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Title
Communication Needs of Patients Accessing Online Medication Abortion Services

Priority 1 (Research Category)
Women’s health

Presenters
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Abstract
Context: Family Medicine physicians are increasingly providing early pregnancy medication abortion due to availability of telehealth. Aid Access currently offers a family physician supported online abortion service where patients communicate asynchronously with providers and service staff via an online consultation questionnaire and subsequent email messaging. Evaluating the volume of back-and-forth messaging and the topics of patient concern can streamline medication abortion provision and increase quality of services. Objective: To analyze the amount of asynchronous messaging needed between Aid Access clinicians and support staff and patients. To determine the primary topics of patient concern when using an asynchronous abortion service. Study Design: Retrospective chart review, using a mixed-methods quantitative, qualitative approach with a Linear Regression analysis. Setting or Dataset: De-identified patient data and messages sent back and forth between Aid Access and patients in New York (NY), New Jersey (NJ), and Washington (WA). Population Studied: Patients who received consultations and medications (mifepristone and misoprostol) from Aid Access in NY, NJ, and WA between April and November 2020 (n=504). The patients’ ages ranged from 14-50 years, and the majority (85.1%) were less than 7 weeks gestation. Intervention: N/A. Outcome Measures: 1) Message volume and topics of patient concern. 2) Correlation between message topics and total number of messages sent between patients and Aid Access. Results: The mean number of total messages, including 6-7 automatic emails to all patients, between Aid Access and patients was 16.41. Patients messaged primarily about three topics: delivery = timing and packaging of shipment, cost = sliding scale needs, physical process = medication use, appropriate amount of bleeding, and complete abortion confirmation. 31.5% (n=159) of patients had delivery questions, 27.2% (n=137) had cost needs, and 8.7% (n=44) had physical process concerns. After controlling for age, gestational age, and number of previous abortions, patients with delivery, cost, and physical process concerns had 15.6 more total back-and-forth messages compared to those without concerns (95% CI: 9.4-21.9, p<0.001). Conclusions: Patients accessing telehealth abortion services are concerned about timing of delivery, options for discounted payment, and bleeding during the process. Concerns increase the amount of time and communication needed per patient.