Models of telehealth abortion: what works?

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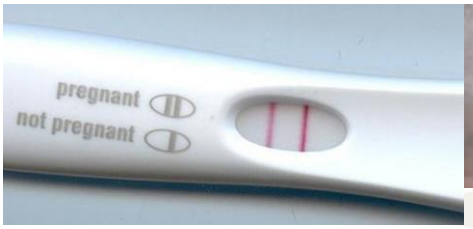
Associate Professor Suzanne Belton, Menzies School of Health Research, Australia
Dr Alice Rumbold, University of Adelaide, Australia
Dr Frances Doran, Southern Cross University, Australia
Dr Sarah Ireland, Charles Darwin University, Australia
Dr Paul Hyland, Tabbot Foundation, Australia

discovery for a healthy tomorrow

Overview

- Early medical termination of pregnancy by telehealth
- Models – safety, efficacy and cost
- Benefits for Australian women



Women's health rights

CEDAW: Commission on the Elimination of All forms of Discrimination against Women (United Nations 1947):

"…in some circumstances, abortion will be the only way for a woman to exercise the right to decide the number and spacing of children. This is particularly the case if the woman became pregnant through rape or contraceptive failure or if family planning services are unavailable where she lives." (Article 12)

"The Committee has also expressed concern about the limited access women have to abortion due to conscientious objections of practitioners." (Article 12)

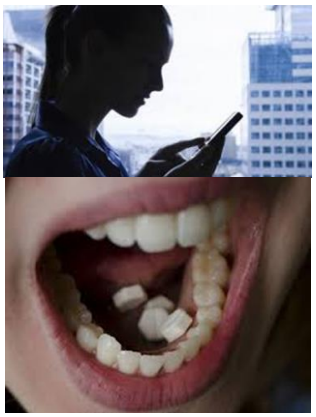
Endorsed by the Australian Human Rights Commission (2001)

See also Sifris, R. and S. Belton (2017). "Australia: Abortion and Human Rights." Health Hum Rights **19**(1): 209-220.

MTOP

EARLY MEDICAL ABORTION

Early medication abortion



- Mifepristone and misoprostol
- Early medication abortion up to 9 weeks gestation is safe, efficacious and acceptable to women
- Avoids surgical risks
- Able to be done in primary health care setting and/or home
- Needs blood tests, ultrasound, information, supportive environment
- Back-up medical services

Goldstone, P., C. Walker and K. Hawtin (2017). "Efficacy and safety of mifepristone-buccal misoprostol for early medical abortion in an Australian clinical setting." Aust N Z J Obstet Gynaecol.
Chong, E., L. J. Frye, J. Castle, G. Dean, L. Kuehl and B. Winikoff (2015). "A prospective, non-randomized study of home use of mifepristone for medical abortion in the U.S." Contraception **92**(3): 215-219.

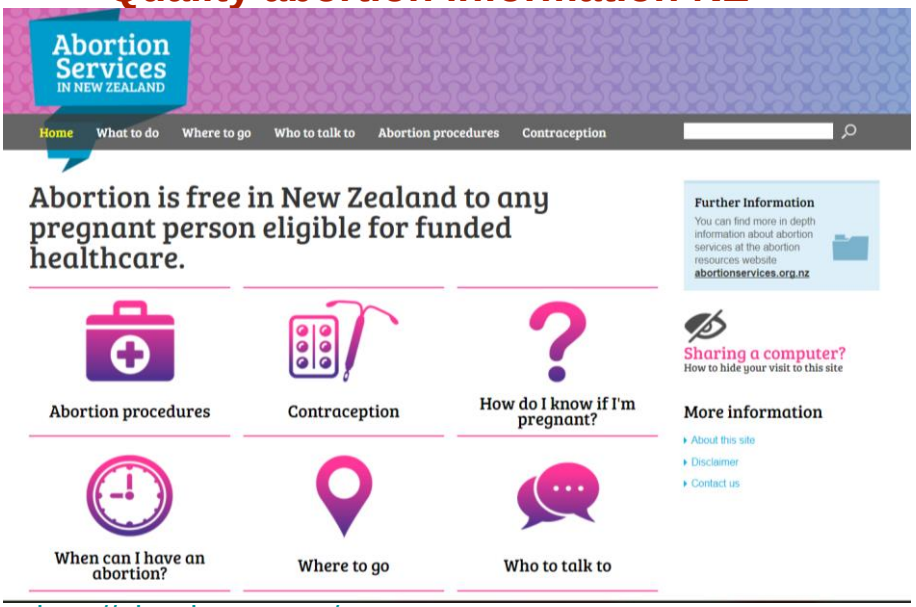
Choice? Access to health information?

"Results: Informants described varying levels of awareness of medical abortion, with poorer awareness in regional areas. When it comes to accessing information, women were informed by: their own research (often online); their own experiences and the experiences of others; and advice from health professionals. Women's reasons for choosing surgical or medical abortion range from the pragmatic (timing and location of the method, support at home) to the subjective (perceived risk, emotional impact, privacy, control, and physical ability."

Source this quote: Newton, D., C. Bayly, K. McNamee, A. Hardiman, M. Bismark, A. Webster and L. Keogh (2016). "How do women seeking abortion choose between surgical and medical abortion? Perspectives from abortion service providers." Australian and New Zealand Journal of Obstetrics and Gynaecology

Shankar, M., K. I. Black, P. Goldstone, S. Hussainy, D. Mazza, K. Petersen, J. Lucke and A. Taft (2017). "Access, equity and costs of induced abortion services in Australia: a cross-sectional study." Aust N Z J Public Health.

Quality abortion information NZ



http://abortion.org.nz/

T-MTOP

TELEHEALTH ABORTION

What is a telehealth abortion service?

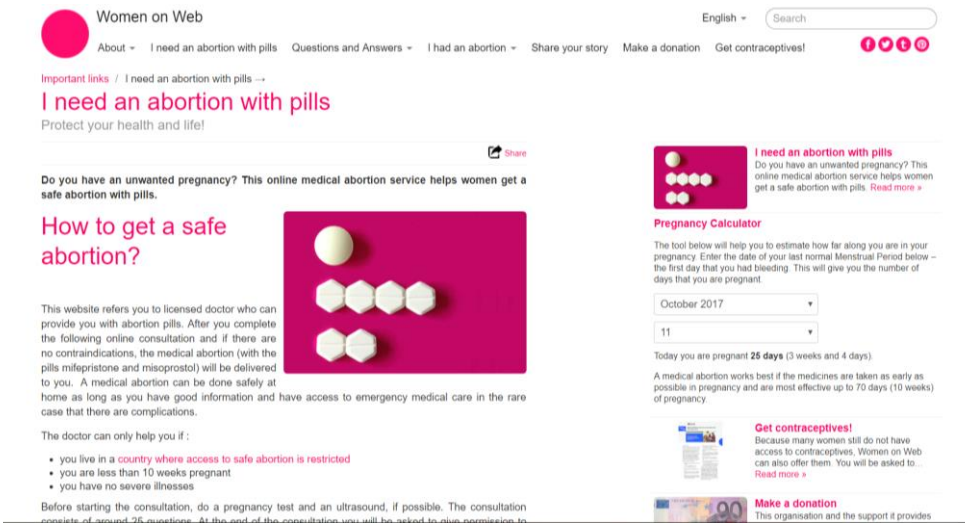
- The provision of pregnancy options and information by telecommunications and digital media
- The assessment and management of patients by telehealth consultations
- The provision of abortifacients, analgesics and antiemetics by post
- No face to face consultation with a doctor or pharmacist

Grossman, D. and K. Grindlay (2017). "Safety of Medical Abortion Provided Through Telemedicine Compared With In Person." Obstetrics & Gynecology **130**(4): 778-782.

Grossman, D., K. Grindlay, T. Buchacker, K. Lane and K. Blanchard (2011). "Effectiveness and acceptability of medical abortion provided through telemedicine." Obstetrics and Gynecology **118**(2): 296-303.

Doran, F. and S. Nancarrow (2015). "Barriers and facilitators of access to first-trimester abortion services for women in the developed world: a systematic review." J Fam Plann Reprod Health Care **41**(3): 170-180.

International tele-abortion advocacy service



https://www.facebook.com/womenonwaves/ https://www.womenonweb.org/

MODELS OF T-MTOP

Telehealth in Australia

	Marie Stopes (hybrid*)	Cairns Doctors	Tabbot Foundation
Referral	GP visit and referral	Self-referral	Self-referral
Media	Telephone or computer	Telephone or computer	Telephone or computer
Distance from a hospital	1 hour	1 hour	2 hours
Health professionals	Doctor, nurse, psychologist	Doctor and nurse	Doctor, nurse, psychologist
Follow-up and support	87% Nurse on call	No data Local GPs	89% Nurse doctor on call
Cost (No Medicare rebate)	$440 Script fees	$325 $275 concession Script fees	$250 Includes postage of medications
Business model	For profit	Private practice	Not-for-profit

* Goldstone, P., C. Walker and K. Hawtin (2017). "Efficacy and safety of mifepristone-buccal misoprostol for early medical abortion in an Australian clinical setting." Aust N Z J Obstet Gynaecol.

Is telehealth MTOP legal?

- Yes except SA and ACT

"We conclude that both the medical and legal risks associated with mifepristone are extremely low and do not justify the existing inflexible regulatory measures imposed on health practitioners."

O'Rourke, A., S. Belton and E. Mulligan (2016). "Medical Abortion in Australia: What are the legal and clinical risks? Is medical abortion over-regulated?" Journal of Law and Medicine **24**: 221-238.

Sifris, R. (2013). "The legal and factual status of abortion in Australia." Alternative Law Journal **38**(2): 108-112.

de Costa, C. M. and H. Douglas (2015). "Abortion law in Australia: it's time for national consistency and decriminalisation." Med J Aust **203**(9): 349-350.

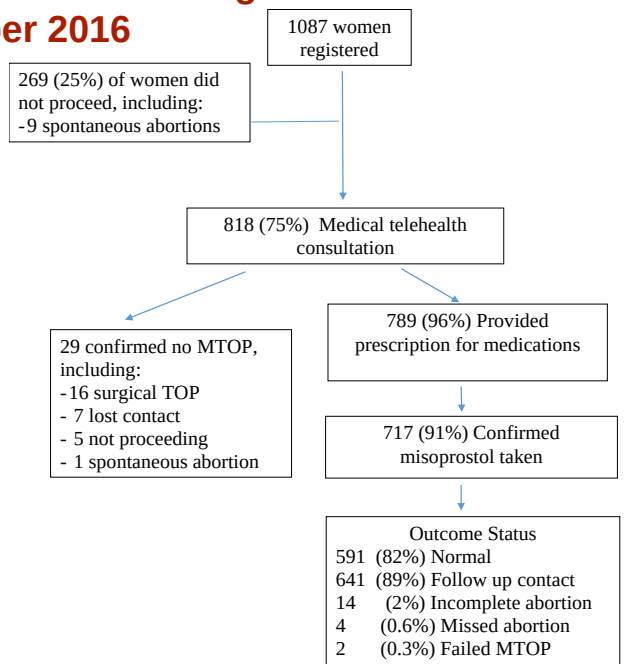
SAFE, EFFECTIVE, ACCEPTABLE

Tabbot Foundation www.tabbot.com.au

- Telehealth abortion provider since 2015
- Doctors, nurses and psychologist
- 24 hour on-call doctor and nurse

Raymond, E. G., E. Chong and P. Hyland (2016). "Increasing Access to Abortion With Telemedicine." JAMA Intern Med **176**(5): 585-586.

Flowchart of women accessing the service June 2015 to September 2016

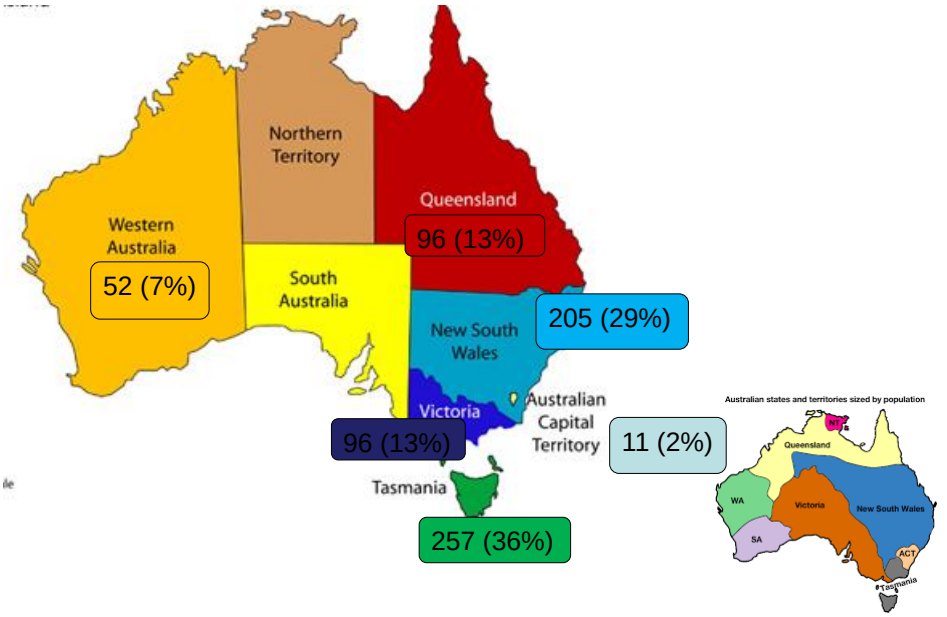


Characteristics of women registering with Tabbot telehealth service

Age in 5 year blocks	Number and percentage
<20	34 (5%)
20-24	125 (17%)
25-29	189 (26%)
30-34	185 (26%)
35-39	121 (17%)
40-44	59 (7%)
45-49	4 (<1%)
Total	717

Location	Number and percentage
Major city	296 (41%)
Inner regional area	318 (44%)
Outer regional area	93 (13%)
Remote	8 (1%)
Very remote	2 (<1%)
Total	717

Scope of telehealth MTOP



Quotes from women – 'Diann

- **Q:** So, we want to know first of all, how do you even find out about the Tabbot Foundation?
- **A:** I was told about it through my GP.
- **Q:** And, so you do have a regular GP?
- **A:** Yes, I do.
- **Q:** Do you know why the GP couldn't provide you with any service?
- **A:** Because, my GP's regional, so they do not do abortions or anything like that. So, they put me onto a Family Planning, and Family Planning was the one who turned around and said, "Sorry, we don't actually do abortions," as well, and they told me about the Tabbot Foundation.

Quotes from women - Maia

Q: How did you get to know about The Tabbot Foundation?

A: Google pretty much, to be honest. Just searching for answers - how to go about termination, and I came across The Tabbot Foundation like that, did some research. Yeah. We spoke with a GP in the meantime, and she didn't really help me much further, and I thought that was the best solution for me.

Q: Okay. And, when you spoke with the GP were they able to offer you any options?

A: Yeah, well, the funny thing was my GP was away so I had another one … and she was actually really nice and helpful. She said I could go to either [City or town NSW).

Quotes from women - Dianna

- **Q:** Would you have preferred a face to face conversation do you think?
- **A:** Yeah, a little bit. I think it would take a little bit less pressure off. Like, just the nerves, and having actually someone there who's in your area who you can talk to.

Quotes from women -Rhea

- **Q:** Would you have preferred a face to face consultation?
- **A:** No, not really. No, well it was not at all, there was no need really.
- **Q:** And, you found that over the phone was helpful, or?
- **A:** Yeah, it was, it was thorough, and yeah it saved everyone I think a hell of a lot of time. So yeah, that's yeah it was good. And, it was a good service too, like I didn't feel like I needed to ask more, they were very thorough. So, I felt very, very informed.
- **Q:** So, you didn't feel like you missed out on anything by having the phone, and not face to face?
- **A:** No, not at all.

Quotes from women -Rhea

- **Q:** Did you have a follow-up contact with them?
- **A:** Yes, they rang me that evening, I'm pretty sure. And afterwards as well, for a week or two. Actually, I spoke to them twice, and two or three times afterwards as well.
- **Q:** Do you remember what information they gave you after the last consultation?
- **A:** It was mainly just, they sort of asked how I was going, and you obviously talk about the bleeding and that sort of thing, and where I was up to with that. And, then they informed me about to take the test at 30 days or 28 days, and if that was positive to call them back straight away.

Quotes from women- Hestia

Q: And, apart from the fee that the Tabbot Foundation charged, do you think there were any other financial costs to you in having the procedure?

A: Not really, no. It was just with all the blood tests I had to go to {Queensland town}. It's an hour's drive one way.

Q: Yeah, that's quite a long way still.

A: Yeah, probably when I add it all up it was eight hours or more driving for the different tests and things.

Q: Yeah. Right, just to get the blood tests and scan.

Quotes from women - Dianna

- **Q:** What services do you think should be available for women who are considering abortion?
- **A:** I think it should be easier for us to access it. Like, it seemed to be a bit of a phone tree for me to even find out where I can go to get one. And, just being a little bit more open about it, not being like oh my god an abortion, it's such a - like a bad thing to do. I think that would be - make it a little bit better for us to not feel so judged when we go and do it. Because, there is a lot of scepticism around going and getting an abortion.

Clinical Outcomes of MTOP

Category	Number and percentage
Normal abortion process	591 (82%)
Incomplete abortion	14 (2%)
Missed abortion	4 (0.6%)
Still pregnant after treatment	2 (0.3%)
Follow up after MTOP	641 (89%)
Second βHCG taken	557 (78%)
Contraception organised for woman	568 (79%)

Average time from ultrasound to termination 10 days
Average gestation at termination of pregnancy 7weeks +2 days

Management of MTOP

Clinical presentation	Number and percentage
No bleeding	22 (3%)
Slight/light bleeding	300 (42%)
Moderate bleeding	350 (49%)
Heavy bleeding	12 (2%)
Persistent bleeding	4 (0.6%)
Significant pain	8 (1%)
Bleeding and refer to hospital	10 (1%)
Pain and refer to hospital	9 (1%)
Went to hospital for antibiotic	1(0.1%)
Went to hospital - no treatment	1(0.1%)

Findings

- The price at $250 is the lowest in Australia – apart from public hospital services
- No Medicare rebate possible for telehealth consultation!
- Not all women who contact Tabbot Foundation proceed with decision to terminate or have MTOP
- Safe and effective
- Pain and bleeding can be managed well
- Failed abortion can occur
- Very low need for surgical intervention

Conclusion

- Various models by a limited number of providers
- Costs are variable depending on profit motivation
- T-MTOP is safe and effective
- Not widely known by women or doctors
- Well accepted by Australian women
- May overcome some access barriers
- Legal and regulatory measures that hinder T-MTOP are unwarranted and discriminate against women