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Sherrette Funn,
Reports Clearance Officer
Department of Health and Human Services
Office of the Chief Information Officer
200 Independence Ave. S.W., Room 336E
Washington, D.C. 20201

RE: Wisconsin Department of Health Services Comment on FPAR 2.0 Burden Assessment
Document Identifier OS-0990-New-30D

Thank you for the opportunity to comment on the burden assessment for the Family Planning Annual Report (FPAR) 2.0 requirements. The Wisconsin Department of Health Services (DHS) recognizes the importance of collaboration between federal, state, and local partners to protect and respect the rights and privacy of family planning clients. Wisconsin DHS asks the Office of Population Affairs (OPA) to reconsider the timeline of FPAR 2.0 implementation and to support grantee-led data analysis to help protect client information and privacy in order to best serve the needs of family planning clients.

Summary

The OPA has underestimated the burden hours required for implementing and complying with any changes in data elements collected. The Wisconsin DHS is already working closely with a data vendor to collect encounter-level data. Moving to FPAR 2.0 will still require significant time from the vendor, subrecipients, and Wisconsin DHS staff to comply with new reporting requirements.

Additionally, Wisconsin DHS will be unable to provide complete data per Wisconsin State Statute § 253.07(3)(c) that restricts the sharing of personally identifiable information (PII). OPA has failed to sufficiently provide both a plan to protect client confidentiality and provide evidence that the benefits of collecting PII outweigh the risks. The Wisconsin DHS recommends OPA support grantee-led investigations of trends in family planning data.

OPA Underestimates the Burden Hours Required for Implementing FPAR 2.0

The OPA has underestimated the burden hours required – 102 per grantee – to make changes to collecting and reporting encounter-level data. The Wisconsin DHS is already collecting encounter-level data from subrecipients in a uniform, single internal compilation and yet, moving to FPAR 2.0 poses a significant burden on the data vendor and subrecipients. The Wisconsin DHS contracts with a vendor to work with 23 subrecipients to collect encounter-level data. This vendor estimates that 650 hours would be required to build the FPAR 2.0 requirements. While each site working with the vendor to collect family planning encounter data

reports the same data elements into one report collected by Wisconsin DHS, the vendor navigates the unique needs of each clinical site including variance in Electronic Health Record (EHR). The vendor estimates 14 hours of coordinating and 24 hours of development tasks per site to comply with the data reporting requirements in FPAR 2.0.

- Coordinating tasks include creating new mappings from each site's EHR, initial submission meetings, coordinating with each site's EHR, implementing the new mappings, and providing additional technical support. Coordinating with each site is estimated to total 322 staff hours.
- Development tasks include the development of the Wisconsin DHS web application changes, special case handling, and working specifically with EHRs requiring unique report generation. Development for each site is estimated to total 328 hours.

Coordination and development tasks together total 650 hours from the data vendor in addition to the typical work required to comply with current data reporting. Both the coordinating and development tasks outlined by the data vendor are essential to ensure data collected from the subrecipients accurately reflects family planning encounters and is consistent across subrecipients so one complete dataset is collected by the Wisconsin DHS.

OPA Has Not Demonstrated Benefit to Collect Encounter-Level Data Compared to Risks

The Wisconsin DHS will be unable to report encounter-level data to OPA due to Wis. Stat. § 253.07(3)(c), which regulates the sharing of PII, with the inclusion of date of birth, in the proposed data elements. Without sufficient demonstration of the benefit compared to the risk of reporting encounter-level data directly to OPA, Wisconsin DHS cannot include date of birth or link sexually transmitted infection laboratory results to client encounter-level data. The proposed changes to the FPAR data required from grantees should only collect as much family planning user information necessary to assure program adherence and analyze trends in family planning.

Moreover, OPA should share the proposed analysis planned for encounter-level data. Currently, family planning users' PII collected by Wisconsin DHS is protected by de-identifying encounter-level data before being collected by Wisconsin DHS and any data released follows strict data-sharing policies to protect PII. However, the data collected is still considered sensitive both because information, including health information and demographics of clients collected, could be used to identify a client, and due to the sensitive nature of the program.

Support Grantees in Data Exploration Before Requiring Encounter-Level Data

The burden required to comply with the proposed FPAR 2.0 and the legal protections limiting the sharing of PII in Wis. Stat. § 253.07(3)(c) preclude Wisconsin DHS from fully reporting encounter-level data as proposed by OPA. Rather than require grantees to comply in reporting the proposed FPAR 2.0 data elements under the current timeline, OPA should instead delay the timeline for grantees to begin collecting encounter-level data and support grantees in using encounter-level data to investigate family planning trends at the grantee level. OPA could still complete its objective of investigating trends while ensuring grantees can appropriately protect the confidentiality of clients served if OPA supported grantee-led data analysis. Supporting grantees to investigate their own trends would likely result in more grantees being able to comply with collecting encounter-level data and in grantee-initiated program improvements.

Thank you for your consideration of these comments.

Sincerely,

DocuSigned by:

Julie A. Willems Van Dijk

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Julie A. Willems Van Dijk
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