Family Planning Annual Report (FPAR) 2.0 FAQs

1. **When do we need to have the new data elements in place?**
    - New data elements should be in place January 1st, 2023. Data for January 1st - December 31st, 2023 will be reported in January of 2024.
2. **What is LHD-HSA?**
    - The Local Health Department – Health System Analysis (LHD-HSA) is the required state system that receives clinical data from local health departments. This system has been in place since 2018 and we have custom reports for family planning specific data in place. More information can be found here: https://schs.dph.ncdhhs.gov/units/ldas/lhdhsa.htm
3. **What is the P1?**
    - The P1 is the custom Family Planning form that sends program specific data to the LHD-HSA system. The location and functionality of the P1 is different for each electronic health record (EHR) vendor.
4. **Do we need to complete every question on the P1?**
    - Best practice is to complete all questions on the P1, so it is clear no questions were accidently missed. Most questions do have "no" option. For those that don't, you may skip or leave blank. For example, if a patient is not changing or starting a new method, you may leave "How was contraceptive method provided"? blank.
    - Just to note, for some vendors, at least 1 question must be completed on the P1 for it to be transmitted to the state.
5. **How do we communicate this new information to our EHR vendor?**
    - The state has communicated the new requirements to all vendors in September 2022. We have asked for the vendors to give us a status update on November 10th, 2022, and would like to start testing data in December of 2022. We encourage local agencies to communicate with vendors and if questions arise, contact us at the state if concerns arise.
6. **We are changing EHR vendors, how do we make sure they put the new FPAR 2.0 changes in place?**
    - It is important to communicate your data reporting needs when switching EHR vendors (at any time) to comply with Title X Federal reporting requirements. Please contact us if you need assistance in communicating these needs to your vendors.
7. **Our EHR does not electronically interface with all our laboratories, how will we send lab results to the state?**
    - We are still exploring possible solutions to this aspect of FPAR 2.0 and will release more information on the lab result data elements as soon as possible. We will continue to use the STI/PAP survey to collect this information in the interim.
8. **Will we still be required to send self-report data annually?**
    - If your county is not able to transmit a majority of FPAR 2.0 data for 2023, we will ask for FPAR 1.0 data (collected annually through the Demographic and Social Economic excel sheet) to report in its place. The STI/PAP survey will stay in place for the time being.

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9. **We already ask many of these new questions in our clinic visits, have you not been receiving this data?**
    - We have not. We are now requesting that these data elements be extracted and sent to us for reporting purposes. Luckily, because many of these elements are not new to clinic visits, the transition to reporting this data should be easier.
10. **What data elements should be reported for each encounter?**
    - Every Family Planning encounter record MUST contain Facility Identifier, Patient Identifier, Visit Date, Birth Date, and Sex at birth. Files with missing values on any of these five data elements will not be accepted. All other data elements shall be reported on each encounter when clinically appropriate. We do expect "Contraceptive Method at Intake" and "Contraceptive Method at Exit" to be completed for each visit. We plan on creating more specific guidance for what is expected for each type of visit in the future with further federal guidance.
11. **Will the family planning forms on the DHHS website be updated to include the new elements required on FPAR?**
    - Yes, the forms will be updated for FY 23-24. We have provided draft forms to the vendors to indicate placement of these new data elements.
12. **My EHR allows for a lot of ethnicities to be chosen, but the FPAR 1.0 only allows for a few ethnicities to be chosen.**
    - Vendor options should correspond to parameters we have requested, but we do not have direct control. As we move away from self-report data to the LHD-HSA system, manual changes like this should no longer be needed as we will be receiving the encounter level data directly from the EHR with the specified parameters.
13. **Can we choose more than one method for Contraceptive Method at Intake and Exit?**
    - No, we are only reporting one method for each patient. This field should reflect the most effective method being used.
14. **Household Income and Number in Household is not collected for those Family Planning clients who have Medicaid or the Prepaid Health plans as no charges are being charged to these clients. How will that effect this report?**
    - Household Income and Family Size is required for all Family Planning patients (for both sliding fee scale purposes as well as data reporting requirements) and should be asked of everyone.
15. **Can you all please detail what has happened over the last 5 months and what DHHS discussed with Office of Population Affairs (OPA) that we are now just updated on these changes?**
    - Internal reviews and approvals were needed and important before final documents and changes were released to the local agencies and EHR vendors to avoid unneeded changes and ensure a smooth transition.
16. **Will the EHRs be able to pull the information so that the encounters will be de-identified before the information is sent to the state?**
    - No, LHD-HSA requires records to be identifiable for reporting purposes. The OPA contractor Mathematica will de-identify records before sending them to OPA. Please see the diagram here (https://wicws.dph.ncdhhs.gov/provpart/docs/FPAR-2-Data-Elements-for-LHD.pdf) for an overview of the FPAR 2.0 data flow.

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17. **We order reflex-pap tests. How should we complete the lab section if we don't know an HPV test will be completed?**
    - If your agency regularly orders reflex-pap tests, please choose "yes" for both pap and HPV in the labs ordered section. We are awaiting more guidance on this question from the OPA.
18. **Some of our patients bring their Depo into the clinic from an outside pharmacy. Since the drug was not dispensed from out supply, how should we answer, "How was contraceptive method provided"?**
    - You should choose "prescription" as patients received a prescription from your clinic to obtain the depo shot from the pharmacy.

Please contact the Reproductive Health Data Manager, Marissa Peters at Marissa.Peters@dhhs.nc.gov or the Women, Infant and Community Wellness Section at 919-707-5700 for further assistance and questions.