

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Using performance measures in tandem to improve quality in contraceptive care

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: Community health centers (CHCs) provide critical safety-net health care for millions of underserved patients in the U.S., including one-third of low-income women of reproductive age. Ensuring access to quality contraceptive care at CHCs is crucial to achieving reproductive health equity.

Objective: To assess the impact of a year-long quality improvement learning collaborative (QILC) on contraceptive care at CHCs, using two complementary performance measures.

Study Design and Analysis, Setting or Dataset: Pre-post analysis of two contraceptive care quality measures. The Person-Centered Contraceptive Counseling (PCCC) measure evaluates the quality of contraceptive counseling. The Self-Identified Need for Contraception-based electronic clinical quality measures (SINC-based eQMs) measure if patients who self-identify their interest in contraception receive a method.

Population Studied: Ten CHCs, representing 30 clinical sites across eight states.

Intervention/Instrument: Participants completed a nine-month quality improvement learning collaborative, focused on building person-centered contraceptive care practices. The QILC included one-on-one technical assistance calls, access to additional training and tools, and monthly learning sessions on integral topics, such as reproductive health equity, racial justice and person-centered contraceptive counseling. CHCs collected 50 PCCC surveys at baseline and received a detailed report of their scores.

Participants utilized their PCCC reports to develop quality improvement plans and shared their progress throughout the QILC to facilitate peer learning.

Outcome Measures: Change in PCCC and SINC-based eCQM scores.

Results: Baseline PCCC scores ranged from 30% to 94%. At endline, six of ten CHCs improved their PCCC score (Δ 2% - 24%) and four of those surpassed the 80% benchmark for high-quality care. At baseline, few patients were screened with SINC (range: <1% - 36%). Median increase in percentage of eligible patients screened was 10% (range: <1% - 46%) across CHCs. CHCs observed a modest increase in eQMs for use of most or moderately effective contraceptive methods (mdn change: 2%; range: [<1% - 9%]).

Conclusions: Participation in a structured, performance measures-driven QILC increased person-centered screening for contraceptive need and improved contraceptive counseling. This project can serve as a model for future quality improvement initiatives using performance measures to facilitate change

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