Inputs	Activities	Outputs	Outcomes	Impact
<u>Health IT Systems Integration</u> • SINC into electronic health records (EHR) • Standardized technical workflows for documentation in EHR <u>Clinical Integration</u> • Incorporation of SINC screening questionnaire into intake processes • Training protocols for clinical and ancillary staff on integrating SINC into workflows • Training protocols for clinical care team on contraceptive counseling (as needed)	• Train clinical care teams in SINC screening according to protocols • Inclusion of SINC screening into routine primary care and problem-based visits • Documentation of SINC responses in EHR structured fields • Analysis of contraceptive use and LARC provision among patients interested in contraceptive counseling during the calendar year (CU-SINC)	• Trained 100% of staff in SINC screening protocols • Report of contraceptive use and LARC provision among patients interested in contraceptive counseling during the calendar year provided to clinic administration and clinical staff • Documentation of contraceptive need screening	<u>Short-term:</u> • Greater provider awareness of contraceptive use and LARC provision, as a proxy measure for contraceptive access • Clinic and/or health system administrator knowledge of contraceptive access within their sites <u>Medium-term:</u> • Increased rates of contraceptive counseling with patients who indicate they're interested in counseling • **Measure focus:** Increased access to contraceptive services and use of preferred methods by patients • New QI initiatives to address potential barriers to access • Improved accuracy in documentation of LARC provision and contraceptive use within EHR systems <u>Long-term:</u> • Streamlined and sustainable integration of reproductive healthcare into primary care	<u>Patient health and autonomy</u> Patients are able to achieve reproductive health goals <u>Systemic change</u> Clinics and health systems are able to monitor contraceptive care access and respond to barriers to access

Feedback Mechanisms

Annual report of clinic/health system CU-SINC scores
Opportunities for staff reflection in meetings or other QI-related gatherings
Patient advisory groups review of scores and provision of feedback on their interpretations and experiences

Assumptions

Use of EHR within a healthcare system
Presence of data analysts on the team to calculate scores
Access to EHR vendors to code needed data elements into structured fields

External Factors

Changes in the political landscape, which could make providing reproductive healthcare more challenging

*All inputs and activities described can be relevant at either a facility or a clinician/group practice level. For example, standardized training and workflows can be implemented centrally at a facility level or can be unique to a specific practice. In many cases, implementation of SINC into EHRs may only be possible at the facility level, but there may also be locally owned instances of EHR that can be modified by individual group/practices