



**NATIONAL  
QUALITY FORUM**

Driving measurable health  
improvements together

# **Perinatal and Women's Health, Spring 2021 Cycle: Public and Member Comments**

<https://www.qualityforum.org>

1099 14th Street NW, Suite 500 | Washington, DC 20005 | M 202.783.1300 F 202.783.3434

## Contents

Perinatal and Women’s Health, Spring 2021 Cycle: Public and Member Comments .....	1
Measure-Specific Comments on Perinatal and Women’s Health Spring 2021 Submissions .....	3
NQF #0033 Chlamydia Screening in Women (CHL), Comment #7818 .....	3
NQF #2902 Contraceptive Care - Postpartum, Comment #7807 .....	5
NQF #2902 Contraceptive Care - Postpartum, Comment #7815 .....	7
NQF #2902 Contraceptive Care - Postpartum, Comment #7821 .....	8
NQF #2902 Contraceptive Care - Postpartum, Comment #7823 .....	10
NQF #2902 Contraceptive Care - Postpartum, Comment #7826 .....	12
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7800 .....	15
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7802 .....	18
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7808 .....	19
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7816 .....	21
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7819 .....	23
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7824 .....	25
NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7825 .....	26
NQF #2904 Contraceptive Care - Access to LARC, Comment #7801 .....	29
NQF #2904 Contraceptive Care - Access to LARC, Comment #7809 .....	32
NQF #2904 Contraceptive Care - Access to LARC, Comment #7814 .....	34
NQF #2904 Contraceptive Care - Access to LARC, Comment #7817 .....	36
NQF #2904 Contraceptive Care - Access to LARC, Comment #7820 .....	37
NQF #2904 Contraceptive Care - Access to LARC, Comment #7822 .....	39
NQF #2904 Contraceptive Care - Access to LARC, Comment #7827 .....	40

## Measure-Specific Comments on Perinatal and Women's Health Spring 2021 Submissions

### NQF #0033 Chlamydia Screening in Women (CHL), Comment #7818

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7818

Commenter: Krishna Upadhyia, Planned Parenthood Federation of America; Submitted by Stephanie Croney

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in Chlamydia screening

### *Comment*

NQF# 0033- Chlamydia Screening in Women (CHL)

Planned Parenthood Federation of America (PPFA) is pleased to submit comments in support of the Chlamydia Screening in Women measure submitted by the National Committee for Quality Assurance for renewal of its endorsement from the National Quality Forum (NQF). Planned Parenthood is the nation's leading sexual and reproductive health care provider and advocate and a trusted, nonprofit source of primary and preventive care for people in communities across the United States. Planned Parenthood plays an important role in reducing the impact of HIV and STIs.

Chlamydia is the most common bacterial sexually transmitted disease in the United States, particularly among young people and women. Annual chlamydia screening among sexually active women ages 16-24 years old is vital to preventing STIs and is a performance measure we routinely use in our reporting and quality improvement efforts. As experts in the provision of STI-related services and preventive care, including counseling, screening, and treatment, PPFA supports the continued endorsement of this measure.

\*\*\*\*\*

Thank you for the opportunity to comment on the proposed quality measures. If you have any questions, please do not hesitate to contact me at [krishna.upadhyia@ppfa.org](mailto:krishna.upadhyia@ppfa.org) or 202-803-4049.

Respectfully submitted,

Krishna Upadhyia, MD, MPH

Vice President, Quality Care and Health Equity

Planned Parenthood Federation of America

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2902 Contraceptive Care - Postpartum, Comment #7807**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7807

Commenter: Submitted by Emily Decker

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/26/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

NQF #2902 – Contraceptive Care: Postpartum

Upstream USA is pleased to provide comments detailing its strong support of the Contraceptive Care - Postpartum measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

Upstream USA is a nonprofit organization that partners with states to provide training and technical assistance to health centers to increase access to contraception and address disparities and biases in contraceptive care. We provide health centers with patient-centered, evidence-based training and technical assistance that eliminate barriers to offering the full range of contraceptive methods. Our transformative approach empowers patients to decide if and when they want to become pregnant, a critical step towards improving maternal health and a host of other outcomes for parents and children.

To date, Upstream is partnering or has partnered with more than 90 healthcare agencies across Delaware, Massachusetts, North Carolina, Rhode Island, and Washington State. The agencies we work with serve approximately 700,000 assigned female at birth patients of reproductive age each year.

Upstream actively uses NQF # 2902 in our monitoring, evaluation, and learning efforts related to assessing contraceptive access in immediate postpartum, inpatient settings. Having a nationally-endorsed, standard specification for calculating this metric allows Upstream and others in the healthcare community to monitor and evaluate contraceptive care service access across health systems in the U.S. in a consistent way.

Upstream USA supports NQF endorsement of this measure because it aids in the delivery of family planning and reproductive health services in both specialized and primary care settings in the following ways:

1. This measure encourages providers to deliver high-quality, client-centered contraceptive services to postpartum women wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] It accomplishes this by enabling health care systems, facilities, and providers to assess the provision of a wide range of most and moderately effective contraceptive methods to its

- postpartum clients, which are a subpopulation of women with distinct reproductive health needs. Providers and program administrators can utilize measure scores to support health facility and system level quality improvement efforts aimed at increasing availability of most and moderately effective contraception among clients wishing to use them. Increasing the availability of the wide range of methods is an important step in improving the patient-centeredness of contraceptive care.
2. The Contraceptive Care – Postpartum measure also includes a sub-measure which focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate inaccessibility of LARC methods for clients wanting to use these forms of contraception. Utilization of this sub-measure and corresponding measure NQF #2904 (Contraceptive Care – Access to LARC) in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing reimbursement to expand access.

Even with these significant improvements made possible by the Contraceptive Care – Postpartum measure, some health systems may have very low measure scores (i.e., below 2%) for the LARC sub-measure in the immediate postpartum period. Thus, barriers to access persist for this contraceptive service even with recently adopted state Medicaid reimbursement policies. This sub-measure needs to continue to be utilized to ensure that clients wishing to use LARC methods within three days of delivery can access them while hospitals are working to implement this clinical practice amid continued barriers, such as the refusal of private insurance plans to appropriately reimburse this service. Drawing attention to these barriers is an important step to addressing them.

When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients. Upstream also recognizes that usage rates, while a valuable tool to identify potential barriers to access, should not be used in isolation to draw conclusions, and that patients' preferences about whether to use contraception and what method they want should be the center of all discussions of contraceptive care. Upstream USA appreciates the opportunity to comment and commends NQF for its work to improve patient-centered health care. We support endorsement of this important measure.

Sincerely,

Lisa LeRoy

Vice President, Monitoring, Evaluation & Learning

Upstream USA

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2902 Contraceptive Care - Postpartum, Comment #7815**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7815

Commenter: Submitted by Karen Peacock

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

Essential Access Health (Essential Access) is pleased to provide comments detailing its strong support of the Contraceptive Care - Postpartum measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

Essential Access champions and promotes quality sexual + reproductive health care for all.

We achieve our mission through a wide range of programs and services including clinic support initiatives, provider trainings, advanced clinical research, advocacy + consumer awareness. Essential Access leads the Title X federal family planning program in California – the largest Title X system in the nation.

Implementation of the Contraceptive Care measure is an important strategy for advancing health equity. Essential Access has encouraged utilization of the Contraceptive Care measures for more than a decade to help ensure access to high quality, comprehensive sexual and reproductive health services and information for everyone – regardless of income, race, age, gender identity or sexual orientation, zip code, insurance or documentation status.

We strongly support NQF's endorsement of this measure. For the reasons outlined below, NQF's endorsement will expand the delivery of family planning and reproductive health services in both specialized and primary care settings.

1. This measure encourages providers to deliver high-quality, client-centered contraceptive services to postpartum women, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] The measure supports the delivery of high quality, client-centered care by enabling health care systems, facilities, and providers to assess the provision of a wide range of most and moderately effective contraceptive methods to its postpartum clients, which are a subpopulation of women with distinct reproductive health needs. Providers and program administrators can then utilize measure scores to support health facility and system level quality improvement efforts aimed at

- increasing availability of most and moderately effective contraception among clients wishing to use them and improving the patient-centeredness of contraceptive care.
2. This important measure also includes a sub-measure which focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate that clients interested in LARC methods continue to face access barriers. Utilization of this sub-measure and corresponding measure NQF #2904 (Contraceptive Care – Access to LARC) in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing reimbursement to expand access.
  3. This measure helps ensure access to a broad range of contraceptive methods. When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients.
  4. Despite significant improvements made possible by the Contraceptive Care – Postpartum measure, and recently adopted state Medicaid reimbursement policies, some health systems may continue to have very low measure scores (i.e., below 2%) for the LARC sub-measure in the immediate postpartum period. Continuing utilization of this sub-measure can ensure that clients wishing to use LARC methods within three days of delivery are able to access their method of choice in a timely manner.

One limitation of the contraceptive provision measures is that they fail to account for patient preference and experience, and cannot reveal the presence of coercive practices. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. This new evidence-based balancing measure can be used alongside the contraceptive care measure to ensure that changes in provision of effective methods are associated with positive patient experiences. Utilization of the PCCC with the contraceptive provision measures can support the equitable provision of a wide range of contraceptive methods and delivery of client-centered counseling that meets the individual health needs and preferences of every patient.

Essential Access appreciates the opportunity to comment and commends NQF for its work to improve patient-centered health care. We strongly support NQF's endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

#### **NQF #2902 Contraceptive Care - Postpartum, Comment #7821**

Standing Committee Recommendation: Measure Recommended for Endorsement



Comment ID#: 7821

Commenter: Krishna Upadhy, Planned Parenthood Federation of America; Submitted by Stephanie Croney

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

#### #2902 Contraceptive Care - Postpartum

Planned Parenthood Federation of America (PPFA) is pleased to provide comments in strong support of the Contraceptive Care - Postpartum measure submitted by the HHS' Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). Planned Parenthood is the nation's leading reproductive and sexual health care provider and advocate and a trusted, nonprofit source of primary and preventive care for people in communities across the United States. Planned Parenthood is dedicated to improving access to quality health care throughout the country, and we strongly support initiatives that align with that mission.

As a trusted reproductive health care provider for 2.4 million patients each year, Planned Parenthood affiliates can attest that the Contraceptive Care - Postpartum measure improves the delivery of family planning and primary care services, and improves health outcomes for women nationwide. In accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA), this measure encourages providers to deliver high-quality, client-centered contraceptive services to postpartum women seeking to use contraception. Postpartum patients are a unique sub-population of patients who face their challenges in accessing contraceptive care, particularly in accessing Long Acting Reversible Contraceptives (LARCs). Postpartum contraception utilization is not only critical to prevent unintended pregnancies, but is also linked to improved maternal health outcomes.

The Contraceptive Care – Postpartum measure's sub-measure focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate inaccessibility of LARC methods for patients wanting to use this form of highly contraception. Utilization of this sub-measure, and the corresponding measure NQF #2904 (Contraceptive Care – Access to LARC), the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing contraceptive care reimbursement.

Even with these significant improvements made possible by the Contraceptive Care – Postpartum measure, some health systems may have very low measure scores (i.e., below 2%) for the LARC sub-measure in the immediate postpartum period. Thus, barriers to access persist for this contraceptive service even with recently adopted state Medicaid reimbursement policies. Utilization of this sub-

measure needs to continue to ensure that clients wishing to use LARC methods within three days of delivery can access them while hospitals are working to implement this clinical practice amid continued barriers. When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients.

PPFA supports the endorsement of this important measure.

\*\*\*\*\*

Thank you for the opportunity to comment on the proposed quality measures. If you have any questions, please do not hesitate to contact me at [krishna.upadhy@ppfa.org](mailto:krishna.upadhy@ppfa.org) or 202-803-4049.

Respectfully submitted,

Krishna Upadhy, MD, MPH

Vice President, Quality Care and Health Equity

Planned Parenthood Federation of America

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2902 Contraceptive Care - Postpartum, Comment #7823**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7823

Commenter: Jennifer Frost, Guttmacher Institute; Submitted by Jennifer Frost

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

NQF #2902 – Contraceptive Care: Postpartum

The Guttmacher Institute is pleased to provide comments once again in support of the Contraceptive Care - Postpartum measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

The Guttmacher Institute is a private, independent, nonprofit, nonpartisan corporation that advances sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute stands as a source of highly regarded, trustworthy and valuable information on sexual and reproductive health and rights, and communicates evidence on these topics clearly to media, policymakers, and advocates. Guttmacher began as the Center for Family Planning Development in the late 1960s and contributed research to Congress in its creation of the Title X program. In the early 2010s, Guttmacher experts were among those selected to participate in the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs' (OPA) development of the national standards of care for family planning services.

The Guttmacher Institute strongly supports NQF endorsement of measure #2902 because it strengthens the provision of client-centered contraceptive services using quality improvement processes that are based on standardized measurement of care delivery. Specifically, this measure is designed to improve access among post-partum people to a broad range of contraceptive methods in several ways:

1. NQF #2902 offers providers and program administrators a standardized tool (the measure scores) that they can utilize to support health facility and system level quality improvement efforts aimed at increasing availability of most and moderately effective contraception among postpartum people wishing to use them and improving the patient-centeredness of contraceptive care. As a result, the measure encourages providers to deliver high-quality, client-centered contraceptive services, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA).[1]
2. NQF #2902 also includes a sub-measure which focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate inaccessibility of LARC methods for clients wanting to use these forms of contraception. Utilization of this sub-measure and corresponding measure NQF #2904 (Contraceptive Care – Access to LARC) in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing reimbursement to expand access. When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients.
3. NQF #2902 is complemented by two additional contraceptive provision claims-based measures which are also supported by The Guttmacher Institute – NQF #2903 (Contraceptive Care – Most & Moderately Effective Methods) and NQF #2904 (Contraceptive Care – Access to LARC) and by a patient-reported outcome measure, also supported by the Guttmacher Institute. NQF #3543 (Patient-Centered Contraceptive Counseling) focuses on patient experience and serves as both a critical “balancing measure” in concert with the three claims-based measures of contraceptive provision and as a stand-alone measure of the experience of receiving contraceptive care. Considering the interrelated nature of these measures, we recommend using these four contraceptive performance measures together, in concert. In that vein, we support the work of Coalition to Expand Contraceptive Access (CECA) that explains the importance of a tandem approach of both contraceptive provision measures and patient-reported outcome performance measures.[2]

Finally, the Guttmacher Institute recognizes that there are the limitations to the current claims-based version of this measure; namely, that the denominator includes some women who may not want or

need contraceptive care, and that claims data lacks complete clinical information about care provided. We commend NQF for its work to improve patient-centered care through this measure and recommend that the re-endorsement process serve as the first step for critical work to evolve this measure further: developing an electronic clinical quality (eCQM) version, evaluating this measure in tandem with the PRO-PM metric, and further advocating for uniform use of the endorsed and tested measures across governmental reporting systems.

The Guttmacher Institute appreciates the opportunity to comment and strongly supports endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Hart, J., Moskosky, S., Stern, L. (2019). Expanding Contraceptive Access Through Performance Measures.  
[https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief\\_10.19.pdf](https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief_10.19.pdf)

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

#### **NQF #2902 Contraceptive Care - Postpartum, Comment #7826**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7826

Commenter: Deanna Charest, Michigan Department of Health & Human Services; Submitted by Jessica Hamel

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

#### *Comment*

The Division of Maternal & Infant Health (DMIH) of the Michigan Department of Health & Human Services (MDHHS) is pleased to provide comments detailing its strong support of the Contraceptive Care

- Postpartum measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

DMIH works to promote health equity and health improvement of policy, programs, and practices across all perinatal phases to enhance the lives of Michigan residents and families. For the last 50 years, DMIH-MDHHS has served as the sole Title X grantee in Michigan with clinical services being delivered through a statewide network of providers. DMIH utilized NQF #2902 to support state-level Medicaid policy changes to reimbursement practices for immediate postpartum LARC. NQF #2902 was also an integral measure for a birthing hospital demonstration project that DMIH collaborated on with external partners to accelerate the integration of evidence-based peripartum contraceptive services into routine clinical practice in Michigan through the adoption of patient-centered services and dissemination of successful quality improvement strategies for peripartum contraceptive care quality.

DMIH supports NQF endorsement of this measure because it aids in the delivery of family planning and reproductive health services in both specialized and primary care settings in the following ways:

1. This measure encourages providers to deliver high-quality, client-centered contraceptive services to postpartum women wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] It accomplishes this by enabling health care systems, facilities, and providers to assess the provision of a wide range of most and moderately effective contraceptive methods to its postpartum clients, which are a subpopulation of women with distinct reproductive health needs. Providers and program administrators can then utilize measure scores to support health facility and system level quality improvement efforts aimed at increasing availability of most and moderately effective contraception among clients wishing to use them and improving the patient-centeredness of contraceptive care.
2. The Contraceptive Care – Postpartum measure also includes a sub-measure which focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate inaccessibility of LARC methods for clients wanting to use these forms of contraception. Utilization of this sub-measure and corresponding measure NQF #2904 (Contraceptive Care – Access to LARC) in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing reimbursement to expand access.

Even with these significant improvements made possible by the Contraceptive Care – Postpartum measure, some health systems may have very low measure scores (i.e., below 2%) for the LARC sub-measure in the immediate postpartum period. Thus, barriers to access persist for this contraceptive service even with recently adopted state Medicaid reimbursement policies. This sub-measure needs to continue to be utilized to ensure that clients wishing to use LARC methods within three days of delivery can access them while hospitals are working to implement this clinical practice amid continued barriers. When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients.

DMIH appreciates the opportunity to comment and commends NQF for its work to improve patient-centered health care. We support endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N.,

Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7800**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7800

Commenter: Clare Coleman, National Family Planning & Reproductive Health Association; Submitted by Elizabeth Jones

Council / Public: Provider Organization

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/23/2021

Developer Response Required? No

Level of Support: Member does support

Theme: Measure supports best practices in contraceptive care

**Comment**

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to provide comments to the National Quality Forum (NQF) detailing its strong support for the endorsement renewal of the following measures submitted by the US Office of Population Affairs (OPA):

- NQF #2903: Contraceptive Care – Most & Moderately Effective Methods
- NQF #2904: Contraceptive Care – Access to Long-Acting Reversible Contraception (LARC)

NQF's 2016 endorsement of these measures represented a significant step toward prioritizing and improving the quality of family planning and sexual health services provided to individuals of reproductive age in the US. As some of the first nationally endorsed metrics to evaluate the provision of contraceptive care, these measures prompted an increased recognition of the value of assuring that patients have timely access to the full range of effective and highly effective contraceptive methods. They also have served as quality improvement tools for activities aimed at strengthening the provision of person-centered contraceptive care. In the context of contraceptive services, best practices include asking all patients about their reproductive health needs, regardless of the reason for their visit; offering to discuss contraceptive methods; providing person-centered contraceptive counseling, if desired; and providing patients with access to a chosen contraceptive method, preferably on a same-day on-site basis.[1]

As a non-partisan, nonprofit membership association whose mission is to advance and elevate the importance of family planning in the nation's health care system and promote and support the work of family planning providers and administrators, especially in the safety net, NFPRHA is well-positioned to provide comment in support of these measures. NFPRHA's membership includes more than 1,000 members that operate or fund more than 3,500 health centers that deliver high-quality family planning education and preventive care to millions of people every year in the United States. NFPRHA represents the broad spectrum of publicly funded family planning providers including state and local health departments, hospitals, family planning councils, federally qualified health centers, Planned Parenthood affiliates, and other private non-profit agencies. These organizational members include 53 of the 72 grantee organizations currently funded by OPA through the Title X family planning program, as well as other providers in the family planning safety net.

The endorsement of NQF #2903 and #2904 represented a critical first step in leveraging performance

measures to foster improvement and accountability in contraceptive care. Since that time, NQF #2903 not only has assisted health organizations with identifying existing inequities in contraceptive access, but also has informed efforts by federal policymakers, state Medicaid agencies, and other funders of reproductive health services to eliminate barriers to all methods of contraception. This visibility has resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly more expensive LARC methods. Use of NQF #2904 by the Centers for Medicaid and Medicare Services (CMS), specifically as part of the Maternal and Infant Health Initiative (MIHI), led to the identification of significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated guidance on increasing reimbursement to ensure access.

One limitation of NQF #2903 and #2904 is that they do not account for patient preferences and experience of care. At the time of these measures' endorsement, several stakeholders expressed concerns about the narrow focus of measures and their potential to negatively influence provider practices, specifically incentivize the use of directive or "tiered" counseling approaches that encourage uptake of a type of contraceptive method or category of methods with higher rates of effectiveness.[2][2] These concerns are valid and especially important given the historical context of coercive practices related to contraception and sterilization in the US, as well as evidence that measuring performance and creating feedback loops can influence provider practice.[3][3] Accordingly, thoughtful implementation of measures at the provider level requires investments in the crafting and relaying of clear messaging on how measures should and should not be used and why. OPA, the steward of these measures, has acknowledged and worked to address concerns related to the implementation by developing and disseminating key messages for stakeholders on the intended use of measures. OPA also has funded the development of a compendium of quality improvement resources aimed at promoting access to patient-centered contraceptive services. Moving forward, NFPRHA encourages and looks forward to collaborating with OPA to develop additional resources to safeguard against inappropriate use of NQF #2903 and #2904.

NFPRHA also applauds OPA for funding projects to develop the NQF-endorsed Person-Centered Contraceptive Counseling (PCCC) measure (NQF #3543), a patient-reported outcome measure that assesses the patient-centeredness of contraceptive counseling; and an electronic clinical quality measure (eCQM) version of NQF #2903 and #2904. The continued development and testing of the contraceptive care performance measures has the potential to greatly expand access to contraceptive care and keep contraceptive care current with new innovations in health care delivery.

**Person-Centered Contraceptive Counseling (PCCC) Measure:** As health care organizations engage in initiatives to improve contraceptive care quality, they require a more person-centered pathway to guide them—one that ensures that patient experiences and preferences are assessed and prioritized. Endorsed by NQF in December 2020, the PCCC measure serves as a much-needed complement to NQF #2903 and #2904. This sampling measure[4][4] uses four questions to assess the extent to which patient experiences of contraceptive counseling align with the three domains of patient-centered contraceptive counseling (i.e., interpersonal connection, adequate information, decision support). When used in tandem with the endorsed "provision" measures, the PCCC is a tool health care organizations, funders, and policymakers may use to balance the goals of improving clinic outcomes and patient-directed pregnancy prevention with patient experience outcomes and reproductive autonomy.

**Electronic Clinical Quality Measures (eCQM) of Contraceptive Provision:** The eCQM also moves contraceptive care performance measures towards a more person-centered care pathway. By shifting away from the denominator used in the claims-based measures (i.e., all women[5][5] aged 15-44 "at



risk” for unintended pregnancy[6][6]), the eCQM uses a denominator that is based on patients’ self-identified need for contraception. Specifically, patients are asked whether they desire to talk about contraception or pregnancy prevention as part of their health care visit. Only those patients who desire contraception, answering “yes,” are included in the eCQM’s denominator.

\* \* \*

NFPRHA greatly appreciates the opportunity to provide comments to NQF in support of the endorsement renewal of NQF #2903 and #2904. Furthermore, NFPRHA looks forward to partnering with OPA to promote the appropriate and widespread use of NQF #2903 and #2904 and the next generation of contraceptive care performance measures for quality improvement. If you require additional information about the issues raised in this letter, please contact Daryn Eikner, Vice President of Service Delivery Improvement at [7]deikner@nfprha.org.

Sincerely,

Clare Coleman

President & CEO

National Family Planning & Reproductive Health Association

[1] Heidi E. Jones, Cynthia Calixte, Meredith Manze, Michele Perlman, Susan Rubin, Lynn Roberts, and Diana Romero, “Primary care patients’ preferences for reproductive health service needs assessment and service availability in New York Federally Qualified Health Centers,” *Contraception* 101, no. 4 (2020): 226-230.

[8][2] Sarah Christopherson, “NWHN-SisterSong Joint Statement of Principles on LARCs,” (Washington, DC: National Women’s Health Network, 2016), [9]<https://www.nwhn.org/nwhn-joins-statement-principles-larcs>.

[10][3] Noah Ivers, Gro Jamtvedt, Signe Flottorp, Jane M. Young, Jan Odgaard-Jensen, Simon D. French, Mary Ann O'Brien, Marit Johansen, Jeremy Grimshaw, and Andrew D. Oxman, "Audit and feedback: effects on professional practice and healthcare outcomes," *Cochrane Database of Systematic Reviews* 6 (2012).

[11][4] Because it is burdensome and unnecessary to collect PCCC surveys from all eligible patients, health care organizations are encouraged to use a periodic sampling process to collect PCCC measure data.

[12][5] While the contraceptive care performance measures, refer to women, NFPRHA acknowledges that people other than women are in need of contraceptive care.

[13][6] Women are defined as at risk of unintended pregnancy if they report ever having had vaginal sex with a man, are not currently pregnant or seeking pregnancy, are not infecund for non-contraceptive reasons, and report their partner is not infecund for non-contraceptive reasons.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7802**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7802

Commenter: Submitted by Jennifer Min

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/23/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

Arizona Family Health Partnership (AFHP) is pleased to provide comments detailing its strong support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). This measure evaluates family planning care related to access and provision of contraceptive methods among female clients ages 15-44.

Since 1974, AFHP has been a private, nonprofit organization dedicated to making reproductive healthcare and education available and accessible to all individuals in Arizona, particularly those lacking resources and traditionally reluctant to seek healthcare. AFHP has successfully administered the Title X grant since 1983 and currently funds 12 subrecipients and over 55 health centers across Arizona and Southern Utah to provide quality family planning services and comprehensive client education.

AFHP supports NQF endorsement of this measure because it enhances the delivery of family planning and reproductive health services in both specialized and primary care settings in the following ways:

1. The Contraceptive Care – Most & Moderately Effective Methods measure encourages providers to deliver high-quality, client-centered services to women of reproductive age wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] It accomplishes this by enabling health care systems, facilities, and providers to assess the provision of most and moderately effective contraception to its clients wanting to use contraceptives. All methods available by prescription and sterilization are counted in the numerator and treated as being of equal value in this measure. Thus, the measure represents a wide range of methods from which clients can choose to safely achieve their reproductive health goals. Providers and program administrators can then utilize measure scores to support health facility and system level quality improvement efforts aimed at improving service delivery and increasing availability of most and moderately effective contraception for clients desiring to use them.
2. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, NQF #2903 has assisted health organizations in identifying existing differences in

contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to all methods of contraception. This resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly for LARC methods, a subset of the most and moderately effective forms of contraception.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. Thus, an evidence-based balancing measure now exists to use alongside this measure and NQF #2904 (Access to LARC) to ensure that increases in provision of most and moderately effective methods are not associated with worsening patient experiences. Utilization of the PCCC with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

AFHP appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We support endorsement of this important measure.

Sincerely,

Jennifer Min

Vice President of Program and Evaluation

Arizona Family Health Partnership

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

#### **NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7808**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7808

Commenter: Submitted by Emily Decker

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/26/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

#### NQF #2903 – Contraceptive Care: Most & Moderately Effective Methods

Upstream USA is pleased to provide comments detailing its strong support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). This measure evaluates family planning care related to access and provision of contraceptive methods among female clients ages 15-44.

Upstream USA is a nonprofit organization that partners with states to provide training and technical assistance to health centers to increase access to contraception and address disparities and biases in contraceptive care. We provide health centers with patient-centered, evidence-based training and technical assistance that eliminate barriers to offering the full range of contraception. Our transformative approach empowers patients to decide if and when they want to become pregnant, a critical step towards improving maternal health and positive outcomes for parents and children.

To date, Upstream is partnering or has partnered with more than 90 healthcare agencies across Delaware, Massachusetts, North Carolina, Rhode Island, and Washington State. The agencies we work with serve approximately 700,000 assigned female at birth patients of reproductive age each year.

Upstream actively uses NQF # 2903 in our monitoring, evaluation, and learning efforts. We use NQF #2903 to evaluate the extent to which a patient population may have access to most and moderately effective contraceptive methods and how method prevalence may change over time. Having a nationally-endorsed, standard specification for calculating this metric allows Upstream and others in the healthcare community to monitor and evaluate contraceptive care service access across health systems in the U.S. in a consistent way.

Upstream USA supports NQF endorsement of this measure because it enhances the delivery of family planning and reproductive health services in both specialized and primary care settings in the following ways:

1. The Contraceptive Care – Most & Moderately Effective Methods measure encourages providers to deliver high-quality, client-centered services to women of reproductive age wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] It accomplishes this by enabling health care systems, facilities, and providers to assess the provision of most and moderately effective contraception to its clients wanting to use contraceptives. All methods available by prescription and sterilization are counted in the numerator and treated as being of equal value in this measure. Thus, the measure represents a wide range of methods from which clients can choose to safely achieve their reproductive health goals. Providers and program administrators can then utilize measure scores to support health facility and system level quality improvement efforts aimed at improving service delivery and increasing availability of most and moderately effective contraception for clients desiring to use them.

2. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, NQF #2903 has assisted health organizations in identifying existing differences in contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to all methods of contraception. This resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly for LARC methods, a subset of the most and moderately effective forms of contraception.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. Thus, an evidence-based balancing measure now exists to use alongside this measure and NQF #2904 (Access to LARC). Utilization of the PCCC with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

Upstream USA appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We support endorsement of this important measure.

Sincerely,

Lisa LeRoy

Vice President, Monitoring, Evaluation & Learning

Upstream USA

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

#### **NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7816**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7816

Commenter: Submitted by Karen Peacock

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

Essential Access Health is (Essential Access) pleased to provide comments detailing its strong support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). This measure evaluates family planning care related to access and provision of contraceptive methods among female clients ages 15-44.

Essential Access champions and promotes quality sexual + reproductive health care for all.

We achieve our mission through a wide range of programs and services including clinic support initiatives, provider trainings, advanced clinical research, advocacy + consumer awareness. Essential Access leads the Title X federal family planning program in California – the largest Title X system in the nation.

Implementation of the Contraceptive Care measure is an important strategy for advancing health equity. Essential Access has encouraged utilization of the Contraceptive Care measures for more than a decade to help ensure access to high quality, comprehensive sexual and reproductive health services and information for everyone – regardless of income, race, age, gender identity or sexual orientation, zip code, insurance or documentation status.

We strongly support NQF's endorsement of this measure. For the reasons outlined below, NQF's endorsement will expand the delivery of family planning and reproductive health services in both specialized and primary care settings.

1. This measure encourages providers to deliver high-quality, client-centered services to patients of reproductive age, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] The measure supports the delivery of high quality, client-centered care by enabling health care systems, facilities, and providers to assess the provision of most and moderately effective contraception to its clients seeking contraception. All methods available by prescription and sterilization are counted in the measure numerator and treated as being of equal value. This helps ensure that a wide range of methods are available to support the ability of patients to achieve optimal health and well-being and their reproductive health goals. Providers and program administrators can utilize measure scores to support health facility and system level quality improvement efforts aimed at improving service delivery and access to a patient's preferred contraceptive method.
1. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, NQF #2903 has assisted health organizations in identifying existing differences in contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to the full range of contraceptive methods available. This resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly for LARC methods, a subset of the most and moderately effective forms of

contraception.

One limitation of the contraceptive provision measures is that they fail to account for patient preference and experience, and cannot reveal the presence of coercive practices. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. This new evidence-based balancing measure can be used alongside the contraceptive care measure to ensure that changes in provision of effective methods are associated with positive patient experiences. Utilization of the PCCC with the contraceptive provision measures can support the equitable provision of a wide range of contraceptive methods and delivery of client-centered counseling that meets the individual health needs and preferences of every patient.

Essential Access appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We strongly support NQF's endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

### **NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7819**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7819

Commenter: Krishna Upadhy, Planned Parenthood Federation of America; Submitted by Stephanie Croney

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

#### *Comment*

#2903 Contraceptive Care - Most & Moderately Effective Methods

Planned Parenthood Federation of America (PPFA) is pleased to provide comments detailing its strong support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the

HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). Planned Parenthood is the nation's leading sexual and reproductive health care provider and advocate and a trusted, nonprofit source of primary and preventive care for people in communities across the United States. Planned Parenthood is dedicated to improving access to quality health care throughout the country, and we strongly support initiatives that align with that mission. This measure is an essential component of high-quality perinatal and reproductive health care among patients ages 14-44.

As a trusted reproductive health care provider for 2.4 million patients each year, Planned Parenthood affiliates can attest that the Contraceptive Care – Most & Moderately Effective Methods measure encourages providers to deliver high-quality, client-centered services to women of reproductive age wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, the Contraceptive Care - Most & Moderately Effective Methods measure has assisted health organizations in identifying existing differences in contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to all methods of contraception.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. For example, in states where the existing measures are adopted as a part of their value based payment initiatives, Medicaid Managed Care Organizations may pay providers for achieving specific performance levels, which can lead providers to counsel and prescribe certain forms of contraception over others. PPFA supports this measure being paired with NQF-endorsed Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling to ensure that provision of most and moderately effective contraceptive methods are not associated with worsening patient experiences. Utilization of the PCCC measure with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

PPFA supports the endorsement of this important measure.

\*\*\*\*\*

Thank you for the opportunity to comment on the proposed quality measures. If you have any questions, please do not hesitate to contact me at [krishna.upadhya@ppfa.org](mailto:krishna.upadhya@ppfa.org) or 202-803-4049.

Respectfully submitted,

Krishna Upadhya, MD, MPH

Vice President, Quality Care and Health Equity

Planned Parenthood Federation of America

*Developer Response*

N/A

*NQF Response*

N/A



*NQF Committee Response*

N/A

**NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7824**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7824

Commenter: Deanna Charest, Michigan Department of Health & Human Services; Submitted by Jessica Hamel

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

The Division of Maternal & Infant Health (DMIH) of the Michigan Department of Health & Human Services (MDHHS) is pleased to provide comments detailing its strong support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). This measure evaluates family planning care related to access and provision of contraceptive methods among female clients ages 15-44.

DMIH works to promote health equity and health improvement of policy, programs, and practices across all perinatal phases to enhance the lives of Michigan residents and families. For the last 50 years, DMIH-MDHHS has served as the sole Title X grantee in Michigan with clinical services being delivered through a statewide network of providers. DMIH actively utilizes NQF #2903 to monitor program performance as a grantee and across its sub-recipient provider network, identify opportunities for technical assistance, and perform quality improvement projects to enhance service delivery within its Title X clinics.

DMIH supports NQF endorsement of this measure because it enhances the delivery of family planning and reproductive health services in both specialized and primary care settings in the following ways:

1. The Contraceptive Care – Most & Moderately Effective Methods measure encourages providers to deliver high-quality, client-centered services to women of reproductive age wanting to use contraception, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] It accomplishes this by enabling health care systems, facilities, and providers to assess the provision of most and moderately effective contraception to its clients wanting to use contraceptives. All methods available by prescription and sterilization are counted in the numerator and treated as being of equal value in this measure. Thus, the measure represents a wide range of methods from which clients can choose to safely achieve their reproductive health goals. Providers and program administrators can then utilize measure scores to support health facility and system level quality improvement efforts aimed at improving service delivery and increasing

- availability of most and moderately effective contraception for clients desiring to use them.
2. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, NQF #2903 has assisted health organizations in identifying existing differences in contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to all methods of contraception. This resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly for LARC methods, a subset of the most and moderately effective forms of contraception.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. Thus, an evidence-based balancing measure now exists to use alongside this measure and NQF #2904 (Access to LARC) to ensure that increases in provision of most and moderately effective methods are not associated with worsening patient experiences. Utilization of the PCCC with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

DMIH appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We support endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

### **NQF #2903 Contraceptive Care – Most & Moderately Effective Methods, Comment #7825**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7825

Commenter: Jennifer Frost, The Guttmacher Institute; Submitted by Jennifer Frost

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

NQF #2903 – Contraceptive Care: Most & Moderately Effective Methods

The Guttmacher Institute is pleased to provide comments once again in support of the Contraceptive Care – Most & Moderately Effective Methods measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

The Guttmacher Institute is a private, independent, nonprofit, nonpartisan corporation that advances sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute stands as a source of highly regarded, trustworthy and valuable information on sexual and reproductive health and rights, and communicates evidence on these topics clearly to media, policymakers, and advocates. Guttmacher began as the Center for Family Planning Development in the late 1960s and contributed research to Congress in its creation of the Title X program. In the early 2010s, Guttmacher experts were among those selected to participate in the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs' (OPA) development of the national standards of care for family planning services.

The Guttmacher Institute strongly supports NQF endorsement of measure #2903 because it strengthens the provision of client-centered contraceptive services using quality improvement processes that are based on standardized measurement of care delivery. Specifically, this measure is designed to improve access among women ages 15-44 to a broad range of contraceptive methods in several ways:

1. NQF#2903 offers providers and program administrators a standardized tool (the measure scores) that they can utilize to support health facility and system level quality improvement efforts aimed at increasing availability of most and moderately effective contraception to women of reproductive age wanting to use contraception and improving the patient-centeredness of contraceptive care. As a result, the measure encourages providers to deliver high-quality, client-centered services in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA).[1] All methods available by prescription and sterilization are counted in the numerator and treated as being of equal value in this measure. Thus, the measure represents a wide range of methods from which clients can choose to safely achieve their reproductive health goals.
2. NQF#2903 is one of the first nationally endorsed metrics to evaluate contraceptive care access and provision and has assisted health organizations in identifying existing differences in contraceptive access and informed efforts by federal policy makers, state Medicaid agencies, and health care providers to eliminate barriers to all methods of contraception. This resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly for LARC methods, a subset of the most and moderately effective forms of contraception.
3. NQF#2903 is complemented by two additional contraceptive provision claims-based measures which are also supported by The Guttmacher Institute – NQF#2902 (Contraceptive Care – Postpartum) and NQF#2904 (Contraceptive Care – Access to LARC) and by a patient-reported outcome measure, also supported by the Guttmacher Institute. NQF#3543 (Patient-Centered Contraceptive Counseling) focuses on patient experience and serves as both a critical “balancing measure” in concert with the three claims-based measures of contraceptive provision and as a

stand-alone measure of the experience of receiving contraceptive care. Considering the interrelated nature of these measures, we recommend using these four contraceptive performance measures together, in concert. In that vein, we support the work of the Coalition to Expand Contraceptive Access (CECA) and their report explaining the importance of a tandem approach of both contraceptive provision measures and patient-reported outcome performance measures.[2]

Finally, the Guttmacher Institute recognizes that there are the limitations to the current claims-based version of this measure; namely, that the denominator includes some women who may not want or need contraceptive care, and that claims data lacks complete clinical information about care provided. We commend NQF for its work to improve patient-centered care through this measure and recommend that the re-endorsement process serve as the first step for critical work to evolve this measure further: developing an electronic clinical quality (eCQM) version, evaluating this measure in tandem with the PRO-PM metric, and further advocating for uniform use of the endorsed and tested measures across governmental reporting systems.

The Guttmacher Institute appreciates the opportunity to comment and strongly supports endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Hart, J., Moskosky, S., Stern, L. (2019). Expanding Contraceptive Access Through Performance Measures.

[1][https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief\\_10.19.pdf](https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief_10.19.pdf)

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

**NQF #2904 Contraceptive Care - Access to LARC, Comment #7801**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7801

Commenter: Clare Coleman, National Family Planning & Reproductive Health Association; Submitted by Elizabeth Jones

Council / Public: Provider Organization

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/23/2021

Developer Response Required? No

Level of Support: Member does support

Theme: Measure supports best practices in contraceptive care

***Comment***

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to provide comments to the National Quality Forum (NQF) detailing its strong support for the endorsement renewal of the following measures submitted by the US Office of Population Affairs (OPA):

- NQF #2903: Contraceptive Care – Most & Moderately Effective Methods
- NQF #2904: Contraceptive Care – Access to Long-Acting Reversible Contraception (LARC)

NQF's 2016 endorsement of these measures represented a significant step toward prioritizing and improving the quality of family planning and sexual health services provided to individuals of reproductive age in the US. As some of the first nationally endorsed metrics to evaluate the provision of contraceptive care, these measures prompted an increased recognition of the value of assuring that patients have timely access to the full range of effective and highly effective contraceptive methods. They also have served as quality improvement tools for activities aimed at strengthening the provision of person-centered contraceptive care. In the context of contraceptive services, best practices include asking all patients about their reproductive health needs, regardless of the reason for their visit; offering to discuss contraceptive methods; providing person-centered contraceptive counseling, if desired; and providing patients with access to a chosen contraceptive method, preferably on a same-day on-site basis.[1]

As a non-partisan, nonprofit membership association whose mission is to advance and elevate the importance of family planning in the nation's health care system and promote and support the work of family planning providers and administrators, especially in the safety net, NFPRHA is well-positioned to provide comment in support of these measures. NFPRHA's membership includes more than 1,000 members that operate or fund more than 3,500 health centers that deliver high-quality family planning education and preventive care to millions of people every year in the United States. NFPRHA represents the broad spectrum of publicly funded family planning providers including state and local health departments, hospitals, family planning councils, federally qualified health centers, Planned Parenthood affiliates, and other private non-profit agencies. These organizational members include 53 of the 72 grantee organizations currently funded by OPA through the Title X family planning program, as well as other providers in the family planning safety net.

The endorsement of NQF #2903 and #2904 represented a critical first step in leveraging performance

measures to foster improvement and accountability in contraceptive care. Since that time, NQF #2903 not only has assisted health organizations with identifying existing inequities in contraceptive access, but also has informed efforts by federal policymakers, state Medicaid agencies, and other funders of reproductive health services to eliminate barriers to all methods of contraception. This visibility has resulted in substantive improvements to payment methodologies and updated guidance on increasing reimbursement for effective contraceptive methods to expand access, particularly more expensive LARC methods. Use of NQF #2904 by the Centers for Medicaid and Medicare Services (CMS), specifically as part of the Maternal and Infant Health Initiative (MIHI), led to the identification of significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated guidance on increasing reimbursement to ensure access.

One limitation of NQF #2903 and #2904 is that they do not account for patient preferences and experience of care. At the time of these measures' endorsement, several stakeholders expressed concerns about the narrow focus of measures and their potential to negatively influence provider practices, specifically incentivize the use of directive or "tiered" counseling approaches that encourage uptake of a type of contraceptive method or category of methods with higher rates of effectiveness.[2][2] These concerns are valid and especially important given the historical context of coercive practices related to contraception and sterilization in the US, as well as evidence that measuring performance and creating feedback loops can influence provider practice.[3][3] Accordingly, thoughtful implementation of measures at the provider level requires investments in the crafting and relaying of clear messaging on how measures should and should not be used and why. OPA, the steward of these measures, has acknowledged and worked to address concerns related to the implementation by developing and disseminating key messages for stakeholders on the intended use of measures. OPA also has funded the development of a compendium of quality improvement resources aimed at promoting access to patient-centered contraceptive services. Moving forward, NFPRHA encourages and looks forward to collaborating with OPA to develop additional resources to safeguard against inappropriate use of NQF #2903 and #2904.

NFPRHA also applauds OPA for funding projects to develop the NQF-endorsed Person-Centered Contraceptive Counseling (PCCC) measure (NQF #3543), a patient-reported outcome measure that assesses the patient-centeredness of contraceptive counseling; and an electronic clinical quality measure (eCQM) version of NQF #2903 and #2904. The continued development and testing of the contraceptive care performance measures has the potential to greatly expand access to contraceptive care and keep contraceptive care current with new innovations in health care delivery.

**Person-Centered Contraceptive Counseling (PCCC) Measure:** As health care organizations engage in initiatives to improve contraceptive care quality, they require a more person-centered pathway to guide them—one that ensures that patient experiences and preferences are assessed and prioritized. Endorsed by NQF in December 2020, the PCCC measure serves as a much-needed complement to NQF #2903 and #2904. This sampling measure[4][4] uses four questions to assess the extent to which patient experiences of contraceptive counseling align with the three domains of patient-centered contraceptive counseling (i.e., interpersonal connection, adequate information, decision support). When used in tandem with the endorsed "provision" measures, the PCCC is a tool health care organizations, funders, and policymakers may use to balance the goals of improving clinic outcomes and patient-directed pregnancy prevention with patient experience outcomes and reproductive autonomy.

**Electronic Clinical Quality Measures (eCQM) of Contraceptive Provision:** The eCQM also moves contraceptive care performance measures towards a more person-centered care pathway. By shifting away from the denominator used in the claims-based measures (i.e., all women[5][5] aged 15-44 "at

risk” for unintended pregnancy[6][6]), the eCQM uses a denominator that is based on patients’ self-identified need for contraception. Specifically, patients are asked whether they desire to talk about contraception or pregnancy prevention as part of their health care visit. Only those patients who desire contraception, answering “yes,” are included in the eCQM’s denominator.

\* \* \*

NFPRHA greatly appreciates the opportunity to provide comments to NQF in support of the endorsement renewal of NQF #2903 and #2904. Furthermore, NFPRHA looks forward to partnering with OPA to promote the appropriate and widespread use of NQF #2903 and #2904 and the next generation of contraceptive care performance measures for quality improvement. If you require additional information about the issues raised in this letter, please contact Daryn Eikner, Vice President of Service Delivery Improvement at [7]deikner@nfprha.org.

Sincerely,

Clare Coleman

President & CEO

National Family Planning & Reproductive Health Association

[1] Heidi E. Jones, Cynthia Calixte, Meredith Manze, Michele Perlman, Susan Rubin, Lynn Roberts, and Diana Romero, “Primary care patients’ preferences for reproductive health service needs assessment and service availability in New York Federally Qualified Health Centers,” *Contraception* 101, no. 4 (2020): 226-230.

[8][2] Sarah Christopherson, “NWHN-SisterSong Joint Statement of Principles on LARCs,” (Washington, DC: National Women’s Health Network, 2016), [9]<https://www.nwhn.org/nwhn-joins-statement-principles-larcs>.

[10][3] Noah Ivers, Gro Jamtvedt, Signe Flottorp, Jane M. Young, Jan Odgaard-Jensen, Simon D. French, Mary Ann O'Brien, Marit Johansen, Jeremy Grimshaw, and Andrew D. Oxman, "Audit and feedback: effects on professional practice and healthcare outcomes," *Cochrane Database of Systematic Reviews* 6 (2012).

[11][4] Because it is burdensome and unnecessary to collect PCCC surveys from all eligible patients, health care organizations are encouraged to use a periodic sampling process to collect PCCC measure data.

[12][5] While the contraceptive care performance measures, refer to women, NFPRHA acknowledges that people other than women are in need of contraceptive care.

[13][6] Women are defined as at risk of unintended pregnancy if they report ever having had vaginal sex with a man, are not currently pregnant or seeking pregnancy, are not infecund for non-contraceptive reasons, and report their partner is not infecund for non-contraceptive reasons.

#### *Developer Response*

N/A

#### *NQF Response*

N/A



*NQF Committee Response*

N/A

**NQF #2904 Contraceptive Care - Access to LARC, Comment #7809**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7809

Commenter: Submitted by Emily Decker

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/26/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

NQF #2904 – Contraceptive Care – Access to LARC

Upstream USA is pleased to provide comments detailing its strong support of the Contraceptive Care – Access to LARC measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

Upstream USA is a nonprofit organization that partners with states to provide training and technical assistance to health centers to increase access to contraception and address disparities and biases in contraceptive care. We provide health centers with patient-centered, evidence-based training and technical assistance that eliminate barriers to offering the full range of contraception. Our transformative approach empowers patients to decide if and when they want to become pregnant, a critical step towards improving maternal health and positive outcomes for parents and children.

To date, Upstream is partnering or has partnered with more than 90 healthcare agencies across Delaware, Massachusetts, North Carolina, Rhode Island, and Washington State. The agencies we work with serve approximately 700,000 assigned female at birth patients of reproductive age each year.

Upstream actively uses NQF # 2904 in our monitoring, evaluation, and learning efforts. We use NQF #2904 to evaluate the extent to which a patient population may have access to long-acting reversible contraceptive methods and how access may change over time. Having a nationally-endorsed, standard specification for calculating this metric allows Upstream and others in the healthcare community to monitor and evaluate contraceptive care service access across health systems in the U.S. in a consistent way.

Upstream USA supports NQF endorsement of this measure because it monitors access to LARC methods by detecting very low rates of provision (i.e., below 2%) of these highly effective, reversible forms of contraception. Identifying differences in clients' access to LARC is important to ensure that women wishing to use contraception can access the full range of contraceptive methods, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1]



Providers and program administrators can then examine if barriers to LARC access exist among facilities and systems with low provision, and in turn, support quality improvement efforts aimed at increasing availability of LARC methods for clients wishing to use them and improving the patient-centeredness of contraceptive care.

As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, use of this measure in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated guidance on increasing reimbursement to expand access.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. Due to the United States' history of coercing women living in poverty, women of color, women with disabilities, and others to use sterilization and/or LARC [2, 3], special concerns related to implementation of this measure are present and it should not be used in a pay-for-performance setting. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. Thus, an evidence-based balancing measure now exists to use alongside this measure and NQF #2903 (Most & Moderately Effective Methods) to ensure that increases in LARC provision are not associated with worsening patient experiences. Utilization of the PCCC with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

Upstream appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We support endorsement of this important measure.

Sincerely,

Lisa LeRoy

Vice President, Monitoring, Evaluation & Learning

Upstream USA

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Gold, J., Guarding Against Coercion While Ensuring Access: A Delicate Balance. Guttmacher Policy Review, 2014. 17(3).

[3] Dehlendorf, C., Bellanca, H., & Policar, M. (2015). Performance measures for contraceptive care: what are we actually trying to measure?. Contraception, 91(6), 433–437.

[1]<https://doi.org/10.1016/j.contraception.2015.02.002>

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2904 Contraceptive Care - Access to LARC, Comment #7814**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7814

Commenter: Submitted by Karen Peacock

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

Essential Access Health (Essential Access) is pleased to provide comments detailing its strong support of the Contraceptive Care - Postpartum measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

Essential Access champions and promotes quality sexual + reproductive health care for all.

We achieve our mission through a wide range of programs and services including clinic support initiatives, provider trainings, advanced clinical research, advocacy + consumer awareness. Essential Access leads the Title X federal family planning program in California – the largest Title X system in the nation.

Implementation of the Contraceptive Care measure is an important strategy for advancing health equity. Essential Access has encouraged utilization of the Contraceptive Care measures for more than a decade to help ensure access to high quality, comprehensive sexual and reproductive health services and information for everyone – regardless of income, race, age, gender identity or sexual orientation, zip code, insurance or documentation status.

We strongly support NQF's endorsement of this measure. For the reasons outlined below, NQF's endorsement will expand the delivery of family planning and reproductive health services in both specialized and primary care settings.

1. This measure encourages providers to deliver high-quality, client-centered contraceptive services to postpartum women, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] The measure supports the delivery of high quality, client-centered care by enabling health care systems, facilities, and providers to assess the provision of a wide range of most and moderately effective contraceptive methods to its postpartum clients, which are a subpopulation of women with distinct reproductive health needs. Providers and program administrators can then utilize

- measure scores to support health facility and system level quality improvement efforts aimed at increasing availability of most and moderately effective contraception among clients wishing to use them and improving the patient-centeredness of contraceptive care.
2. This important measure also includes a sub-measure which focuses on ensuring access to long-acting reversible contraception (LARC) methods by monitoring very low rates of provision (i.e., below 2%). Very low provision may indicate that clients interested in LARC methods continue to face access barriers. Utilization of this sub-measure and corresponding measure NQF #2904 (Contraceptive Care – Access to LARC) in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive improvements to payment methodologies and updated guidance on increasing reimbursement to expand access.
  3. This measure helps ensure access to a broad range of contraceptive methods. When both the primary measure and sub-measure are calculated and implemented in a client-centered manner, NQF #2902 offers a more thorough perspective on the quality of contraceptive services across a range of most and moderately effective methods among postpartum patients.
  4. Despite significant improvements made possible by the Contraceptive Care – Postpartum measure, and recently adopted state Medicaid reimbursement policies, some health systems may continue to have very low measure scores (i.e., below 2%) for the LARC sub-measure in the immediate postpartum period. Continuing utilization of this sub-measure can ensure that clients wishing to use LARC methods within three days of delivery are able to access their method of choice in a timely manner.

One limitation of the contraceptive provision measures is that they fail to account for patient preference and experience, and cannot reveal the presence of coercive practices. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. This new evidence-based balancing measure can be used alongside the contraceptive care measure to ensure that changes in provision of effective methods are associated with positive patient experiences. Utilization of the PCCC with the contraceptive provision measures can support the equitable provision of a wide range of contraceptive methods and delivery of client-centered counseling that meets the individual health needs and preferences of every patient.

Essential Access appreciates the opportunity to comment and commends NQF for its work to improve patient-centered health care. We strongly support NQF's endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

**NQF #2904 Contraceptive Care - Access to LARC, Comment #7817**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7817

Commenter: Submitted by Karen Peacock

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

Essential Access Health (Essential Access) is pleased to provide comments detailing its strong support of the Contraceptive Care – Access to LARC measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

Essential Access champions and promotes quality sexual + reproductive health care for all. We achieve our mission through a wide range of programs and services including clinic support initiatives, provider trainings, advanced clinical research, advocacy + consumer awareness. Essential Access leads the Title X federal family planning program in California – the largest Title X system in the nation.

Implementation of the Contraceptive Care measure is an important strategy for advancing health equity. Essential Access has encouraged utilization of the Contraceptive Care measures for more than a decade to help ensure access to high quality, comprehensive sexual and reproductive health services and information for everyone – regardless of income, race, age, gender identity or sexual orientation, zip code, insurance or documentation status.

We strongly support NQF's endorsement of this measure.

1. This measure monitors access to LARC methods by detecting very low rates of provision (i.e., below 2%) of these highly effective, reversible forms of contraception. The measure supports the delivery of high quality, client-centered care by enabling health systems, facilities, and providers to identify differences in clients' access to LARC is important to ensure that women wishing to use contraception can access the full range of contraceptive methods, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] Providers and program administrators can then examine if barriers to LARC access exist among facilities and systems with low provision, and in turn, support quality improvement efforts aimed at increasing availability LARC methods for clients wishing to use them and enhancing the delivery of patient-centered contraceptive care.
2. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, use of this measure in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated reimbursement guidance to reduce barriers to a patient obtaining their preferred contraceptive method

One limitation of the contraceptive provision measures is that they fail to account for patient preference and experience, and cannot reveal the presence of coercive practices. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. This new evidence-based balancing measure can be used alongside the contraceptive care measure to ensure that changes in provision of effective methods are associated with positive patient experiences. Utilization of the PCCC with the contraceptive provision measures can support the equitable provision of a wide range of contraceptive methods and delivery of client-centered counseling that meets the individual health needs and preferences of every patient.

Essential Access appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We strongly support NQF's endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Gold, J., Guarding Against Coercion While Ensuring Access: A Delicate Balance. Guttmacher Policy Review, 2014. 17(3).

[3] Dehlendorf, C., Bellanca, H., & Policar, M. (2015). Performance measures for contraceptive care: what are we actually trying to measure?. Contraception, 91(6), 433–437.  
<https://doi.org/10.1016/j.contraception.2015.02.002>

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

### **NQF #2904 Contraceptive Care - Access to LARC, Comment #7820**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7820

Commenter: Krishna Upadhya, Planned Parenthood Federation of America; Submitted by Stephanie Croney

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

#### #2904 Contraceptive Care - Access to LARC

Planned Parenthood Federation of America (PPFA) cautiously provides its support of the Contraceptive Care – Access to LARC measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF). Planned Parenthood is the nation’s leading sexual and reproductive health care provider and advocate and a trusted, nonprofit source of primary and preventive care for people in communities across the United States. Planned Parenthood is dedicated to improving access to quality health care throughout the country, and we strongly support initiatives that align with that mission.

Although LARC are proven to be the most effective method of contraception aside from sterilization, incentivizing payers to pursue LARC-only measures could translate into providers having a financial incentive to advance LARC over other contraceptive options. Measuring LARC use only (as opposed to measuring access to the full range of contraceptive methods) could wrongly signal to providers and patients alike that LARC methods should be favored over other methods, without regard to patient preference. A one-size-fits-all focus on the provision of LARCs at the exclusion of a full discussion of other methods with patients ignores the needs of each individual and the benefits that other contraceptive methods may provide.

PPFA is concerned that this contraceptive provision measure on its own could be used to improperly incentivise health care providers to provide LARCs to patients. Accordingly, due to the United States’ history of reproductive coercion and forced sterilization among disadvantaged and minority women, this measure should not be used in a pay-for-performance setting in value-based payment models. To address this potential for coercion, PPFA supports pairing this measure with NQF-endorsed Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling to ensure that provision of most and moderately effective contraceptive methods are not associated with worsening patient experiences.

PPFA is satisfied with the Committee’s consideration of this issue and we agree with the recommendation that the measure should be endorsed and paired alongside other family planning measures. We will continue to work with the reproductive health community on appropriate implementation of this and the other contraceptive use measures under consideration.

\*\*\*\*\*

Thank you for the opportunity to comment on the proposed quality measures. If you have any questions, please do not hesitate to contact me at [krishna.upadhyia@ppfa.org](mailto:krishna.upadhyia@ppfa.org) or 202-803-4049.

Respectfully submitted,

Krishna Upadhyia, MD, MPH

Vice President, Quality Care and Health Equity

Planned Parenthood Federation of America

### *Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A

**NQF #2904 Contraceptive Care - Access to LARC, Comment #7822**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7822

Commenter: Deanna Charest, Michigan Department of Health & Human Services; Submitted by Jessica Hamel

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting

Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

*Comment*

The Division of Maternal & Infant Health (DMIH) of the Michigan Department of Health & Human Services (MDHHS) is pleased to provide comments detailing its strong support of the Contraceptive Care – Access to LARC measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

DMIH works to promote health equity and health improvement of policy, programs, and practices across all perinatal phases to enhance the lives of Michigan residents and families. For the last 50 years, DMIH-MDHHS has served as the sole Title X grantee in Michigan with clinical services being delivered through a statewide network of providers. DMIH actively utilizes NQF #2904 to monitor rates of LARC provision as a grantee and across its sub-recipient provider network. As such, DMIH has performed quality improvement projects in Title X clinics with low provision rates to increase access to LARC methods for clients wishing to use them and improve the patient-centeredness of the contraceptive care received.

DMIH supports NQF endorsement of this measure because it monitors access to LARC methods by detecting very low rates of provision (i.e., below 2%) of these highly effective, reversible forms of contraception. Identifying differences in clients' access to LARC is important to ensure that women wishing to use contraception can access the full range of contraceptive methods, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA). [1] Providers and program administrators can then examine if barriers to LARC access exist among facilities and systems with low provision, and in turn, support quality improvement efforts aimed at increasing availability LARC methods for clients wishing to use them and improving the patient-centeredness of contraceptive care.

As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, use of this measure in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated guidance on increasing reimbursement to expand access.

One limitation of the contraceptive provision measures is that on their own, they do not account for patient preference and experience. Due to the United States' history of coercing disadvantaged and minority women to use sterilization and/or LARC [2, 3], special concerns related to implementation of this measure are present and it should not be used in a pay-for-performance setting. In December 2020, NQF endorsed the Person-Centered Contraceptive Counseling (PCCC) measure (#3543), which assesses the patient-centeredness of contraceptive counseling. Thus, an evidence-based balancing measure now exists to use alongside this measure and NQF #2903 (Most & Moderately Effective Methods) to ensure that increases in LARC provision are not associated with worsening patient experiences. Utilization of the PCCC with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

DMIH appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We support endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports : Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Gold, J., Guarding Against Coercion While Ensuring Access: A Delicate Balance. Guttmacher Policy Review, 2014. 17(3).

[3] Dehlendorf, C., Bellanca, H., & Policar, M. (2015). Performance measures for contraceptive care: what are we actually trying to measure?. Contraception, 91(6), 433–437.

[1]<https://doi.org/10.1016/j.contraception.2015.02.002>

#### *Developer Response*

N/A

#### *NQF Response*

N/A

#### *NQF Committee Response*

N/A

#### **NQF #2904 Contraceptive Care - Access to LARC, Comment #7827**

Standing Committee Recommendation: Measure Recommended for Endorsement

Comment ID#: 7827

Commenter: Jennifer Frost, The Guttmacher Institute; Submitted by Jennifer Frost

Council / Public: Public

Comment Period: Post-Evaluation Public and Member Commenting



Date Comment was Submitted: 9/27/2021

Developer Response Required? No

Level of Support: N/A

Theme: Measure supports best practices in contraceptive care

### *Comment*

NQF #2904 – Contraceptive Care – Access to LARC

The Guttmacher Institute is pleased to provide comments once again in support of the Contraceptive Care – Access to LARC measure submitted by the HHS Office of Population Affairs (OPA) for renewal of its endorsement from the National Quality Forum (NQF).

The Guttmacher Institute is a private, independent, nonprofit, nonpartisan corporation that advances sexual and reproductive health and rights through an interrelated program of research, policy analysis, and public education. The Institute stands as a source of highly regarded, trustworthy and valuable information on sexual and reproductive health and rights, and communicates evidence on these topics clearly to media, policymakers, and advocates. Guttmacher began as the Center for Family Planning Development in the late 1960s and contributed research to Congress in its creation of the Title X program. In the early 2010s, Guttmacher experts were among those selected to participate in the Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs' (OPA) development of the national standards of care for family planning services.

The Guttmacher Institute strongly supports NQF endorsement of measure #2904 because it strengthens the provision of client-centered contraceptive services using quality improvement processes that are based on standardized measurement of care delivery. Specifically, this measure monitors access to LARC methods by detecting very low rates of provision (i.e., below 2%) of these highly effective, reversible forms of contraception. Identifying differences in clients' access to LARC is important to ensure that women wishing to use contraception can access the full range of contraceptive methods, in accordance with national guidelines, including Providing Quality Family Planning Services: Recommendations of the Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (OPA).[1]

Providers and program administrators can then examine if barriers to LARC access exist among facilities and systems with low provision, and in turn, support quality improvement efforts aimed at increasing availability LARC methods for clients wishing to use them and improving the patient-centeredness of contraceptive care. As one of the first nationally endorsed metrics to evaluate contraceptive care access and provision, use of this measure in the Centers for Medicaid and Medicare (CMS) identified significant LARC access issues in several states, resulting in substantive refinements to payment methodologies and updated guidance on increasing reimbursement to expand access.

NQF #2904 is complemented by two additional contraceptive provision claims-based measures which are also supported by The Guttmacher Institute – NQF #2902 (Contraceptive Care – Postpartum) and NQF #2903 (Contraceptive Care – Most & Moderately Effective Methods) and by a patient-reported outcome measure, also supported by the Guttmacher Institute. NQF #3543 (Patient-Centered Contraceptive Counseling) focuses on patient experience and serves as both a critical “balancing measure” in concert with the three claims-based measures of contraceptive provision and as a stand-alone measure of the experience of receiving contraceptive care. Considering the interrelated nature of these measures, we recommend using these four contraceptive performance measures together, in concert. In that vein, we support the work of Coalition to Expand Contraceptive Access (CECA) that

explains the importance of a tandem approach of both contraceptive provision measures and patient-reported outcome performance measures.[2]

Due to the United States' history of coercing disadvantaged and minority women to use sterilization and/or LARC [3, 4], special concerns related to implementation of NQF#2904 are present and it should not be used in a pay-for-performance setting. Use of NQF#3543 alongside this measure will help to ensure that increases in LARC provision are not associated with worsening patient experiences. NQF#3543 will help guard against reproductive coercion in the contraceptive counseling setting. Reproductive coercion has a troubling history, and remains an ongoing reality for many, including low-income women, women of color, young women, immigrant women, LGBT people, and incarcerated women. Recently, as LARCs have become more popular, there is increasing concern that policymakers and medical providers will try to incentivize their use in ways that minimize patient choice. The patient-centered contraceptive counseling measure, as a patient-reported experience of receiving contraceptive care, will help

identify and/or check inappropriate pressure and intended or unintended coercion from providers and the health care system. Utilization of the patient-centered contraceptive counseling measure along with the contraceptive provision measures together can help health care organizations to realize both facets of quality in contraceptive care: providing access to a range of contraceptive methods and delivering patient-centered counseling free of coercion.

Finally, the Guttmacher Institute recognizes that there are the limitations to the current claims-based version of this measure; namely, that the denominator includes some women who may not want or need contraceptive care, and that claims data lacks complete clinical information about care provided. We commend NQF for its work to improve patient-centered care through this measure and recommend that the re-endorsement process serve as the first step for critical work to evolve this measure further: developing an electronic clinical quality (eCQM) version, evaluating this measure in tandem with the PRO-PM metric, and further advocating for uniform use of the endorsed and tested measures across governmental reporting systems.

The Guttmacher Institute appreciates the opportunity to comment and commends NQF for its work to improve health care quality. We strongly support endorsement of this important measure.

[1] Gavin, L., Moskosky, S., Carter, M., Curtis, K., Glass, E., Godfrey, E., Marcell, A., Mautone-Smith, N., Pazol, K., Tepper, N., Zapata, L., & Centers for Disease Control and Prevention (CDC) (2014). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. MMWR. Recommendations and reports: Morbidity and mortality weekly report. Recommendations and reports, 63(RR-04), 1–54.

[2] Hart, J., Moskosky, S., Stern, L. (2019). Expanding Contraceptive Access Through Performance Measures.

[https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief\\_10.19.pdf](https://static1.squarespace.com/static/5d35f1b39760f8000111473a/t/5dab6b7ee6fc053c64d54c17/1571515263222/3.+Performance+Measures+Issue+Brief_10.19.pdf)

[3] Gold, J., Guarding Against Coercion While Ensuring Access: A Delicate Balance. Guttmacher Policy Review, 2014. 17(3).

[4] Dehlendorf, C., Bellanca, H., & Policar, M. (2015). Performance measures for contraceptive care: what are we actually trying to measure? Contraception, 91(6), 433–437.

[1]<https://doi.org/10.1016/j.contraception.2015.02.002>

*Developer Response*

N/A

*NQF Response*

N/A

*NQF Committee Response*

N/A