

# National Family Planning & Reproductive Health Association

December 8, 2021

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

RE: In Support of Upstream USA's Submission to Add the Pregnancy Intention Screening Question (PISQ) Data Element to the US Core Data for Interoperability (USCDI), Version 3

Dear National Coordinator Tripathi:

The National Family Planning & Reproductive Health Association (NFPRHA) is pleased to express its support for Upstream USA's submission to add the Pregnancy Intention Screening Question (PISQ) data element into the US Core Data for Interoperability (USCDI) set. Asking reproductive-aged patients about their reproductive intentions has the potential to reduce unmet contraceptive need through contraceptive provision and improve the health of wanted pregnancies through prepregnancy care, including chronic disease management, folic acid uptake, and reduced risk of exposure to teratogenic substances. By including the PISQ data element in the USCDI – which defines what data elements are available for interoperable health information exchange through certified electronic health records (EHRs) – the US will be one step closer to systemizing how patients' desire for reproductive health services is captured in clinical settings. Screening also can facilitate more timely access to these essential services; and access to quality reproductive health 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 PISQ 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.

NFPRHA applauds the significant work that already has taken place to encourage the provision and data capture (from EHRs) of reproductive intention screening in clinical settings, including establishing standard LOINC and SNOMEDCT codes. Adding the PISQ and its associated codes to the USCDI set would make it even easier for health care providers to measure and report on the extent to which this evidence-based practice has been integrated into their clinical workflows. Such data also can serve as an important quality improvement tool.

Inclusion of the PISQ in the USCDI set, Version 3, also would facilitate easier data sharing between health care providers and other entities, including the federal government. Of note, OPA has included PISQ as a required data element in Title X encounter-level data reporting; and the Title X family planning program aims to collect the PISQ data element across all its service sites 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 PISQ data element in the USCDI set, Version 3, 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 PISQ data element. If you require additional information about the issues raised in this letter, please contact me at [deikner@nfprha.org](mailto:deikner@nfprha.org) or my colleague, Elizabeth Jones, Senior Director, Service Delivery Improvement, at [ejones@nfprha.org](mailto:ejones@nfprha.org).

Sincerely,



Daryn Eikner, MS

Vice President, Service Delivery Improvement

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