Public Comments for ICR 202106-0990-002

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Comments Received :

I am a Nurse Practitioner and have held management roles in Title X clinics for approx 20 yrs, so am very familiar with the program, staff requirements, and IT/EHR requirements. Colleagues and I have serious concerns about FPAR 2.0 -
1) What is the purpose and goals of the many extra details in 2.0 that aren't adequately addressed in the current FPAR &/or in QA/QI & monitoring done by each grantee & sub recipient?
2) Current IT systems for some grantees & sub recipients don't have the capability to respond to the requirements for 2.0, including an initial contract for expert IT staff to develop, implement, train clinic users, and then maintain new IT systems, protect against security breaches, and collect/compile/QA/analyze ongoing data. Significant initial & ongoing IT infrastructure costs would be necessary. (Because grantees don't have enough specific information about the necessary expertise or 2.0 "product" or system, or timelines, it is not feasible for a state grantee to develop a detailed contract or to request state approval to hire an expert during hiring freezes.)
3) The details of 2.0 data have more potential to breach confidential client data, especially for vulnerable teens and especially in small clinics where the small number of teen clients could be easily identified. The current FPAR protects individual client data, and only a sub recipient has access to confidential client-level data.
4) What is the purpose of requiring the National Provider Identifier (NPI) for each medical provider for clients? Grantees & sub recipients already conduct close QA and monitoring of their clinical staff. In addition, there are serious concerns about releasing private NPI information that could be accessed in IT security breaches and potentially used maliciously and/or to write illegal prescriptions and worsen the already serious opioid crisis.
5) As clinic services are slowly being restored as the Covid pandemic resolves, there have been major losses in clinic staff, so priorities need to focus on resuming and strengthening "normal" Title X services and recruiting, training and retaining high quality clinical staff. As above, current staff don't have the expertise or time to develop a new IT system or to learn and collect the extra (burdensome) client data for FPAR 2.0. Of note, the extra time that the IT expert needs initially and daily and that any staff would need to collect, compile, QA and analyze the many details for FPAR 2.0 is not billable. It is important to minimize significant increases in charges to Title X clients considering the underserved, underinsured population, especially in the current stressors related to the pandemic.
6) Depending on OPA's intended goal and purpose for additional data, it is recommended that an expert focus group from grantee and sub recipients provide and discuss their input to OPA regarding data and QA.
7) It would be GREATLY appreciated if OPA and all concerned closely examine the proposed FPAR 2.0 to evaluate any value beyond the current FPAR and grantee/sub recipient QA and monitoring in addition to the extraordinary burdens for staff during these challenging times. Thank you for your consideration of the above concerns and other public comments.