

Performance Measures for Contraceptive Care

Performance measures are tools health care providers can utilize to assess current performance and identify areas for improvement and monitor progress. In 2016, the National Quality Forum (NQF), a non-profit organization that establishes health care performance measurements and standards, endorsed contraceptive care performance measures. These measures are intended to increase access to and use of most and moderately effective methods of contraception across a range of health care settings, including primary care settings.

Effectiveness is a core consideration for women when selecting a contraceptive method.¹ However, even when all barriers to access are removed, not all women will choose a most or moderately effective contraceptive method, and some will choose no method at all.^{2,3} Given the historical context of contraceptive coercion among underserved populations,⁴ health care providers must remain committed to providing patient-centered contraceptive counseling while increasing access to the contraceptive method of a patient's choice.

NQF #2903 CONTRACEPTIVE CARE – MOST & MODERATELY EFFECTIVE METHODS

Most & Moderately Effective Methods: The proportion of women aged 15-44 years of age at risk of unintended pregnancy who are provided a most [i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS)] or moderately (i.e., injectables, oral pills, patch, ring, or diaphragm) effective methods of contraception.

- NQF #2903 is intended to guide quality improvement efforts aimed at assuring that all women have access to the contraceptive method of their choice.
 - This can be achieved by assuring all women are screened for pregnancy intention; receive patient-centered contraceptive counseling, if desired; and do not face logistical or financial barriers to accessing the contraceptive method of their choice, preferably on a same-day on-site basis.
- There currently are no official benchmarks for this measure as targets that incentivize high rates or penalize low rates of contraceptive provision may potentially lead to coercive practices.
- Rates are not expected to reach 100 percent. Even when offered the full range of methods and all logistical and financial barriers to access are removed, some women will make informed decisions to choose methods in the lower tier of efficacy or not to use contraception at all.

NQF #2904 CONTRACEPTIVE CARE - ACCESS TO LARC

Access to LARC: The proportion of women aged 15-44 years of age at risk of unintended pregnancy who were provided a long-acting reversible contraceptive (LARC) (i.e., IUS/IUD, implant) method.

- NQF #2904 differs from other NQF-endorsed measures; this measure is designed to minimize barriers to access by identifying health care delivery sites with very low rates of LARC provision (e.g., less than 2%) that may warrant further investigation.
- The barriers to obtaining LARC are well documented, and include client and/or clinician lack of knowledge, financial constraints, and logistical issues.⁵
 - Health care providers and delivery sites are encouraged to address potential barriers to LARC access through training, organizational policy changes, and quality improvement processes.
- This measure should not be used to encourage high rates of LARC use, which could lead to contraceptive counseling approaches that are not patient-centered and potentially undermine women's preferences and reproductive autonomy. This concern is especially important given the complex history of contraceptive provision to low-income women, women of color, and other vulnerable populations in the United States.⁶

NQF #2902 CONTRACEPTIVE CARE – POSTPARTUM

Postpartum: (1) The proportion of women aged 15-44 years of age who had a live birth and is provided a most (i.e., IUS/IUD, implant, sterilization) or moderately ((i.e., injectables, oral pills, patch, ring, or diaphragm) effective method of contraception within three and 60 days of delivery, AND (2) the proportion of women aged 15-44 years who had a live birth that is provided a LARC method (i.e., IUS/IUD, implant) within three and 60 days of delivery.

- NQF #2902 is designed to inform quality improvement efforts aimed at ensuring women have access to the contraceptive method of their choice during the postpartum period. Provider-, systems-, and policy-level barriers contribute to performance gaps in this area, and place postpartum women at increased risk of unintended and short-interval pregnancy.
 - The three-day period reflects the Center for Disease Control and Prevention (CDC) and The American Congress of Obstetricians and Gynecologists (ACOG) counsel stating that the provision of contraception immediately postpartum not only is safe, effective, and convenient for patients, but also may reduce unintended and short-interval pregnancies, which are associated with adverse maternal and neonatal health outcomes.^{7,8}
 - The 60-day period reflects the recommendation from ACOG that patients receive a comprehensive postpartum visit within 6 weeks after delivery to include contraceptive counseling.⁹
- Discussions about reproductive life plans and future pregnancy intentions with patients should be initiated prior to delivery during the development of a postpartum care plan.

KEY MESSAGES ABOUT THE NQF MEASURES

- The best contraceptive method for a woman is the method that she will use and is consistent with her needs and preferences during the period she intends to prevent pregnancy.
- Effectiveness is only one of many important aspects that a woman considers when selecting a contraceptive method. For example, a woman may prioritize a patient-controlled method that she can start and stop on her own, a method that allows her to control if and when she has a period (withdrawal bleeding), and more.
- Contraceptive care entails providing quality, patient-centered contraceptive counseling and ensuring patients have unrestricted access to a broad range of contraceptive methods.
 - Patients must be provided the opportunity to receive and remove LARC methods without logistical and financial barriers.
 - Not all patients who meet medical eligibility criteria for LARC methods will choose this method; upholding patients' autonomy through shared decision making in contraceptive counseling is paramount.
- Clinical practices and policies should never limit women's access to certain contraceptive methods (including removal of LARC methods) or favor one method or tier of methods over patient choice.
- Measures NQF #2902, NQF #2903, NQF #2904 are intended to serve as proxies, albeit imperfect, of patient access to contraceptive methods. No benchmarks have been established for any of these measures, as targets may unintentionally lead to potentially coercive practices or policies that undermine women's preferences and reproductive autonomy.

For more information about the contraceptive care performance measures, please visit <https://www.hhs.gov/opa/performance-measures/index.html>.

References

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- ⁴ Gold, Rachel B. "Guarding Against Coercion While Ensuring Access: A Delicate Balance." *Guttmacher Policy Review* 17, no. 3 (2014). <https://www.guttmacher.org/gpr/2014/09/guarding-against-coercion-while-ensuring-access-delicate-balance>.
- ⁵ Office of Population Affairs. "Performance Measures: Long-Acting Reversible Contraceptive (LARC) Methods." U.S. Department of Health and Human Services. December 16, 2016. Accessed August 10, 2017. <https://www.hhs.gov/opa/performance-measures/long-acting-reversible-contraceptive-methods/index.html>.
- ⁶ Gold, Rachel B. "Guarding Against Coercion While Ensuring Access: A Delicate Balance." *Guttmacher Policy Review* 17, no. 3 (2014). <https://www.guttmacher.org/gpr/2014/09/guarding-against-coercion-while-ensuring-access-delicate-balance>.
- ⁷ Centers for Disease Control and Prevention. "Update to CDC's U.S. Medical Eligibility Criteria for Contraceptive Use, 2010: Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period." *Morbidity and Mortality Weekly Report* 60, no. 26 (2011): 878-83.
- ⁸ American College of Obstetricians and Gynecologists. "Optimizing postpartum care. Committee Opinion" *Obstetrics and Gynecology* 127, no. 666 (2016):187-92.
- ⁹ American College of Obstetricians and Gynecologists. "Long-Acting Reversible Contraception: Implants and Intrauterine Devices." *Practice Bulletin* 118, no. 121: 184-96.