



Introduction

Purpose and Origins

The purpose of the Oregon Guidance for the Provision of High-Quality Contraception Services: A Clinic Self-Assessment Tool is to define and encourage the adoption of standards for the provision of high-quality contraception services in both **primary care and family planning clinical settings** throughout Oregon.

The Tool is intended for clinics to assess the current state of their contraception services and identify areas for improvement. Clinics that score high enough to be rated as a **quality contraception provider** or **expert contraception provider** are encouraged to communicate that message to their patients, colleagues and communities.

The Tool was based primarily on the CDC MMWR, *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*. It was developed by the Oregon Preventive Reproductive Health Advisory Council, which is a collaborative effort of state, local, private and public health sectors. Special recognition goes to the significant support provided by the Oregon Health Authority, Oregon Foundation for Reproductive Health and Health Share of Oregon.

Key Assumptions

The Tool makes some key assumptions about the provision of contraception care, which are described on the next page. These three areas are not explicitly scored on the Tool because they are considered essential to the provision of high-quality contraception care. If these key assumptions are not true for your clinic, support and resources are available to address these areas before you begin the assessment process.

- 1. EQUITY AND INCLUSION** – Achieving health equity requires valuing every person equally and contributing to ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and intentional efforts to eliminate health disparities. A health-equity perspective on health care delivery allows those providing care to consider how race, ethnicity, economic status and sexual orientation inform a patient’s need for and access to preventive reproductive health services. In turn, greater sensitivity to the challenges and concerns of a diverse patient population can be developed, with greater opportunity to strengthen therapeutic relationships and improve outcomes.
- 2. COST AND BILLING TRANSPARENCY** – Clinic staff are transparent about all costs and billing policies related to contraception services before services are delivered. These include policies not in the clinic’s control, such as the generation of explanation of benefits (EOB) statements by insurance companies. Clinics will make alternate arrangements for any patient who wants to avoid such notifications.
- 3. CONFIDENTIALITY** – Patients have a right to privacy and confidentiality during delivery of services. Information obtained by clinic staff about a patient receiving services may not be disclosed without the patient’s documented consent, except as required by law or as may be necessary to provide services to the patient, with appropriate safeguards for confidentiality. Clinics have policies and procedures in place to protect patient confidentiality and clearly communicate those policies to patients.

What’s Inside

I. OREGON GUIDANCE FOR THE PROVISION OF HIGH-QUALITY CONTRACEPTION SERVICES: A CLINIC SELF-ASSESSMENT TOOL (pg. 8)

The Tool is organized into four quality domains:

1. Access
2. Service Provision
3. Community Collaboration with other Providers
4. Evaluation of the Patient Experience with Contraception Services

Each domain contains components. Each component contains a set of measures that define the component.

Clinics should complete the Tool as a team, review and score

How to Complete the Clinic Self- Assessment Tool

each measure, then calculate their sub-total for each domain. Combine your sub-totals to find your overall total score. Clinics are encouraged to use the Tool to assess how their clinic is performing in relation to specific components of effective contraception services and as a basis for ongoing quality improvement efforts. See below **(“How to Complete the Clinic Self-Assessment Tool”)** for a step-by-step guide to use with your clinic team.

II. STRATEGY AND RESOURCE GUIDE

A Strategy and Resource Guide is available to help clinic staff understand and meet the measures scored on the Tool. The Guide is provided separately in the print version of these materials. In the PDF version, it appears at the end of the document.

The Strategy and Resource Guide is organized by the same numbering system as the Tool and offers definitions, strategies, resources and additional citations for understanding and meeting the measures. It also serves as an educational and reference resource for clinicians and clinic staff.

It is recommended that the Tool be used and completed by a team of staff members who are involved in the delivery of reproductive health services within the clinic, to ensure all staff roles are represented. Examples include clinicians, medical assistants, administrative and billing staff, reception and appointment schedulers, interpreters, lab and pharmacy staff, medical director, clinic manager, nurse supervisor, etc. Once your team is assembled:

STEP 1: Review Oregon Guidance for the Provision of High-Quality Contraception Services: A Clinic Self-Assessment Tool.

STEP 2: Convene staff members to discuss the process and logistics for completing the Tool as a team. (Alternatively, the team may divide into several pairs or small groups to assess specific domains, followed by a team meeting to share and discuss results.)

STEP 3: Review each measure, discuss with team members and score as follows:

- For each measure, circle the numbered response that best describes your clinic’s practice.
- Total the scores of all the measures within each component to arrive at a component score.

- Use the Scoring Worksheet (pg. 25) to add all component scores under each domain for a total Domain Score.
- Finally, add the Domain Scores to arrive at your overall Total Score.

Scoring

- 70 or above: Clinics that score 70 or above are considered *expert* contraception providers. While these clinics would routinely provide care at the highest level, most clinics—even at *expert* level—will have room for improvement.
- 50 to 69: Clinics that score between 50 and 69 are considered *quality* contraception providers.
- These designations are to be considered along a continuum because clinics will have areas of relative strength and weakness. Thus, the designation of *quality* versus *expert* is likely to be fluid over time.

STEP 4: Consider the following guidance when completing the Tool:

- Keep the patients' perspective in mind when scoring each measure.
- Avoid making assumptions about how another clinic staff member may score a measure. Solicit input from the appropriate staff to ensure accuracy.
- Measures with “uncertain” or “do not know” responses may require further team discussion and/or consultation with another clinic staff member.
- Try to score each measure in a way that represents the majority of relevant clinic staff, not the experience or capacity of any one provider within the clinic.

STEP 5: Summarize the findings with your team and determine next steps:

- What are the most important domains and components for your clinic to address?
- Prioritize which components your clinic would like to focus their improvement efforts on.
- Review the Strategy and Resource Guide for resources and recommended strategies.
- Create an action plan for improving your clinic's scores on priority components.
- Consider integrating the priority components into your clinic's quality improvement plan.

- Identify and highlight the strengths of your clinic in the provision of contraception services and consider how your clinic might build on those strengths.
- Determine how your clinic can communicate the Tool results to relevant audiences and develop a plan to do so.

If you have any questions, concerns or feedback about the Clinic Self-Assessment Tool, please contact the Oregon Reproductive Health Program at: rh.program@state.or.us.

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The Clinic Self-Assessment At-a-Glance

DOMAIN 1: Access	
1.1	Timeliness of Care
1.2	Affordability/Cost
1.3	Special Populations/Diversity
1.4	Language/Health Literacy/Communication
DOMAIN 2: Service Provision	
2.1	Assess for Pregnancy Intentions
2.2	Counseling and Education
2.3	Condoms and Vasectomy Services
2.4	Services for Youth
2.5	Services for Postpartum and/or Breastfeeding Women
2.6	Contraceptive Supplies
2.7	Contraceptive Procedures: LARC Insertion/Removal and Diaphragm Fitting
2.8	Patient Support for Contraception Management
DOMAIN 3: Community Collaborations with Other Providers	
3.1	Linkages to Contraception Services
3.2	Linkages to Social and Behavioral Services, Including Domestic Violence/Mental Health/ Substance Abuse
3.3	Linkages to Primary Care and/or Chronic Disease Care Management Services
DOMAIN 4: Evaluation of Patient Experience with Contraception Services	
4.1	Evaluation of Patient Experience



1.1 Timeliness of Care

[Learn more about 1.1](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinicians provide contraception, including single-day LARC insertions, without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	Clinicians do not provide contraception without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	0
	All clinicians provide contraception without requiring routine pelvic exams, cervical cancer screenings, and STI results some of the time OR some of the clinicians provide contraception without requiring routine pelvic exams, cervical cancer screenings, and STI results all of the time.	1
	All clinicians routinely provide contraception without requiring routine pelvic exams, cervical cancer screenings and STI results before offering contraception.	2
b. Clinicians follow “quick start” protocols for initiation of hormonal contraception.	Clinicians do not follow “quick start” protocols for initiation of hormonal contraception.	0
	All clinicians follow “quick start” protocols some of the time OR some of the clinicians follow “quick start” protocols all of the time.	1
	All clinicians routinely follow “quick start” protocols for initiation of hormonal contraception.	2
c. Clinic scheduling staff assess for urgency of need regarding contraception visits.	Scheduling staff do not assess for urgency of need.	0
	All scheduling staff assess for urgency of need some of the time OR some scheduling staff assess for urgency of need all of the time.	1
	All scheduling staff routinely assess for urgency of need regarding contraception visits.	2

Measure	Which option describes your clinic?	Circle # for your answer
d. Third next available appointment is available within two business days (specialty care standard) for routine visits.	Third next available appointment within two business days is never available.	0
	Third next available appointment within two business days is sometimes available.	1
	Third next available appointment within two business days is routinely available.	2
e. Clinic offers urgent care for contraception concerns.	Clinic has limited or no capacity to address same-day needs for contraception concerns.	0
	Clinic is sometimes able to address contraception concerns, same-day.	1
	Clinic is routinely able to address urgent contraception concerns, same-day.	2
Component 1.1: TOTAL SCORE		

1.2 Affordability/Cost

[Learn more about 1.2](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic accepts Medicaid.	Clinic does not accept Medicaid.	0
	Less than 30% of clinic's payer mix is Medicaid.	1
	More than 30% of clinic's payer mix is Medicaid.	2
b. Clinic accepts uninsured patients and accepts payment plans.	Clinic does not accept uninsured patients OR does not accept payment plans.	0
	Clinic accepts uninsured patients AND accepts payment plans from all patients.	1
	Clinic has protocol to waive unpaid balances, regardless of patient's insurance status.	2

Measure	Which option describes your clinic?	Circle # for your answer
c. Clinic offers sliding fee for contraception services.	Clinic does not have sliding fee scale.	0
	Clinic has sliding fee scale that slides to a nominal fee.	1
	Clinic has sliding fee scale that slides to zero.	2
d. Clinic accepts broad range of commercial insurance with in-house billing capacity.	Clinic does not accept commercial insurance plans AND has no in-house billing capacity.	0
	Clinic accepts limited number of commercial insurance plans OR has in-house billing capacity.	1
	Clinic accepts broad range of commercial insurance AND has in-house billing capacity.	2
e. Clinic helps with applications for patient assistance programs.	Clinic is unable to help patients with patient assistance programs.	0
	Clinic is sometimes able to help with patient assistance plans for contraceptive supplies, including IUDs, for patients who qualify.	1
	Clinic is routinely able to help with a broad array of patient assistance plans for contraceptive supplies, including IUDs, for patients who qualify.	2
f. Access to contraception services never denied based on inability to pay.	Clinic always requires some payment at the time of visit.	0
	Clinic is sometimes able to offer services to those unable to pay.	1
	Clinic never denies access based on inability to pay.	2
Component 1.2: TOTAL SCORE		

1.3 Special Populations/Diversity

[Learn more about 1.3](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Accommodations are made to ensure quality contraception services for people with disabilities.	Clinic is accessible to people with disabilities (Title II and III of the ADA).	0
	Clinic is fully accessible, including exam room and medical equipment.	1
	Clinic has fully accessible and inclusive services and conducts outreach and education welcoming people with disabilities.	2
b. Clinic offers welcoming and inclusive environment. Clinic layout and written information, signage and staff are reflective of patients (including but not limited to communities of color, teens, sexual minorities and people with disabilities).	Clinic does not make efforts to have materials, signage and staff (including recruiting and retaining policies) that are reflective of patient populations.	0
	Clinic sometimes, or in some ways, makes efforts to create a welcoming and inclusive environment in which clinic layout and written information, signage and staff (including recruiting and retaining policies) are reflective of patients.	1
	Clinic routinely makes efforts to create a welcoming and inclusive environment in which clinic layout and written information, signage and staff (including policies for recruiting and retaining staff) are reflective of patients.	2
c. Clinic provides contraception care to transgender patients that is sensitive, respectful, and affirming and that recognizes and honors the patient's self-description or self-identification.	Clinic is not aware of the specific contraceptive needs of female-to-male transgender or non-binary individuals.	0
	Clinic is somewhat aware of the specific contraceptive needs of female-to-male transgender or non-binary individuals.	1
	Clinic is recognized in its community as expert in transgender reproductive health care.	2

Measure	Which option describes your clinic?	Circle # for your answer
d. Clinic collects patient demographic data to inform and improve the provision of culturally appropriate services.	Clinic collects minimal patient demographic data.	0
	Clinic collects robust patient demographic data OR uses patient demographic data to inform and improve provision of culturally appropriate contraception services.	1
	Clinic collects robust patient demographic data AND uses data to inform and improve provision of culturally appropriate contraception services.	2
e. Clinic conducts community assessment and engagement activities to inform and improve the provision of culturally appropriate services.	Clinic does not conduct community assessment, OR if assessment is conducted, it does not address contraception needs.	0
	Clinic periodically conducts community assessment and engagement activities that address contraception needs.	1
	Clinic uses community assessment and engagement data to inform and improve provision of quality contraception services.	2
f. Clinic has patient advisory panel or other structured means for patients to provide input on contraception services.	Clinic does not have a patient advisory panel OR patient advisory panel does not address contraception.	0
	Clinic has patient advisory panel but it is not active and does not meet regularly.	1
	Clinic has patient advisory panel that addresses contraception services AND meets regularly to provide input.	2
Component 1.3: TOTAL SCORE		

1.4 Language/Health Literacy/Communication

[Learn more
about 1.4](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic has patient interpretation services available.	Patient interpretation services are not available.	0
	Clinic notifies patients of available language interpretation services (in person when feasible) at no cost to patient.	1
	Clinic employs bilingual staff based on patient demographics and/or makes in-person interpreters available (when feasible).	2
b. Clinic has patient education materials related to contraception available at 6 th grade reading level.	No patient education materials related to contraception are available at 6 th grade reading level.	0
	Some patient education materials related to contraception are available at 6 th grade reading level.	1
	All patient education materials related to contraception are available at 6 th grade reading level.	2
c. Clinic has materials/ documents and important health information related to contraception available in non-English language(s) and non-written formats.	Materials/documents are available in English language only.	0
	Vital materials/documents, such as enrollment forms, consent forms and key signage, are available in most prevalent non-English language(s).	1
	All materials/documents are available in most prevalent non-English language(s) AND important health information is conveyed in a non-written (e.g. graphic or verbal) format.	2
d. Clinic provides all staff with training and tools to facilitate courteous and helpful communication between patients and staff.	Clinic does not provide staff with training or tools to facilitate patient-staff communication.	0
	Clinic routinely provides <i>some</i> staff with training and tools to facilitate patient-staff communication.	1
	Clinic provides <i>all</i> staff with training and tools to facilitate patient-staff communication.	2
Component 1.4: TOTAL SCORE		



2.1 Assess for Pregnancy Intentions

[Learn more about 2.1](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinicians/staff conduct patient assessment of pregnancy intentions.	Clinicians/staff do not routinely assess for and discuss pregnancy intentions with patients.	0
	Pregnancy intentions are discussed with patients of reproductive capacity some of the time OR by some clinicians/staff.	1
	All clinicians/staff routinely assess for and discuss pregnancy intentions with patients of reproductive capacity.	2
Component 2.1: TOTAL SCORE		

2.2 Counseling and Education

[Learn more about 2.2](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic supports staff training and/or professional development related to contraception counseling strategies and methods.	Clinic never offers staff training or professional development related to contraception counseling strategies and methods.	0
	Clinic sometimes offers hard-copy and electronic resources with up-to-date information about contraception counseling strategies and methods to all staff providing contraception services.	1
	Clinic routinely offers hard-copy and electronic resources and in-person/live trainings with up-to-date information about contraception counseling strategies and methods to all staff providing contraception services.	2

Measure	Which option describes your clinic?	Circle # for your answer
b. Clinicians use established guidelines for medical decision-making during contraception counseling.	Clinicians don't use established guidelines for medical decision-making during contraception counseling.	0
	Recommendations of the U.S. Medical Eligibility Criteria and U.S. Selected Practice Recommendations for Contraceptive Use are used in contraception counseling by some clinicians OR some of the time.	1
	All clinicians routinely use recommendations of the U.S. Medical Eligibility Criteria and U.S. Selected Practice Recommendations for Contraceptive Use in contraception counseling.	2
c. Clinicians/ staff provide patient-centered contraceptive counseling and decision-making techniques that take into account patients' cultural, religious, and personal values and preferences.	Clinicians/staff consider only medical criteria when recommending methods to their patients and do not provide patient-centered counseling and decision-making techniques that are responsive to patients' cultural, religious, and personal values and preferences.	0
	Clinicians/staff have some skills in providing patient-centered contraceptive counseling and decision-making techniques that are responsive to patients' cultural, religious, and personal values and preferences.	1
	Clinicians/staff routinely and skillfully provide patient-centered contraceptive counseling and decision-making techniques that are responsive to patients' cultural, religious, and personal values and preferences.	2

Measure	Which option describes your clinic?	Circle # for your answer
d. Personal and professional development is available to ensure that contraception counseling is conducted with sensitivity to cultural and historical context and awareness of the potential role of implicit bias and stereotyping.	Clinicians/staff are unaware of their need for personal/professional development to ensure that contraception counseling is conducted with sensitivity to cultural and historical context and awareness of the potential role of implicit bias and stereotyping.	0
	Some clinicians/staff actively seek personal/professional development opportunities, including materials, experiences (e.g., community cultural events) or trainings, to ensure that contraception counseling is conducted with sensitivity to cultural and historical context and awareness of the potential role of implicit bias and stereotyping.	1
	All or most clinicians/staff seek personal/professional development opportunities, including materials, experiences (e.g., community cultural events) or trainings, to ensure that contraception counseling is conducted with sensitivity to cultural and historical context and awareness of the potential role of implicit bias and stereotyping.	2
Component 2.2: TOTAL SCORE		

2.3 Condoms and Vasectomy Services

[Learn more about 2.3](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Contraception services are available to patients assigned male at birth.	Neither condoms nor vasectomy services are provided.	0
	Condoms are dispensed onsite.	1
	Condoms are dispensed on-site and clinic has established referral relationship in place for the provision of vasectomies OR vasectomies are provided on-site.	2
Component 2.3: TOTAL SCORE		

2.4 Services for Youth

[Learn more about 2.4](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic has policies in place related to mandatory reporting requirements and minors' rights.	Clinic has no policies in place related to mandatory reporting requirements OR minors' rights to consent for contraception care.	0
	Clinic has policies in place related to mandatory reporting requirements AND minors' rights to consent for contraception care.	1
	Clinic staff are adequately and routinely trained on clinic policies related to mandatory reporting requirements AND minors' rights to consent for contraception care.	2
b. Clinic has youth-friendly practices in place.	Clinic provides contraception services in the same manner to all patients regardless of their age.	0
	Clinic makes some efforts to ensure that youth-friendly contraception services are provided, including but not limited to visual and auditory privacy in waiting/exam rooms, separate waiting area and/or special clinic hours for youth.	1
	Clinic seeks youth input on contraception services, including but not limited to youth membership on clinic advisory board and active and continuous youth involvement in design of services.	2
c. Clinic takes into account patient confidentiality concerns in billing procedures.	Clinic has no <i>alternative</i> billing procedures in place for patients with confidentiality concerns.	0
	Clinic staff advise patients about potential breaches in confidentiality associated with billing communications.	1
	Clinic staff provide <i>alternative</i> billing options (e.g. self-pay on sliding fee scale) for patients with confidentiality concerns.	2
Component 2.4: TOTAL SCORE		

2.5 Services for Postpartum and/or Breastfeeding Women

[Learn more about 2.5](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinicians provide contraception to postpartum and/or breastfeeding women.	Clinicians do not routinely provide contraception to postpartum and/or breastfeeding women.	0
	Some clinicians offer contraception to postpartum and/or breastfeeding women in accordance with U.S. Medical Eligibility Criteria and U.S. Selected Practice Recommendations for Contraceptive Use.	1
	All clinicians provide contraception to postpartum and/or breastfeeding women in accordance with U.S. Medical Eligibility Criteria and U.S. Selected Practice Recommendations for Contraceptive Use.	2
b. Clinicians provide a range of contraceptive methods to postpartum and/or breastfeeding women.	Clinic provides limited range of methods to postpartum and/or breastfeeding women.	0
	Clinic provides full range of methods, including LARCs (early insertion), hormonal methods, and lactational amenorrhea method (LAM) to postpartum and/or breastfeeding women.	1
	Women are offered immediate postpartum LARC insertion.	2
c. Clinicians/staff provide counseling on inter-conception birth spacing for postpartum and/or breastfeeding women.	Clinicians/staff do not provide counseling on optimal inter-conception birth spacing to postpartum and/or breastfeeding women.	0
	Clinicians/staff sometimes provide counseling on optimal inter-conception birth spacing to postpartum and/or breastfeeding women.	1
	Clinicians/staff routinely provide counseling on optimal inter-conception birth spacing to postpartum and/or breastfeeding women.	2
Component 2.5: TOTAL SCORE		

2.6 Contraceptive Supplies

[Learn more about 2.6](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic provides access to emergency contraception (EC) on-site.	EC is not available on-site.	0
	Clinic can administer oral EC, including Plan B and ella®, for immediate use on-site (according to efficacy guidelines for weight and BMI) OR can insert Paragard® IUD within five days of unprotected intercourse.	1
	Clinic can administer oral EC, including Plan B and ella®, for immediate use on-site (according to efficacy guidelines for weight and BMI) AND can insert Paragard® IUD within five days of unprotected intercourse.	2
b. Clinic provides access to broad range of contraceptive methods on-site.	No contraceptive methods are available on-site.	0
	Clinic dispenses broad range of FDA-approved methods on-site.	1
	When clinically indicated, clinic dispenses up to one-year supply of broad range of FDA-approved methods onsite AND LARCs continuously stocked on-site for easy and timely access.	2
Component 2.6: TOTAL SCORE		

2.7 Contraceptive Procedures: LARC Insertion/Removal and Diaphragm Fitting

[Learn more about 2.7](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic offers IUD insertions/removals.	IUD insertions/removals are not offered on-site.	0
	Clinic offers on-site, routine IUD insertions/removals, including for women who are nulliparous, adolescents, or who have yet to engage in sexual activity.	1
	Clinic is able to manage both routine and complicated IUD insertions and removals on-site.	2
b. Clinic offers implant insertions/removals.	Implant insertions/removals are not offered on-site.	0
	Clinic offers on-site, routine implant insertions/removals.	1
	Clinic is able to manage both routine and complicated implant insertions and removals on-site.	2
c. Clinic offers timely access to LARCs.	Clinic access to LARCs is limited (e.g., clinician available only one to two days per month).	0
	Clinic is able to accommodate single-visit provision of LARCs within a reasonable appointment window (e.g., two weeks).	1
d. Clinic offers diaphragm fittings.	Clinic does not offer diaphragm fittings on-site.	0
	Clinic offers diaphragm fittings on-site.	1
Component 2.7: TOTAL SCORE		

2.8 Patient Support for Contraception Management

[Learn more about 2.8](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinicians provide patient support for contraceptive method adherence/management of side effects.	Clinicians are unable to provide patient support for method adherence and to guide them through routine side effects.	0
	Clinicians are able to provide patient support for method adherence and to guide them through routine side effects.	1
b. Clinicians provide patient support for contraceptive method switch.	Clinicians are unable to support patients with method switch when there is strong patient preference or medical necessity.	0
	Clinicians are able to support patients with method switch when there is strong patient preference or medical necessity.	1
c. Clinicians provide patient support for routine side effects versus serious complications related to contraception.	Clinicians are unable to distinguish between routine side effects and serious complications (e.g., deep vein thrombosis, uterine perforation).	0
	Clinicians are able to distinguish between routine side effects and serious complications (e.g., deep vein thrombosis, uterine perforation).	1
d. Clinic provides patients information about who to contact, how to contact them, and when to make contact about ongoing contraception needs.	Clinic provides limited or no information to patients about contacting the clinic/clinicians about ongoing contraception needs.	0
	Clinic offers some information to patients about contacting the clinic/clinicians about ongoing contraception needs.	1
	Clinic always offers information to patients about contacting the clinic/clinicians about ongoing contraception needs.	2
Component 2.8: TOTAL SCORE		

Community Collaborations with Other Providers

3.1 Linkages to Contraception Services

[Learn more about 3.1](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic makes referrals to other providers for contraception services not provided on-site (e.g., tubal ligations, vasectomies, etc.).	Patient referrals are not made to other providers for contraception services not provided on-site.	0
	Patient referrals are made to other providers for contraception services not provided on-site. System in place to document referral and to request and track follow up for referrals, including requesting information back from referral agencies for services rendered, when clinically relevant and legally appropriate.	1
	Clinic has established relationships with other providers to refer patients for contraception services not provided on-site, including formal agreements with referral agencies.	2
b. Clinic receives referrals and telephone consultations from other providers for contraception services.	Clinic accepts referrals and telephone consultations from other providers to provide routine contraception services.	0
	Clinic accepts referrals and telephone consultations from other providers for patients with contraception complications or difficult management issues.	1
	Clinic actively seeks formal arrangements with other providers to provide contraception services to their patients, particularly providers with high priority patient populations.	2
Component 3.1: TOTAL SCORE		

3.2 Linkages to Social and Behavioral Services, Including Domestic Violence/ Mental Health/Substance Abuse

[Learn more about 3.2](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic makes referrals to other providers for social and behavioral services, including domestic violence/ mental health/ substance abuse.	Patient referrals are made to other providers for social and behavioral services not provided on-site.	0
	Systems are in place to document referrals and to request and track follow up for referrals, including requesting information back from referral agencies for services rendered, when clinically relevant and legally appropriate.	1
	Clinic provides integrated social and behavioral services on-site and doesn't require patients to schedule separate encounters for these services.	2
Component 3.2: TOTAL SCORE		

3.3 Linkages to Primary Care and/or Chronic Disease Care Management Services

[Learn more about 3.3](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic makes referrals to other providers for primary care and/or chronic disease care management services.	Patient referrals are made to other providers for primary care and/or chronic disease care management services not provided on-site.	0
	Systems are in place to document referral and to request and track follow up for referrals, including requesting information back from referral agencies for services rendered, when clinically relevant and legally appropriate.	1
	Clinic provides primary care and/or chronic disease care management services on-site and doesn't require patients to schedule separate encounters for these services.	2
Component 3.3: TOTAL SCORE		

Evaluation of Patient Experience with Contraception Services

4.1 Evaluation of Patient Experience

[Learn more about 4.1](#)

Measure	Which option describes your clinic?	Circle # for your answer
a. Clinic solicits patient feedback regarding the contraception services they receive.	Clinic has no process to solicit patient feedback regarding contraception services.	0
	Clinic has informal process (e.g., patient comment box) to solicit patient feedback regarding contraception services.	1
	Clinic has formal process (e.g., advisory group, routine patient survey) for soliciting patient feedback regarding contraception services.	2
b. Clinic uses patient feedback and other patient experience evaluation findings to improve/enhance patients' experience with contraception services.	Clinic never uses patient feedback and other evaluation findings to improve patients' experience with contraception services.	0
	Clinic sometimes uses patient feedback and other evaluation findings to improve patients' experience with contraception services.	1
	Clinic routinely uses patient feedback and other evaluation findings to improve patients' experience with contraception services.	2
Component 4.1: TOTAL SCORE		

Scoring Worksheet

DOMAIN 1: Access

1.1:	
1.2:	
1.3:	
1.4:	
SCORE:	

DOMAIN 2: Service Provision

2.1:	
2.2:	
2.3:	
2.4:	
2.5:	
2.6:	
2.7:	
2.8:	
SCORE:	

DOMAIN 3: Community Collaborations with Other Providers

3.1:	
3.2:	
3.3:	
SCORE:	

DOMAIN 4: Evaluation of Patient Experience with Contraception Services

4.1:	
SCORE:	

	=	MY CLINIC SCORE:	
SCORE OF:	50-69	=	QUALITY CONTRACEPTION PROVIDER
	70+	=	EXPERT CONTRACEPTION PROVIDER