



2024 NFPRHA
NATIONAL
CONFERENCE

WASHINGTON, DC
MAY 19-22

IMPLEMENTING THE SINC QUESTION IN FAMILY PLANNING SETTINGS



2024 NFPRHA
NATIONAL
CONFERENCE

WASHINGTON, DC
MAY 19-22

CONTRIBUTORS

HEATHER MAISEN, PUBLIC HEALTH – SEATTLE
KING COUNTY

ELLIE SMITH, CONVERGE

ERIN WINGO, UCSF PERSON-CENTERED
REPRODUCTIVE HEALTH PROGRAM

Objectives

As a result of this peer-to-peer session, attendees will be able to:

- Define the Self-Identified Need for Contraception (or “SINC”) question
- Describe the benefit of using a “service-bound” question to assess patients’ desire for contraceptive services
- Review two examples of Title X projects that have implemented the SINC question
- Explore strategies for implementing the SINC question in your own health centers and family planning networks

Self-Identified Need for Contraception (SINC):

Background, development, and recommendations for use

Erin Wingo, MSPH
Person-Centered Reproductive Health Program,
University of California, San Francisco

2024 NFPRHA National Conference

Approaches to screening for contraceptive need

Pregnancy intention approach
(e.g., One Key Question):

Asks patients if they
want to get pregnant
within a year

Service needs approach
(e.g., SINC):

Asks patients which
services they would like
today

Limitations of pregnancy intention screening

- Planning paradigm does not resonate for many patients
- People who do not want to become pregnant now may also want to learn how to have a healthy pregnancy
- Some people use contraception for reasons other than preventing pregnancy
- Not consistent with how people want to be asked about their reproductive needs
- People who want to become pregnant in a year may want to prevent pregnancy now

Limitations of pregnancy intention screening

- Planning paradigm does not resonate for many patients
- People who do not want to become pregnant now may also want to learn how to have a healthy pregnancy
- Some people use contraception for reasons other than preventing pregnancy
- *Not consistent with how people want to be asked about their reproductive needs*
- *People who want to become pregnant in a year may want to prevent pregnancy now*

Women's Perspectives on Reproductive Health Services in Primary Care

Meredith G. Manze, PhD, MPH; Diana R. Romero, PhD, MA; Annie Sumburg, MPH; Monica Gagnon, MPH; Lynn Roberts, PhD; Heidi Jones, PhD, MPH



Contents lists available at [ScienceDirect](#)

Contraception

journal homepage: www.elsevier.com/locate/con



Original Research Article

Primary care patients' preferences for reproductive health service needs assessment and service availability in New York Federally Qualified Health Centers ☆,☆☆



Heidi E. Jones^{a,*}, Cynthia Calixte^b, Meredith Manze^c, Michele Perlman^d, Susan Rubin^b, Lynn Roberts^c, Diana Romero^c

^aDept. of Epidemiology & Biostatistics, City University of New York (CUNY) School of Public Health, New York, NY, USA

^bInstitute for Family Health, New York, NY, USA

^cDept. of Community Health & Social Sciences, CUNY School of Public Health, New York, NY, USA

^dCommunity Healthcare Network, New York, NY, USA

Comparison of pregnancy intention and desire to prevent pregnancy now

ONE KEY QUESTION				
		Want to become pregnant In a year	Ambivalent	Don't want to become pregnant in a year
CURRENT PREGNANCY PREVENTION	Want to prevent pregnancy now	30%	54%	92%
	Ambivalent	6%	13%	3%
	Don't want to prevent pregnancy now	64%	33%	5%

Comparison of pregnancy intention and desire to prevent pregnancy now

ONE KEY QUESTION				
		Want to become pregnant In a year	Ambivalent	Don't want to become pregnant in a year
CURRENT PREGNANCY PREVENTION	Want to prevent pregnancy now	30%	54%	92%
	Ambivalent	6%	13%	3%
	Don't want to prevent pregnancy now	64%	33%	5%

Comparison of pregnancy intention and desire to prevent pregnancy now

ONE KEY QUESTION				
		Want to become pregnant In a year	Ambivalent	Don't want to become pregnant in a year
CURRENT PREGNANCY PREVENTION	Want to prevent pregnancy now	30%	54%	92%
	Ambivalent	6%	13%	3%
	Don't want to prevent pregnancy now	64%	33%	5%

Introducing the SINC screening question

We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?

If yes:

- *Mark yes and ensure appropriate counseling is provided*

If no:

- **Clarification Prompt:** "There are a lot of reasons why a person wouldn't want to talk about this, and you don't have to share anything you don't want to. Do any of these apply to you?" (*mark all that apply*)
 - ✓ I'm here for something else
 - ✓ This question does not apply to me
 - ✓ I prefer not to answer
 - ✓ I am already using contraception (and what)
 - ✓ I am unsure or don't want to use contraception
 - ✓ I am hoping to become pregnant in the near future

SINC Development

- Goal of developing question that would identify which patients wanted contraceptive services in a feasible and person-centered way
- Question and response options designed in collaboration with Reproductive Justice experts, Drs. Joia Crear-Perry & Jamila Perritt, & NACHC

SINC in Practice

- Standardized item for EHR systems (Data Element #41)
- Designed to be:
 - Asked by a provider OR person who screens patients before seeing the provider (e.g. medical assistant, health educator, nurse)
 - Asked of patients at least once a year
- Implementation guidance provides support on how to initiate tailored counseling based on patient response (available at: pcrhp.ucsf.edu/SINC)

SINC in Practice: “No” Responses

Suggestions for following up on specific responses:

I'm here for something else	Consider asking this patient again at a future visit or asking them if they would like to schedule a follow-up visit to discuss contraception options.
This question does not apply to me / I prefer not to answer	Consider asking if they wish to skip this question in the future. Make sure their preference is flagged in the her.
I am already using contraception (and what)	If they share what method they are using, document their current method in their record, and assess if they need refills.
I am unsure or don't want to use contraception	If they are unsure about using contraception, consider asking this patient again at a future visit, or offer to schedule an appointment to talk about contraception. If they want to skip this question in the future, flag this preference in the EHR.
I am hoping to become pregnant in the near future (or alternatively, I am hoping to have a child in the near future)	Consider asking if they want to talk about having a healthy pregnancy with their provider or offer to schedule an appointment to talk about this.

More guidance available at: pcrhp.ucsf.edu/SINC

Thank you!

Erin Wingo

erin.wingo@ucsf.edu

Implementation guidance
available at:

pcrhp.ucsf.edu/SINC

We ask everyone about their reproductive health needs. Do you want to talk about contraception or pregnancy prevention during your visit today?

If yes:

- *Mark yes and ensure appropriate counseling is provided*

If no:

- **Clarification Prompt:** "There are a lot of reasons why a person wouldn't want to talk about this, and you don't have to share anything you don't want to. Do any of these apply to you?" (*mark all that apply*)
 - ✓ I'm here for something else
 - ✓ This question does not apply to me
 - ✓ I prefer not to answer
 - ✓ I am already using contraception (and what)
 - ✓ I am unsure or don't want to use contraception
 - ✓ I am hoping to become pregnant in the near future



Implementing the SINCC Question in Family Planning Settings

Ellie Smith, PhD, MA

Vice President of Measurement, Learning and Evaluation

Converge: Partners in Access

National Family Planning and Reproductive Health Association Annual Conference 2024

Setting the Stage

- ✓ Converge is the Title X Grantee for MS and TN
- ✓ We work with third-party data management system Ahlers Software to collect FPAR data for our sub-recipients
- ✓ Clinical Visit Record (CVR) used to collect FPAR data and includes Data Element 41
- ✓ Limitations on clinical workflow guidance, but some TA is provided

Data Element 41

- Data Element 41 – Do you want to talk about contraception or pregnancy prevention during your visit today? Should agencies only report this if they ask clients “Do you want to talk about contraception or pregnancy prevention during your visit today?” or can the question be answered based on information provided as a part of the client’s visit?

Data element #41 is the self-identified need for contraception, part of the eCQM under development at UCSF under grant funding from OPA. Because it is not yet an endorsed measure, it's only to be reported if (a) it's already included in the grantees' EHR and (b) if it's part of the clinical visit.

Data Element 41 on CVR

MISSISSIPPI CLINIC VISIT RECORD

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM										CLINIC NO. _____													
CLIENT # 								DATE OF BIRTH 								GENDER <input type="checkbox"/> F <input type="checkbox"/> M							
RACE (check all that apply) <input type="checkbox"/> 1. White <input type="checkbox"/> 3. Am. Ind./Alaskan <input type="checkbox"/> 5. Pacific Is/Hawaiian <input type="checkbox"/> 2. Black <input type="checkbox"/> 4. Asian <input type="checkbox"/> 6. Unknown/Unreported										BP ____/____ HEIGHT (inches) ____ WEIGHT (pounds) ____													
HISPANIC <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown LIMITED ENGLISH PROFICIENCY <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown										TOBACCO STATUS (check one) <input type="checkbox"/> 1. Current Every Day <input type="checkbox"/> 3. Former <input type="checkbox"/> 2. Current Some Day <input type="checkbox"/> 4. Never													
SEXUAL ORIENTATION <input type="checkbox"/> 1. Bisexual <input type="checkbox"/> 3. Straight/Heterosexual <input type="checkbox"/> 5. Unknown <input type="checkbox"/> 2. Lesbian/Gay/Homosexual <input type="checkbox"/> 4. Other/Something Else <input type="checkbox"/> 6. Declined to Answer										GENDER IDENTITY <input type="checkbox"/> 01. Male <input type="checkbox"/> 05. Other <input type="checkbox"/> 02. Female <input type="checkbox"/> 06. Neither M/F Exclusively <input type="checkbox"/> 03. Female to Male/Trans Male <input type="checkbox"/> 07. Declined to Disclose <input type="checkbox"/> 04. Male to Female/Trans Female <input type="checkbox"/> 08. Unknown													
MONTHLY INCOME _____										HOUSEHOLD SIZE _____													

4. VISIT DATE <div style="display: flex; justify-content: space-between;"> <div>MO MD DAY DAY</div> <div>2 0</div> <div>YR YR</div> </div>	<div>5. PURPOSE OF VISIT (check one)</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> 01-Initial Preventive (New Client) <input type="checkbox"/> 02-Annual Preventive (Established Client) <input type="checkbox"/> 03-Problem Re-Visit </div> <div style="width: 48%;"> <input type="checkbox"/> 04-Method Check <input type="checkbox"/> 05-Education/Counseling Only <input type="checkbox"/> 06-Pregnancy Test <input type="checkbox"/> 07-Depo Supply <input type="checkbox"/> 08-STD Screening/Tx </div> </div> <div>14. DO YOU WANT TO TALK ABOUT CONTRACEPTION OR PREGNANCY TODAY?</div> <div style="display: flex;"> <div style="width: 48%;"> <input type="checkbox"/> 01. Yes – I want to talk about contraception. No – I don't want to talk about contraception: <input type="checkbox"/> 02. I'm here for something else. <input type="checkbox"/> 03. This question doesn't apply to me. <input type="checkbox"/> 04. I prefer not to answer. <input type="checkbox"/> 05. I'm already using contraception. <input type="checkbox"/> 06. I'm unsure or don't want to use contraception. <input type="checkbox"/> 07. I'm hoping to become pregnant in the near future. </div> <div style="width: 48%;"> <input type="checkbox"/> 15. TELEHEALTH VISIT? <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-No </div> </div>
16. HOW CONTRACEPTIVE METHOD WAS PROVIDED <input type="checkbox"/> 1-On-site <input type="checkbox"/> 2-Referral <input type="checkbox"/> 3-Prescription <input type="checkbox"/> 4-N/A	<div>17. PREGNANCY STATUS <input type="checkbox"/> 1-Pregnant <input type="checkbox"/> 2-Not Pregnant <input type="checkbox"/> 3-Unknown </div> <div>18. PREGNANCY INTENTION <input type="checkbox"/> 1-Yes <input type="checkbox"/> 2-Okay Either Way <input type="checkbox"/> 3-No <input type="checkbox"/> 4-Unsure </div> <div>10. PROVIDERS OF MEDICAL/COUNSELING SERVICES (check all applicable) <input type="checkbox"/> 1-Physicians <input type="checkbox"/> 4-Non-Clinical Providers <input type="checkbox"/> 2-NP <input type="checkbox"/> 5-PA <input type="checkbox"/> 3-RN, LPN <input type="checkbox"/> 6-CNM </div> <div>11. REFERRED ELSEWHERE (check all applicable) <input type="checkbox"/> 01-Abnormal Pap FU <input type="checkbox"/> 02-Abnormal Breast FU </div> <div>12. MEDICAL SERVICES PROVIDED</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> EXAMS AND LAB SERVICES <input type="checkbox"/> 01-Pap Conventional <input type="checkbox"/> 02-Pap Liquid Based <input type="checkbox"/> 03-Clinical Breast Exam </div> <div style="width: 48%;"> STD <input type="checkbox"/> 06-GC Test <input type="checkbox"/> 07-CT Test <input type="checkbox"/> 08-RPR/Syphilis </div> </div>

Example of Data Element 41 in EHR

Do you want to talk about contraception or pregnancy prevention during your visit today?	<div>Yes</div>	Note
Was contraceptive counseling provided?	<div>- Select -</div>	
What contraceptive method was reported at end of this visit?	<div>Yes</div>	
	<div>No - I do not want to talk about contraception today because I am here for something else</div>	
	<div>No - This question does not apply to me/I prefer not to answer</div>	
	<div>No - I am already using contraception</div>	
	<div>No - I am unsure or don't want to use contraception</div>	
	<div>No - I am hoping to become pregnant in the near future</div>	

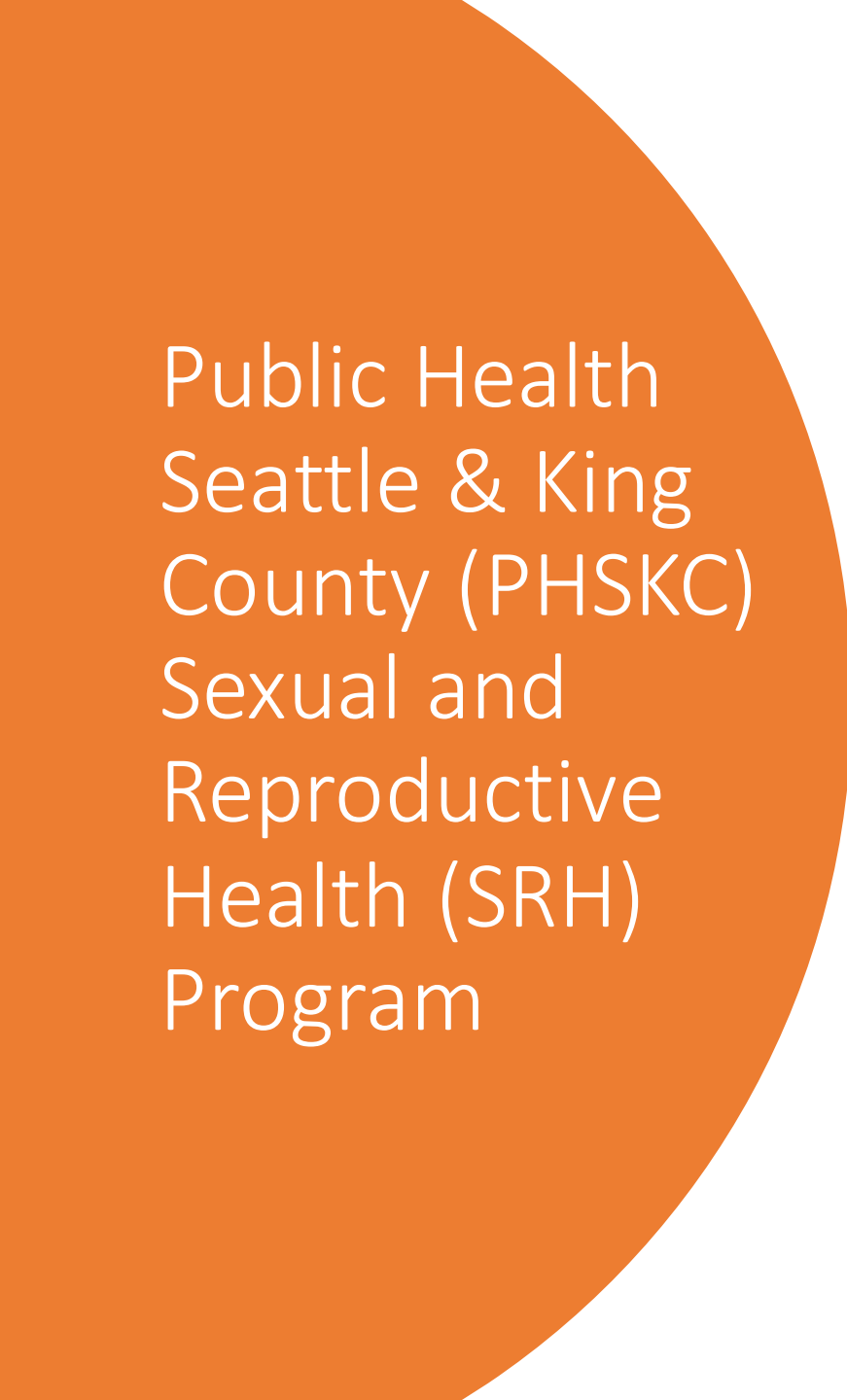
Public Health – Seattle & King County's Self-Identified Need for Contraception (SINC) Implementation

Heather Maisen (she/her)

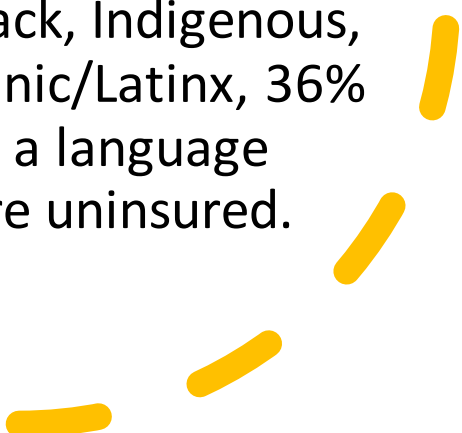
Sexual and Reproductive Health Services Administrator

Public Health – Seattle & King County

A large yellow triangle is positioned in the bottom right corner of the slide, pointing towards the top right.

A large orange circle on the left side of the slide, partially cut off by the edge.

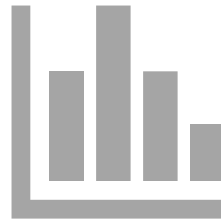
Public Health Seattle & King County (PHSKC) Sexual and Reproductive Health (SRH) Program

- King County, WA most populous county in Washington State, and 13th-most populous in the United States
 - PHSKC is one of the largest metropolitan health departments in the United States
 - PHSKC is an FQHC, under the 330H grant
 - PHSKC SRH Program has been a Title X sub-recipient since 1971
 - Four stand-alone SRH clinics and three school-based health centers (SBHCs).
 - Patient population represents 60% Black, Indigenous, and People of Color, and 51% as Hispanic/Latinx, 36% people under 25 years old, 30% speak a language other than English, and almost 40% are uninsured.
- 
- A series of yellow dashed lines in the bottom right corner, forming a curved shape.

Implementation Process in Our Title X Sexual and Reproductive Health Clinics



EHR Modification



Data Review



Staff Feedback

PHSKC EHR Smartform

- Combines PISQ, SINC and CVR data
- Comprehensive snapshot per visit
- User-friendly: Conveniently located and easy-to-click buttons

PISQ+WA CVR

We ask everyone about their reproductive health needs.

Pregnancy Intention Screening Question

Do you want to become pregnant or a parent in the next year? ☐ Yes ☐ No ☐ Unsure ☐ Ok either way ☐ N/A

Self-Identified Need for Contraception

Do you want to talk about contraception or pregnancy prevention today? ☐ Yes ☐ No

CVR (Reproductive Health Reporting)

Primary Contraceptive Method

Before Visit

01 - Female Sterilization	19 - Female Condom
02 - Oral Contraceptive	06 - Male Condom
03 - IUD/IUS	07 - Spermicide
04 - Diaphragm/Cap	08 - NFP/FAM
11 - Hormone Implant	13 - Abstinence
16 - Hormonal Injection 3 month	14 - Male Sterilization
17 - Hormonal Patch	20 - Withdrawal
18 - Vaginal Ring	21 - Contraceptive Sponge
09 - Other Method	10 - None

Purpose of Visit

Annual Medical Exam	Counseling Only
Initial Medical Exam	Other Medical

Other labs and exams are reported automatically from orders entered

Exam & Lab Services 06 - Breast Exam 41 - Breast Referral 37 - No Lab or Exam

Contraceptive Related Services 46 - EC Future Need 48 - EC Immediate Need

Assessment / Education

Counseling Education Provided (Check all Applicable) 01 - Contraceptive 04 - Infertility 08 - Preconception 07 - Pregnancy Options 09 - STD/HIV Prevention

Primary Contraceptive Method

After Visit

01 - Female Sterilization	19 - Female Condom
02 - Oral Contraceptive	06 - Male Condom
03 - IUD/IUS	07 - Spermicide
04 - Diaphragm/Cap	08 - NFP/FAM
11 - Hormone Implant	13 - Abstinence
16 - Hormonal Injection 3 month	14 - Male Sterilization
17 - Hormonal Patch	20 - Withdrawal

Data Review

- SINC screening rates and responses
 - 98% of all patients
 - Of those screened:
 - 30% “yes”
 - 68% “no”
- Contraception method provided in that visit
 - 99% of patients who said “yes”
 - 95% of patients who said “no”
 - 9% of patient not screened



Staff Feedback:
Reasons patients
said “No” to the
SINC question,
yet still received
a contraceptive
method:

- Patients perceived the question to ask if they want contraceptive counseling on ALL methods
- The following patients were more likely to answer “no” to the SINC question:
 - Patients wanting refills, due for Depo, or removing and reinserting a LARC
 - Patients who already knew the method they wanted to start
- Additionally, there was a small percentage of staff data entry errors

Why Use the SINC Question?

Staff found it a useful screening tool to model affirmative consent in asking patients if they want to discuss contraception.

It removes assumptions that patients coming to a sexual and reproductive health clinic want to talk about contraception.

It reinforced staff to provide brief contraception overview, if patient desired, and focus time on tailored contraceptive counseling.



The SINC is also essential in primary care settings to systematically insert the option to discuss contraception in a visit when the reason for the visit is not related to sexual and reproductive health



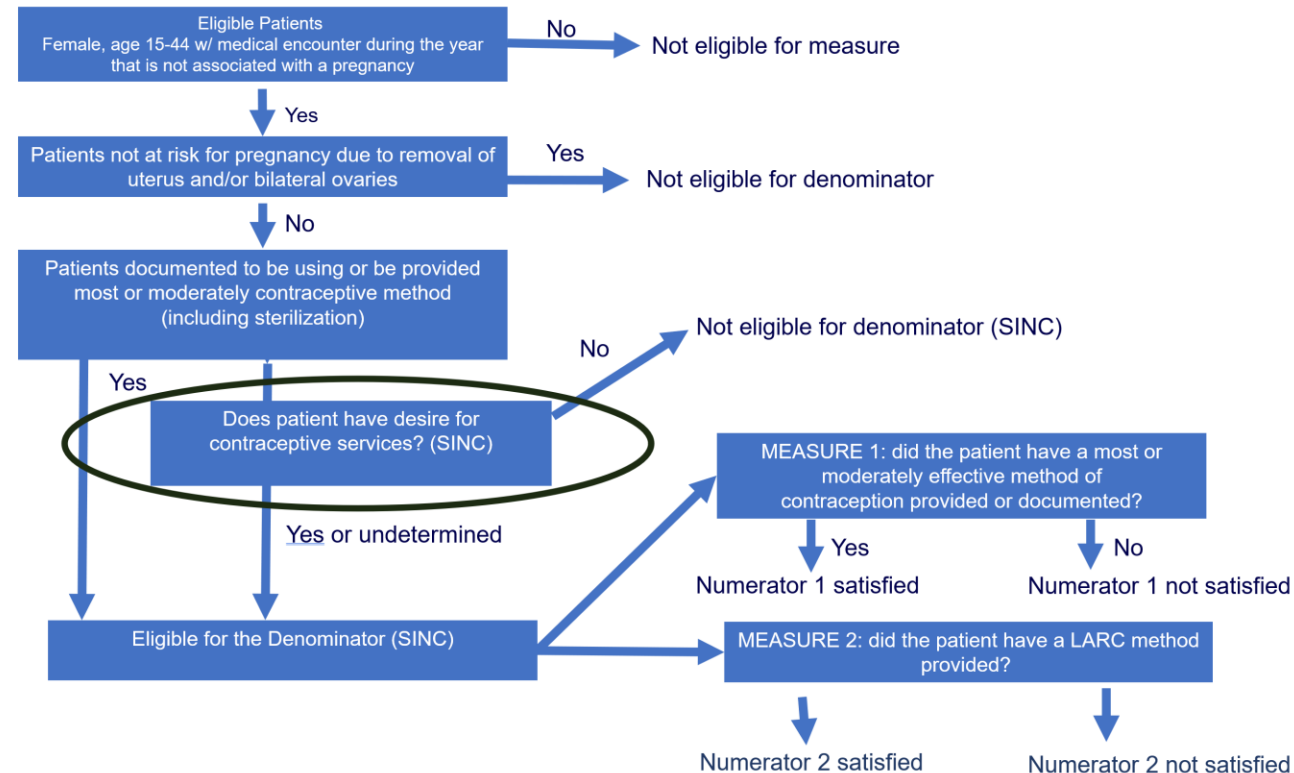
2024 NFPRHA
NATIONAL
CONFERENCE

WASHINGTON, DC
MAY 19-22

PEER-TO-PEER DISCUSSION

SINC and Contraceptive eCQMs

- Use of SINC also allows for patient-centered measurement of whether people's contraceptive needs are met
 - Excluding those who answer no to SINC from the denominator of the measure



SINC Considerations: Frequency of Ask

- Implementation guidance is to ask at least once per year
- Want to avoid asking too frequently given importance of avoiding appearance of or actual pressure related to reproductive choices
- Options to trigger repeat ask based on patient preference or specific response to initial ask
 - For example, if someone responds “I am here for something else” can have SINC be active for next visit

SINC Considerations: Peripartum Care

- Can (and should) be asked of people in the context of peri-partum care as well
 - Frequent assumptions about that people do or should want to use pregnancy prevention after birth, as opposed to centering patient's own needs
- Documenting at any time in pregnancy or at post-partum visit would be appropriate
 - Given standard of care to providing contraceptive counseling in third trimester, most useful to link it to that time period
- Can be integrated into prenatal care templates

SINC Considerations: Gender

- While initially directed towards those with capacity for pregnancy, also could be applicable more broadly
- Given frequent lack of SOGI data, need to consider how to ensure reach all people with potential for pregnancy if limit who is asked