Person-Centered Reproductive Health Program

FAR HARBOR Analysis + Research

Implementation Guide: Calculating Contraceptive Use eCQM (CU-SINC), Non-Postpartum (CBE #3699e)

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Introduction

Contraceptive care services support individuals to achieve their reproductive goals, including delaying or preventing pregnancy and achieving desired birth spacing. Yet service gaps in contraceptive care delivery persist across health care settings, particularly in access to quality contraceptive counseling and the full range of contraceptive methods. Contraceptive performance measures are important tools to evaluate and address these gaps in care.

The Contraceptive Use electronic clinical quality measures (CU-SINC eCQMs) are a set of person-centered metrics that report contraceptive use among eligible patients, ages 15-44 years. These measures use the Self-Identified Need for Contraception (SINC) screening tool to focus the target population on patients interested in contraceptive services. CU-SINC eCQMs have numerous strengths that make them suitable for use across diverse electronic health record (EHR) systems to generate a precise metric of contraceptive use.

The CU-SINC eCQMs are designed to assess contraceptive use for two mutually exclusive patient populations: 1) those receiving peripartum care, and 2) all other patients assigned female at birth. Pregnant patients have unique contraceptive needs and thus experience different care pathways compared to non-pregnant patients, necessitating the use of distinct measures. The CU-SINC, Non-Postpartum (CBE #3699e) and CU-SINC, Postpartum (CBE# 3682e) measures were fully endorsed for use at the facility and clinician group/practice level by the Partnership for Quality Measurement Primary Prevention Committee in Fall 2025.

This guide focuses on the process of calculating CU-SINC, Non-Postpartum (please see the CU-SINC, Postpartum guide implementation guide for details on that measure). The measure includes a primary measure and a submeasure:

- **Primary measure (CU-SINC)**: the percentage of eligible patients documented to be using a most or moderately effective method in the measurement period. This measure is designed to capture the extent to which patients' contraceptive needs are being met.
- **LARC provision submeasure (LARC-SINC)**: the percentage of eligible patients provided a long-acting reversible contraceptive method (LARC) in the measurement period among the eligible patient population. Unlike CU-SINC, LARC-SINC does not include patients who already use a LARC method, as it is designed to capture access to these specific methods at the facility, rather than overall use.

This guide is intended for program staff who will perform the eCQM data preparation and calculations. The guide begins with an overview of system requirements and feasibility assessment, including an introduction to the code sets required for calculating the measure and guidance on assessing and applying the code sets already present in your system. It then provides a step-by-step guide to calculating the primary and submeasure, followed by quality assurance steps after data extraction and calculation. Finally, it includes guidance on how to analyze and interpret the measures.

Please contact the Person-Centered Reproductive Health Program at the University of California, San Francisco with any questions about the CU-SINC eCQMs: ContraceptiveMeasures@ucsf.edu.

System Requirements and Feasibility

CU-SINC, Non-Postpartum is designed and endorsed to be calculated within an electronic health record (EHR) system. The measure requires specific structured fields and variables within an EHR, so we recommend conducting a system assessment prior to measure calculation. The remainder of this section summarizes the EHR system requirements necessary to calculate CU-SINC, Non-Postpartum, as well as helpful tips for preparing the data within your health care setting. The EHR Feasibility Diagram at the end of this section (see Figure 1 on page 9) depicts these steps.

Required EHR Structured Fields and Variables

CU-SINC, Non-Postpartum is calculated at the facility and clinician group/practice level of analysis, with patients as the unit of observation. The measure requires encounter-level data that can be queried for individuals and for specific facility and clinician groups/practices. The EHR must routinely collect the following information to calculate CU-SINC, Non-Postpartum:

- Individual-level data (e.g., unique ID, sex at birth, date of birth)
- Entity-level data (e.g., facility or clinician group/practice ID)
- Health care service delivery or documentation data (e.g., encounter ID, diagnoses, procedures, medications, dates of encounter or visit, delivery, assessments, and observations)
- SINC data element tool, described in more detail below. Note the measure can be calculated from EHRs that do not have this data element. However, doing so does not allow for excluding patients from the denominator who not desire to discuss contraception, making the measure a less accurate assessment of whether people are having their contraceptive needs met.

CU-SINC, Non-Postpartum also requires records from at least two full years (e.g., the calendar year of interest and the previous calendar year for denominator exclusions). See Appendix A for a detailed list of EHR structured fields needed for CU-SINC, Non-Postpartum calculation.

SINC Element

CU-SINC, Non-Postpartum is designed to flexibly utilize diverse terminologies and data elements routinely collected in clinical care. However, one data element that may not be already integrated into existing EHR infrastructure is SINC (LOINC code: 98076-3). This is a single-question screening tool used in clinical care to assess whether a patient wants to discuss contraception or pregnancy prevention with their provider, with the goal of ensuring patients have their reproductive needs met. It is intended to be asked at least once annually, with an option to permanently opt out for future encounters.

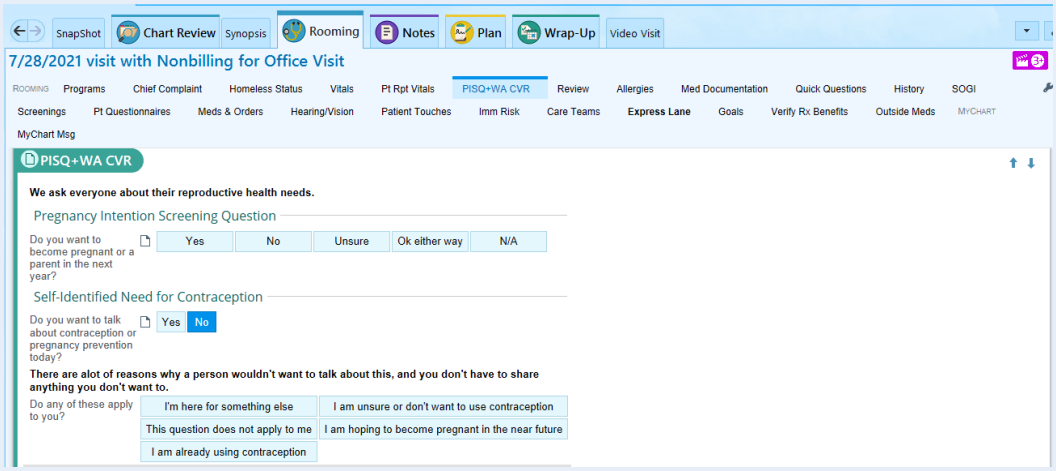
The SINC data element is used to increase the patient-centeredness, accuracy, and precision of CU-SINC, Non-Postpartum, as those who only have documented “No” response(s) to SINC in the measurement year are excluded from the denominator. Including the SINC data element as a denominator exclusion helps limit the measure population to only those who are interested in discussing contraception or pregnancy prevention.

As described, CU-SINC, Non-Postpartum can be calculated without the SINC data element exclusions; however, this will overestimate the population in need of contraceptive services. As such, we recommend speaking to your EHR vendor to determine SINC availability if it is not already in your EHR. The process for integrating SINC will depend on the specifics of your EHR and workflows for updating

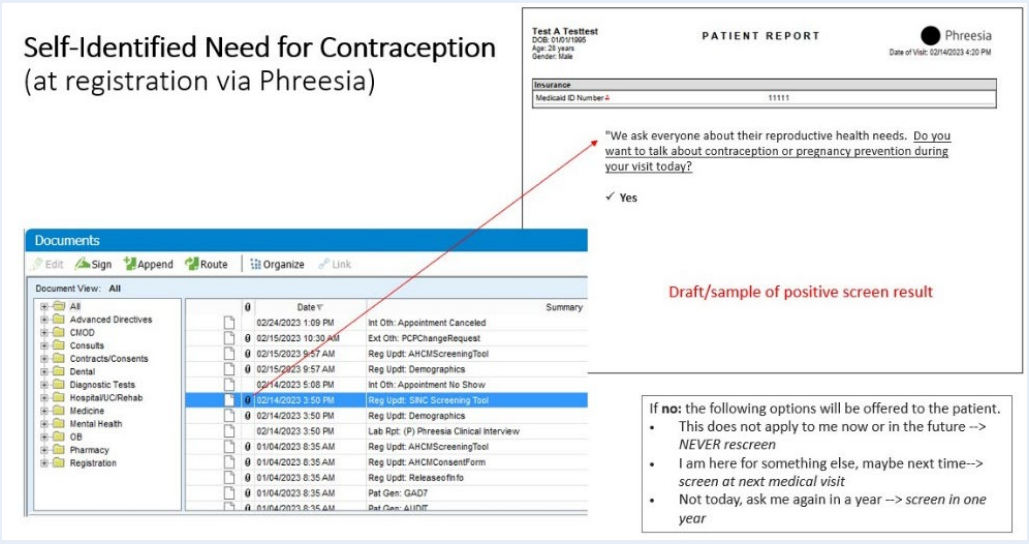
data fields and templates. A few options for integrating SINC within your EHR are provided on the next page; additional guidance on implementing SINC into clinical workflows can be found in the SINC implementation guide.

Examples of Integrating SINC into EHRs and Clinical Workflows

Within Rooming Tab: SINC is designed to be asked during intake, such as by healthcare team members like a medical assistant or nurse. Because of this, most of our CHC partners during our data pilot integrated this element into components of their EHR used by their nursing staff for intake. For example, for EPIC users, SINC was placed in the rooming tab.



Within Patient Screener: As an alternative approach, one CHC integrated SINC into their pre-visit, self-administered intake screener on Phreesia.



Both of these are acceptable approaches that minimize provider and system burden. Pilot testing found minimal impact on clinical workflow and EHR data entry, as the medical assistant or nurse integrated it into their existing protocols, with one additional input needed for those using EPIC, while in Phreesia the patients input the information themselves. In addition to the options above, the SINC can be asked by the medical provider during a counseling appointment in lieu of during intake. This may be preferable to some providers or in certain settings, such as pediatrics, where this question may be designated for the confidential portion of a health visit with an adolescent patient. Deciding where to integrate this element into the EHR system should account for the health care setting context and preferred workflow.

Available Code Systems

CU-SINC, Non-Postpartum utilizes several standardized code systems to identify specific patient diagnoses, procedures, medications, and assessments within the various EHR fields/variables. EHR systems should include at least one code system per data element (see Table 1) to ensure alignment with the PQM-endorsed CBE #3699e specifications. If an EHR does not include any of the provided code systems for a specific data element, please contact the measure stewards at the Person-Centered Reproductive Health Program at the University of California, San Francisco: ContraceptiveMeasures@ucsf.edu for additional guidance.

Table 1. Available Code Systems by Service Type

Data Element	Code System(s) Included in Codebook[1]
Diagnosis	ICD-10-CM, SNOMED CT
Procedure	ICD-10-PCS, CPT, HCPCS, SNOMED CT
Medication	RXNORM
Assessment/Finding (e.g., SINC)	LOINC, SNOMED CT
Demographics (e.g., race, ethnicity, gender, payer)	Centers for Disease Control and Prevention (CDC) Race and Ethnicity Technical Work Group (CDCREC), Source of Payment (SOP)

Notes. [1] The CU-SINC, Non-Postpartum codebook is accessible via: https://www.p4qm.org/sites/default/files/2025-06/3699e%20VSAC%20Value%20Sets_508_202050619.xlsx.

Recommendations for Preparing Data in your Health Care Setting

This section provides recommendations for preparing and checking EHR extracts for the CU-SINC, Non-Postpartum measure. In addition to the recommendations below, we developed a worksheet of guiding questions to assess EHR feasibility and specify needed EHR extracts. The worksheet is provided in Appendix A.

Identifying a Technical Lead with EHR System Expertise

We recommend identifying a technical lead or leads who is familiar with the EHR system and experienced in mapping data elements to clinical quality measure specifications. The technical lead can review the required fields/codes and determine if missing elements (if any) can be substituted with other fields/codes within the EHR. Ensuring the technical lead has familiarity with data queries and data management would also be beneficial.

Creating a Comprehensive Data Extract from the EHR System

When creating an EHR extract to calculate CU-SINC, Non-Postpartum, we recommend including all encounters in the initial EHR extract (e.g., all encounters for female patients aged 15-44 across all facility and clinician groups/practices of interest during the measurement year and the year prior). A comprehensive extract containing all available data will support measure calculation and quality control checks while helping to avoid future repeat extracts.

The EHR extract may need to be divided into multiple files, depending on the health entity's patient population size or the EHR system. EHR data extracts may include thousands of patients and result in a very large dataset (potentially hundreds of gigabytes). If multiple files are used, be sure to include common identifiers (e.g., Patient ID, encounter ID, date of service, etc.) so the files can be linked. Extracting to flat, text-based files (such as .csv or .txt) can enable your data files to be imported and analyzed in various data processing software programs.

If the EHR extract will be shared with external analysts (i.e., outside of the health system),it is important to confirm all files are de-identified to safeguard patients' protected health information (PHI). Any external group that utilizes the extract should also follow the health entity's data use and HIPAA rules and regulations for transferring, storing, and analyzing the EHR extracts.

Recommended Quality Assurance (QA) Checks of EHR Extracts

We highly recommend conducting QA checks of EHR extracts before calculating CU-SINC, Non-Postpartum to ensure the underlying data is comprehensive and accurate. We provide a few example questions below to guide a careful review of the extracts, and your technical lead(s) should consider other important checks as needed.

- **Coverage checks**: Do the extracts contain all necessary variables? Do the extracts cover the range of dates needed to calculate the measure? Do the extracts cover all facility and clinician groups/practices of interest?
- **Format checks:** Are the extracts stored as flat, text-based files? Are the extracts de-identified and do they contain the facility and clinician group/practice IDs as specified? Can the flat files be merged using Patient and Encounter IDs?
- **Completeness checks:** What is the percentage of missing values across the variables needed for CU-SINC, Non-Postpartum calculation? Is there a high degree (i.e., greater than 15%) of missing values for any specific variables, which may signal errors in the extract? Is there a high degree of mismatch across files?

If your QA uncovers an issue with the EHR extracts, investigate the issues, identify solutions, re-query the EHR system, and iterate until resolved before calculating the measure. Some examples of troubleshooting during the data extraction and QA processes are provided on the next page.

Troubleshooting EHR Extracts

The following examples detail issues and troubleshooting techniques used during the pilot testing of the CU-SINC, Non-Postpartum. These examples are not a complete listing of all problems and fixes, but they do provide guidance on how to approach solving potential challenges with EHR extracts and the extraction process.

Example 1: The analytic dataset contains fewer patients or records than expected.

When fewer patients or records appear in the dataset than expected, review the query to see if any filters were inadvertently applied when extracting data from the EHR system. For example:

- Third-party analytic software programs (e.g., SAS) may have default settings that must be overridden. For example, a software program may have a local setting that limits queries to a specific number of observations or that randomly samples records after a specific threshold is met.
- Certain encounter types or health services codes might be unintentionally excluded. Although CU-SINC, Non-Postpartum assesses contraceptive care, the initial EHR extract should include all encounters for the widest net of eligible patients. The eligible population will be filtered based on denominator criteria during measure calculation.

Example 2: Some encounters have odd values for the facility, group/practice IDs, and/or health services codes or code descriptions.

If a patient's records contain encounter values and code descriptions that seem odd, check if the patient is an EHR "test" patient unintentionally included in the EHR extract. Most EHR systems contain some "test" patient records that are entered to train new facility staff or conduct system troubleshooting. We recommend removing these records in the final version of the analytic dataset.

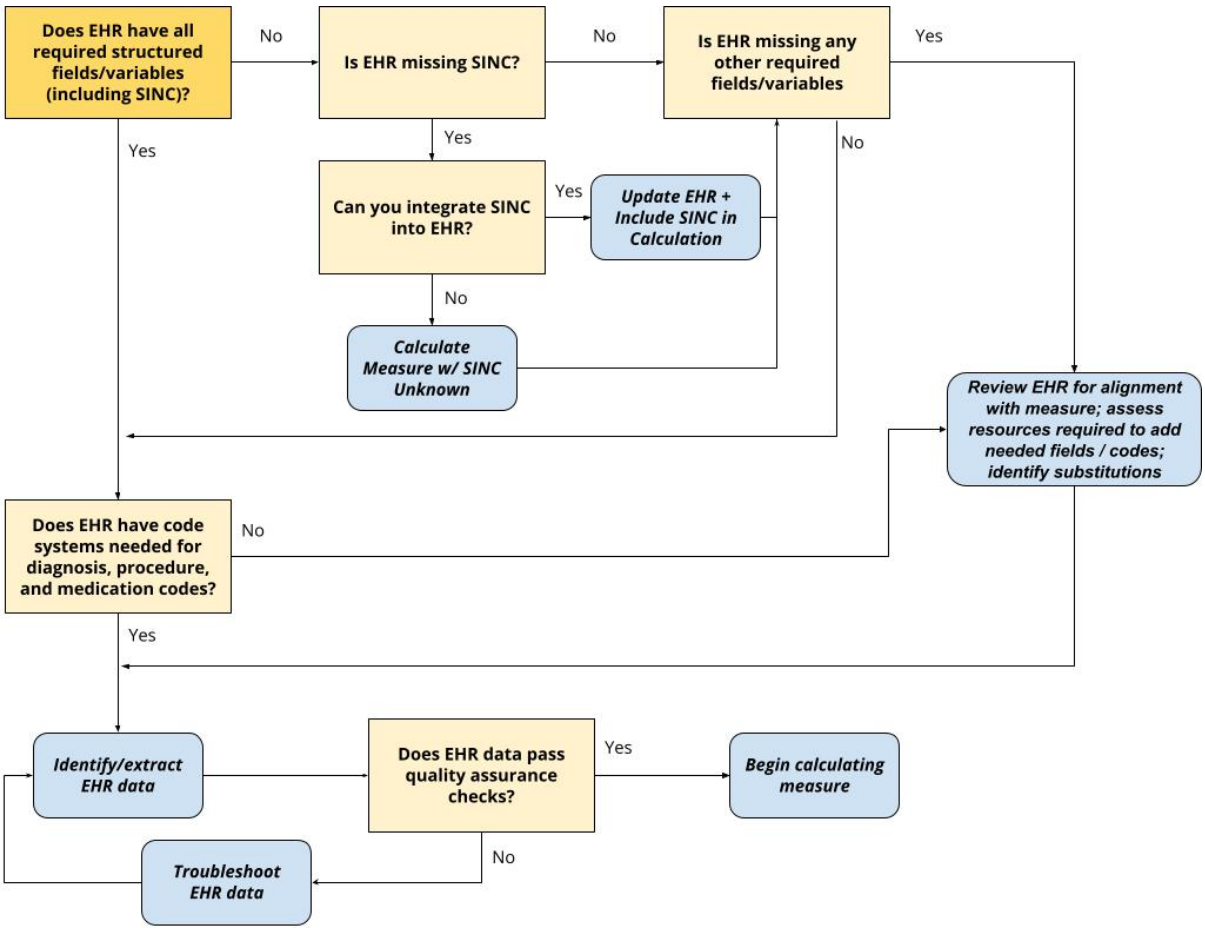
Example 3: Dates of service, estimated delivery date, live birth delivery date, etc. are shown as positive or negative integers without proper date formatting.

If any date fields are populated but contain numeric values, the EHR system may be storing those dates based on a specific anchor date. These dates may require conversion to the correct date format (e.g., MM/DD/YYYY) outside of the EHR system. Technical leads must ensure that structured fields containing dates are formatted to allow for CU-SINC, Non-Postpartum calculation of all measure components.

Example 4: Merging multiple EHR files results in a misaligned dataset or records with missing values for one of the linking variables (e.g., Patient ID, Facility ID, Group/Practice ID, etc.).

Even when the same variables appear in multiple flat files, the file format, variable order, or variable types may vary across files, leading to mismatched records during file merges. Technical leads should ensure linking variables are the same type (e.g., string or numeric) and length across all files, and check for inconsistent use of leading zeroes or spaces within the values. Technical leads should also review placement of values within columns to ensure that the inclusion of special characters does not accidentally misplace values into adjacent columns.

Figure 1. CU-SINC, Non-Postpartum EHR Feasibility Diagram



Measure Calculation

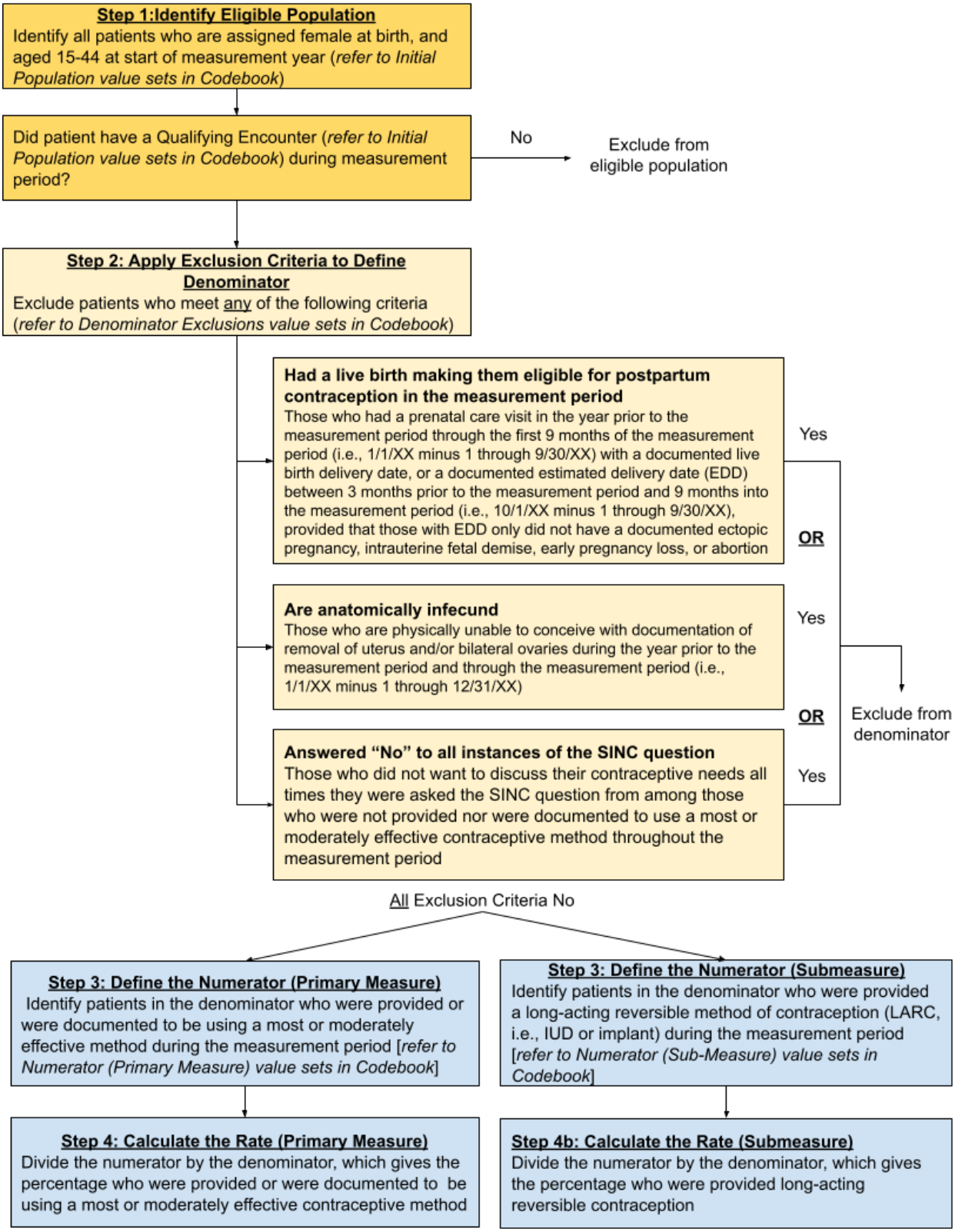
CU-SINC, Non-Postpartum is calculated at the facility and clinician group/practice level with patients as the unit of observation. The four main steps necessary to calculate the CU-SINC, Non-Postpartum measure are:

1) Identify the eligible population,
2) Apply exclusion criteria,
3) Identify individuals meeting numerator criteria, and
4) Calculate the measure rates.

The Measure Score Calculation Diagram (see Figure 1 below) depicts these steps. The remainder of this section describes in detail how to complete these steps using the value sets that define CU-SINC, Non-Postpartum. Value sets and direct code references utilized for measure calculation are underlined throughout this implementation guide.[1] Appendix A also provides additional resources for calculating the measure.

[1] The CU-SINC, Non-Postpartum codebook is accessible via: https://www.p4qm.org/sites/default/files/2025-06/3699e%20VSAC%20Value%20Sets_508_202050619.xlsx

Figure 2. CU-SINC, Non-Postpartum Measure Score Calculation Diagram



Step 1: Identify Eligible Population

- Identify all patients assigned female at birth (AdministrativeGender = F), who were aged 15-44 years old at the start of the measurement period (e.g., 1/1/XX) within the EHR extract for the facility or clinician/group practice of interest.
- Of those, identify patients who had a qualifying encounter during the measurement period at the clinician group(s)/practice(s) of interest (Home Healthcare Services, Office Visit, Preventive Care Services Established Office Visit, 18 and Up, Preventive Care Services Initial Office Visit, 18 and Up, Preventive Care Services, Initial Office Visit, 0 to 17, Preventive Care, Established Office Visit, 0 to 17, Telephone Visits, or Virtual Encounter).

Step 2: Apply Exclusion Criteria to Define the Denominator

- Exclude patients with any of the following conditions:
  - **Had a live birth delivery during the period that would make them eligible for postpartum contraception in the measurement period**. Identify individuals with a live birth delivery as those who:
    1) had a prenatal care visit (Prenatal Care Bundle Visits or Prenatal Care Specific Visits, or General Prenatal Care Visits, Telephone Visits, or a Virtual Encounter with a Pregnancy Related Diagnoses) in the year prior to the measurement period through the first nine months of the measurement period (e.g., 1/1/XX-1 through 9/30/XX), **and** 2) had a documented live birth delivery date or estimated delivery date (EDD; Live Birth Delivery Procedures, or LOINC 93857-1 or 11778-8) between three months prior to the measurement period and nine months into the measurement period (e.g., 10/1/XX-1 through 9/30/XX).
    - If you are using EDD rather than live birth delivery codes, confirm they did not have an *ectopic pregnancy*, *intrauterine fetal demise*, *early pregnancy loss*, or *abortion* (Non-Live Birth Diagnoses and Non-Live Birth Procedures) between three months prior to the measurement period and nine months into the measurement period (e.g., 10/1/XX-1 through 9/30/XX). Only patients who had a live birth delivery are excluded from the denominator; patients with an EDD paired with a non-live birth event can remain in the denominator.
  - **Are anatomically infecund**. Identify patients who are physically unable to conceive due to removal of uterus and/or bilateral ovaries (Infecund Not for Contraceptive Reasons ICD10CM, Infecund Not for Contraceptive Reasons Procedures, or Infecund Not for Contraceptive Reasons SNOMED Findings) during year prior to the measurement period and through the measurement period (e.g., 1/1/XX-1 through 12/31/XX)
  - **Are not interested in contraception and not using most or moderately effective contraception**. Identify patients who 1) answered "No" to all instances of the SINC question (Self-Identified Need for Contraception SINC) during the measurement period, **and** 2) were not provided nor were documented to be using a most or moderately effective

contraceptive method during the measurement period (e.g., 1/1/XX – 12/31/XX; refer to Step 3 for value sets used to identify most or moderately effective contraceptive methods).[2]

- Patients who answer yes to SINC at any point in the measurement period, or those whose interest is undetermined (e.g., those missing a response to the SINC question, including EHR systems without the SINC question incorporated) should be included in the denominator.

Patients remaining after applying the exclusion criteria reflect the measure denominator.

Step 3: Define the Numerator

The numerator for the CU-SINC, Non-Postpartum measure is comprised of patients in the denominator who received a most or moderately effective contraceptive method (i.e., sterilization, implants, intrauterine devices or systems (IUD/IUS), injectables, oral contraceptive pills, patch, ring) or were documented to use a most or moderately effective contraceptive method in the measurement period. The CU-SINC, Non-Postpartum measure also includes a submeasure: patients in the denominator who were provided a long-acting reversible method of contraception (LARC, i.e., intrauterine device or subcutaneous implant). The steps below summarize how to identify the primary and submeasure numerators.

- **Most or moderately effective contraceptive methods** (primary numerator). Identify patients in the denominator who received or were documented to use any most or moderately effective contraceptive method during measurement period (e.g., 1/1/XX – 12/31/XX). The codes used to identify use of most or moderately effective contraceptive methods are provided in value sets labeled Numerator (Primary Measure) in the CU-SINC, Non-Postpartum codebook.
- **LARC Provision** (submeasure numerator). Identify patients in the final eligible population who were provided a LARC method during the measurement period (e.g., 1/1/XX – 12/31/XX). Patients who already use a LARC method are excluded from LARC-SINC so that the measure only assesses provision of these methods. The codes used to identify LARC methods are provided in value sets labeled Numerator (Sub-Measure) in the CU-SINC, Non-Postpartum codebook.

Step 4: Calculate the Primary Measure and Submeasure Rates

The CU-SINC, Non-Postpartum measure (primary and submeasure) is calculated at the facility and clinician group/practice levels of analysis:

$$\left(\frac{Patients\ satisfying\ numerator\ criteria\ at\ a\ given\ facility\ or\ group/practice}{Patients\ satisfying\ denominator\ criteria\ at\ a\ given\ facility\ or\ group/practice}\right) * 100$$

To calculate the measure for facilities with multiple clinician groups/practices (e.g., large facilities with multiple sites or an entire health system), combine patients across all groups/practices of interest, then calculate the overall rate for the primary measure and submeasure.

[2] Individuals provided or documented to be using most or moderately effective contraceptive methods during measurement period remain in the measure denominator even if they are not interested in talking about contraception or pregnancy prevention.

Post-Calculation Quality Checks for Calculation

The CU-SINC, Non-Postpartum measure is complex to calculate. As such, quality checks are recommended to ensure the measure was calculated correctly prior to use (especially if you are intending to use the measure to inform program or policy decisions). We provided a few questions below to start your critical review of the data, but this list is not exhaustive.

- **Replication check**: Did two independent attempts to calculate the measure result in the same scores? Do two different randomly sampled subsets of patients produce similar results?
- **Population checks**: Does the number and composition of patients included in the denominator align with expectations (e.g., patient age, gender, race/ethnicity, geographic region, healthcare utilization)? Are there specific exclusion criteria that are dropping too many, or not enough, patients?
- **Rate checks**: Are measure rates within a range of expected values? Are there outlier values (i.e., very low or high rates for a given measurement year, facility, or group/practice) that clinical staff cannot explain?
    - Is the LARC-SINC percentage lower than the primary measure percentage? Does the LARC-SINC exclude existing LARC users and only include eligible patients with new LARC insertions?
    - Do the results align with previously produced rates and publicly available data?

Analytic Considerations and Subgroup Analyses

To help health systems use the CU-SINC, Non-Postpartum measure to assess the quality of their contraceptive care services for the non-postpartum population, we recommend utilizing a minimum denominator size and calculating measure scores by key age groups.

Minimum Denominator Size

While, the CU-SINC, Non-Postpartum measure does not require a minimum sample size, we recommend that the measure is only reported for facility and clinician groups/practices with a denominator of 50 or more eligible patients to ensure reliable results.[3] This patient denominator minimum ensures groups/ practices and facilities are large enough to have an adequate volume of patients across the year for consistent reporting.

Rationale for Lack of Risk Adjustment

The CU-SINC, Non-Postpartum measure does not use risk adjustment. Risk adjustment is used to account for differences in patient populations, such as underlying morbidities, that could compromise fair comparisons between accountable entities and to distinguish between "true" quality deficits and differences in patient populations that may mask quality. However, in the case of contraceptive care, quality of care, including meeting patients' contraceptive method needs as they define them, should not

[3] Reliability tests demonstrated that with the minimum threshold of 50 patients, reliability improves greatly at the clinician group/practice level, compared to not using a threshold. Additional details or reliability analyses performed during measure development can be found at: https://p4qm.org/measures/3682e

be affected by patient characteristics. As a result, the measure reflects true quality without the need for adjustment.

Calculating Measure Scores by Age Group

We recommend reporting the CU-SINC, Non-Postpartum measure for the full age range of the eligible population (15-44 years) as well as percentages by two age subcategories: 15-20 years and 21-44 years. These age groups align with the subgroups for claims-based contraceptive care measures stewarded by the U.S. Department of Health & Human Services Office of Population Affairs (OPA)[4] and allow users to examine rates among adolescents (ages 15-20 years) separately from adults (ages 21-44 years) for the purposes of quality improvement. Although current clinical guidelines indicate most and moderately effective contraceptive methods are safe and recommended for teen and nulliparous populations who wish to use them, the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the CDC, and the OPA note that it can still be difficult for these populations to access these contraceptive methods (Gavin, et al., 2014; Gavin & Pazol, 2016; Chung, Lee, Hackell, Alderman, & Committee on Adolescence, 2024; Committee on Adolescent Health Care, 2017; Gavin, Pazol, & Ahrens, 2017; Romer, et al., 2024). Thus, it may be important for facilities and clinician group/practices that want to improve the quality of their contraceptive services for adolescents to calculate the CU-SINC, Non-Postpartum measure scores by age group and track by subgroup over time.

Interpretation

Interpretation of CU-SINC, Non-Postpartum scores vary between the primary measure (most or moderately effective contraceptive methods) and the submeasure (LARC-SINC). Thus, we provide guidance on how to interpret each score below.

Primary Measure: Most or Moderately Effective Contraceptive Methods

The CU-SINC, Non-Postpartum measure is reported as a percentage. Unlike many quality measures, there is no target score or "benchmark". Some patients will make informed decisions to use a non-prescription method, even when offered the full range of methods, or choose not to use a method at all. While the use of SINC excludes those who indicate they do not want to discuss contraception, even those who want to discuss contraception may not be interested in a prescription method. This means that the primary measure score is not expected to reach 100% and there is no specific identified threshold. As a general guideline, we consider a percentage of 20% to be low, suggesting the need for increased access, and a percentage of 80% to be high, suggesting the need to ensure that contraceptive care is conducted in a patient-centered manner. This guideline was built on results from initial pilot testing with community health centers in a quality improvement learning collaborative (Dehlendorf, et al., 2025).

The goal of providing contra

ception should never be to promote any one method or class of methods over a patient's individual choices. As use of this measure increases over time, we will gain a deeper understanding of the range of

[4] Additional information on OPA measures can be found here: https://opa.hhs.gov/research-evaluation/title-x-services-research/contraceptive-care-measures

scores and can publish additional guidance for interpretation. Individual facilities and clinics can use their scores over time to document changes in response to clinical or health systems interventions.

Submeasure: LARC-SINC

The LARC-SINC submeasure assesses whether LARC methods are available to those who want them. This submeasure is a "floor" measure, designed to identify facilities or clinician/group practices who have very low provision of LARC methods, which are often more inaccessible than other contraceptive methods. For this reason and aligned with the guidance for the claims-based Contraceptive Care measures (U.S. Department of Health & Human Services Office of Population Affairs, 2024), the target provision threshold of the LARC-SINC submeasure is 2%.

Importantly, the LARC-SINC submeasure should not be used to encourage high rates of LARC use, as this could lead to coercive practices related to contraception, especially those targeting racially or ethnically minoritized and low-income individuals. For this same reason, it is not appropriate to use the LARC-SINC submeasure in a pay-for-performance context.

Use of Measure for Monitoring and Quality Improvement

While there is currently no benchmark for the CU-SINC, Non-Postpartum measure, it can still be used as a source of information on contraceptive access and to inform targets for quality improvement. The measure is designed to capture an estimate of contraceptive access on an annual basis and to be tracked over time. The measure can be used to identify and address low scores that may represent barriers to access, and, when tracked over time, to evaluate quality improvement efforts seeking to advance access to contraceptive care.

Two specific areas that agencies may want to examine for quality improvement opportunities include:

1. *Range of scores between facilities or clinician group/practices.* If percentages differ substantially between different health care facilities or practices, this may indicate opportunities to investigate and optimize access to methods within facilities with comparably lower scores.
2. *Method mix.* Agencies may also want to look at percentages of use by each type of contraceptive method to ensure access to a full range of methods. If, for example, upon examination, the percentage of patients reporting injectable contraception is around 1% while other short-acting methods are around 15%, agencies may want to investigate whether injectables are being stocked or if other barriers exist to that method. We note that in assessing method mix, it is important to consider the possibility that percentages may be reflective of patient preferences. Low percentages should not result in the overpromotion of any particular method but rather be used as a signal for investigation to ensure that no barriers exist should a patient prefer that method.

References

(n.d.).

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Appendix A. Additional Resources

Helpful Online Resources

Table 2. CU-SINC, Non-Postpartum Online Resources

Resource	Webpage
UCSF Contraceptive Use eCQMs Webpage	https://pcrhp.ucsf.edu/contraceptive-use-ecqms
PQM Measure Webpage	https://www.p4qm.org/measures/3699e
Measure Authoring Development Integrated Environment (MADiE) Specification	https://www.p4qm.org/sites/default/files/2025-04/CU%20NPP%20Measurement%20Yr%202023.zip
PQM Measure Glossary	https://www.p4qm.org/glossary
CU-SINC, Non-Postpartum Codebook	https://www.p4qm.org/sites/default/files/2025-06/3699e%20VSAC%20Value%20Sets_508_202050619.xlsx
SINC Implementation Guide	https://pcrhp.ucsf.edu/sinc-implementation-guide

Example of EHR Data Extraction Fields/Variables

Table 3 provides an example of EHR structured fields and variables that you may consider including in any EHR data extract. The table below is provided for illustrative purposes only; extract variable names will differ between EHR systems.

Table 3. Example EHR Extract Fields/Variables

Variable/Field Name	Variable Description	Notes
PatientID	Unique identifier for patient	**REQUIRED**: Linking variable. If dividing EHR extract into multiple files, this field should appear in all files.
AgeAtVisitDate	The age of the patient on the date of visit, service (in years)	**REQUIRED**: Used to identify eligible population.
DateofDelivery	Date of delivery for patients who were pregnant. Can be determined through the live birth delivery date, the EDD, or procedure codes.	**REQUIRED**: Used to identify eligible population.

Variable/Field Name	Variable Description	Notes
SexAtBirth	Sex assigned at birth	**REQUIRED**: Used to identify eligible population.
Race	Patient's race as distinct from ethnicity, self-identified and self-reported by client; can use HRSA's UDS categories	
Ethnicity	Hispanic or Latino status regardless of race, self-identified and self-reported by the client; can use HRSA's UDS categories	
PayerType	Patient's health insurance type - can use HRSA's UDS categories	
EncounterID	Unique identifier for encounter	**REQUIRED**: Linking variable. If dividing EHR extract into multiple files, this field should appear in all files containing encounters.
EncounterDate	The date the patient visited the location/clinic/brick and mortar (aka date of service, visit date)	**REQUIRED**: Ideally, in YYYY-MM-DD, or another date-specific format. This field should appear in all files containing encounters.
FacilityID	Unique identifier for health care facility (e.g., FQHC, community health center)	**REQUIRED**: CU-SINC, Non-Postpartum is calculated at the facility and clinician group/practice level of analysis. This field should appear in all files containing encounters.
LocationID	Unique identifier for clinician group/practice or CHC location/clinic/brick and mortar	**REQUIRED**: CU-SINC, Non-Postpartum is calculated at the facility and clinician group/practice level of analysis. This field should appear in all files containing encounters.
DiagnosisCode	All ICD-10-CM or SNOMED CT codes associated with encounter	**REQUIRED**: Patients may have more than one diagnosis per encounter.
DiagnosisDesc	Description of diagnosis codes associated with encounter	
DiagnosisDate	Date associated with the diagnosis codes on this encounter	**RECOMMEDED**: Patient may have multiple rows per encounter with varying dates for diagnosis codes. Ideally, in YYYY-MM-DD, or another date-specific format.
ProcedureCode	All ICD-10-PCS, CPT, HCPCS, or SNOMED CT procedure codes associated with encounter	**REQUIRED**: Patients may have more than one procedure per encounter.

Variable/Field Name	Variable Description	Notes
ProcedureDesc	Description of procedure codes associated with encounter	
ProcedureDate	Date associated with the procedure codes on this encounter	**RECOMMEDED**: Patient may have multiple rows per encounter with varying dates for procedure codes. Ideally, in YYYY-MM-DD, or another date-specific format.
DrugCode	All RXNORM drug codes associated with encounter	**REQUIRED**: Patients may have more than one drug per encounter.
DrugDesc	Description of drug codes associated with encounter	
DrugDate	Date associated with drug codes on this encounter	**RECOMMEDED**: Patient may have multiple rows per encounter with varying dates for drug codes. Ideally, in YYYY-MM-DD, or another date-specific format.
AssessFindCode	All SNOMED CT and LOINC codes associated with encounter	**REQUIRED**: Patients may have more than one value per encounter.
LOINCDesc	Description of assessment/finding codes associated with encounter	
LOINCDate	Date associated with assessment/finding code on this encounter	**RECOMMEDED**: Patient may have multiple rows per encounter with varying dates for assessment/finding. Ideally, in YYYY-MM-DD, or another date-specific format.
SINCDate	Date SINC question asked, and response recorded	**RECOMMENDED**: Used to identify date of SINC assessment. Ideally, in YYYY-MM-DD, or another date-specific format.
SINCCode	The SINC response; may be LOINC code	**RECOMMENDED**: Used to identify eligible population. Patient may have more than one response to SINC over two full calendar years.

Data Extraction Guiding Questions Checklist

Does your EHR system contain the <u>required</u> structured fields/variables? And if so, do these elements align with the code systems provided in the codebook?		
Data Element	In System?	Uses Code System?
Diagnosis	☐	☐ ICD-10-CM ☐ SNOMED CT ☐ Other:_____
Procedure	☐	☐ ICD-10-PCS ☐ CPT ☐ HCPCS ☐ SNOMED CT ☐ Other:_____
Medication	☐	☐ RXNORM ☐ LOINC ☐ Other:_____
DOB and/or Age at Encounter	☐	N/A
Sex at Birth	☐	N/A
EDD	☐	☐ LOINC ☐ Other:_____
Live Birth Delivery Date	☐	N/A
Patient ID	☐	N/A
Encounter ID	☐	N/A
Encounter Date	☐	N/A
Facility ID	☐	N/A
Location ID	☐	N/A
Does your EHR system contain <u>recommended</u> structured data elements? And if so, which standard code systems do these elements use?		
Data Element	In System?	Uses Codes?
SINC	☐	☐ LOINC ☐ Other:_____
If your EHR system does not already contain the SINC data element, refer to the SINC implementation guide for guidance on how to implement this feature.		
Are there any <u>supplemental</u> data elements you want to include in your data extract (e.g., race/ethnicity, payer type, region)? And if so, does your EHR contain these data elements?		
Data Element	In System?	Notes
_____	☐	
_____	☐	
_____	☐	

If your EHR is missing required fields/variables or any code systems used for calculation: review your EHR for alignment with measure specifications, identify substitutes for codes systems not utilized in your EHR system, and assess resources required to add SINC element and/or other structured fields.

What are the population characteristics for the measure you are calculating?	
Measurement year of interest: _____	Does your EHR contain complete data for two full years (the measurement year and year prior)? ☐ Yes ☐ No
Are there specific facilities and clinician group/practices you are interested in assessing? ☐ Yes ☐ No If yes, describe: _____	Can the facilities, groups/practices to be measured identified within your EHR? ☐ Yes ☐ No
Are there patient demographic groups you are interested in assessing? ☐ Yes ☐ No If yes, describe: _____	Can these patient demographic groups be identified within your EHR? ☐ Yes ☐ No

How will the EHR extract be utilized for measure calculation?
Are you using a third-party platform (e.g., Azure, Relevant) to calculate the measure? ☐ Yes ☐ No If yes, what program do you intend to use: _____
Are you sending EHR extracts to an external partner? ☐ Yes ☐ No If yes, what patient-level information, if any, must be removed before sharing: _____
Does analyst require an EHR-specific data dictionary or data notes? ☐ Yes ☐ No If yes, where can such resources be found: _____

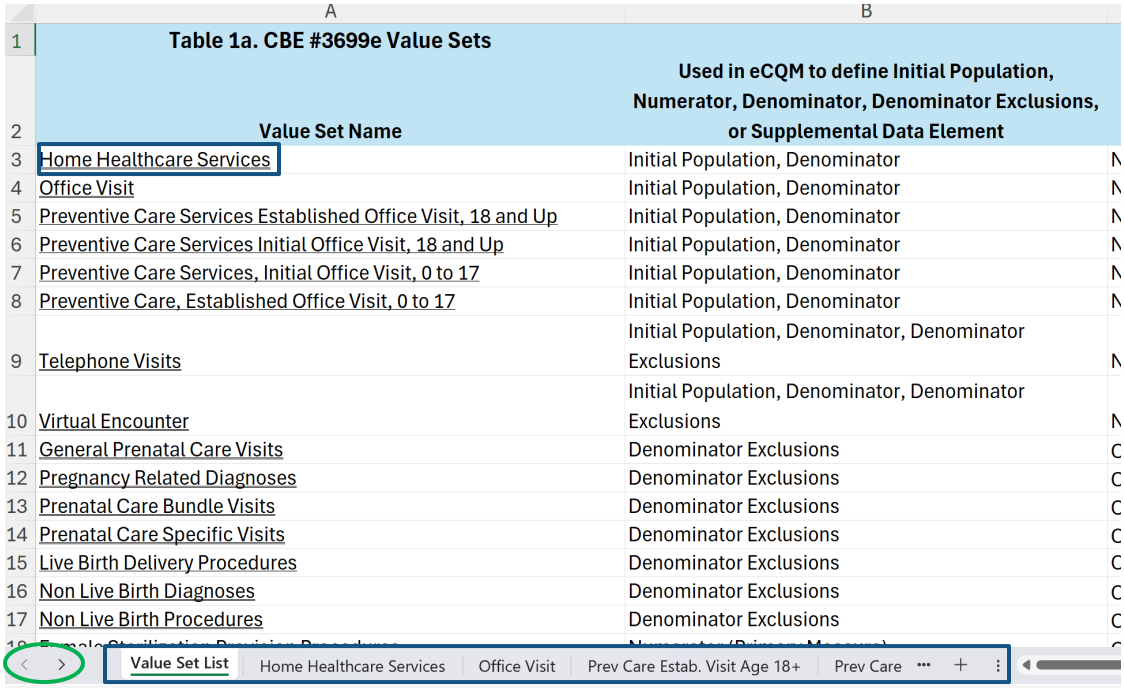
Pause to review your checklist with the technical lead to ensure EHR pull captures correct population and is formatted correctly before querying EHR (if not serving as technical lead).

Instructions for Reviewing CBE #3699e Value Sets and Select Codes

All codes necessary to calculate CU-SINC, Non-Postpartum are provided in the codebook (see link provided in Helpful Online Resources). Follow the steps below to identify specific codes required:

1. Identify the value set name needed (Column A in Value Set List tab)
    a. Value set names needed for specific steps of the measure calculation are provided in the Measure Calculation section of this Implementation Guide. You may also use Column B in Value Set List Tab to determine for which steps you will use specific value sets.
2. Procced to the tab specific to that value set
    a. Navigate through tabs by clicking on specific value set names or clicking through tabs at the bottom of the worksheet (see blue boxes in Figure 3). To navigate though tabs, right-click "<" or ">" at the bottom left-hand side of the codebook (see green oval in Figure 3); this feature is especially helpful when navigating back to the Value Set List Tab.
3. Each value set tab contains codes and their descriptions for all applicable code systems. Value sets that include multiple code systems can be filtered by code system to review only codes from a specific code system.

Figure 3. Navigating the Value Sets Codebook



	A	B	
1	**Table 1a. CBE #3699e Value Sets**		
2	**Value Set Name**	**Used in eCQM to define Initial Population, Numerator, Denominator, Denominator Exclusions, or Supplemental Data Element**	
3	Home Healthcare Services	Initial Population, Denominator	N
4	Office Visit	Initial Population, Denominator	N
5	Preventive Care Services Established Office Visit, 18 and Up	Initial Population, Denominator	N
6	Preventive Care Services Initial Office Visit, 18 and Up	Initial Population, Denominator	N
7	Preventive Care Services, Initial Office Visit, 0 to 17	Initial Population, Denominator	N
8	Preventive Care, Established Office Visit, 0 to 17	Initial Population, Denominator	N
9	Telephone Visits	Initial Population, Denominator, Denominator Exclusions	N
10	Virtual Encounter	Initial Population, Denominator, Denominator Exclusions	N
11	General Prenatal Care Visits	Denominator Exclusions	C
12	Pregnancy Related Diagnoses	Denominator Exclusions	C
13	Prenatal Care Bundle Visits	Denominator Exclusions	C
14	Prenatal Care Specific Visits	Denominator Exclusions	C
15	Live Birth Delivery Procedures	Denominator Exclusions	C
16	Non Live Birth Diagnoses	Denominator Exclusions	C
17	Non Live Birth Procedures	Denominator Exclusions	C