CECA
Coalition to Expand Contraceptive Access

Issue Brief #3:
Expanding Contraceptive Access Through Performance Measures

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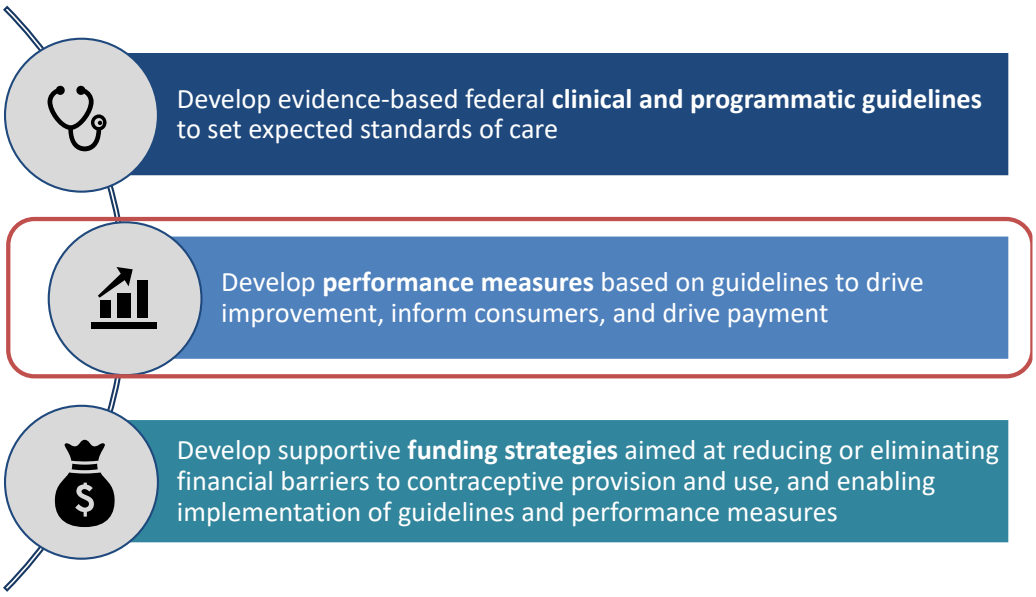
Introduction

Guideline-based performance measures are a key implementation tool and are widely used for quality improvement, quality assurance, and pay for performance in health care. Prior to 2016, there were no validated clinical performance measures for contraceptive care. To address this gap, federal and other stakeholders developed measures to assess the provision of contraception to all people in need of contraceptive services and client experience with contraceptive services. Supporting the integration of these measures into the reporting systems of federal programs—after testing has been completed—has the potential to greatly expand access to contraceptive care and keep contraceptive care current with new innovations in health care delivery, especially in Federally Qualified Health Centers (FQHCs) and private provider contexts.

Exhibit 1. Federal Processes to Improve Contraceptive Access: Performance Measures



This briefing document provides an overview of federal government performance measures for contraception, with particular attention toward the processes for developing and using measures and the potential pathway for widespread implementation of contraceptive care measures. Sources include published scientific literature, when available, as well as gray literature (i.e., expert white papers from research and advocacy organizations and public-facing government and non-government organization documents, including websites).

The Context

Performance Measures: What, Why, and How

Performance measures are tools that help measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals focus on the

provision of effective, safe, efficient, patient-centered, equitable, and timely care.[1,2] A critical step in improving health care quality, performance measures help drive that improvement through a consistent and accountable approach. As the science of measurement has progressed dramatically over the past decades, performance measures have increasingly been used to:

- **Drive improvement:** So providers and health systems can make adjustments in care, share successes, and probe for causes when progress comes up short.
- **Inform consumers:** Who can make choices, ask questions, and advocate for high quality health care.
- **Drive payment:** So payers can use them as preconditions for payment and targets for bonuses.[3]

Types of Measures

Performance measures are a mechanism for assessing health care delivered against recognized standards. Different types of measures provide critical information on different aspect of health care delivery; collectively, they can provide a more comprehensive picture of the overall quality of health care.[4,5,6] **Exhibit 2** presents the types of measures and the purpose of each.

Exhibit 2. Federal Processes to Improve Contraceptive Access: Performance Measures

Type of Measure	Purpose
Process	Show whether steps proven to benefit patients are followed correctly. They measure whether an action was completed, such as writing a prescription, administering a drug, or having a conversation.
Outcomes	Take stock not of the processes but of actual results of care. They are generally the most relevant measures for patients and the measures that providers most want to change.
Patient Experience	Assess patients' perspectives regarding their care, including their assessment of any resulting change in their health, positive or negative.
Structural	Reflect the conditions in which providers care for patients. These measures can provide valuable information about staffing and the volume of procedures performed by a provider.
Composite	Combine the results of two or more component performance measures, each of which individually reflects quality of care into a single quality measure with a single score, to provide a more concise picture of quality care.

The Centers for Medicare and Medicaid Services (CMS) and private payers have strongly encouraged the development of outcome measures because: 1) they align with the Triple Aim of health care by focusing on

[1] Centers for Medicare & Medicaid Services, "Quality Measure Development and Management Overview," August 24, 2017, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Measure-Development-by-Phase.html.
[2] Institute of Medicine (US) Committee on Quality of Health Care in America, *Crossing the Quality Chasm: A New Health System for the 21st Century* (Washington (DC): National Academies Press (US), 2001), http://www.ncbi.nlm.nih.gov/books/NBK222274/.
[3] National Quality Forum, "The Difference a Good Measure Can Make," 2019, https://www.qualityforum.org/Measuring_Performance/ABCs/The_Difference_a_Good_Measure_Can_Make.aspx.
[4] National Quality Forum, "The Right Tools for the Job," 2019, https://www.qualityforum.org/Measuring_Performance/ABCs/The_Right_Tools_for_the_Job.aspx.
[5] Families USA, "Measuring Health Care Quality: An Overview of Quality Measures," May 2014, https://familiesusa.org/sites/default/files/product_documents/HSI%20Quality%20Measurement_Brief_final_web.pdf.
[6] Centers for Medicare & Medicaid Services, "How a Measure Becomes a Measure," September 5, 2017, https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/How-a-Measure-Becomes-a-Measure.html.

quality and improving the care experience at the most efficient cost and 2) process measures are not always a perfectly mapped surrogate for the desired outcome. As will be discussed later in this briefing paper, much of the work to develop contraceptive care measures has focused on outcome measures and been supplemented by a more recent focus on patient experience measures.

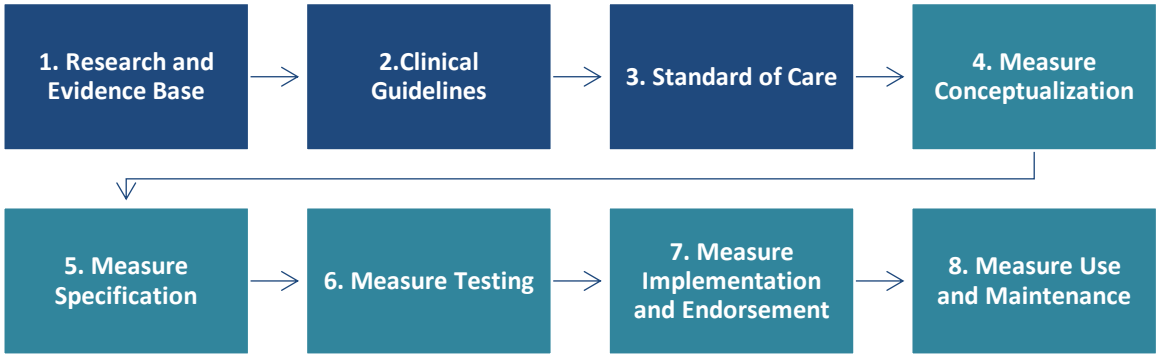
- **Outcome Measures** reflect what is most important to patients and need to be developed with patient needs, values, and preferences in mind. The potential impact of social determinants of health, and critical differences in patient populations, must be recognized throughout the development and evaluation of outcome measures.
- **Patient Experience Measures** need to be developed with patient input to ensure that they reflect patient needs, values, and preferences. While they are relatively new, patient experience measures reveal critical information about the extent to which care is truly patient-centered and are increasingly considered to be a core element of health care quality.

Measure Development Process

Sound quality measurement begins with clinical research—the evidence base—that links a particular process, structure, or outcome with improved patient health or experience of care. This evidence base then is translated into clinical guidelines, defined as "systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances."[7] These guidelines then help establish a standard of care.

Exhibit 3 illustrates how this this initial process (Steps 1-3) sets the stage for the development of measures by which the health care process can be assessed against recognized standards. Steps 4-8 summarize, at a high level, the measure development process for developing and maintaining such quality measures that are used in various quality initiatives and programs. Following best practices in performance measurement and standards-setting, this approach has been defined in detail and consistently implemented by organizations such as CMS and the National Quality Forum (NQF).[8,9]

Exhibit 3. Performance Measure Development Process



[7] Institute of Medicine (US) Committee to Advise the Public Health Service on Clinical Practice Guidelines, *Clinical Practice Guidelines: Directions for a New Program*, ed. Marilyn J. Field and Kathleen N. Lohr (Washington (DC): National Academies Press (US), 1990), http://www.ncbi.nlm.nih.gov/books/NBK235751/.
[8] Centers for Medicare & Medicaid Services, "How a Measure Becomes a Measure."
[9] National Quality Forum, "ABCs of Measurement," 2019, https://www.qualityforum.org/Measuring_Performance/ABCs_of_Measurement.aspx. NQF is a not-for-profit, nonpartisan, membership-based organization focused on measure endorsement and use.

- **Measure Conceptualization** involves developing measure concepts and then narrowing them down to specific measures. It also involves conducting an environmental scan and requesting input from a broad group of stakeholders, including patients.
- **Measure Specification** involves identifying the population, the recommended practice, and the expected outcome. It also involves determining how it will be measured.
- **Measure Testing** involves assessing the suitability of the quality measure's technical specifications and acquiring empirical evidence to help assess the strengths and weaknesses of a measure.
- **Measure Implementation** involves gaining endorsement, measure selection, and measure rollout; identifying measures to submit for the selection and rollout processes; adopting measures into programs; and seeking endorsement. The endorsement process is a consensus-based process that allows stakeholders to evaluate a proposed measure. Stakeholders are convened to review potential measures and endorse those that meet pre-established standards and may include health care professionals, consumers, payers, employers, hospitals, and health plans. Measures endorsed by CMS and NQF are recognized as reflecting a thorough scientific and evidence-based review.
- **Measure Use and Maintenance** involves collecting and evaluating data to ensure that the measure continues to add value to quality reporting measurement programs and that its construction continues to be sound. The data come from a variety of sources and typically include administrative data, disease registries, medical records, and qualitative data. Currently, the most common uses of quality measurements include public reporting, provider incentive programs, and accreditation and/or certification of providers and health plans.[10]

Exhibit 4. Spotlight on the NQF Measure Endorsement and Maintenance Process

NQF-endorsed measures are considered the gold standard for health care measurement in the U.S. The federal government and many private sector entities depend on NQF-endorsed measures because of the rigor and consensus process behind them. This process includes:

- **Evaluation:** NQF evaluates the measures against standardized Measure Evaluation Criteria that focus on importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and requirements for related and competing measures.[11]
- **Endorsement:** NQF uses a formal Consensus Development Process (CDP) to evaluate and endorse measures with input from stakeholder groups. The rigorous process involves an intent to submit, call for nominations, measure review, public comment with member support, measure endorsement, and measure appeals.[12]
- **Maintenance:** Once endorsed by NQF, the process for reviewing and maintaining the measures includes a re-evaluation and review against newly submitted measures every three years, submission of an annual update by the measure steward, and potentially a formal evaluation and endorsement reconsideration (ad-hoc review) outside of the scheduled maintenance of endorsement process.[13]

[10] Centers for Medicare & Medicaid Services, "How a Measure Becomes a Measure."
[11] National Quality Forum, "Submitting Standards," 2019, http://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx.
[12] National Quality Forum, "Consensus Development Process," 2019, https://www.qualityforum.org/Measuring_Performance/Consensus_Development_Process.aspx.
[13] National Quality Forum, "Maintenance of NQF-Endorsed Performance Measures," 2019, https://www.qualityforum.org/Measuring_Performance/Endorsed_Performance_Measures_Maintenance.aspx.

The Rationale for Contraceptive Care Performance Measures

Contraception is a highly effective clinical preventive service that can help people achieve their personal reproductive health goals. Efforts to provide client-centered contraceptive services can be strengthened by quality improvement processes based on standardized measurement of care delivery.[14, 15] Two types of contraceptive care measures currently exist:

- The **contraceptive provision measures** are designed to help individuals have access to a broad range of methods, especially the ones that are more effective and often face the greatest barriers due to cost. It is, in fact, "coercive" to restrict people to a limited selection of contraceptive methods; a non-coercive, client-centered approach offers individuals a full range of methods.
- The **PRO-PM measure** is designed to ensure that the care an individual receives is client-centered and not coercive. It plays an important role in balancing fears that the provision measures may incentivize providers to inappropriately promote the more effective methods of contraception.

The IOM has recommended contraception be measured and tracked as one of the "core vital" signs. After analyzing a large number of measures, the committee proposed a streamlined set of 15 standardized measures. They concluded that this streamlined set of measures could provide consistent benchmarks for health progress across the nation and improve system performance in the highest-priority areas.[15]

Both measures are needed to 'balance' each other. Traditionally, health systems and clinicians have focused on measuring concrete clinical outcomes because they are easier to measure—this can come at the expense of understanding patients' health and health care experience from their perspective. Clinical and patient experience outcomes need to be considered in tandem.

To date, the clinical performance measures for contraceptive care have played a critical role in agenda setting, program planning and implementation, program evaluation, and research. Specific uses have included:

- Convincing Medicaid and other health plans to adequately reimburse for care (**Exhibit 5**).
- Monitoring the quality of care provided within a quality improvement (QI) framework and thereby incentivizing and helping providers to do a better job.
- Helping people become more informed consumers of where to go for care.

Performance measurement is a central component of health care reform—contraception must be included in the ongoing, large-scale health care transformations that are underway. Within this context, the contraceptive care performance measures should be stewarded by a federal agency, such as OPA, and used by all programs that support publicly funded contraceptive care, such as Medicaid, Title X, and FQCHs. [Please see **Issue Brief #1: Understanding the Federal Processes for Expanding Contraceptive Access** for additional information on the funding infrastructure.]

[14] Office of Population Affairs, "Performance Measures," Text, HHS.gov, May 2, 2018, https://www.hhs.gov/opa/performance-measures/index.html.
[15] Institute of Medicine, "Vital Signs: Core Metrics for Health and Health Care Progress," April 2015, http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2015/Vital_Signs/VitalSigns_RB.pdf.

The Challenge

Developing a Clear Vision to Drive and Implement the Work

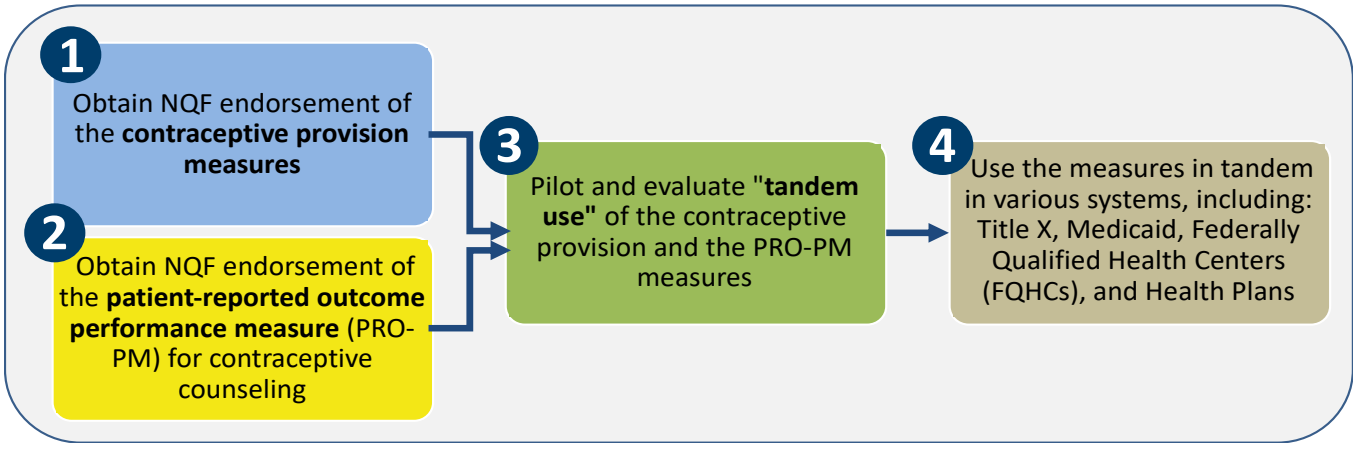
Performance measures offer a major opportunity for fostering health system improvement and accountability. However, a clear conceptual framework, clear vision of the purpose of the performance measurement system, and a clear steward/driver for contraceptive care performance measures does not exist. Current efforts, while critical steps forward, are typically siloed and lack sustainable funding or infrastructure. Adoption of performance measures often requires the active leadership of government to maximize the potential for health system improvement and accountability. Domestic and international experiences show us the stewardship role of the government should be to ensure performance information is available, functioning appropriately, and aligned with other aspects of system design (including regulation/guidance and financing). True implementation requires "sustained political and professional leadership at the highest level."[16]

The Potential Solution

Previous Efforts and Future Directions: A Pathway to Widespread Use of the Contraceptive Care Performance Measures

Contraceptive care entails providing quality, patient-centered contraceptive counseling and ensuring that patients have unrestricted access to a broad range of contraceptive methods. Critical work has been completed, or is in process, to develop validated clinical performance measures for contraceptive care that can help guide and assess our ability to operationalize the concepts outlined above. The pathway illustrated in **Exhibit 5** and the text that follows highlights the previous efforts and potential future directions that collectively will lead to widespread use of the contraceptive care performance measures. The blue and yellow boxes (1 and 2) represents the processes to endorse each of the measures; these processes come together to form the green box (3), which represented simultaneous (or tandem use) of the measures; and the gold box (4) at the end represents the gold standard of using the measures in tandem across various health care systems.

Exhibit 5. Pathway to Widespread Use of the Contraceptive Care Performance Measures



[16] Peter C Smith, Elias Mossialos, and Irene Papanicolas, "Performance Measurement for Health System Improvement: Experiences, Challenges and Prospects" (World Health Organization, 2008).

1. Obtain NQF Endorsement of the Contraceptive Provision Measures

OPA developed contraceptive care measures that assess the provision of contraception to all women in need of contraceptive services. The claims-based version of the measures was endorsed by the NQF in 2016; the electronic clinical quality (eCQM) version is currently in development. **Exhibit 6** presents the four measures.[17]

Exhibit 6. Contraceptive Care Performance Measures

All Women	**Most and Moderately Effective Methods**	The percentage of women aged 15-44 at risk of unintended pregnancy that is provided a most effective (i.e., sterilization, implants, intrauterine devices or systems (IUD) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) contraceptive method.
	Access to LARC	The percentage of women aged 15-44 years at risk of unintended pregnancy that is provided a Long-Acting Reversible Contraceptive (LARC) method (i.e., implants or IUD/IUS).
Post-Partum Women	**Postpartum Most and Moderately Effective Methods**	Among women aged 15-44 years who had a live birth, the percentage that is provided a most effective (i.e., sterilization, implants, IUD/IUS) or moderately effective (i.e., injectables, oral pills, patch, ring, or diaphragm) contraceptive methods within 3 and 60 days of delivery.
	Postpartum Access to LARC	Among women aged 15-44 years who had a live birth, the percentage that is provided a LARC method (i.e., implants or IUD/IUS) within 3 and 60 days of delivery.

Claims-Based Version

The work on contraceptive provision measures began with claims-based versions. This approach was an important first step because the data are commonly available and relatively inexpensive to analyze, data are available for a large population, and coding accuracy has improved in the past 20 years. This version was endorsed by NQF in 2016 and **has to be submitted for re-endorsement in Fall 2020.** It is calculated using standard claims data, but a downside is that the denominator includes women who are not at risk for unintended pregnancy. In addition, there are limitations related to the potential lack of complete clinical information and constraints on availability of required data sources if component benefits are administered by multiple sources.

Medicaid used these measures in the Maternal and Infant Health Initiative, and they are currently in Medicaid's Adult and Child Core Measure Set. As the steward, OPA needs to maintain the measures, which includes updating codes every Fall, maintaining a webpage, and submitting an annual report to NQF every December on how they are being used.

eCQM Version

As a critical next step, the measures are evolving into an electronic clinical quality (eCQM) version to better align with the changing health care context and reduce the burden of manual abstraction and reporting. This version is **under development and still needs to be submitted for endorsement**. An electronic version of the measures

[17] Office of Population Affairs, "Performance Measures."

is needed for many reasons, one of which is to obtain a denominator of women who are at risk for unintended pregnancy. In addition, FQHCs can only use this type of measure and e-measures are the future of quality improvement in clinical settings.

However, eCQMs are new and difficult to develop for many reasons. Until recently, there were no standardized codes (e.g., LOINC, SNOMED) for contraception. Most Electronic Health Records (EHRs) do not include the codes, standard workflows need to be developed to support adoption, and there is a critical lack of interoperability across EHRs.

eCQMs have been tested in two Health Center Controlled Networks (HCCNs), OCHIN and AllianceChicago. Funded by Health Resources and Services Administration (HRSA), HCCNs provide specialized training and technical assistance to help health centers improve quality of care and patient safety by using health information technology to cut costs and improve care coordination.

2. Obtain NQF Endorsement of the Patient-Reported Outcome Performance Measure (PRO-PM) for Contraceptive Counseling

Filling another critical gap in performance measures (i.e., the need for validated measures of client experience with contraceptive services), this patient-reported measure will complement the contraceptive care measures. The University of California San Francisco (UCSF) has been funded to develop the measure, which includes a 4-item questionnaire that asks women about the contraceptive counseling they received (**Exhibit 7**).[18]

Exhibit 7. Contraceptive Care Performance Measures

		Poor	Fair	Good	Very Good	Excellent
a.	Respecting me as a person	1	2	3	4	5
b.	Letting me say what mattered to me about my birth control method	1	2	3	4	5
c.	Taking my preferences about my birth control seriously	1	2	3	4	5
d.	Giving me enough information to make the best decision about my birth control method	1	2	3	4	5

The initial testing phase has been completed. Intended to measure the interpersonal quality of contraceptive counseling, initial findings suggest the PRO-PM measure for contraceptive counseling shows promise as a measure that can be used in research and quality improvement efforts and to ensure that patients' experiences and preferences are prioritized in family planning care.[19] The measure is now under review by NQF, in preparation for submission late summer/early fall of 2020.

3. Pilot and Evaluate "Tandem Use" of the Contraceptive Provision and the PRO-PM Measures

The availability of method-based and patient-centered counseling measures is an essential first step in motivating quality improvement for patient-centered family planning care. To successfully use the two types of measures together, there is a need to develop and evaluate tools and processes that can be used to facilitate the appropriate use of the measures. Piloting and evaluating tandem use of the measures will include developing QI-related materials to help improve care and will help us learn how to interpret the results of the

[18] Christine Dehlendorf et al., "Development of a Patient-Reported Measure of the Interpersonal Quality of Family Planning Care," *Contraception* 97, no. 1 (January 2018): 34–40, https://doi.org/10.1016/j.contraception.2017.09.005.
[19] Dehlendorf et al.

measures. Piloting and evaluation will take place in **FQHC settings** [for all women measures], and **health plan settings** [for the postpartum women measures].

Adopting and reporting on outcome measures and patient experience measures can be challenging due to a range of conceptual, organizational, cultural, and technological barriers. Detailed information that is available only in medical records and difficult and expensive to obtain is often required. This challenge can be exacerbated by variations among performance measurement systems and technological barriers. Challenges specific to measuring patient experience include deciding on which measures to use, overcoming clinicians' lack of trust, and overcoming logistical challenges of administering surveys.[20]

4. Use the Measures in Tandem Across Federal Systems

When the right measures are in place to drive health care improvement, patient care and outcomes can and do improve. To reach full implementation, the U.S. Department of Health and Human Services (HHS) would need to require reporting of tandem use of the contraceptive measures (i.e., contraceptive provision and PRO-PM) in the following reporting systems (**Exhibit 8**). Healthy People could be used as a parallel source of tracking both constructs at a population level.

Exhibit 8. Federal Processes to Improve Contraceptive Access: Performance Measures

Funding	Reporting	Description
CMS/ Medicaid	**The Adult and Child Core Measure Sets**	The Affordable Care Act (Section 1139B) requires the Secretary of HHS to identify and publish a core set of health care quality measures for adult Medicaid enrollees.[21]
		The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) included provisions to strengthen the quality of care provided to and health outcomes of children in Medicaid and the Children's Health Insurance Program (CHIP).[22]
OPA/Title X	**The Family Planning Annual Report (FPAR)**	This annual reporting requirement is for family planning services delivery projects authorized and funded under the Population Research and Voluntary Family Planning Programs (Section 1001 of Title X of the Public Health Service Act).[23]
HRSA/FQHC	**The Uniform Data Reporting System (UDS)**	Each year, the health centers and look-alikes report on their performance using the measures included in the UDS, a standardized reporting system to provide consistent information.[24]

[20] Health Catalyst, "Patient Experience, Engagement, Satisfaction Archives," Health Catalyst, accessed September 6, 2019, https://www.healthcatalyst.com/category/patient-engagement-satisfaction/.
[21] Centers for Medicare & Medicaid Services, "Adult Health Care Quality Measures," accessed September 6, 2019, https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set/index.html.
[22] Centers for Medicare & Medicaid Services, "Children's Health Care Quality Measures," accessed September 6, 2019, https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set/index.html.
[23] Office of Population Affairs, "Family Planning Annual Report (FPAR)," Text, HHS.gov, August 29, 2019, https://www.hhs.gov/opa/title-x-family-planning/fp-annual-report/index.html.
[24] Health Resources & Services Administration, "Uniform Data System (UDS) Resources," August 16, 2018, https://bphc.hrsa.gov/datareporting/reporting/index.html.

Time and resources are needed to enhance the existing technology and technical assistance support systems to support widespread adoption of tandem use of the measures. For example, each program could build on current modernization efforts, similar to those undertaken by HRSA for UDS, which aim to reduce reporting burden, improve data quality and usage, and better reflect program impact. Each program also has a range of resources that can be used to assist with collecting and submitting data, such as system manuals, tools, webinars, and trainings. OPA's National Family Planning Training Center, for example, has a resource page dedicated to performance measurement that includes a contraceptive care performance measures calculator, contraceptive care performance measures site comparison tool, family planning performance dashboard, performance measurement learning collaborative results and change package webinar, and many other relevant resources.[25]

The Call to Action

The development of measures to assess the provision of contraception to all people in need of contraceptive services and client experience with contraceptive services is a major milestone. Yet, no clear framework or vision for driving and implementing the work exists. Ongoing efforts to maintain or advance the work have either been stalled or have continued in silos.

Supporting the continued development and testing of the contraceptive care performance measures, followed by integration into the reporting systems of federal programs, has the potential to greatly expand access to contraceptive care and keep contraceptive care current with new innovations in health care delivery. **Exhibit 9** outlines potential actions that can be taken to facilitate development and adoption of contraceptive care performance measures that will lead to expanded contraceptive access. This work will set the stage for subsequent recommendations that can be made to the federal Executive Branch.

Exhibit 9. Potential Actions to Support Performance Measures to Expand Contraceptive Access

Identify and align existing efforts to develop and test contraceptive care performance measures

Key activities may include the following:

- Develop a summary paper describing current efforts.
- Conduct targeted discussions and convene quarterly coordinating calls with stakeholders regarding current efforts.
- Convene a technical expert panel to gather more information on the successes and gaps in the current efforts and challenges related to measure calculation and adoption and reporting and potential strategies to address these gaps.
- Further develop the vision and steps outlined in the conceptual model/pathway to wide implementation of the measures.
- Educate key stakeholders about the conceptual model/pathway, current efforts, and needed steps to move it forward (including confirmation of a steward for the measures at the federal level).

[25] Family Planning National Training Center, "Performance Measurement," 2017, https://www.fpntc.org/training-packages/performance-measurement.

Explore development of new measures and/or the transformation of the existing contraceptive care measures

This could involve gathering expert input through an expert panel or series of discussions related to the need for new measures in the future (e.g., related to reproductive quality of life). Experts could also weigh in on potentially transforming the existing most/moderate measures into a measure that assesses access to a full range of methods. Another consideration might be aligning the measures with the Institute of Medicine (IOM) dimensions: safe, effective, patient-centered, timely, efficient, and equitable.

A critical component of this activity would involve gathering expert input related to balancing the goals of improving clinic outcomes and pregnancy reduction with patient experience outcomes and reproductive autonomy.[26] More research is also needed to better understand the role of intentions in contraceptive use and fertility.[27] Alternatives for measuring success should be considered, possibly focusing on reproductive quality of life and people's ability to access the services they need and by their positive experiences with those services.

Secure resources to support existing and new activities required to implement the pathway to widespread use of contraceptive care measures

Resources will be needed to continue the development, piloting, and testing of the existing contraceptive care measures, both independently and in tandem, and any new measures identified for development. Resources will also be needed to enhance the existing technology and technical assistance support systems to support widespread adoption of tandem use of the measures.

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[26] Christine Dehlendorf, "Should Preventing Unintended Pregnancy Be Family Planning's Holy Grail? - Rewire.News," *Rewire.News*, June 19, 2018, https://rewire.news/article/2018/06/19/unintended-pregnancy-holy-grail/.

[27] Anu Manchikanti Gomez et al., "It's Not Planned, But Is It Okay? The Acceptability of Unplanned Pregnancy Among Young People," *Women's Health Issues* 28, no. 5 (September 1, 2018): 408–14, https://doi.org/10.1016/j.whi.2018.07.001.

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