

July 3, 2014

To: Integrating the Healthcare Enterprise
Quality, Research and Public Health Technical Committee
Re: **Comments on IHE Family Planning Profile**

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to submit comments to the Integrating the Healthcare Enterprise (IHE) Quality, Research and Public Health Technical Committee on the IHE family planning profile. NFPRHA applauds the efforts by IHE and the Office of Population Affairs (OPA) to develop a standard template that will allow electronic health record systems to appropriately capture and exchange encounter-level data on key family planning and sexual health services.

NFPRHA is a national membership organization representing the broad spectrum of family planning administrators and clinicians serving the nation's low-income and uninsured. NFPRHA's members operate or fund a network of nearly 5,000 health centers and service sites that provide high-quality family planning and other preventive health services to millions of low-income, uninsured, or underinsured individuals in 50 states and the District of Columbia. Services are provided through state, county, and local health departments as well as hospitals, family planning councils, Planned Parenthoods, federally qualified health centers and other private non-profit organizations.

As you know, a key tenet of the Affordable Care Act (ACA) is to help ensure a robust, modern service delivery system that will improve care coordination and health outcomes. As an advocate for providers with expertise in providing preventive health services to underserved communities, we believe that the national focus on health information technology (HIT) and electronic health records (EHR) is necessary to improve health care quality, increase service efficiency and reduce health care costs. With more than 8,000 publicly funded family planning centers operating in the United States, many of which have adopted an array of electronic health record (EHR) systems, efforts to standardize data collection and exchange are essential to enable measurement of quality and value. Particularly as payment becomes driven by quality, developing a standard collection template that can be used across systems will enhance the

capability of all providers of family planning and sexual health services, whether in specialized settings or in primary care, to provide essential encounter-level data.

NFPRHA has specific feedback on the following areas for consideration as IHE and OPA work to refine the family planning profile:

Confidentiality

A key issue for family planning providers and patients is the absolute necessity that services rendered in a visit or the entire visit itself is kept confidential. This is particularly important for people who are in abusive or coercive relationships, or who are minors. While confidentiality is somewhat addressed in X.5 FP Security Considerations, NFPRHA urges further consideration to ensure that the profile allows for the protection of confidential information while also enabling providers to capture data essential for reporting.

Align with FPAR 2.0

Although OPA's Family Planning Annual Report (FPAR) 2.0 will not be fully implemented until 2017, it is widely anticipated that the FPAR 2.0 will rely heavily on information collected within service sites' EHR systems. As such, every effort should be made to ensure that the family planning profile is constructed in such a way that Title X-funded health centers are able to transfer information/data required by OPA from the profile to the FPAR data collection mechanism.

Align with Meaningful Use

The federal EHR "Meaningful Use" Incentive program has already standardized certain data elements to improve uniformity and transmission. NFPRHA urges to the extent possible and where feasible that the family planning profile align with federal meaningful use standards and adopt relevant elements for data collection.

NFPRHA appreciates the opportunity to share our recommendations with the IHE Quality, Research and Public Health Technical Committee. If you require additional information about the issues raised in this letter, please contact Jessica Marcella at 202-293-3114 ext. 222 or at jmarcella@nfprha.org.

Sincerely,



Clare Coleman
President & CEO