

National
Family Planning
& Reproductive Health Association

November 4, 2021

The Honorable Donald Rucker, MD
National Coordinator for Health Information Technology
US Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

RE: In Support of the University of California, San Francisco (UCSF) Person-Centered Reproductive Health Program's Submission to Add the Self-Identified Need for Contraception (SINC) Data Element to the US Core Data for Interoperability (USCDI), Version 2

Dear National Coordinator Rucker:

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to express its strong support for the University of California, San Francisco (UCSF) Person-Centered Reproductive Health Program's submission to add the Self-Identified Need for Contraception (SINC) data element into the US Core Data for Interoperability (USCDI) set. Providing individuals at risk of undesired pregnancy with access to contraceptive services is an essential component of a quality health care system that optimizes reproductive health and wellness. By including the SINC data element in the USCDI – which defines what data elements are available for interoperable health information exchange through certified electronic health records (EHRs) – and systemizing how patients' desire for contraceptive services is captured in clinical settings, the US will be one step closer towards improving contraceptive care delivery for all who want and need it. Access to quality contraceptive services has the potential to advance health equity, which is a key and enduring challenge for health care providers.

As a non-partisan, non-profit membership association whose mission is to advance and elevate the importance of family planning in the nation's health care system and promote and support the work of family planning providers and administrators, especially in the safety net, NFPRHA is well-positioned to provide comment in support of adding the SINC data element to the USCDI set. NFPRHA's membership includes more than 1,000 members that operate or fund more than 3,500 health centers that deliver high-quality family planning education and preventive care to millions of people every year in the US. NFPRHA represents the broad spectrum of publicly funded family planning providers including state and local health departments, hospitals, family planning councils, federally qualified health centers, Planned Parenthood affiliates, and other private non-profit agencies. These organizational members include 53 of the 72 grantee organizations currently funded by the US Office of Population Affairs (OPA) through the Title X family planning program, as well as other providers in the family planning safety net.

Improving contraceptive care delivery in the US is especially important given that the provision of such services has a history partially rooted in reproductive coercion and a fundamental devaluing of the bodily autonomy of people of color and those with no or low incomes. Asking about contraception and pregnancy prevention in health care settings carries the weight of this history. Therefore, NFPRHA believes it is critical that screening for contraceptive need is done in a manner that does not inadvertently reproduce harm by communicating a sense of expectation or pressure to use contraception. The SINC question is a tool that supports health care providers to center patients' own preferences and needs related to reproduction. Developed by the Person-Centered Reproductive Health Program at UCSF in consultation with race equity and Reproductive Justice leaders, the SINC screening tool – which consists of a primary question, “Do you want to talk about contraception or pregnancy prevention during your visit today,” and follow-up prompt – assesses whether the patient would like contraceptive care services as part of that day's visit. By prioritizing that each patient receives the services they want and need as part of their clinical encounter, the SINC screening tool represents a welcome shift away from the traditional, potentially harmful approach of assessing patients' service needs using a triangulated approach of categorizing them as “at risk” of unintended pregnancy based on factors that may or may not be relevant.

For these reasons, as well as the fact that the SINC screening tool can be used to define the denominator for an electronic Clinical Quality Measure (eCQM) of contraceptive provision and use, OPA has included SINC as an optional data element in Title X encounter-level data reporting. In fact, the Title X family planning program aims to collect the SINC data element using interoperability standards by 2025. NFPRHA believes that it is imperative that safety net providers that receive Title X funding have all the data elements they may need to report to OPA available as common and standard elements in their EHR systems. Should the Office of the National Coordinator for Health Information Technology (ONC) elect not to include the SINC data element in the USCDI set, Version 2, Title X providers wanting to collect and report this data element to OPA would have to spend their limited resources on modifying their existing EHR systems.

NFPRHA greatly appreciates the opportunity to provide comments to the ONC in support of the SINC data element. If you require additional information about the issues raised in this letter, please contact Elizabeth Jones, Senior Director, Service Delivery Improvement, at ejones@nfprha.org.

Sincerely,

A handwritten signature in cursive script that reads "Clare M. Coleman". The signature is written in dark ink and is positioned above the typed name and title.

Clare Coleman
President & CEO
National Family Planning & Reproductive Health Association