

SURVEY OF PHYSICIAN NETWORK ON MEDICATION ABORTION CARE AND USE OF TELEHEALTH

SURVEY SUMMARY

Physicians for Reproductive Health (PRH) is a network of over 440 physicians who are alumni of the Leadership Training Academy. This network includes physicians from across the country committed to ensuring comprehensive access to reproductive health care, which will always include abortion care. PRH conducted a survey of its Leadership Training Academy (LTA) alumni to gain a better understanding of providers' current provision of medication abortion care, their use of telehealth, what barriers exist (if any), and what resources are needed to ensure continued access to medication abortion care and the use of telehealth. Importantly, this survey was conducted prior to the Food and Drug Administration (FDA) removing some of the existing Risk, Evaluation, and Mitigation Strategies (REMS) requirements for mifepristone. However, other barriers remain. PRH believes the following information and recommendations collected from our LTA network is useful to partners and allies to support provision of medication abortion care and continue implementation and use of telehealth.

PARTICIPANTS

A total of 96 physicians from PRH's LTA network filled out the survey, a response rate of 24%.

- Respondents represent 38 states and the District of Columbia
- All respondents are currently practicing medicine
 - 64% ob/gyns; 31% family medicine; 5% other specialties
- The majority of respondents are currently providing abortion care (91.7%), with 86.5% providing medication abortion care.

METHODS

PRH sent this survey to PRH LTA Alumni via an internal forum and directly via e-mail on a nearly bi-weekly basis through the months of November 2021 and December 2021. The survey was not anonymous; however, PRH is committed to ensuring privacy of our network and is sharing this information in a manner that ensures no personally identifying information is disclosed.

Respondents that provide abortion care identified the following factors as positive influences on their ability to provide medication abortion care (top three):

- Supportive employer/institution
- Commitment to the work
- Protective state/federal laws

Other factors identified included: supportive staff, additional training, access to technology, and high demand/local need

Respondents that DO NOT provide abortion care identified the following barriers preventing them from doing so (top three):

- Unsupportive employer/institution
- Restrictive state law
- Hostile political/legal climate

Respondents that provide abortion care but DO NOT provide medication abortion care identified the following barriers preventing them from providing medication abortion care (top three):

- Employer restrictions/institutional policies
- Prescribing restrictions, both scope of practice restrictions and restrictive state laws
- TRAP laws

Other barriers included: labeling, dispensing, and mailing restrictions; insurance coverage and reimbursement issues; and scope of practice laws.

Respondents identified the following additional resources needed in order to provide medication abortion care (in order from most popular response to least):

- Removal of restrictive laws and regulations
- Employer/institutional approval and policy change
- Removal of coverage/reimbursement restrictions
- Additional training/guidance on providing medication abortion in different practice settings
- Additional support staff
- Employment contract negotiation and legal support

Respondents identified the following changes to abortion care made during the COVID-19 pandemic that they feel **SHOULD remain permanent (top three):**

- Providing follow-up care via telehealth
- Providing a range of options for receiving care via telehealth (e.g., telehealth for consultation, follow-up, etc.)
- Removal of REMS requirements

Respondents identified the following changes to abortion care made during the COVID-19 pandemic that they feel **SHOULD NOT remain permanent (top three):**

- Limited family, friends, doula, community supports in clinics for patients
- Delays in care/decreased availability
- Telehealth intake visits (inefficient in some clinics)

Other challenges noted: shortage of trained providers; reimbursement requirements/rates; trouble getting mifepristone added to the formularies in hospitals/medical systems; medical licensure issues for providing telehealth services.

79.2% of respondents are currently providing at least one or more services via telehealth

- 56.3% of respondents provide counseling via telehealth
- 36.5% of respondents provide informed consent services via telehealth
- 36.5% of respondents provide patient check-in/monitoring via telehealth
- 42.7% of respondents provide the visit in its entirety via telehealth

Of the respondents who provide telehealth services methods/modalities most commonly used were:

- Audio/video – 72.9%
- Audio only – 46.9%
- Text message – 7.3%

Notably none of the respondents used chatbot services.

Of the respondents who provide telehealth services for any health care the following influences were identified as enabling them to do so (top three)

- Supportive employers/institutions
- Access to technologies/grant funding to support access
- Protective or supportive laws/regulations

Other factors included support staff/admin support and insurance coverage/reimbursement.

The majority of respondents felt that telehealth had enabled them to care for communities or individuals they otherwise would not have been able to care for.

- Many providers named they were able to increase care to patients in rural areas, those who were out of state and unable to get care in their communities, for young people, for LGBTQ+ people, particularly trans folks, and those with transportation or childcare challenges.
- Some who did not feel telehealth had enabled them to increase care expressed that access to internet/broadband was a barrier for many of their patients. They also expressed disappointment that it had not increased access for immigrant communities.

Of the respondents who DO NOT provide any health care services via telehealth the following specific barriers were identified as preventing them from doing so (top three):

- State/federal law
- Employer/institutional policy
- Lack of patient resources/patient access to technology

Respondents identified the following as resources that could be helpful as they implement telehealth services generally and/or adopt new technologies (in order from most popular response to least)

- Improved access to technologies, including increased funding for implementation
- Additional administrative/support staff
- Protective laws/regulations
- Patient access to internet/broadband
- Information/guidelines for best practices for providing via telehealth, and for scheduling/balancing in person and telehealth visits
- Guidance on state specific requirements
- Guidance on billing/insurance reimbursement
- Patient education materials on use of e-health technologies and model patient facing materials used for counseling, intake, etc.
- Improved mail services for mail order delivery
- Improved support resources
- Additional data around safety and efficacy of provision of care via telehealth

QUESTIONS AROUND USE OF TELEHEALTH & PROVISION OF MEDICATION ABORTION CARE



50% of respondents who provide services via telehealth also provide medication abortion services via telehealth

Respondents who provide medication abortion care via telehealth offered the following:

- 21.6% of respondents provide the entire visit via telehealth
- 26.8% of respondents provide counseling via telehealth
- 18.6% of respondents provide patient check-in/monitoring via telehealth
- 17.5% of respondents provide patient consent via telehealth

Respondents identified the following barriers preventing them from providing full services via telehealth (top three):

- State/federal laws
- Employer/institutional policies
- Difficulty with patient use of technology/mailing issues

Respondents that provide medication abortion care via telehealth identified the following influences on their ability to do so (top three):

- Protective/permissive laws and regulations
- Supportive employers/institutions
- Access to technology/IT support for themselves and for their patients

The majority of respondents who provide medication abortion care via telehealth felt they were able to provide to communities or individuals they would have otherwise not been able to provide for.

QUESTIONS AROUND USE OF TELEHEALTH & PROVISION OF MEDICATION ABORTION CARE



Respondents who DO NOT provide medication abortion care via telehealth identified the following as specific barriers preventing them from using telehealth technology (top three):

- State/federal laws
- Employer/institutional policies
- Lack of technology/mailing ability/IT support

Respondents identified the following as additional resources that would be helpful in order to provide medication abortion care via telehealth (in order of most popular response to least):

- Changes to state/federal laws
- Best practices/guidelines for telehealth for medication abortion care including implementation and workflow
- Access to technology/support, including funding
- Ability to provide telehealth across state lines
- Overview of state level restrictions
- Reimbursement/coverage
- Legal support
- Additional data on safety and efficacy of providing medication abortion care via telehealth

Respondents identified the following changes to medication abortion care made during the COVID-19 pandemic that they feel SHOULD remain permanent (top three):

- Telehealth options for care
- Telehealth for follow-up care
- Reimbursement parity/insurance coverage

Respondents identified the following changes to medication abortion care made during the COVID-19 pandemic that they feel SHOULD NOT remain permanent (top three):

- Limits on people who can accompany patients to an office or visit
- More flexibility and availability for people who want to remain in person
- Long delays for care

CONCLUSION

PRH hopes this initial data is helpful to better understand the needs of providers and the patients they care for as we seek to expand access to telehealth services and medication abortion care. PRH intends to work with partner organizations to gather additional input from other provider networks and intends to incorporate this data into future and existing products, as well as use this information to inform proposed policy solutions.