American College of Obstetricians & Gynecologists

June 2026

Partnership for Quality Measurement

RE: 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

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 62,000 physicians and partners dedicated to advancing women's health and the health of individuals seeking obstetric and gynecologic care, we greatly appreciate the opportunity to comment on the Patient-Centered Contraceptive Counseling (PCCC) measure's maintenance endorsement.

ACOG recognizes that contraceptive counseling is an important interaction between patients and obstetrician-gynecologists and other health care practitioners. The use of contraception can span reproductive, educational, economic, social, health, and personal goals, along with other non-contraceptive needs. The ability to access contraceptives can also affect how and when an individual uses contraception. Interaction with a clinician is often required to access certain methods. Counseling about an individual's values, goals, and preferences is therefore a frequent and salient component between ob-gyns and patients.

The PCCC measure is critical to delivering high-quality contraceptive care. It was developed in response to concerns about reproductive coercion, provider bias, and the limitations of contraceptive quality metrics. The use of patient-reported outcome performance measures (PRO-PM) emphasizes the patient's experience and preferences, reflecting an important step toward advancing equity and person-centered care.

ACOG's guidance on patient-centered contraceptive counseling emphasizes the intentional application of a reproductive justice framework, which "encourages counselors to explore a person's reproductive goals and contraceptive priorities and preferences while considering the systemic and structural barriers that may impede their ability to do so."[i] This includes acknowledging the historical and ongoing reproductive mistreatment of people of color and other marginalized individuals, as well as recognizing and mitigating provider bias in counseling interactions. ACOG also recommends adherence to an ethical shared decision-making approach that centers patient values, preferences, and lived experiences in contraceptive care.[ii] While the PCCC measure meaningfully captures these key elements of patient-centered counseling, future iterations could further reflect ACOG's guidance by incorporating aspects of shared decision-making and equity-focused counseling practices, such as efforts to mitigate undue influence or soliciting individual's values, preferences, and insights to contraception. As continued endorsement is considered, ACOG encourages ongoing evaluation of how the measure can further support equity by more explicitly incorporating these principles. PRO-PMs, such as PCCC, offer an opportunity to ensure that quality incentives reflect patient-centered outcomes as health care systems move toward value-based care models.[iii] The PCCC measure can help reinforce high-quality, preference-aligned care and serve as a meaningful counterbalance to utilization- and process-focused metrics. In this way, broader use of the measure has the potential to promote accountability for patient-

centered care and support efforts to reduce bias and coercion in contraceptive counseling, particularly when used to inform quality improvement rather than as a direct determinant of payment.

While PRO-PMs are useful, ACOG recognizes that effective implementation of patient-reported performance measures requires appropriate infrastructure and resources. This is consistent with official Centers for Medicare and Medicaid Services (CMS) guidance that patient-reported measures require significant infrastructure developments, such as tools for survey collection, data storage, and analysis.[iv] Studies have found existing key barriers to implementing measures like patient-reported measures include the lack of clarity on integrating instruments, and system-level challenges[vvi] Therefore, addressing these restraints continues to be a challenge for health care practitioners and quality improvement, and may limit equitable uptake of measures intended to advance patient-reported measures. However, the availability of technical assistance offered by PCCC measure developers, UCSF, demonstrates the importance of dedicated infrastructure and implementation support in facilitating adoption of patient-reported measures.[vii] ACOG encourages continued efforts to expand technical assistance and infrastructure support that is cost-friendly, which is essential for settings serving populations with the greatest needs to successfully adopt and sustain use of the PCCC measure.

PCCC is a validated patient-reported measure that captures patients' experience of contraceptive counseling and elevates patient voices and autonomy in quality assessment. ACOG supports continued endorsement of the measure and encourages ongoing efforts to strengthen its alignment with shared decision-making.

We appreciate the time taken to consider our comments. If you have any questions or wish to discuss these points further, please reach out to Erin Alston, Senior Manager, Health and Payment Policy (ealston@acog.org).

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[i] American College of Obstetricians and Gynecologists. Patient-centered contraceptive counseling. Committee Statement No. 1. Obstet Gynecol. 2022;139(2):e1-e15.

[ii] American College of Obstetricians and Gynecologists. Patient-centered contraceptive counseling. Committee Statement No. 1. Obstet Gynecol. 2022;139(2):e1-e15.

[iii] Dehlendorf C, Fox E, Silverstein IA, et al. Development of the Person-Centered Contraceptive Counseling scale (PCCC), a short form of the Interpersonal Quality of Family Planning care scale. Contraception. 2021;103(5):310-315. doi:10.1016/j.contraception.2021.01.008

[iv] Centers for Medicare & Medicaid Services. Patient-reported outcome measures overview. Measures Management System. Accessed June 25, 2026. https://mmshub.cms.gov/about-quality/types/proms/overview

[v] Glenwright BG, Simmich J, Cottrell M, O'Leary SP, Sullivan C, Pole JD, et al. Facilitators and barriers to implementing electronic patient-reported outcome and experience measures in a health care setting: a systematic review. J Patient Rep Outcomes. 2023;7(1):13. doi:10.1186/s41687-023-00554-2

[vi] Bull C, Teede H, Watson D, et al. Selecting and implementing patient-reported outcome and experience measures to assess health system performance. JAMA Health Forum. 2022;3(4):e220326. doi:10.1001/jamahealthforum.2022.0326

[vii] University of California, San Francisco. Person-Centered Reproductive Health Program. Person-centered contraceptive counseling (PCCC) measure. Accessed June 25, 2026. https://pcccmeasure.ucsf.edu/