CLINICAL PERFORMANCE MEASURES FOR CONTRACEPTIVE CARE

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Objectives

- Re-introduce you to the measures
- Describe NQF, the endorsement process & where we are in the process
- Describe why endorsement matters
- Responsible use of the measures
- Support from other organizations
- Opportunity for public comment
Importance of Contraceptive Care Measures

- Approximately half of all pregnancies in the U.S. are unintended.

- Efforts to prevent unintended pregnancy may be strengthened by integration of quality improvement processes into delivery of clinical services.

- There are currently no endorsed measures for contraceptive use – this is a huge gap area.
Three Contraceptive Care Measures Submitted for NQF Endorsement

1. The percentage of women at risk of unintended pregnancy provided a most or moderately effective contraceptive method (Intermediate outcome measure)

2. The percentage of women at risk of unintended pregnancy provided a long-acting reversible contraceptive (LARC) method (Access measure)

3. The percentage of women who had a live birth provided a:
   - Most or moderately effective contraceptive method
   - LARC method
   in the 3 days and 60 days after delivery
Effectiveness of Family Planning Methods

Most Effective

- Implant: 0.05%*
- Intrauterine Device (IUD): LNG - 0.2%, Copper T - 0.8%
- Male Sterilization (Vasectomy): 0.15%
- Female Sterilization (Abdominal, Laparoscopic, Hysteroscopic): 0.5%

How to make your method most effective
After procedure, little or nothing to do or remember.
Vasectomy and hysteroscopic sterilization: Use another method for first 3 months.

Injectable: Get repeat injections on time.
Pills: Take a pill each day.
Patch, Ring: Keep in place, change on time.
Diaphragm: Use correctly every time you have sex.

Condoms, sponge, withdrawal, spermicides: Use correctly every time you have sex.
Fertility awareness-based methods: Abstain or use condoms on fertile days. Newest methods (Standard Days Method and TwoDay Method) may be the easiest to use and consequently more effective.

Least Effective

- Male Condom: 18%
- Female Condom: 21%
- Withdrawal: 22%
- Sponge: 24% parous women, 12% nulliparous women

Fertility-Awareness Based Methods

- Spermicide

*The percentages indicate the number out of every 100 women who experienced an unintended pregnancy within the first year of typical use of each contraceptive method.

CONDONS SHOULD ALWAYS BE USED TO REDUCE THE RISK OF SEXUALLY TRANSMITTED INFECTIONS.

Other Methods of Contraception

- Lactational Amenorrhea Method: LAM is a highly effective, temporary method of contraception.
- Emergency Contraception: Emergency contraceptive pills or a copper IUD after unprotected intercourse substantially reduces risk of pregnancy.


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC...
Women care about effectiveness too!

1,783 women in family planning and abortion clinics across the United States were asked what characteristics of contraceptive methods were "extremely important" to them.

**Results**

Of 23 total items:

- Effectiveness of the method at preventing pregnancy was the item that most women said was ‘extremely important’ — 89%.
- The next most important characteristics were the method is easy to get (81%), affordable (81%), and easy to use (80%).

National Quality Forum (NQF)

- NQF-endorsement considered gold standard
- Rigorous review process
- Reviewed by a 27 person committee of perinatal and reproductive health subject matter experts
- Perinatal and reproductive health measures only reviewed once every 3 years
NQF Evaluation Criteria

1. Importance (evidence it will influence outcomes, performance gap, high priority)
2. Scientific acceptability (reliability and validity)
3. Usability and use
4. Feasibility
5. Comparison to other measures
Why NQF Endorsement Matters

- Efforts to prevent unintended pregnancy will be strengthened by integration of quality improvement processes into a wide variety of private and public providers and healthcare delivery systems (Ivers 2012).

- NQF endorsement is a standard that many health plans and other payors require before adopting a measure.

- There are currently no NQF endorsed measures for contraceptive care – this is a huge gap area.
How the measures will improve care

- More providers will be motivated to screen women about their pregnancy intention, then offer contraception to those in need.

- More providers will offer women a wide range of methods, in accordance with QFP recommendations.

- Women will have greater access to the method of their choice.
There is substantial opportunity for improvement in the US

- A National Survey of Family Growth analysis showed only 43.5% of adolescents and 63% of adult women at risk of unintended pregnancy used a most or moderately effective contraceptive method.
Interpretation and Use of Most/Moderately Effective Measure

Percentage of women 20-44 years* using a most or moderately effective method of contraception, by Title X grantee, FPAR 2014
Interpretation and Use of LARC Measure

Percentage of women 20-44 years* using a LARC method, by Title X grantee, FPAR 2014
Contraceptive Measures and Zika

- Contraceptive Care Measures will be important in monitoring contraceptive provision in Zika response.

- Access to and use of the most and moderately effective contraceptive methods are important in reducing unintended pregnancies at risk of Zika exposure.

- LARC – In Zika response, access to most effective methods, including LARC is especially important.
Bridge between MCH and FP

2-6 Month Postpartum Contraception Use
PRAMS, 2011-2012

- Most/Mod: 50%
- LARC: 14%
Responsible Use of the Measures

As the measure steward, OPA will:

- Maintain a webpage dedicated to the measures, their appropriate use and interpretation, e.g., no benchmark for LARC!
- Monitor use of the measures
- Convene an Advisory Group to reflect on the measures’ use and consider improvements over time
- Fund the development of a patient-reported outcome measure for contraceptive care
- Work on an e-measure that better identifies women at risk for unintended pregnancy
External Support

- US Centers for Disease Control
- Center for Medicaid and CHIP Services (used on developmental basis by the Maternal and Infant Health initiative)
- Planned Parenthood Federation of America
- National Family Planning and Reproductive Health Association (NFPRHA)
- American College of Obstetricians and Gynecologists (ACOG)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
“I would like to express our continued support for the Office of Population Affairs’ development of health plan-level and population health-level performance measures in contraceptive care.”

Barbara S. Levy, MD, FACOG, FACS
Vice President, Health Policy
“I wanted to also underscore AWHONN’s support of the contraceptive measures. So thank you for all of your hard work on those measures.”

-- Dr. Debra Bingham, DrPH, RN, FAAN, AWHONN
National Family Planning and Reproductive Health Association (NFPRHA)

- Daryn Eikner, MS
  Vice President of Health Care Delivery
Dr. Carolyn Westhoff, MD
Opportunity for Public Input

- All three measures were provisionally endorsed by the Perinatal/RH review committee convened by NQF:
  - 80% for MOST/MOD and LARC measures
  - 90% for postpartum measures

- Public comments welcome from June 7-July 6, 2016: http://www.qualityforum.org/Perinatal_Project_2015-2016.aspx

- Public comments will be taken into consideration when the committee makes its final decision regarding NQF-endorsement later this summer
Considerations for What NQF Wants to Know

- We encourage you to submit comments!
- Are the measures useful to providers?
- Should the measures be endorsed as they were submitted?
- Caveats & considerations for the future
Summary

- It is important to have measures around contraceptive care, so we can improve quality of care.

- We need to ensure the measures are being used responsibly. We will rely on all of you to help us with that.

- We encourage you to submit comments to NQF.
Thank you!

Questions?