



Ibis Reproductive Health

# Expanding access to medical abortion across the globe with telehealth

*Terri-Ann Thompson, PhD*

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*July 28, 2020*

# Outline

- (*brief*) Ibis Introduction
- Telehealth; definition and use
- Telehealth for medication abortion
  - Direct-to-Patient (DTP) models
- COVID-19 shifts in provision



# Ibis Reproductive Health



- 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

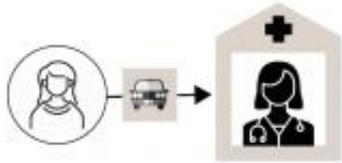
Support  
through  
abortion  
process

Assess  
abortion  
completion  
and needs

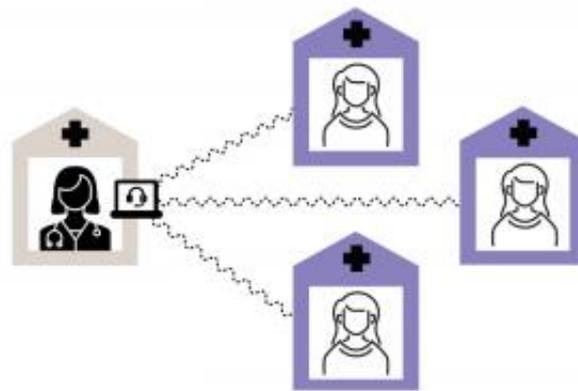


# Formal models for medication acquisition

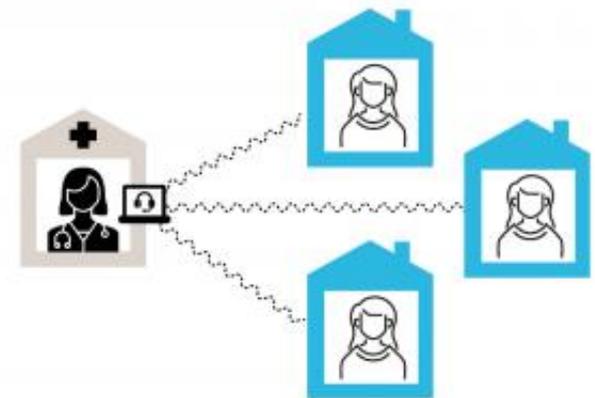
## 1 Telehealth abortion enables providers to offer services remotely beyond an individual health center



**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.



# Ibis' telehealth portfolio



## Changes in Service Delivery Patterns After Introduction of Telemedicine Provision of Medical Abortion in Iowa

Daniel A. Grossman, MD, Kate Grindlay, MSPH, Todd Buchacker, RN, Joseph E. Potter, PhD, and Carl P. Schmertmann, PhD

Contents lists available at [ScienceDirect](#)

**Contraception**

ELSEVIER journal homepage: [www.elsevier.com/locate/con](http://www.elsevier.com/locate/con)

Original Research Article

Effectiveness of self-managed medication abortion between 13 and 24 weeks gestation: A retrospective review of case records from accompaniment groups in Argentina, Chile, and Ecuador ☆☆☆★

Heidi Moseson<sup>a,\*</sup>, Kimberley A. Bullard<sup>b</sup>, Carolina Cisternas<sup>c</sup>, Belén Grosso<sup>d</sup>, Verónica Vera<sup>e</sup>, Caitlin Gerdt<sup>a</sup>

Abortion: *Original Research*

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

Julia E. Kohn, PhD, MPA, Jennifer L. Snow, MS, Hannah R. Simons, DrPH, Jane W. Seymour, MPH, Terri-Ann Thompson, PhD, and Daniel Grossman, MD

Research

 OPEN ACCESS

**Second-trimester medication abortion outside the clinic setting: an analysis of electronic client records from a safe abortion hotline in Indonesia**

Caitlin Gerdt<sup>1</sup>, Ruvani T Jayaweera<sup>1</sup>, Sarah E Baum<sup>1</sup>, Inna Hudaya<sup>2</sup>



# 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

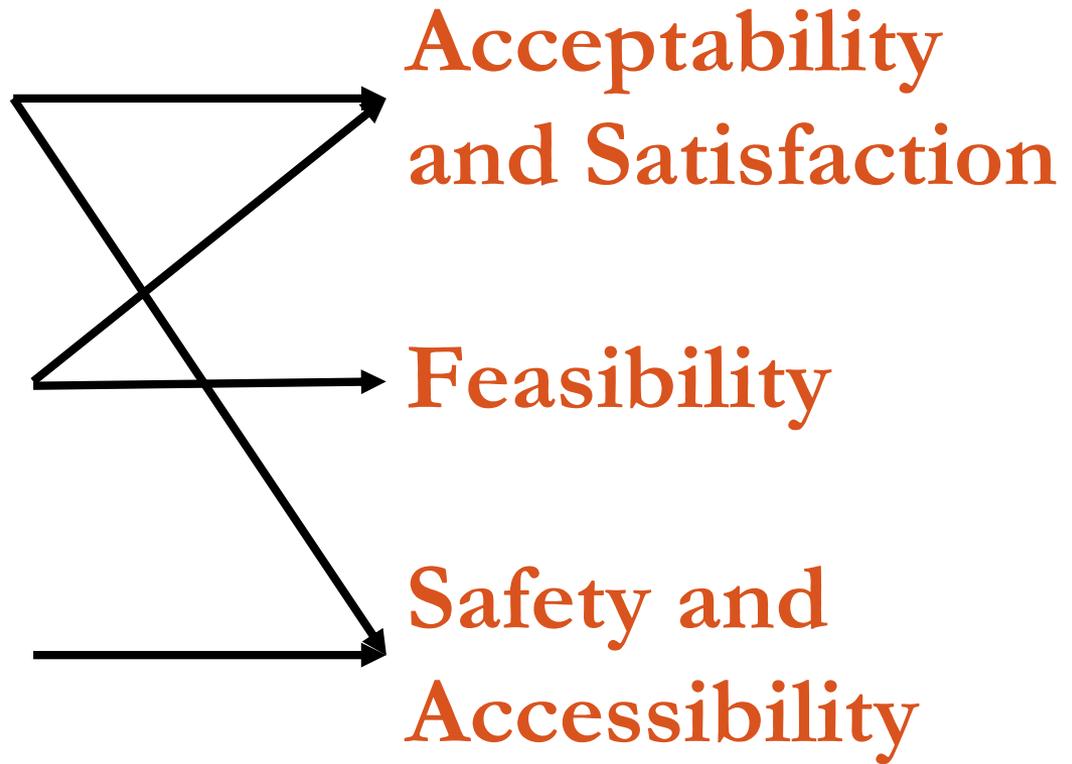
- Survey
- In-depth interviews

## Staff and providers

- In-depth interviews

## Service Statistics

- Two years before
- Two years after



# Patient satisfaction

95% received medications by mail

15% experienced difficulty receiving medications

	In-clinic (n=232)	Telehealth (n=180)
<b>Level of overall satisfaction</b> <i>(Very satisfied)</i>	79%	79%
<b>Satisfaction with provider conversation</b> <i>(Very satisfied)</i>	80%	89%
<b>Would recommend to a friend</b>	67%	69%
<b>Would prefer to be in same room as provider</b>	--	1%



# Patient satisfaction cont.

Original research

## At-home telemedicine for medical abortion in Australia: a qualitative study of patient experiences and recommendations

Laura Fix ,<sup>1</sup> Jane W Seymour,<sup>1</sup> Monisha Vaid Sandhu,<sup>2</sup> Catriona Melville,<sup>2</sup> Danielle Mazza,<sup>3</sup> Terri-Ann Thompson<sup>1</sup>

BMJ Sex Reprod Health: first published as 10.1136/sexrep-2019-024711

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.**



# Provider acceptability

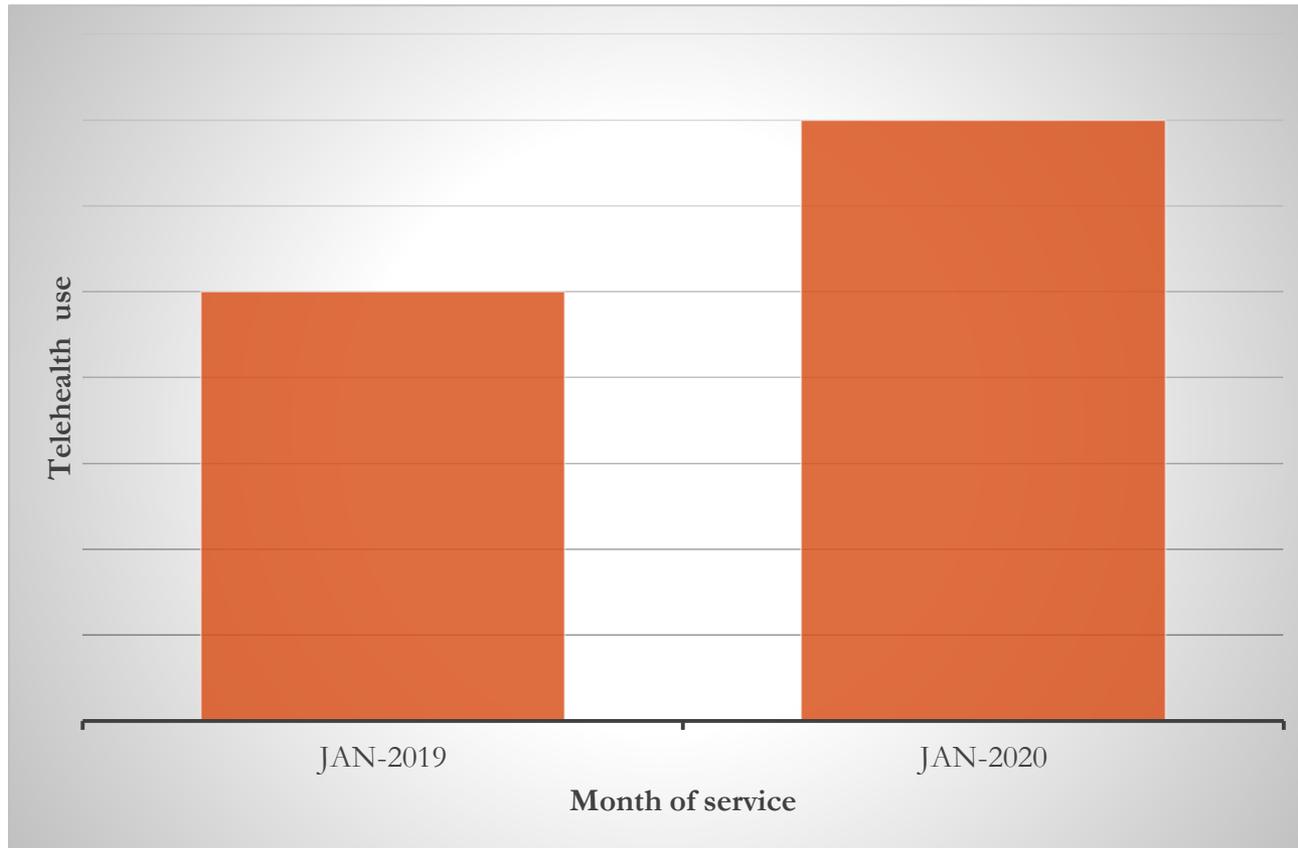


Evaluation of a programme to provide medical abortion via telemedicine technology:  
A report on staff perspectives

“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



# Lessons learned from less restrictive setting

## Benefits

- Facilitates access to medication abortion
- Pandemic 'friendly'
- Patient centered
- Consistent medication supply

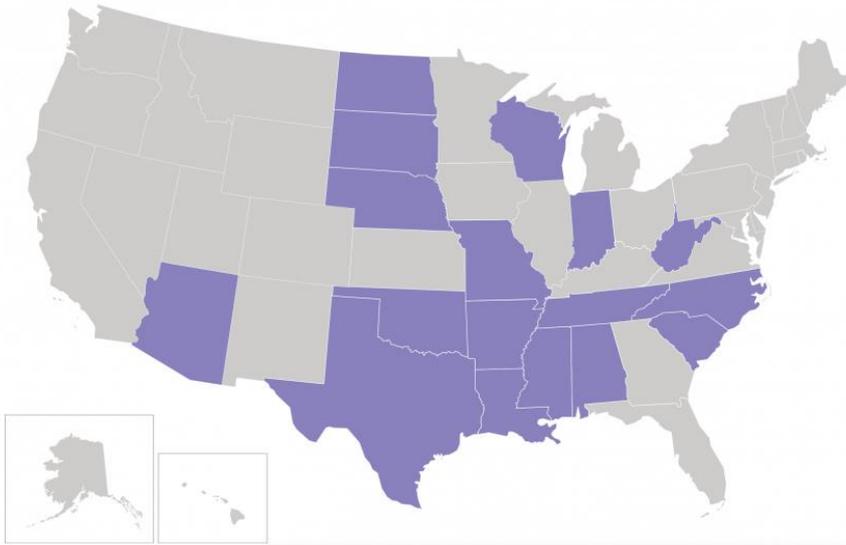
## Limits

- 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

## 2 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.



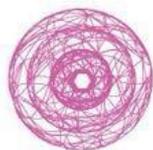
# DTP telehealth models (de-medicalized)



# DTP Telehealth Models in Restrictive Settings



Photo by Ican Lightcatcher

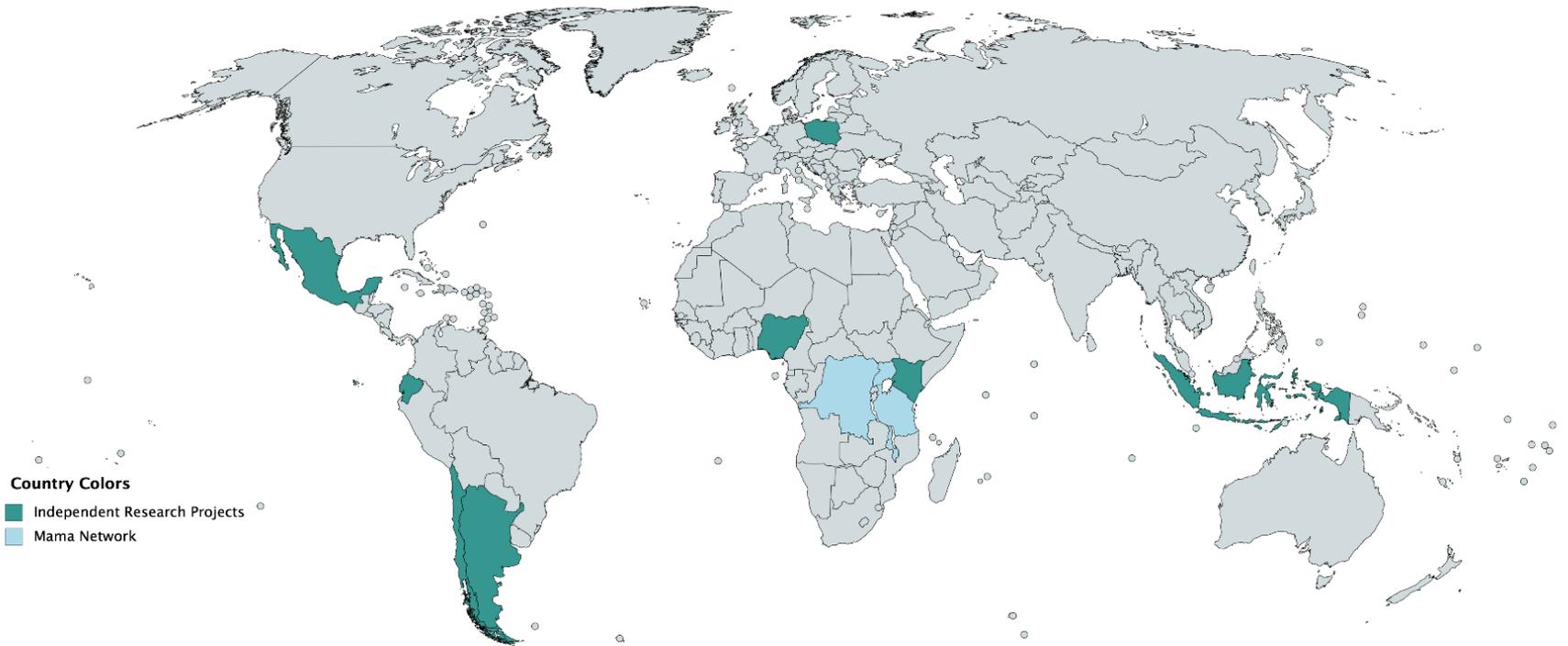


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ES UN ABORTO SEGURO

# Research Partnerships with DTP Models



- Argentina
- Chile
- Ecuador
- Indonesia

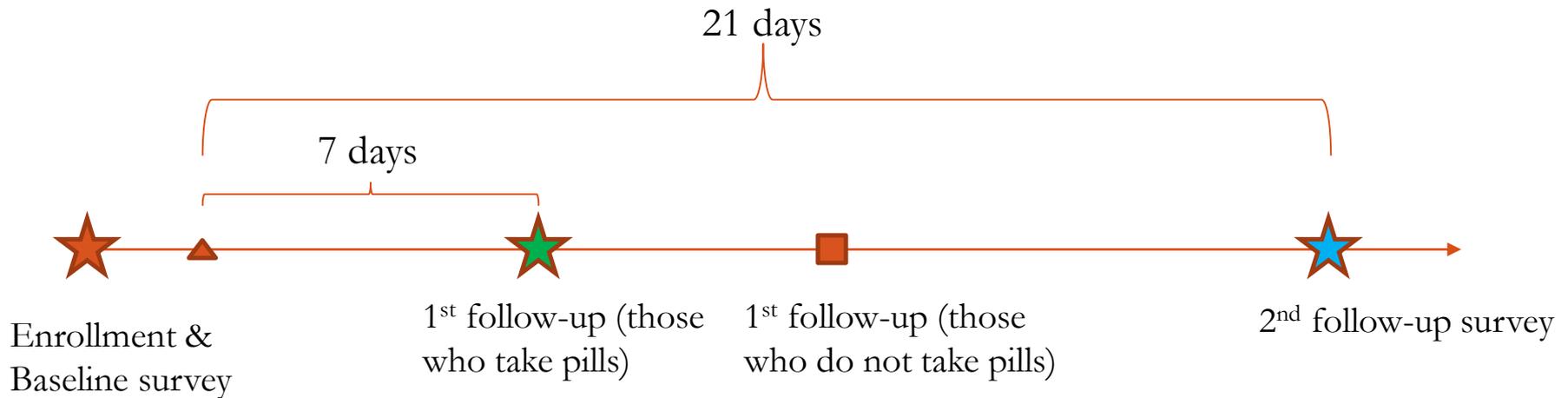
- Kenya
- Mexico
- Nigeria
- Poland

## MAMA Network Members

Democratic Republic of Congo, Kenya,  
Malawi, Nigeria, Tanzania, Uganda

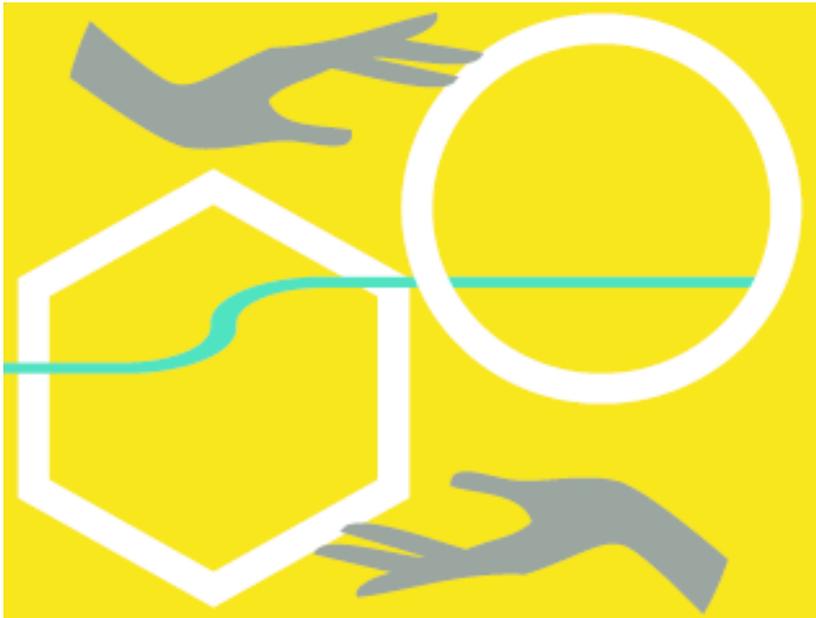


# The SAFE Study Design



- ★ 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

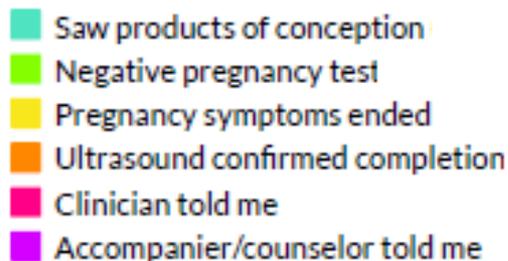
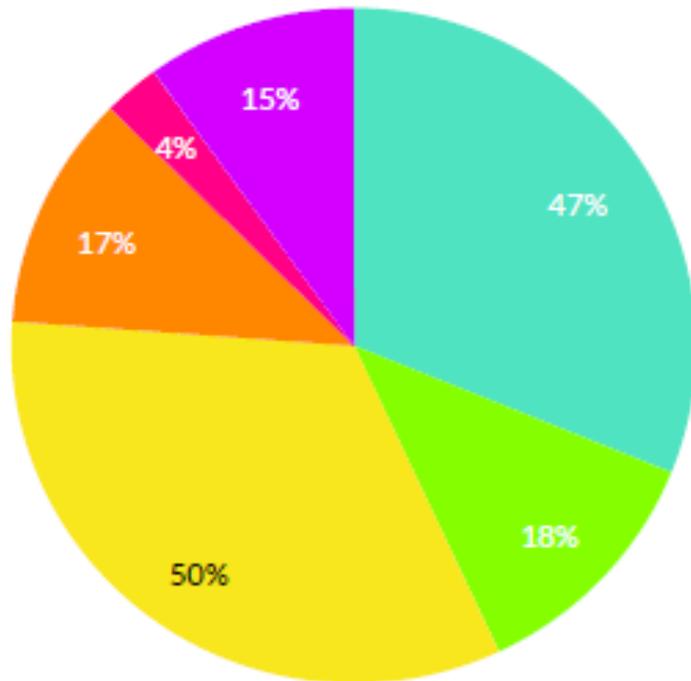
	Total (n=202)		Mife + Miso regimen (n=107)		Miso only regimen (n=94)	
<b>Abortion outcome</b>						
Reported feeling abortion was complete	192	95.1	103	96.3	88	93.6
Reported feeling abortion was complete and no surgical intervention	189	93.6	101	94.4	87	92.6
Reported feeling unsure if abortion was complete**	7	3.5	2	1.9	5	5.3
Reported feeling that abortion was NOT complete***	3	1.5	2	1.9	1	1.1

- 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)



# Completion & Safety events from DTP

'If complete, how did you know?'



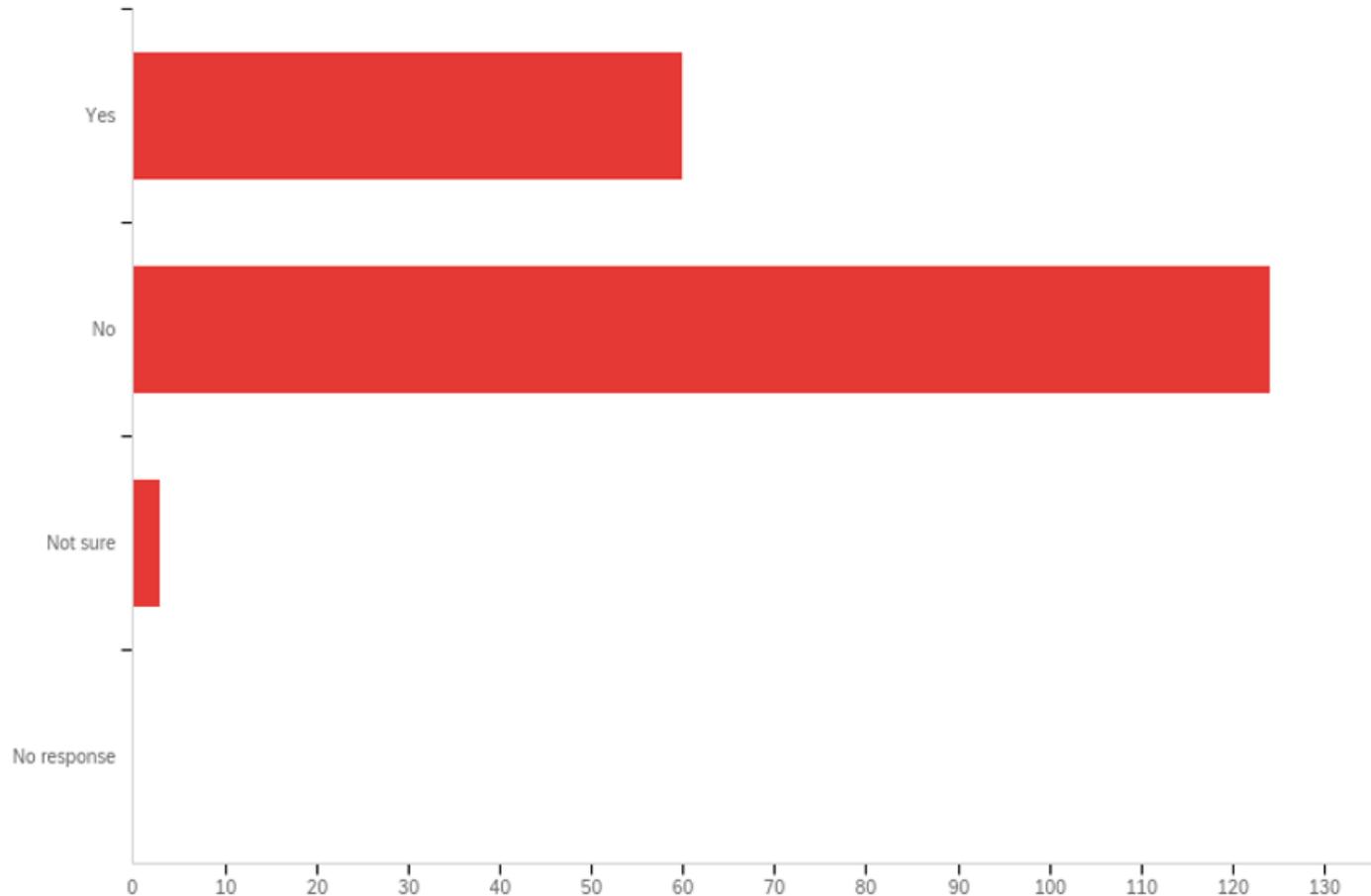
- 33% visited a health facility during or after MA
- Only 8% of these were for a concern
- A small number experienced warning signs of complications:
  - Foul smelling discharge (5%)
  - Heavy bleeding (4%)
  - Persistent pain (4%)

# 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%)



# Restrictive Settings: COVID-19 related shifts in provision



**Did the COVID-19 lockdown affect your ability to get pills?**

# Restrictive Settings: COVID-19 related shifts in provision

*"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

# Other evidence for DTP effectiveness

Evidence from online, community distribution, and hotline models consistently find evidence of high effectiveness of self-managed MA with telehealth support

RESEARCH

 OPEN ACCESS

**Self reported outcomes and adverse events after medical abortion through online telemedicine: population based study in the Republic of Ireland and Northern Ireland**

Ahmed D. A. Ailon<sup>1,2</sup>, Irina Diaz<sup>3,4</sup>, James Trussell<sup>5,6</sup>, Debora Compost<sup>7</sup>

  Contraception

Contraception 96 (2017) 242–247

Original research article

**Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand–Burma border<sup>☆</sup>**

Angel M. Foster<sup>a,b,c,\*</sup>, Grady Amott<sup>c</sup>, Margaret Hobstetter<sup>d</sup>

<sup>a</sup>Faculty of Health Sciences, University of Ottawa, Ottawa, ON, Canada  
<sup>b</sup>Institute of Population Health, University of Ottawa, Ottawa, ON, Canada  
<sup>c</sup>Cambridge Reproductive Health Consultants, Cambridge, MA, US  
<sup>d</sup>Bixby Center for Population, Health and Sustainability, University of California, Berkeley, Berkeley, CA, US

Research

 OPEN ACCESS

**Second-trimester medication abortion outside the clinic setting: an analysis of electronic client records from a safe abortion hotline in Indonesia**



# Effectiveness beyond 12 weeks gestation

Contents lists available at ScienceDirect

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Contraception

journal homepage: [www.elsevier.com/locate/con](http://www.elsevier.com/locate/con)

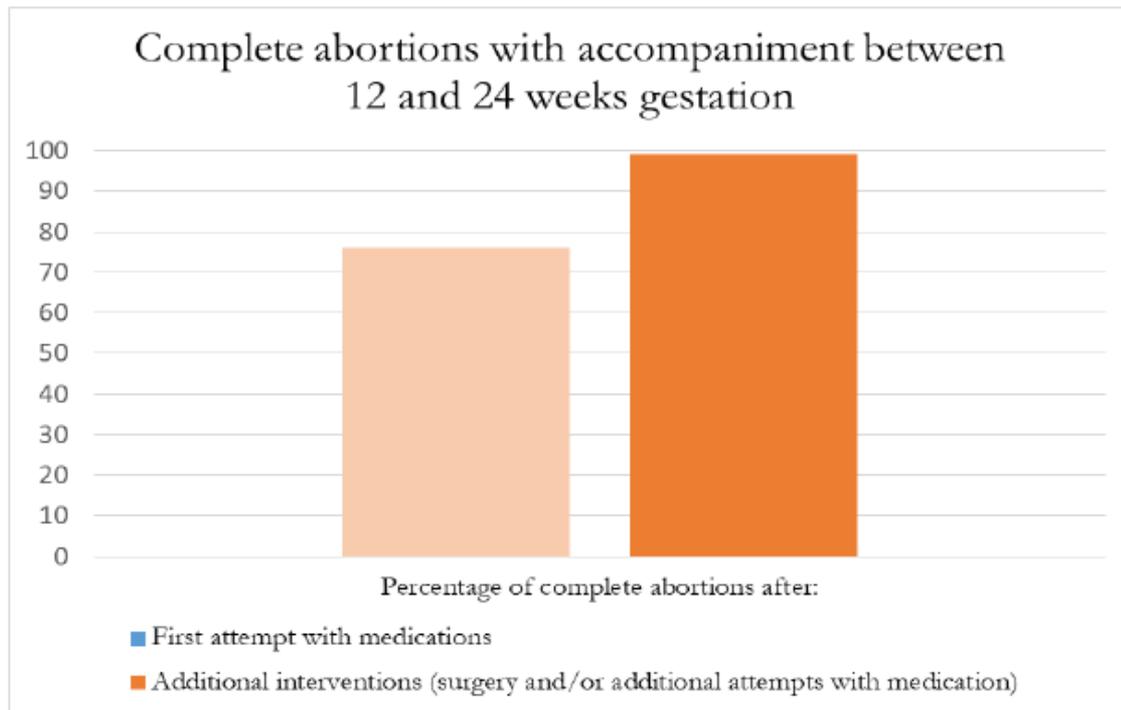
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- Retrospective review of 318 records for accompanied abortions between 13-24 weeks gestation
- Argentina, Chile, Ecuador between 2016-2018



# 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



# Ibis Reproductive Health

Rigorous research. Bold ideas. Improving women's lives.

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