

The Honorable Micky Tripathi, PhD, MPP
National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St SW, Floor 7
Washington, DC 20201

Dear National Coordinator Tripathi,

The Person-Centered Reproductive Health Program (PCRHP) at University of California, San Francisco (UCSF) is proud to recommend the Self-Identified Need for Contraceptive (SINC) screening question to Version 5 of the United States Core Data for Interoperability (USCDI) set.

There is a critical need for expanded standardized data elements for the documentation of reproductive health care. There are documented gaps in access to contraceptive services for people of reproductive age; even when patients receive other types of health services, their pregnancy prevention and reproductive health needs often go unmet.

SINC is a standardized screening tool which can help providers center their patients' reproductive health preferences and needs, using a service-needs screening question. SINC is unique in its approach, as other recognized reproductive health screening questions use a pregnancy-intention frame, which makes assumptions about a patient's desire for contraceptive use based on their feelings around becoming pregnant within a calendar year.

Research has shown that patients prefer a service-needs approach rather than about pregnancy intentions as a means of identifying their reproductive health needs, as this approach is experienced as the most inclusive and respectful of reproductive autonomy.^{1,2} SINC centers patient autonomy by giving patients the space to identify their needs, rather than making assumptions and directing them towards a certain outcome. Centering patient autonomy in the reproductive healthcare space is critical, as there is a long history of reproductive coercion and oppression in the United States.³

SINC already has widespread acceptance in the field and is being used by several large health centers across the country. SINC is currently available for use in several EHR systems, such as OCHIN Epic and eClinical Works, and is currently being used by large healthcare organizations and health departments, including Planned Parenthood and multiple large municipal health departments.

¹ Jones, H. E., Calixte, C., Manze, M., Perlman, M., Rubin, S., Roberts, L., & Romero, D. (2020). Primary care patients' preferences for reproductive health service needs assessment and service availability in New York Federally Qualified Health Centers. *Contraception*, 101(4), 226–230. <https://doi.org/10.1016/j.contraception.2019.12.003>

² Manze, M. G., Romero, D. R., Sumberg, A., Gagnon, M., Roberts, L., & Jones, H. (2020). Women's Perspectives on Reproductive Health Services in Primary Care. *Family medicine*, 52(2), 112–119. <https://doi.org/10.22454/FamMed.2020.492002>

³ Roberts, D. (2000). *Killing the Black Body*. Vintage Books.

Our team has been working to rigorously test SINC in different settings and use cases. In 2023, the UCSF team convened nine community health centers (CHCs), located across the United States in a quality improvement learning collaborative focused on using measures of contraceptive access and quality to drive improvement efforts. As part of this nine-month collaborative, CHCs partnered with their health-center controlled network (HCCN) to code SINC into EHR system and collect SINC data with their patients. Approximately 9,000 SINC responses were recorded in EHR systems as part of this project. CHC reported they found SINC to be feasible to use and accepted by their healthcare teams.

SINC is included in the Office of Population Affairs (OPA) Title X grantee reporting, called the Family Planning Annual Report 2.0 (FPAR 2.0). While SINC was created and optimized for the primary care setting, it can be used in a variety of care settings. The SINC screening question is also a critical data element for the electronic clinical quality measures (eCQMs) of contraceptive access, which has been endorsed by the National Quality Forum (NQF) and Partnership for Quality Measurement (PQM) (CBE ID: [3682e \[postpartum\]](#); [3699e \[non-postpartum\]](#)). SINC refines the denominator of the eCQM, ensuring patients who have indicated that they do not have interest in contraceptive use are excluded from the calculation. The UCSF team is applying for endorsement of a measure of whether or not SINC is asked of a patient in a calendar year as a standalone measure to PQM in the Fall 2024 cycle. This measure will provide a critical tool to evaluate whether people are having their reproductive health needs assessed.

We appreciate the opportunity to submit our comments in support of inclusion of the SINC data element. We welcome any questions or feedback – please feel free to reach out to christine.dehlendorf@ucsf.edu and lindsey.gibson@ucsf.edu with any inquiries.

Thank you to the ONC for engaging in this important work to standardize healthcare data and improve data collection capabilities.

Sincerely,



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