

Clinical Performance Measures of Contraceptive Care

Effective November 28, 2016, the National Quality Forum (NQF) endorsed clinical performance measures for contraceptive care submitted by the U.S. Office of Population Affairs (OPA). These measures fill an important gap in reproductive health care, and can be used to strengthen women’s and men’s access to client-centered contraceptive care. Implementation of these measures may also help reduce the high rates of unintended pregnancy in the U.S. -- an estimated 37.9 million women are in need of contraceptive services in the United States, and 45 percent of all pregnancies in the U.S. are unintended.



The Contraceptive Care Measures

All Women	<p>Most & Moderately Effective Methods: The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a most effective (that is, sterilization, implants, intrauterine devices or systems (IUD/IUS)) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method (NQF #2903)</p> <p>Access to LARC: The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a long-acting reversible contraceptive (LARC) method (implants or IUD/IUS) (NQF #2904)</p>
Postpartum Women	<p>Most & Moderately Effective Methods: The percentage of women aged 15-44 years who had a live birth that is provided a most effective (sterilization, implants, IUD/IUS) or moderately effective (injectables, oral pills, patch, ring, or diaphragm) contraceptive method within 3 and 60 days of delivery (NQF #2902)</p> <p>Postpartum Access to LARC: The percentage of women aged 15-44 years who had a live birth that is provided a LARC method (implants or IUD/IUS) within 3 and 60 days of delivery (NQF #2902)</p>

Contraception is a highly effective clinical preventive service that can help women achieve their personal reproductive health goals, including preventing teen and unintended pregnancy and achieving healthy spacing of births. The **type of contraceptive method used by a woman is strongly associated with her risk of unintended pregnancy** and there is no single method that is right for everyone. Effectiveness is only one of many important aspects to consider in comparing contraceptive methods, but it has been shown to be of great importance to women who use contraception. Each woman and teen should have access to the full range of contraceptive methods in order to choose the method that is right for her.

How the Measures Should be Used

A specific benchmark has not been set for the *Contraceptive Care - Most & Moderately Effective Methods* measure, and OPA does not expect it to reach 100%, as some women will make informed decisions to choose methods in the lower tier of efficacy even when offered the full range of methods.

The *Contraceptive Care – Access to LARC* measure should be used to identify areas where women have very limited or no access to LARC methods. For example, less than 1-2% use or rates well below the mean may signal the presence of barriers to LARC provision. The measure should not be used to encourage high rates of use or in a pay-for-performance context.

The measures can be calculated with three types of data:

- **Claims-based:** Any program with access to billing and claims data can calculate the measures. Due to some limitations of claims data, additional adjustments are needed to interpret the results of the scores for the *Contraceptive Care – Most & Moderately Effective Methods* measure among all women at risk.
- **FPAR data:** Title X programs can use data from the Family Planning Annual Report (FPAR) to calculate the measures.
- **Electronic health record data:** OPA is developing a version of the measure that uses electronic health record data, which should be available within two years.

OPA anticipates that these measures will encourage providers to screen all women and men for pregnancy intention, offer the full range of most and moderately effective methods, and use a client-centered approach to counseling. The measures are consistent with CDC and OPA recommendations for how to provide contraceptive services in a safe, effective and client-centered manner.

For More Information

Resources

- Information about the [claims-based version of the contraceptive care measures](#)
- More information for Title X grantees about how to use [FPAR data to calculate the measures](#)
- Resources to help programs use the [measures as part of a quality improvement effort](#)

Related Clinical Guidelines

- CDC/OPA (2014). [Providing Quality Family Planning Services \(QFP\): Recommendations of CDC and the US Office of Population Affairs](#), MMWR Recommendations and Reports, April 24, 2014.
- CDC (2016). [US Medical Eligibility Criteria for Contraceptive Use](#).
- American College of Obstetricians and Gynecologists (ACOG), Committee on Gynecologic Practice. [Increasing access to contraceptive implants and intrauterine devices to reduce unintended pregnancy](#). Committee Opinion Number 642; October 2015.
- The American Academy of Pediatrics (AAP) (2014). [Contraception for Adolescents](#). Pediatrics, 134:e1244–e1256. (PDF)
- CDC (2016) [U.S. Selected Practice Recommendations for Contraceptive Use](#), 2016.