Expanding access to medical abortion across the globe with telehealth

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Outline

• (brief) Ibis Introduction
• Telehealth; definition and use
• Telehealth for medication abortion
  • Direct-to-Patient (DTP) models
• COVID-19 shifts in provision
Commitment to the advancement of sexual and reproductive autonomy, choices, and health

Principled partnerships are critical to shifting power to communities most affected and leveraging lasting change

Transform access to abortion and contraception through service delivery and technology innovations
Telehealth

• “Telecommunications technology and services used to provide care at-a-distance”
  • Synchronous (real-time)
  • Asynchronous (store & forward)
• Widely used
  • Radiology
  • Mental health
  • Specialist consultation
• In US, fastest growing source of non-clinic care
Why telehealth?

- It addresses what matters to patients!
  - Accessibility
    - Expands access to more locations
  - Availability
    - Expands appointments
  - Accommodation
    - For some, better meets care preferences
  - Affordability
    - May decrease secondary costs of care
  - Acceptability
    - For some, more person-centered
- Work-around for laws and policies that limit or ban abortion
Telehealth: Medication Abortion

- Counseling and assessment
- Acquisition of abortion medication
- Support through abortion process
- Assess abortion completion and needs
Formal models for medication acquisition

1. Telehealth abortion enables providers to offer services remotely beyond an individual health center.

**Traditional Model**
Clinician offers abortion care in person at a health center.

**Site-to-Site Model**
Clinician offers medication abortion remotely at other health centers.

**Direct-to-Patient Model**
Clinician offers medication abortion directly to patient at a remote location chosen by the patient (such as at home).

*Source: Guttmacher Institute.*
Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa

Abortion: Original Research

Medication Abortion Provided Through Telemedicine in Four U.S. States

Second-trimester medication abortion outside the clinic setting: an analysis of electronic client records from a safe abortion hotline in Indonesia
Direct-to-patient (DTP) telehealth models (medicalized)
Medication abortion access in Australia

- Medication abortion via **mifepristone and misoprostol pack available in 2014**
- Medication abortion **available to 63 days gestation**
- **Telehealth service established in 2015** to provide access for individuals in rural, regional and remote Australia
- Available in all Australian States and Territories **except** South Australia (due to their legislation)
Evaluation: telehealth in a less restrictive setting

Clients
- Survey
- In-depth interviews

Staff and providers
- In-depth interviews

Service Statistics
- Two years before
- Two years after

Acceptability and Satisfaction

Feasibility

Safety and Accessibility
### Patient satisfaction

<table>
<thead>
<tr>
<th></th>
<th>In-clinic (n=232)</th>
<th>Telehealth (n=180)</th>
</tr>
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<tbody>
<tr>
<td><strong>Level of overall satisfaction</strong> <em>(Very satisfied)</em></td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td><strong>Satisfaction with provider conversation</strong> <em>(Very satisfied)</em></td>
<td>80%</td>
<td>89%</td>
</tr>
<tr>
<td><strong>Would recommend to a friend</strong></td>
<td>67%</td>
<td>69%</td>
</tr>
<tr>
<td><strong>Would prefer to be in same room as provider</strong></td>
<td>--</td>
<td>1%</td>
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The option was to either go into the clinic, and if the times worked out to use the medicated or if it was too late to do surgical. But *when I found out it was* – the clinic was in [xxx], so it’s probably an hour away from where I was. And obviously, you can’t bring children. Yeah. I threw that out the window, because I don’t – my mother was away on holiday, so I couldn’t get her to watch the kids. And it would have, yeah, been a little bit hard to get there, and to wait as well. So it seemed a lot more convenient to do it from home.
“It’s wonderful for nurses in terms of the fact that the nurse is taking on much more of her role with telehealth at clinic...it’s pretty much a nurse-led service with a doctor at the end. So in terms of professional development and their satisfaction with the work they’re doing, most of the nurses who are doing telehealth at clinic – in fact all of them actually really enjoy it and that’s definitely the feedback I get because...they’re running the show, which is great.”
Less restrictive setting:
COVID-19 related shifts in provision

[Bar chart showing telehealth use comparison between JAN-2019 and JAN-2020]
Lessons learned from less restrictive setting

**Benefits**
- Facilitates access to medication abortion
- Pandemic ‘friendly’
- Patient centered
- Consistent medication supply

**Limits**
- Gestational limits
- Medication abortion regulations
- Loss of wrap around SRH care
- Difficult to detect/ screen for reproductive coercion/ violence and other coercive forces
Translating DTP models

Seventeen states block clinicians from dispensing abortion medication remotely

Source: Guttmacher Institute.

PA Governor Vetoes Telehealth Bill, Promotes New COVID-19 Guidance

Pennsylvania Governor Tom Wolf has vetoed a telehealth bill that included a ban on telemedicine abortions, and has released new guidance that expands telehealth use and coverage during the Coronavirus pandemic.

Women can get abortion pill by mail during COVID-19 pandemic, federal judge rules

The ruling will allow healthcare providers to arrange for mifepristone to be delivered to patients so they don't have to visit a medical office.
DTP telehealth models (de-medicalized)
DTP Telehealth Models in Restrictive Settings
UN ABORTO ACOMPAÑADO ES UN ABORTO SEGURO
Research Partnerships with DTP Models

- Argentina
- Chile
- Ecuador
- Indonesia
- Kenya
- Mexico
- Nigeria
- Poland

MAMA Network Members
Democratic Republic of Congo, Kenya, Malawi, Nigeria, Tanzania, Uganda
The SAFE Study Design

Enrollment & Baseline survey

1st follow-up (those who take pills)

1st follow-up (those who do not take pills)

2nd follow-up survey

- Invitation, consent, enrollment, baseline survey: conducted at end of counseling phone call
- Date participant begins medication abortion (takes first pill)
- First follow-up survey: 7 days after participant begins medication abortion
- First follow-up survey: 14 days after enrollment (for those who do not report taking pills)
- Second follow-up survey: 21 days after participant begins medication abortion
SAFE Pilot Study: Obtaining medications

• By 7-day follow-up: 89% of enrolled obtained pills
  • 48% from a pharmacy
  • 12% from a trusted provider (varied by site)
  • 40% did not specify
Effectiveness of DTP Models in pilot study

- Nearly everyone who took medication abortion pills successfully ended their pregnancy
- All but three ended the pregnancy with the pills alone
- To manage pain, 63% used pain medications and 10% used distractions (listening to music or watching tv)

<table>
<thead>
<tr>
<th>Abortion outcome</th>
<th>Total (n=202)</th>
<th>Mife + Miso regimen (n=107)</th>
<th>Miso only regimen (n=94)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reported feeling abortion was complete</td>
<td>192</td>
<td>103</td>
<td>88</td>
</tr>
<tr>
<td>Reported feeling abortion was complete and no surgical intervention</td>
<td>189</td>
<td>101</td>
<td>87</td>
</tr>
<tr>
<td>Reported feeling unsure if abortion was complete**</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Reported feeling that abortion was NOT complete***</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
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Completion & Safety events from DTP

33% visited a health facility during or after MA
Only 8% of these were for a concern
A small number experienced warning signs of complications:
  - Foul smelling discharge (5%)
  - Heavy bleeding (4%)
  - Persistent pain (4%)

If complete, how did you know?

- Saw products of conception (50%)
- Negative pregnancy test (18%)
- Pregnancy symptoms ended (17%)
- Ultrasound confirmed completion (15%)
- Clinician told me (4%)
- Accompanier/counselor told me (4%)
- Other (4%)
Restrictive Settings: Satisfaction with telehealth support

- **96.5%** reported feeling that they had all of the support they needed from the hotline.
- The 7 respondents who reported NOT having all the support they needed expressed:
  - Difficulty getting the pills (2.2%)
  - Wanting a physical place for services (0.9%)
  - Counselor not responding to calls (0.4%)
Did the COVID-19 lockdown affect your ability to get pills?
"Yes, how we are reacting to it, we have plenty of pharmacies we work with. We now call them and check if they have the products. If they have the products we refer the women to them. […] So we actually make our friendly pharmacies. At times, we thought of… getting the products by ourselves so that we can also ….. It didn’t really work out well because the women are still restricted, they are not moving around, and so that is it. […] And another thing we have, when the lockdown started being prolonged […] if the pharmacy shops finished the [pills] they have and they could not go to buy another one, if they cannot procure new product, it becomes a problem. That’s one big fear we have. […] We cannot travel to another state right now. If we are in Lagos, we are stuck in Lagos."

- Safe abortion hotline representative, June 2020
Evidence from online, community distribution, and hotline models consistently find evidence of high effectiveness of self-managed MA with telehealth support.
Effectiveness beyond 12 weeks gestation

- Retrospective review of 318 records for accompanied abortions between 13-24 weeks gestation
- Argentina, Chile, Ecuador between 2016-2018

![Bar chart showing percentage of complete abortions after 12 and 24 weeks gestation.](chart.png)
Lessons Learned from use of DTP in Restrictive Settings

- DTP model is patient-centered, safe, effective, and acceptable – for wide range of gestations
- People can adhere successfully to MA protocols without clinical supervision
- Relationships with trusted health care providers and drug providers are essential
- Ubiquity of telephone/internet access make this model easily adaptable in new settings
- Supply chain more difficult to navigate with legal restrictions
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