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Title

Successful implementation and operation of innovative telehealth medication abortion services in primary care settings

Priority 1 (Research Category)

Women's health

Presenters

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Abstract

Context: In response to the COVID-19 pandemic, primary care clinics altered their provision of medication abortion from in-clinic to telehealth models. Careful, systematic evaluation of these services is warranted so that best practices can be identified, documented, and disseminated widely for broad adoption.

Objective: To understand how providers adopted protocols for remote consultations, responded to regulatory changes, and incorporated telehealth abortion services in primary care practices.

Study Design: Semi-structured interviews were conducted with telemedicine abortion service providers and administrators. A qualitative thematic analysis guided by the Consolidated Framework for Implementation Research (CFIR) was completed.

Setting: Stand-alone, independent primary care practices and primary care clinics within larger health networks were examined.

Population studied: Interviews were completed with seven physicians, advanced practice nurses, and clinic administrators involved in setting up or providing telehealth abortion services at seven sites.

Outcome Measures: Factors associated with successful implementation and main steps of service operations were summarized and compared.

Results: Most primary care practices did not offer abortion services prior to implementation and were innovating telehealth abortion models in response to changes in guidelines allowing for online consultations without an in-clinic physical exam, ultrasound, or blood test for early pregnancy termination. Providers in clinics within health networks encountered more delays in implementation because they had to engage leadership and other clinic staff while encountering limited bandwidth from system-wide adaptations due to the changing COVID-19 landscape. Smaller practices were nimbler and quicker to adapt new protocols. All primary care practices used existing electronic health records and telemedicine infrastructure to make remote consultations for abortion care possible. There was great

diversity in how medications were dispensed and delivered to patients: sent via courier or mailed directly to patients by providers from clinic stores or health system pharmacies or mailed by partnering mail-order pharmacies with an established agreement with the supervising provider.

Conclusions: Telehealth medication abortion services were successfully implemented and operated in primary care settings of varying sizes across the country.