



# CDC Efforts to Help Improve the Quality of Family Planning Services

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# Learning Objectives

1. Describe CDC's role in the revision of the Title X guidelines
2. Share CDC's perspective on quality improvement & its potential application to family planning services

# Part One

**CDC's role in the revision of the  
Title X guidelines**

# Title X & Standard of Care

- A key role for the Title X Family Planning Program has been to set the standard of care for family planning service delivery – for both Title X providers and the broader field
- More than 40 years of expertise in the delivery of family planning and related preventive health services to millions of individuals

# Why are family planning guidelines needed?

- Title X program guidelines have not been updated since January of 2001.
- Unintended pregnancy rates remain high for all women and teens (nearly 1/2 of all pregnancies are unintended and 4 out of 5 teen pregnancies are unintended).
- No national standards of care for family planning service delivery currently exist.

# Why Revise the Title X Guidelines?

- Guidance on clinical practices
  - do not meet current nationally recognized standards of care
  - in some instances are too prescriptive or restrictive
  - do not incorporate evidence-based standards of care and best practices
- Current structure organizes all content--legal, administrative, and clinical expectations into one comprehensive document
- Do not allow for timely updates and revisions based on medical, technological, and other advancements

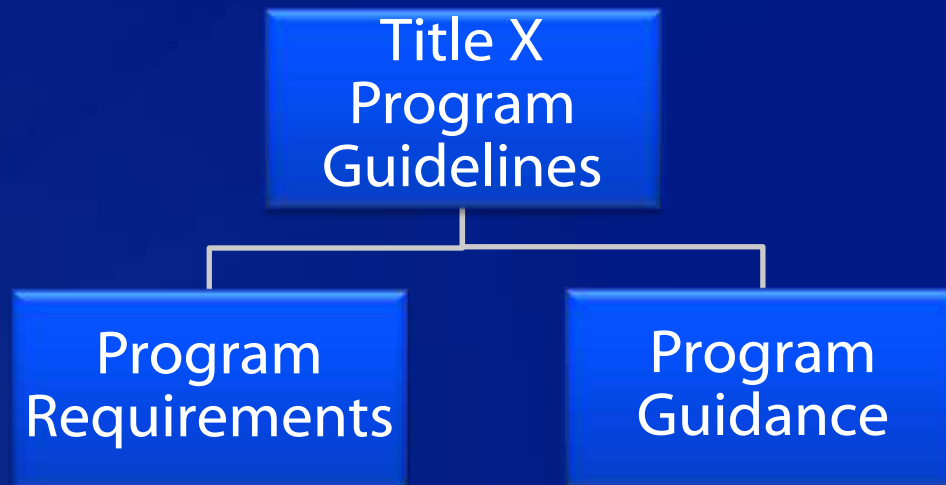
# Two parts to the guidelines

## 1) Program Requirements:

Defines program requirements for grantees funded under the Title X program – primarily statutory and regulatory.

## 2) Guidance for Providing Quality Family Planning Services:

Recommends how to provide family planning services in an evidence-based manner



# A Marriage of OPA's Programmatic and CDC's Scientific Expertise

## OPA's primary roles:

- Define the scope and purpose of the guidance
- Identify key expert providers in the field from the Title X and related communities
- Identify priority areas of focus
- Ensure the recommendations are relevant to the Title X mission, and useful to and feasible for the field

## CDC's primary roles:

- Conduct systematic reviews of the literature
- Synthesize existing recommendations on clinical care
- Facilitate processes to turn evidence & expert opinion into recommendations and guidelines



# Key Steps in the Guidelines Revision Process

## 1) Gather evidence

### Systematic literature reviews



Counseling &  
Education



Community  
Outreach &  
Education



Adolescent  
Services



Quality  
Improvement

### Clinical care recommendations

- Women's preventive health care
- Men's reproductive health care

# Key Steps, cont.

- 2. Convene technical experts
- 2. Draft recommendations
- 2. Obtain ongoing feedback from an Expert Work Group about relevance and feasibility
- 2. Obtain scientific clearance & publish guidance in CDC's *MMWR Recommendations and Reports*
- 2. Disseminate and support adoption of the guidelines, evaluate adoption
- 2. Update on an ongoing basis

*Questions  
about CDC's role  
in the Title X guidelines  
revision process?*

# Part Two

**CDC's perspective on  
quality improvement  
& its potential application  
to family planning services**

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***A Work in Progress!***

# Why care about quality?

Quality Services



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graph LR; A[Quality Services] --> B[Outcomes]; B --- C[Health]; B --- D[Patient experience]; B --- E[Costs & cost-effectiveness];
```

Outcomes

- Health
- Patient experience
- Costs & cost-effectiveness

# Quality Improvement in Public Health

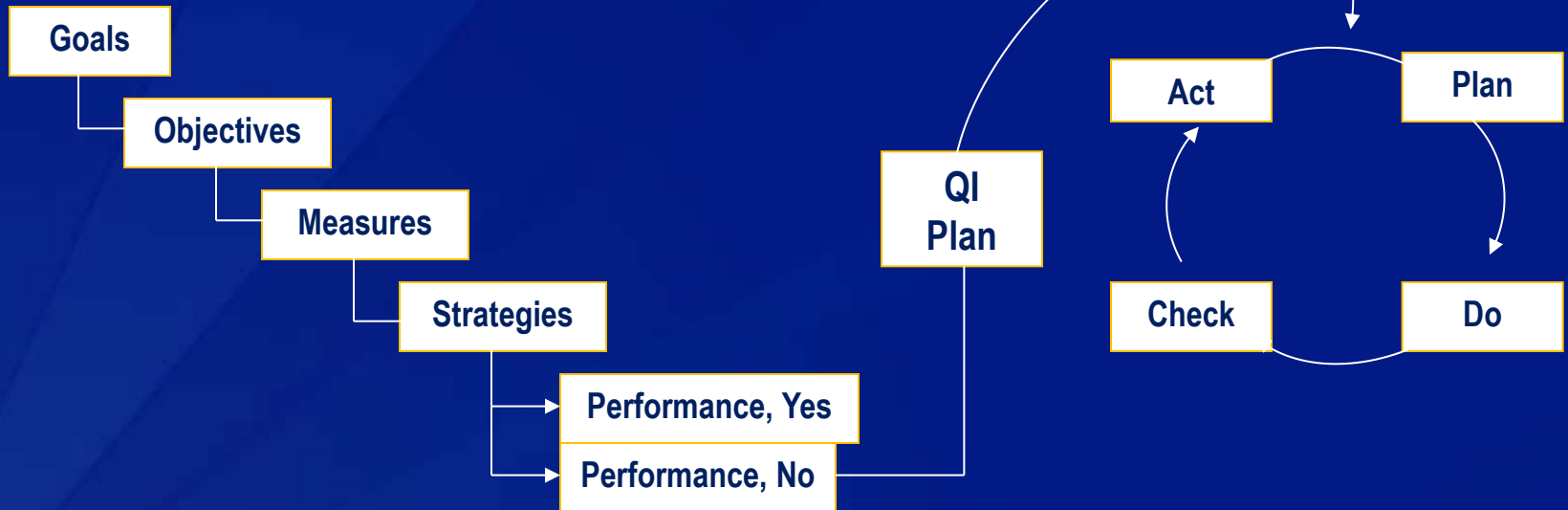
Quality improvement in public health is the use of a deliberate and defined process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community.

Source: Riley et al, "Defining Quality Improvement in Public Health", JPHMP, 2010, 16(10), 5-7.)

# Evaluation vs Quality Improvement

**Program Evaluation**  
“How are we doing?”

**Quality Improvement**  
“How can we make it better?”



# Definition of Health Care Quality

*"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."*

Institute of Medicine (2001)

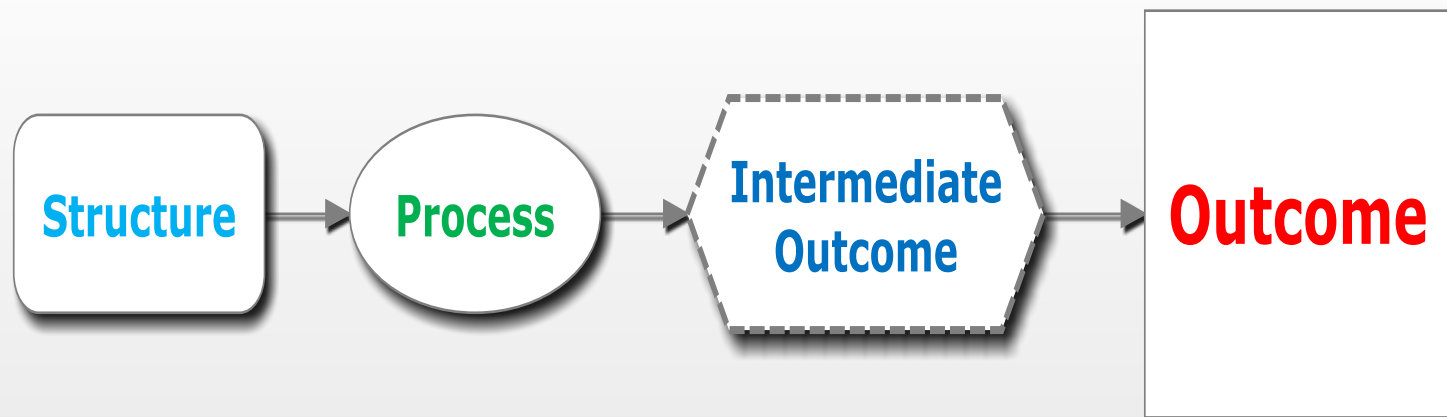


# Dimensions of Quality Care

## Institute of Medicine

- Safe
- Effective
- Patient-centered
- Timely
- Accessible
- Efficient
- Equitable
- Value

# Donabedian Framework (1980)



# Key Challenges

- No validated measures for contraceptive services (NQF, HEDIS, NCQA, ARHQ)
- What measures should be used?
  - Which are most appropriate/helpful?
  - How many are needed?
  - What is feasible?

# National Quality Forum

## Evaluation Criteria

- **Importance to measure and report**
  - What is the level of evidence for the measures?
  - Is there an opportunity for improvement?
  - Relation to a priority area or high impact area of care?
- **Scientific acceptability of the measurement properties**
  - What is the reliability and validity of the measure?
- **Usability**
  - Are the measure results meaningful and understandable to intended audiences and useful for both public reporting and informing quality improvement?
- **Feasibility**
  - Can the measure be implemented without undue burden, capture with electronic data/EHRs?
- **Comparison to related or competing measures**

**How might this apply to  
family planning service  
delivery?**

# SAFE

*Avoiding injuries to patients from the care that is intended to help them*

## Possible measure:

- Proportion of providers that follow the most current CDC recommendations on contraceptive safety, i.e., *Medical Eligibility for Contraceptive Use* (process measure)

# EFFECTIVE

*Providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.*

## Possible measures:

- Site dispenses or provides onsite a full range of FDA-approved contraceptive methods (**structure**)
- Proportion of female users at risk of unintended pregnancy who adopt or continue use of an FDA-approved contraceptive method (**intermediate outcome**)

# PATIENT-CENTERED

*Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions*

## Possible measures:

- Proportion of clients who report that **(process)**:
  - clinic staff are helpful and treat clients with courtesy and respect
  - s/he receives contraceptive method/acceptable to her or him



# TIMELY

*Reducing waits and sometimes harmful delays for both those who receive and those who give care*

## Possible measures:

- Site offers contraceptive resupply on a walk in basis (structure)

# ACCESSIBLE

*Facilitating the use of health services to achieve the best possible health outcomes*

## Possible measures:

- Site offers family planning services during expanded hours of operation (e.g., after 5pm and weekends) (structure)

# EFFICIENT

*Avoiding waste, including waste of equipment, supplies, ideas, and energy*

## Possible measure:

- Site uses electronic health records to improve client reproductive health  
(structure)

# EQUITABLE

*Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status*

## Possible measure:

- Site offers language assistance at all major points of contact for the most frequently non-English language (structure)

# VALUE

*The care is of good quality relative to the costs involved*

Possible measure:

- Average cost per client

# OUTCOMES

## Health outcomes

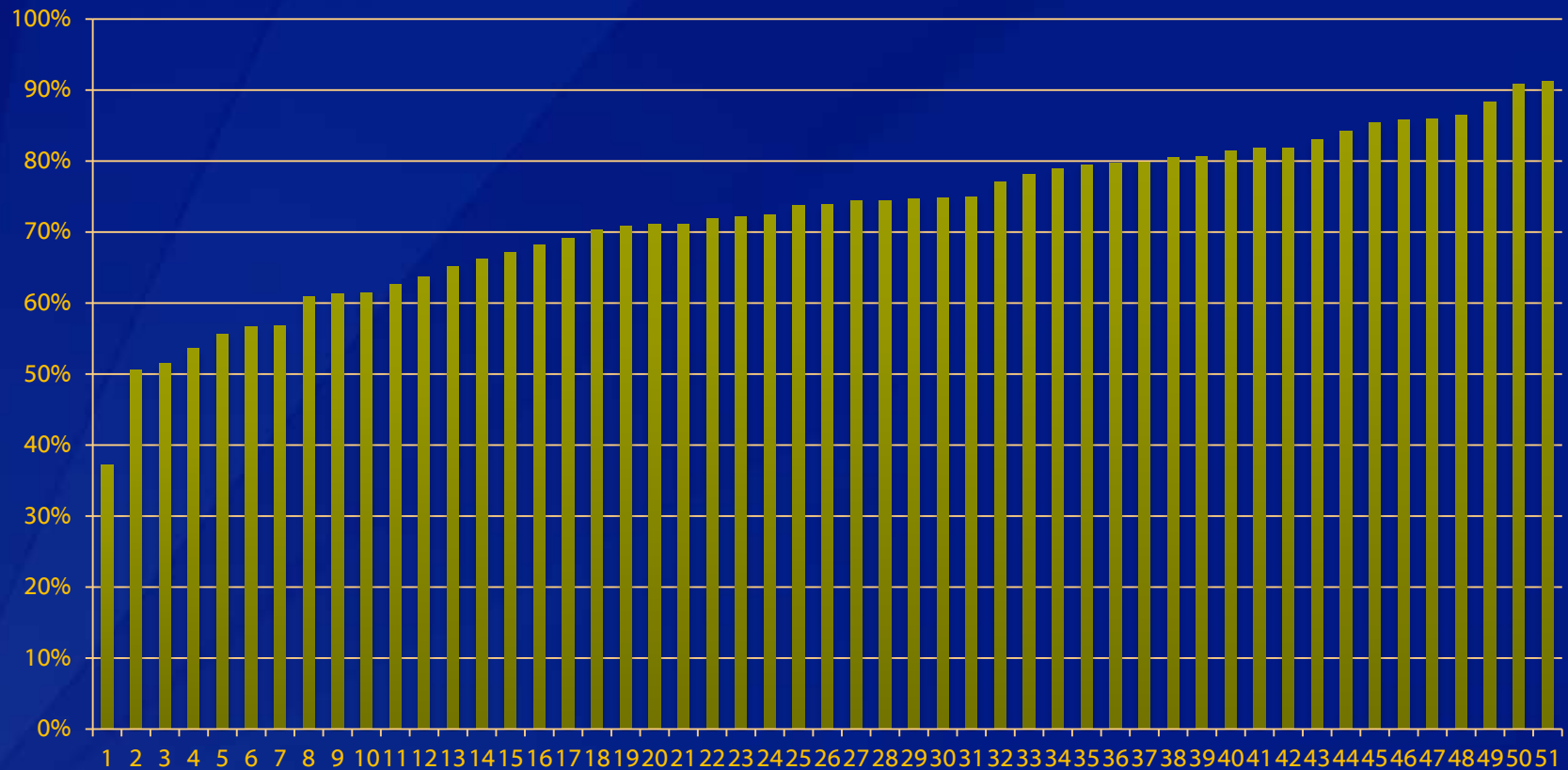
- Unintended pregnancy
- Teen pregnancy
- Birth spacing

## Intermediate outcome

- Proportion of female users at risk of unintended pregnancy who adopt or continue use of a more effective FDA-approved contraceptive method

# EXAMPLE

## Percentage of Title X clients using a MODERATELY or HIGHLY effective method of contraception, by state, FPAR 2010



# Questions for the Audience

- Do the IOM dimensions of quality make sense in a family planning context? What other ways might each dimension be measured?
- What might be useful outcome measures?
- Would NQF endorsement be helpful?
- What 2-3 measures might be good candidates for seeking NQF endorsement?



For more information about CDC's work on performance measurement:

<http://www.cdc.gov/stltpublichealth/Performance/>



# Thank You!

