality Improvement



- QAQIE learning collaborative underway
- NQF application for contraceptive use performance measures submitted 2/16/2016
- CMCS has funded 13 states to report on the contraceptive use measure from 2015-2018
- Pilot with CHCs in Denver to document feasibility of calculating measures in that setting

Training & Technical Assistance



- New training FOA released, applications due by April 11, 2016
<http://1.usa.gov/1VMC5j8>
- Will fund a single FPNTC for Service Delivery Improvement (FPNTC-SDI):
 1. Builds off existing foundation of NTC materials
 2. Increased emphasis on ways we can help support grantee in their role managing their network of clinics
 3. Integration of evidence-based approaches

Ensuring Access to Quality Family Planning Services

Tasmeen Weik, DrPH, MPH

Funding Opportunity

- FOA number: PA-FPH-16-023
 - <http://1.usa.gov/21aqcKt>
- Technical Assistance Webinar: February 2
(recording will be available)
- Letter of Intent due: **February 29**
- Applications due: **March 31**
- **Priority Areas:**
 1. Improving health information technology systems;
 2. Enrolling clients into health insurance programs;
 3. Partnering with, or enhancing integration of family planning with primary care services;
 4. Improving financial systems to optimize revenue; or
 5. Outreach to low income men and women of reproductive age in need of family planning services.

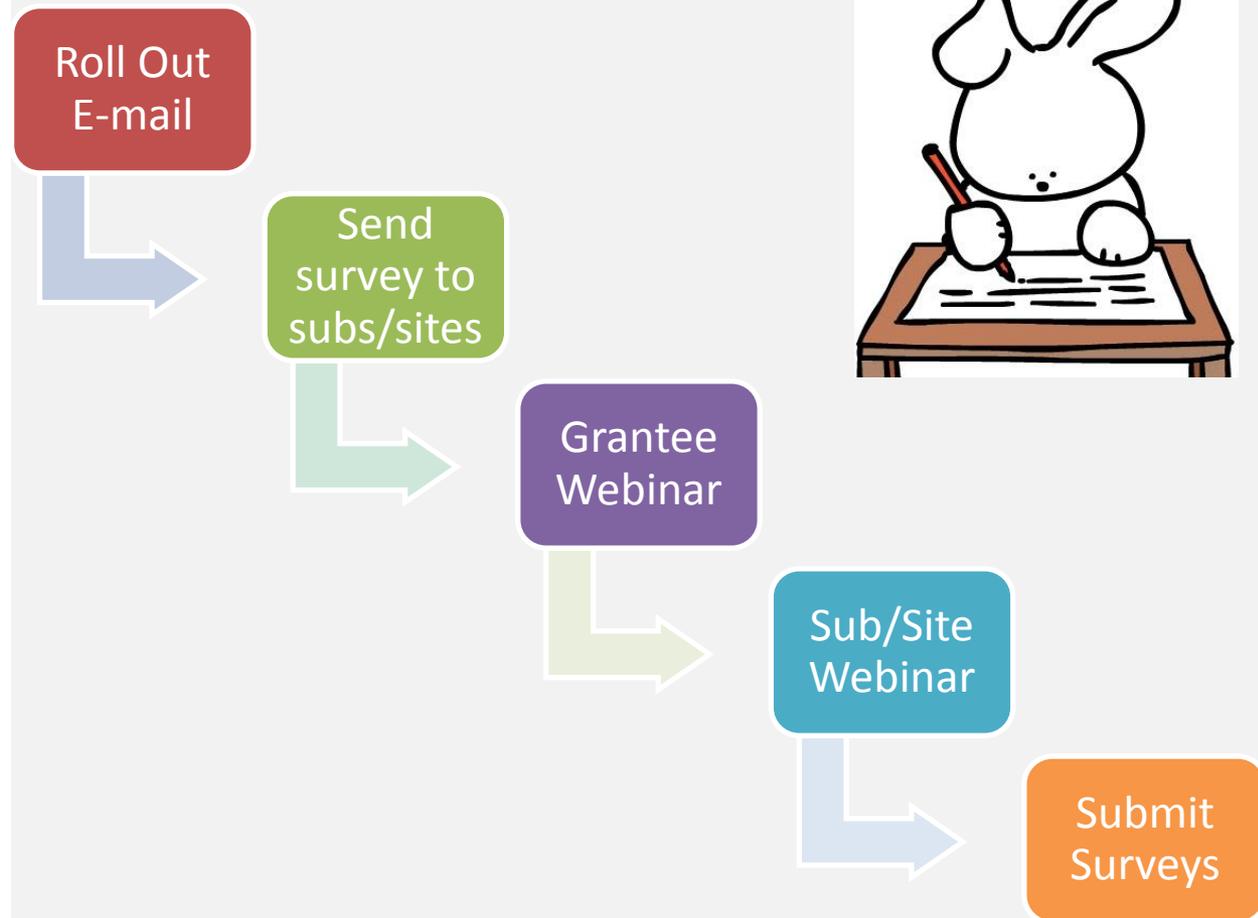


Only grantees directly funded by OPA can apply.

Sustainability Assessment:

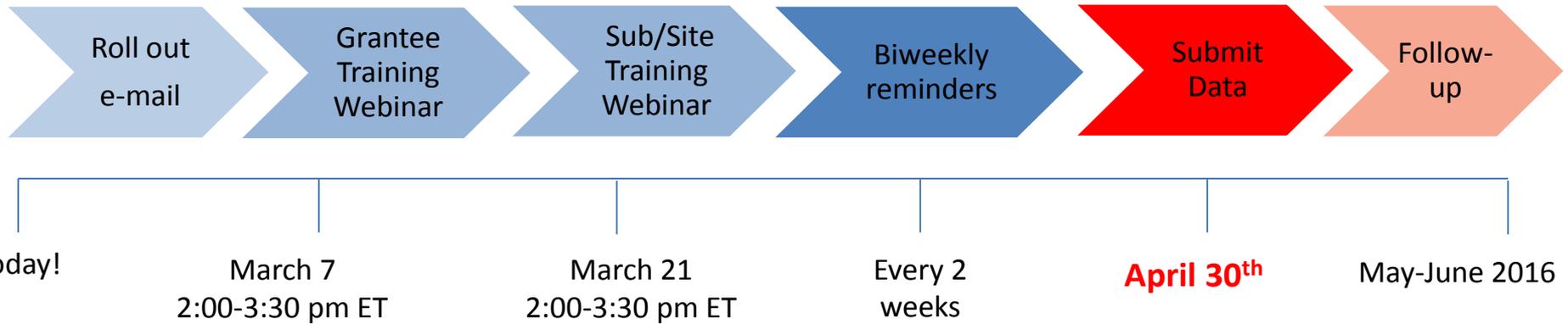
Who, What, When, How?

- The **NEW** OMB-approved **Sustainability Assessment** is here!
- **Required** for grantees/subs/sites that competed in FY16 or later
- **Two** different assessments:
 - ▣ Grantee Assessment
 - ▣ Sub/Site Assessment

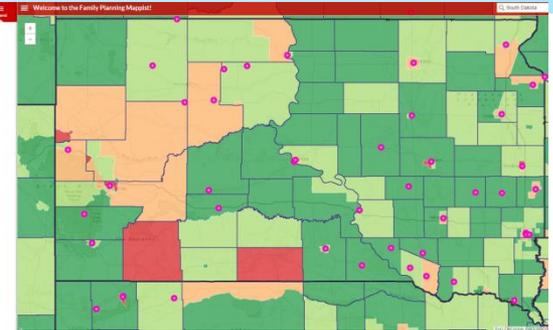


Sustainability Assessment: *Who, What, When, How?*

Timeline



Resources and Technical Assistance



- Online mapping tool to see areas in need of services
 - Available in the Sustainability community of practice on www.fpntc.org
- Technical assistance for all grantees
 - Information coming soon.

Health IT Update

Christina Lachance, MPH

Review

- FPAR 2.0 implementation timeline pushed back to 2019
 - 2019 first calendar year for data collection
- 2014-15 Successes
 - Published the IHE Family Planning Profile,
 - Tested with 5 EHR vendors at the 2015 Connectathon,
 - Fielded FPAR 2.0 Data Element Survey among 1,711 Title X funding recipients,
 - Demoed FPAR 2.0 at the HIMSS Showcase and the Title X National Grantee Meeting
- Hiring

Continued Assessment → Assistance

- 2015 FPAR 2.0 Data Element Survey revealed a small proportion of Title X network using MU2-CEHRT critical for FPAR 2.0 and the Family Planning profile
 - *Ensuring Access to Quality Family Planning Services FOA* requests proposals for modern health IT investments
- Sustainability Assessment
 - 15 questions on Health IT use
- Privacy and Security Assessment
 - 14 questions assessing HIPAA practices
 - Resubmitted to OMB Dec 2015

De-Identification Guidance

- IHE Committee helping OPA **make critical decisions** about 2.0 data elements challenging from a privacy and security perspective
- *Mission*: **determine the optimal methods and algorithms** that should be used to de-identify the FPAR 2.0 data set



Family Planning Expert

- **Keep** as many data elements as close to the original value as possible to fulfill reporting requirements and performance metrics

Privacy and Security Expert

- Apply the most restrictive algorithm possible to **limit** the detail in any given data element
- thereby safeguard the overall data set as much as possible

De-Identification for Family Planning

- Family Planning Profile references use of highly sensitive data elements at the encounter level
 - Sexual activity status
 - HIV and STI screening
 - Pregnancy intentions

Minimization principle:

Requires only the minimum necessary data needed for the purpose at hand be used

FP data elements are needed for clinical purposes, but we want to use a less identifiable set of data for reporting and performance measures

De-Identification for Family Planning

De-ID Supplement

- Defines **algorithms**
 - describing how information should be formatted for quality and performance metrics
- Defines how the data should be masked
 - to protect the identity of the individual while still remaining complete enough to calculate the needed metrics

Whitepaper

- Contains the **details** of the process the committee followed and the analysis performed to determine the De-ID algorithms
- A longer document that provides more context and background

Proposed De-Identification Algorithms

See Supplement pages 7-9

Sample Element	Proposed DeID Algorithm
Visit Date	Generalize to week of year (see Section 4.R2.1.4)
Date of Birth	Convert to age in whole years, with no rounding. <18, group and map to “under 18” >50, group and map to “over 50”
Administrative Sex	“Male” or “Female” report unchanged. “Other” change to “Female” (see Section 4.R2.1.5)
Pregnancy Status	Convert to YES/NO/Unknown
Pregnancy Intention	-
Sexual Activity	-
Method at Intake & Exit	Use appropriate supergroup for low probability types, otherwise pass original data through unchanged (see Section 4.R2.1.8).
Screening tests (HPV, Pap, CT, GC, HIV)	Redact the day of the month, and use Week and Year only
HIV results	Delete (HIV reporting will be handled separately)

De-identified encounter-level data received by OPA

In CSV format:

```
111-111,222-222,333-333,W52 2014,Under 18,Female,LEP FALSE,2186-5,2106-3,44,NA,NO,N,True,Moderately Effective,NULL,7,W52 2014,NULL,W52 2014,W52 2014,W52 2014,NULL,110,75,62,128,266919005
```

De-ID Public Comment Themes

Public comment period closed February 5th

IHE received over 100 comments

Thank you to everyone who submitted
comments!

- Longitudinal consistency preferred over grantee flexibility to de-identify the data
- Maintain current age groups for adolescents
- Importance of encounter sequence within a week
- Confirmation of the committee's assumptions

IHE Public Comment Resolution Conference Calls

Title X community is welcome to participate!

WHEN?

- Wednesdays, beginning March 9, 2016
- Bi-weekly
- 12:30-2pm ET

HOW?

- Email gila@cogna.ca to be invited

TIMELINE:

- Resolve comments by late Spring
- Publish updated document by August

Health IT Resources

Blog

<http://opahit.sites.usa.gov/>

Email

FPAR2.0@hhs.gov

Community of Practice

<http://fpntc.org/cop/health-information-technology>

Standards

www.ihe.net

The Voice for Family Planning in Health IT

Office of Population Affairs Health IT Team

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December 16, 2015 IHE, Uncategorized

Resources for De-Identification Public Comment

We have created a number of resources to assist Title X and other stakeholders in understanding both the content of the De-Identification guidance documents and the process for submitting public comments. **The Guide explains everything you need to know.**

Resource	Description
1) Guide and Glossary	A guide that contains links to the official De-Identification Supplement and White Paper, prompting questions, submission directions, resources and an accompanying glossary of the technical terms. Download here: DeID Public Comment Guide and Glossary 2015-12-16
2) Annotated White Paper	Annotated version of the official White Paper that defines terms and jargon and points out areas where OPA is especially seeking comments Download here: Annotated IHE ITI WP Analysis-of-DeID-Algorithms-for-FP You'll need to save a copy and view it electronically to see the annotations (highlighted in yellow).

SOCIAL PROFILES



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Resources for De-Identification Public Comment

8:13 pm By clachance

We have created a number of resources to assist Title X and other stakeholders in understanding both the content of the De-Identification guidance documents and the **Read More »**

Submit Public Comments for De-Identification

3:03 pm By clachance

Holiday Greetings, Title X Universe! Apologies for the long spell between posts – I've been a bit buried

Grants Updates

David Johnson, MPH

Title X Services - Realignment Process

Standardize Title X Service Awards

- Extended project periods or shortened 1st budget period
- Timeframe and impact:
 - FY2014 – 2017
 - 36 grantees impacted
 - 21 states and 4 territories
- Results:
 - Established April 1 and July 1 as Award dates
 - Reduced administrative time and cost

Title X Services - Realignment Process

- Results (cont):
 - Uniform award process
 - Service areas competed as entire State/Jurisdiction
 - Intent not to limit one grant per state but to ensure access
 - Awards begin at the beginning of a Federal fiscal quarter
 - Reduced likelihood of partial funding – due to lack of Federal Budget
- Related issue:
 - Program review timing
 - Expectation: end of 1st – beginning of 2nd budget period

Grants Administration

- Non-competing Applications
 - Due 90 days prior to end of project period
 - 1 January or 1 April
 - Guidance is on the OPA website:
 - <http://1.usa.gov/1oDLlve>
- Prior approval items – Address to OGM, cc PO
 - Submit at least 30 days prior to change:
 - Change(s) in scope
 - Change in PI/PD
 - Budget revision in excess of 10% of approved budget
- PO - first point of contact for all programmatic-related issues

Q&A