

CBE #3543 Logic model

The Person-Centered Contraceptive Counseling measure: a patient-reported experience performance measure that calculates the percentage of contraceptive care patients who give a “top box” score for their experience of contraceptive counseling received during their clinical encounter. The measure is a four-question survey which asks patients about key components of patient-centered counseling, including respect and adequate information. A “top box” score is defined as a response which gives the highest score for each of the four questions.

Inputs	Activities	Outputs	Outcomes	Impacts
• Person-Centered Contraceptive Counseling measure (PCCC) • Staff time for survey administration and data management • Database creation within desired data collection setting (e.g. Excel, PowerBI) • Training protocols for staff on collecting PCCC • Contraceptive counseling guidelines including from the American College of Obstetricians and Gynecologists (ACOG) and the Quality Family Planning Guidelines (QFP)	• Identify patients assigned female at birth, 15-44 years of age, not currently pregnant who received contraceptive counseling at their visit • Collect PCCC surveys from patients • Train clinicians on person-centered contraceptive counseling approaches • Distribute counseling tools and visual aids • Disseminate best practices for contraceptive counseling from ACOG and QFP • Direct patient outreach with contraceptive education to support informed patient decision making	• Report of PCCC scores, overall and by demographic subgroups • Number of clinicians trained on person-centered contraceptive counseling	• Short-term (measure focus): patients who receive contraceptive counseling can report on their counseling experience • Short-term: Increased unit administrator knowledge and awareness of patient-centeredness of contraceptive services in clinician group/practice • Short-term: Increased focus on patient-centered contraceptive care in clinician group/practice • Medium-term: Improved quality of contraceptive counseling provided • Medium-term: Improved patient experience • Medium-term: Increased trustworthiness of reproductive care within clinician group/practice • Medium-term: Increased contraceptive satisfaction • Medium-term: Decreased directive contraceptive counseling practices • Long-term: Improved reproductive health outcomes, including decreased undesired pregnancy and increased use of preferred contraceptive methods	• Individuals are able to achieve their self-identified reproductive life goals • Clinician group/practices are able to better meet the reproductive health needs of patients

Feedback Mechanisms
• PCCC data collection and reports every 6-24 months • Patient advisory groups review of scores • Check-ins with healthcare team to identify quality improvement needs
Assumptions
• Clinician group/practices have sufficient staffing and necessary technology available to field and analyze survey • Adequate number of responses from patients during survey collection period (at least 30 surveys)
External Factors
• Changes in the political landscape, which could make providing reproductive healthcare more challenging • Funding availability to support collection and analysis of measure