

Measure at a Glance

CBE #3543: Person-Centered Contraceptive Counseling [PCCC] measure: The percentage of contraceptive care patients giving “top box” scores on a PRE-PM focused on quality of contraceptive care at a specific visit

Measure Summary (Where does this measure seek to improve care?)

The Person-Centered Contraceptive Counseling (PCCC) measure assesses how patients feel about the counseling they receive during a health care visit. It measures the percentage of patients who give the highest possible score on a survey about their experience. The survey includes four questions that ask about respect and whether the patient received enough information.

A “top-box” score means the patient gave the highest score on all four questions.

This measure focuses on patients aged 15-44 years who were assigned female at birth, are not pregnant, and received contraceptive counseling during a visit.

The measure reports results at the clinician group or practice level. This means it combines survey results from many patients in one group or clinic—not individual providers or hospitals. The final score shows the percentage of patients who gave the highest score on all four survey questions.

The measure uses patient survey responses instead of medical records, so it directly reflects how patients experienced their care.

Meaningfulness (Why does this matter to patients, and how could it improve their care?)

Patient experience is an important part of health care quality. Many patients report problems with contraceptive counseling, such as not getting enough information or not feeling satisfied with their care. From 2017-2019, only 58% of patients rated care as optimal, and that number decreased to 40% to 42% in 2022 and 2024.

When patients receive care that respects their needs and supports their choices, their outcomes improve. For contraceptive care, patient experience may influence reaching reproductive goals, continuing contraception, and following treatment plans.

When creating the PCCC measure, the developer sought input from patients and providers to reflect what matters most to patients, focusing on areas such as connection with the provider, help making decisions, and clear information.

Usability (How will providers use this measure to improve care delivery?)

Health care groups can use the PCCC measure to understand patient experience and improve care. Groups can review their scores to find areas where patients report lower satisfaction, such as not receiving enough information. They can also look at results for different patient groups to

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find differences in care. As a result, groups can focus improvement efforts where they are most needed.

Clinician groups or practices may use several strategies to improve performance. These include training providers on person-centered counseling skills and reviewing survey questions to identify specific gaps in care. Patient-centered means the provider focuses on the patient's needs, preferences, and goals. Groups may also improve language services or provide training on cultural understanding. After making changes, they can measure again to track progress. The measure may support ongoing quality improvement by helping health care groups monitor changes over time.

Feasibility (How can this measure be implemented without adding burden for providers and patients while still improving care?)

The PCCC measure uses a short patient survey with four questions. Patients can complete the survey during their visit or within 1 week after their visit. The survey can be done on paper or electronically. It uses simple easy-to-understand language. Before completing the survey, patients confirm they received contraceptive counseling.

Missing data are less than 5%, which suggests patients usually complete the survey.

The developer designed the measure to have low burden on patients and not affect clinical care or decisions. Nonclinical staff usually give the survey, but this can require staff time for survey collection, data entry, and analysis. Some clinics have reported challenges with patient response rates. To reduce burden, health care groups may use tools such as patient portals, QR codes, or text messages to collect responses. These options may help make the measure easier to use in different care settings.

Impact (How will using this measure improve patient experiences and outcomes?)

Patient experience with contraceptive counseling may affect important health outcomes. Research shows that better patient-centered counseling is linked to continued use of contraception at 6 months and use of a preferred method. Positive experiences may also help patients stay engaged with health care services over time. Ongoing engagement is linked to better reproductive health and possibly reduced maternal mortality.

Improving patient experience may also help health care groups support patients in reaching their reproductive goals. Lower-quality experiences make patients feel less supported or less likely to return for care.

By measuring patient experience, health care groups may identify care gaps and work to improve care in ways that better support patients' needs and preferences.

Performance Gap (Based on current performance, where and how much care can improve?)

Data from 2022 to 2024 on 34 entities (community health centers and Title X clinician groups/practices) and 2,086 patients show scores ranging from 37% to 100% of patients who gave the highest score on all four survey questions, with a mean score of 74%. This wide range suggests that patient experience with contraceptive counseling varies across clinician groups

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and practices. Title X is a federal program that provides funding for family planning and reproductive health services, such as birth control counseling and care.

Results also suggest differences across patient groups:

- White and Asian patients: measure scores of 86%
- Latina/Hispanic patients: 77%
- Black/African-American patients: 70%
- Middle Eastern patients: 65%

Language differences were also reported:

- English speakers: measure scores of 80%
- Spanish speakers: 74%
- Other languages: 44%

These results suggest that gaps in care may exist across different populations and that some groups may report lower-quality experiences.

Disclaimer: Battelle used generative artificial intelligence in the initial drafting of this document. Actual humans with relevant expertise subsequently validated and revised the content.