TITLE: Improved access to medication abortion in Oregon using telemedicine

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STUDENT SUBMISSION: No

TOPIC/TARGET AUDIENCE: This panel will cover the topic of delivering healthcare to rural Oregonians via telemedicine. In particular, we discuss barriers to timely access to medical abortion. We review legal, logistic, and collaborative strategies for innovative healthcare delivery. This topic will be interesting to clinicians, program directors, researchers, and policymakers.

ABSTRACT: Medication abortion is a safe and effective procedure used commonly in Oregon for first trimester pregnancy termination. Due to FDA restrictions, medication abortion using mifepristone and misoprostol is typically initiated in a clinic setting after an in-person consultation, but the drugs can also be handed to the patient to take at home. Regardless of where the medication is ingested, the patient undergoes the process of the abortion at home without a medical provider. Women seeking medication abortion in Oregon can find it difficult to get access in a timely fashion due to limited clinic access or privacy concerns. Since 2016, Oregonians have had remote access to medication abortion delivered via telemedicine through an ongoing multicenter research study. This panel will present an overview of medication abortion in Oregon, will report preliminary feasibility data of a study of telemedicine for medication abortion, and discuss potential benefits and limitations of use of telemedicine in Oregon to improve reproductive healthcare access.

OBJECTIVE(S): Review the epidemiology of FDA-approved medication abortion in Oregon

Describe barriers to abortion access, particularly in rural Oregon

Compare strategies for medical abortion via telemedicine: The TelAbortion Project

Demonstrate a model for implementation of telemedicine medical abortion in Oregon

PANEL MODERATOR: Maureen K Baldwin, MD MPH Oregon Health & Science University

PANEL ABSTRACT 1: Abortion rates in Oregon have mirrored the national decline, down 33% in the last decade, from 16.4 abortions per 1,000 reproductive-aged women in 2006 to 11.1/1,000 in 2016 (Oregon Health Authority). Over half of the 8,900 abortions performed annually in Oregon are through Planned Parenthood clinics, where approximately 65% use the FDA-approved medication abortion regimen versus a surgical procedure. After a medical consultation and confirmation of pregnancy less than 10 weeks, the patient is prescribed two medications to induce abortion, which occurs at home without a medical provider. This procedure is both safe and effective, with 3-5% of patients requiring follow-up interventions. However, Oregonians face many barriers to proceeding with abortion in a timely fashion, which is important since healthcare costs and potential risks increase with advancing gestational age. Barriers to access include clinic distance, procedure and travel costs, and time away from work or family, as well as privacy concerns. One particular barrier is the FDA requirement that the medication is distributed to the patient in a medical office which requires travel to a clinic that provides the service. We need to utilize healthcare innovations since 30% of Oregon women live in a county without an abortion provider.

PRESENTER 1: Maureen K Baldwin, MD MPH, Oregon Health & Science University

PANEL ABSTRACT 2: Telemedicine can help to address barriers to abortion care by enabling women to receive medical abortion remotely, without going in person to an abortion clinic. We will review various models of telemedicine abortion currently being used in the United States, focusing particularly on the TelAbortion Project, a direct-to-patient service that has been ongoing in Oregon and three other states since May 2016. To receive abortion through this project, women communicate with a clinician by videoconference and have screening tests at radiology and lab facilities close to them. If they are eligible for the service, the clinician sends abortion drugs by mail. As of May 2018, 206 people had enrolled in the project, 189 had received abortion drugs, and 129 had completed follow-up. Seven women (5%) ultimately had a surgical aspiration to complete the abortion after taking the drugs, and no serious adverse events related to the project were reported. All patients reported being very satisfied or satisfied; convenience and privacy were commonly valued features. Having demonstrated that this model is effective, safe, feasible, and acceptable, we are now expanding the project and plan to introduce new features to better meet the needs of both patients and providers.

PRESENTER 2: Elizabeth Raymond, MD, Gynuity Health Projects

PANEL ABSTRACT 3: Oregon has no legal restrictions on abortion, and a requirement that commercial insurance cover telehealth services. These policies, in addition to Oregon being a rural state, has encouraged the use of telemedicine. Planned Parenthood Columbia Willamette (PPCW) developed a 3-phase plan to implement telemedicine medical abortion services. Phase 1 included providing services between existing health centers in order to cover for provider shortages in existing coverage areas. Phase 2 consisted of developing partnerships with community-based clinicians where patients could be seen physically in the office of a community partner with the abortion provider being based at PPCW. This model was difficult to implement due to the many real world restrictions on abortion access despite favorable laws. These include religious institutions that implement facility-based restrictions, lease-based restrictions where owners restrict abortion provision, and abortion care restrictions placed on primary care systems that receive federal funding. Phase 3 has included partnering with the TelAbortion Project to provide care in the context of research. Here, medication abortion is provided through direct-to-patient telemedicine and mail. This model can enable clinicians who are unable to provide abortion to nevertheless support patients seeking abortion such as screening tests, Rhogam, and follow-up care.

PRESENTER 3: Paula Bednarek, MD MPH, Oregon Health & Science University

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