



Patient experiences with medication abortion services provided via telemedicine at Whole Woman's Health of Peoria, Illinois, clinic

INTRODUCTION

Telemedicine, the provision of health care at a distance through technology, can expand access to high-quality care by increasing availability, reducing costs, and offering a patient-centered approach.^{1,2,3,4} Many health care services, such as radiology, mental health care, and emergency medicine, have expanded their reach through telemedicine.⁵

For many people, abortion is inaccessible due to a number of factors, including a lack of providers, the need to travel long distances to reach care, inconvenient clinic hours or the inability to make appointments, the costs associated with both care and accessing care, and the satisfaction with services offered. Moreover, regulations—which vary greatly across states and countries—exacerbate these barriers by targeting when, where, and how abortion can be provided.^{3,6-16} In an effort to address differing restrictions, expand access to abortion care, and better meet provider and patient needs, a variety of telemedicine models for administering medication abortion have been developed and used.¹⁷

In 2011, Ibis Reproductive Health (Ibis) launched a program of work to evaluate the safety of telemedicine for medication abortion services and how its implementation affects access to abortion. To date, this work has aimed to better understand the use of this emerging technology and its potential to transform abortion care.

Whole Woman's Health (WWH) is a privately-owned health care management company operating abortion clinics in the United States. In Illinois, WWH must adhere to the requirement that a physician prescribe and dispense mifepristone for medication abortion. To increase the number of abortion appointments available, WWH of Peoria began offering medication abortion via telemedicine in Peoria, Illinois, in September 2016. This brief explores WWH of Peoria's patients' experience and satisfaction with the telemedicine service.

METHODS

To better understand patient experiences with medication abortion services provided via telemedicine, from May 2017 to September 2018, Ibis fielded an online survey among telemedicine for medication abortion patients at WWH of Peoria. During their abortion visit, patients were asked if they were interested in participating in the study. Roughly two weeks after their abortion visit, those who provided their contact information received a link to the online survey.

Patients were eligible to participate if they were at least 18 years of age, able to read and understand English, and had any planned follow-up visits. The survey included a series of questions related to satisfaction with and acceptability of the services received at the clinic, as well as patient demographics. Participants received a \$20 Amazon.com gift card upon completion of the survey. Summary statistics were used to describe respondents' demographic characteristics and experience with the clinic services. Bivariate analyses were performed to compare response patterns across participants. This study was approved by the Allendale Investigational Review Board.

RESULTS

One hundred six of the eligible 524 telemedicine patients completed the survey. On average, respondents were 26 years old (range: 18-42). Of the 39 respondents who had a previous abortion, 29 had a surgical abortion, nine had a medication abortion, and one had both a medication and a surgical abortion. Additional participant characteristics are described in Table 1.

Participants were asked to report their satisfaction with the information provided by phone before their appointment (Table 2) and overall satisfaction with the abortion services they received at WWH (Table 3).

Table 1: Participant characteristics (n=106)		
	n	%
Age (mean, SD)	26.6	5.6
Education		
Less than high school	2	1.9
High school degree or GED	25	23.6
Some college	38	35.9
College degree	26	24.5
More than college	13	12.2
Missing	2	1.9
Marital status		
Divorced or separated	12	11.4
Married	13	12.3
Never married, partnered	26	24.5
Never married, single	53	50.0
Missing	2	1.9
Parous		
No	26	24.5
Yes	78	73.6
Missing	2	1.9
Past abortion(s) (n=78)		
No	38	48.7
Yes	39	50.0
Missing	1	1.3
Past abortion type (n=39)		
Medication	9	23.0
Surgical	29	74.3
Both	1	2.5
Race		
American Indian/Alaskan Native	2	1.9
Asian or Pacific Islander	3	2.8
Black	21	19.8
Multiracial	6	5.7
White	70	66.0
Missing	4	3.8

Satisfaction with the information provided by phone before their appointment

The vast majority (94.2%) were “very satisfied with the information provided over the phone before their appointment;” however, roughly one-quarter (23.6%) reported that they were not informed about the option of telemedicine when they spoke with WWH staff prior to their visit.

Survey respondents were also asked about their experience in the clinic (Table 3). Most participants (81.4%) were “very satisfied” with the videoconference conversation with the physician. Among participants who commented on their satisfaction with the videoconference conversation (n=51), 23 said that the physician was helpful, informative, and answered all of their questions; nine said that the conversation was brief and direct; eight commented that the physician was kind, understanding, and friendly; and five simply said that they were satisfied. Two respondents specifically noted that all of their questions were answered by staff prior to the videoconference, and so they did not have any questions for the physician. Seven participants noted ways that the telemedicine model diminished patient-provider communication and engagement. Specifically, these patients reported that not having the provider in the same room impacted their level of satisfaction with their conversation with the doctor and their level of comfort with asking questions to the doctor. Three survey respondents said that they were uncomfortable asking questions and talking to the doctor because the doctor seemed distracted.

Only one respondent reported technical issues with the videoconference, saying that the video froze during the conversation. Nearly all respondents did not have trouble seeing (98.1%) or hearing (97.2%) the doctor.

Among all participants, only 11.9% reported that they would have preferred to be in the same room as the physician. Among those who would have preferred to be in the same room (n=12), one said that being in the same room “is more personal.” Another said that it “would feel more comfortable,” and a third said that by being in the same room as the provider they “would get a better understanding.”

Overall satisfaction with the abortion services received at WWH

Among the 39 respondents who had had a previous abortion, 86.4% said that their current abortion experience at WWH was better than (45.9%) or the same as (40.5%) their previous experience(s). The vast majority (89.3%) of respondents reported that they were “very satisfied” with their overall care.

AT A GLANCE: PATIENT TELEMEDICINE EXPERIENCE

Nearly all (99.0%) of the telemedicine patients said they experienced no technical problems with the telemedicine technology. In addition, 81.4% of patients said they were very satisfied with their conversation with the doctor and 88.1% said they would have not preferred to be in the same room as the doctor for their appointment. When asked to comment on their satisfaction with the doctor, one patient said, “[the doctor] was very nice and made sure I understood how to use the medicine.”

Table 2: Telemedicine experience (n=106)		
	n	%
Satisfaction with conversation with physician		
Very dissatisfied	6	5.9
Somewhat dissatisfied	3	2.9
Somewhat satisfied	10	9.8
Very satisfied	83	81.4
Missing	4	3.8
Comfortable asking physician questions		
No	6	5.7
Yes	94	92.2
Missing	6	5.7
Technical problems with videoconference		
No	103	99.0
Yes	1	0.9
Missing	2	1.9
Easy to see the doctor		
No	2	1.9
Yes	104	98.1
Easy to hear the doctor		
No	3	2.8
Yes	103	97.2
Prefer to be in the same room with the physician		
No	89	88.1
Yes	12	11.9
Missing	5	4.7

When asked to rate the quality of care they received, 80.6% said it was “excellent.” Additionally, 83.0% said they would recommend the service to a friend or a family member who needed an abortion. Among the 26 respondents who explained why they would recommend the telemedicine service to a friend or family member, 13 said it was easy and efficient; 13 said the staff was kind, informative, and nonjudgmental; and five said that their recommendations would depend on their friend’s

preferences. Of the three people who said they would not recommend the service, one person said they thought the visit was impersonal and that they did not like “being shuffled around from room to room.” Two others reported dissatisfaction with the medication itself; these participants said that they thought the surgical procedure was easier and less painful than medication abortion. Three people commented that they already recommended telemedicine to a friend.

Using Mann-Whitney tests,* we also explored factors that could be associated with levels of satisfaction including, age, parity, marital status, past abortion, preferring to be in the same room as the physician, and whether or not patients were informed about the option of telemedicine prior to their clinic visit. Of these factors, we found that preference to be in the same room as the provider and whether or not the patient was informed about the option of telemedicine prior to their clinic visit were associated with patient-reported satisfaction. Whether or not a patient preferred to be in the same room as the physician was associated with overall satisfaction, satisfaction with the conversation with the physician, and quality of care. Among those who did not prefer to be in the same room as the physician, 95.4% were “very satisfied” overall, whereas only 54.6% of those who would have preferred to be in the same room were “very satisfied.” Similarly, of the 12 participants who would have preferred to be in same room, one-third (33.3%) said they were “very dissatisfied” with their conversation with the doctor; in contrast, only 1.1% of those who did not have a preference to be in the same room said they were “very dissatisfied.”

*Mann-Whitney tests omitted missing data.

Table 3: Satisfaction with services (n=106)		
	n	%
Comparison to previous abortion (n=39)		
Worse than last experience	5	13.5
Same as last experience	15	40.5
Better than last experience	17	45.9
Prefer not to answer	2	5.1
Overall satisfaction		
Somewhat dissatisfied	1	0.9
Somewhat satisfied	10	9.7
Very satisfied	92	89.3
Missing	3	2.8
Overall quality		
Fair	1	0.9
Good	5	4.9
Very good	14	13.6
Excellent	83	80.6
Missing	3	2.8
Would recommend		
Depends	14	13.2
No	3	2.8
Yes	83	78.3
Missing	6	5.7

Additionally, the majority of those who did not prefer to be in the same room as the physician (83.6%) said quality of care was “excellent,” whereas only 41.7% of those who preferred to be in the same room responded “excellent.”

Whether or not the patient was informed about the option of telemedicine before their appointment was also found to be associated with patient reporting of overall satisfaction, satisfaction with the conversation with the physician, and quality of care. Of those who were informed about the option of telemedicine before their appointment, nearly all (94.2%) reported being “very satisfied,” whereas over a quarter of patients (29.2%) who were not told about the service reported being “somewhat satisfied” with the abortion service.

AT A GLANCE: SATISFACTION WITH TELEMEDICINE EXPERIENCES

The vast majority of patients were very satisfied with the telemedicine services offered at WWH. When asked to rate the services they received, 89.3% of patients reported being “very satisfied” overall with the services they received, and 80.6% of patients rated their overall quality of care as “excellent.” When asked to comment on what they liked best about the service, one patient said, “Everyone at the clinic was very nice, patient, and understanding. They took the time to really talk to me and explain things. I knew if I had questions or concerns I could contact them.”

Additionally, among the patients who were informed about the option of telemedicine services before their appointment, only (4.4%) reported being “very” or “somewhat” dissatisfied with their conversation with the doctor; in contrast, nearly a quarter (24%) of those were not informed about the option of telemedicine reported being “very” or “somewhat” dissatisfied. The vast majority of patients who were informed about the option of telemedicine prior to the visit (88.7%) rated the overall quality of services as “excellent,” compared to only 60.0% of patients who were not informed about the option of telemedicine.

DISCUSSION

In this survey of patients at WWH Peoria, which offers telemedicine for medication abortion, respondents reported high rates of satisfaction with the telemedicine service and the conversation with the doctor over videoconference, as well as high-quality care. These findings are consistent with previous studies of a telemedicine for medication abortion model in Iowa, in which patients reported high levels of satisfaction with care.¹ Results indicating the importance of privacy and attentive care^{8,19} suggest that providers utilizing telemedicine technologies should employ strategies^{23,24} that bolster trust and facilitate open communication, such as ensuring that they take all patient visits from a secure and quiet location.

Similar to findings in Iowa, the current study found that participants largely did not have a preference for being in the same room as the provider.^{1,2} Findings from this study also indicate that those who did not have a preference to be in the same room with the doctor reported better quality of care than patients who reported wanting to be in the same room as the provider. Similarly, patients who did not have a preference to be in the same room reported higher satisfaction with their overall care and their conversation with the physician, compared to those who preferred to be in the same room as the provider. However, results of this analysis suggest that patient preference to be in the same room may influence how patients experience care through telemedicine. Additionally, findings regarding the range in expectations regarding the length of the videoconference with the provider suggests that providers utilizing telemedicine technology should set appropriate expectations for patients while ensuring that all patient needs are met. Being aware of patient needs means that both non-clinician care team members and the provider should be clear about the purpose and content of the videoconference and check in with the patients throughout the appointment to make sure they do not have any outstanding questions or concerns.

Respondents who were informed about the option of telemedicine prior to their appointment rated their quality of care, overall satisfaction, and satisfaction with the conversation with the physician more highly than those who were not told that their visit with the provider would happen by telemedicine. This finding indicates that awareness of the abortion care model being used at the time of appointment impacts patient experience. In order to foster a positive patient experience, clinics should ensure that patients are well informed about what to expect during a telemedicine appointment prior to booking their clinic visit.

Limitations

This study has several limitations. First, because patients were asked to wait two weeks between their visit and completing the survey to ensure the outcome of their abortion was known, this likely contributed to loss to follow-up. If any loss to follow-up was differential by variables of interest, our findings may be biased.

Second, we collected cross-sectional data that may be subject to recall error. If there was differential recall error by variables of interest, findings may be biased. Third, this study had a small sample size, which limited the analyses that we could complete. Due to the small sample size and issues with loss to follow-up, these results are likely not generalizable outside the study population.

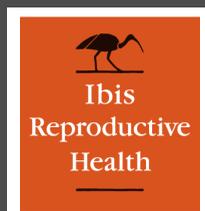
CONCLUSION ➤

The findings from this study indicate that the majority of patients who received medication abortion via telemedicine at Whole Woman's Health of Peoria had a positive experience with this service. For clinics looking to implement telemedicine, guidelines on where and when providers take appointments should be established to ensure private and discreet care. Patients should also be made aware of what to expect during a telemedicine appointment so that they can make informed decisions about the type of abortion care they would like to receive and have appropriate expectations for their care.

More research is necessary to further contextualize these findings within the broader field of telemedicine for medication abortion experiences and to understand how patient preferences affect the outcomes of interest. To build on these findings, work should be done to evaluate how patient preferences for and satisfaction with telemedicine for medication abortion compares to other medical services. As telemedicine services expand to meet the needs generated in part by an ever-growing number of abortion restrictions in the United States, this work can inform the expansion of telemedicine provision and evaluation to ensure that all people have access to safe, high-quality abortion care.

REFERENCES

1. Grossman D, Grindlay K, Buchacher T, Lane K, Blanchard K. Effectiveness and acceptability of medical abortion provided through telemedicine. *Obstetrics & Gynecology*. 2011;118(2, Part 1):296-303.
2. Grindlay K, Lane K, Grossman D. Women's and providers' experiences with medical abortion provided through telemedicine: a qualitative study. *Womens Health Issues*. 2013;23(2):e117-122.
3. Grossman D, Grindlay K, Buchacker T, Potter J, Schmertmann C. Changes in service delivery patterns after introduction of telemedicine provision of medical abortion in Iowa. *Am J Public Health*. 2013;103(1):73-78.
4. Sahdev H. Can I Skype my doctor? Limited Medicare coverage hinders telemedicine's potential to improve health care access. *Boston Coll Law Rev*. 2016;57(5).
5. Field M. A guide to assessing telecommunications in health care. Washington, D.C.: National Academies Press; 1996.
6. Jones R, Jerman J. Time to appointment and delays in accessing care among US abortion patients. *Guttmacher Inst*. 2016.
7. Gerdts C, Fuentes L, Grossman D, et al. Impact of clinic closures on women obtaining abortion services after implementation of a restrictive law in Texas. *Am J Public Health*. 2016;12(1):857-864.
8. Karasek D, Roberts S, Weitz T. Abortion patients' experience and perceptions of waiting periods: Survey evidence before Arizona's two-visit 24-hour mandatory waiting period law. *Womens Health Issues*. 2016;26(1):496-501.
9. Fuentes L, Lebenkoff S, White K, et al. Women's experiences seeking abortion care shortly after the closure of clinics due to a restrictive law in Texas. *Contraception*. 2016;93(4):292-297.
10. Jones R, Upadhyay U, Weitz T. At what cost? Payment for abortion care by US women. *Womens Health Issues*. 2013;23(3):e173-e178.
11. White K, deMartely V, Grossman D, Turan J. Experiences accessing abortion care in Alabama among women traveling for services. *Womens Health Issues*. 2016;26(3):298-304.
12. Upadhyay U, Weitz T, Jones R, Barar R, Foster D. Denial of abortion because of provider gestational age limits in the United States. *Am J Public Health*. 2014;104(9):1687-1694.
13. Roberts S, Fuentes L, Kritz R, Williams V, Upadhyay U. Implications for women of Louisiana's law requiring abortion providers to have hospital admitting privileges. *Contraception*. 2015;91(5):368-372.
14. Jones R, Jerman J. How far did US women travel for abortion services in 2008? *J Womens Health*. 2013;22 (8):706-713.
15. Roberts S, Gould H, Kimport K, Weitz T, Foster D. Out-of-pocket costs and insurance coverage for abortion in the United States. *Womens Health Issues*. 2014;24(2):e211-e218.
16. Grossman D, Baum S, Fuentes L, et al. Change in abortion services after implementation of a restrictive law in Texas. *Contraception*. 2014;90 (5):496-501.
17. Raymond E, Chong E, Hyland P. Increasing access to abortion with telemedicine. *JAMA Intern Med*. 2009;87 (1):58-63.
18. Chandra S, Mohammadnezhad M, Ward P. Trust and communication in a doctor-patient relationship: A literature review. *J Health Column*. 2018;3 (3):1-6.
19. Murray B, McCrone S. An integrative review of promoting trust in the patient-primary care provider relationship. *J Adv Nurs*. 2015;71(1):3-23.
20. Bova C, Route P, Fennie K, Ettinger W, Manchester G, Weinstein B. Measuring patient-provider trust in a primary care population: Refinement of the health care relationship trust scale. *Res Nurs Health*. 2012;35 (4):397-408.
21. Asltshuler A, Ojanen-Goldsmith A, Bulmenthal P, Freedman L. A good abortion experience: A qualitative exploration of women's needs and preferences in clinical care. *Soc Sci Med*. 2017;(119):109-116.
22. Kimport K, Cockrill K, Weitz T. Analyzing the impacts of abortion clinic structures and processes: A qualitative analysis of women's negative experience of abortion clinics. *Contraception*. 2012;85(2):204-210.
23. Agha A, Schapira R, Laud P, McNutt G, Roter D. Patient satisfaction with physician-patient communication during telemedicine. *Telemed E-Health*. 2009;15(9).
24. Fleming D, Pak H. Telehealth Ethics. *Telemed E-Health*. 2009;15(8).



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