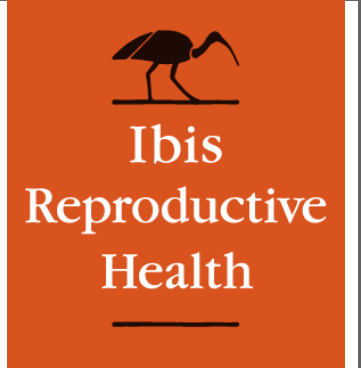

Patient satisfaction with telemedicine for medication abortion: Survey data from seven US states

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Released April 2021

a. Ibis Reproductive Health
b. Planned Parenthood Federation of America
c. Advancing New Standards in Reproductive Health

Summary

The objective of this study was to compare satisfaction between telemedicine and in-person medication abortion (teleMAB and in-person MAB) patients in different geographic settings. Patients in seven states completed an online survey about their satisfaction with medication abortion. Of 187 teleMAB and 199 in-person MAB respondents, most would recommend the service they received (72.0% and 77.5%, respectively). One-quarter (22.5%) of teleMAB respondents would have preferred to be in the same room as the provider. Across seven states, patients find teleMAB satisfactory. Additional research should examine some teleMAB patients' preference to be in the same room as the provider.

Introduction

In 2008, to expand abortion access, an Iowa Planned Parenthood affiliate implemented a telemedicine for medication abortion (teleMAB) delivery model[1]. Studies found that patients were highly satisfied with teleMAB compared to in-person medication abortion (in-person MAB)[1, 2]. Planned Parenthood has since expanded teleMAB to 18 states.

Increasing attention has been paid to patient satisfaction as a component of quality care[3]. In non-abortion settings, studies have identified an association between patient-reported satisfaction and treatment and medication adherence, and health outcomes[4, 5]. Additionally, improvements in aspects of access to care, including accessibility and affordability, have been predictors of satisfaction[6].

Given the documented importance of satisfaction and dissemination of teleMAB, it is important to ensure that the service remains satisfactory across a range of geographic settings. We aimed to evaluate patient satisfaction with the ongoing teleMAB services in Iowa and to provide a preliminary description of patients' experiences in other locations.

Methods

Between July 2016 and May 2018, in-person MAB and teleMAB patients at Planned Parenthood health centers in seven states were invited to participate in a survey about their experiences with medication abortion; not all centers recruited for the full study period. Eligible patients received medication abortion, were over age 18, and could read English or Spanish. Interested patients provided their contact information. Roughly two weeks later, study staff sent a link to an online survey via text message or email. Interested patients who did not provide contact information were given a flyer with a survey link to be used after the date of their scheduled follow-up visit, regardless of whether they attended.

Participants provided informed consent electronically. The survey included open- and closed-ended questions about demographics and experiences obtaining medication abortion. Participants reported satisfaction by indicating whether they would recommend services to a friend or family member and rating their overall level of satisfaction with the abortion services and conversation with the clinician. TeleMAB participants were asked if they would have preferred to be in the same room as the provider.

Respondents received a $20 gift card. Descriptive statistics and Fisher's exact and chi-square tests, and simple logistic regression for bivariate analyses were assessed using Stata 15 (StataCorp,

2017, College Station, TX, USA). Open-ended responses were reviewed by two study team members. The study was approved by the Allendale Investigational Review Board.

Results

During the enrollment period, 1,058 provided contact information. Ultimately, 386 eligible individuals completed the survey (36.5% of those who provided contact information), 187 teleMAB and 199 in-person MAB patients. Participant characteristics are described in Table 1.

Table 1. Participant characteristics

	All participants (N=386)	
	n	*%*
Age (median, IQR)	24.5	21–29
Health center state		
Alaska	40	10.4
Iowa	159	41.2
Idaho	27	7.0
Montana	52	13.5
Nevada	59	15.3
Oregon	33	8.6
Virginia	16	4.2
*Race/Ethnicity**		
Asian	17	4.4
American Indian/Alaska Native	10	2.6
Black	31	8.0
White	225	58.3
Hispanic	49	12.7
Missing	71	18.4
Parity		
0	49	12.7
≥1	159	41.2
Missing	178	46.1
Previous abortion		
Yes	93	24.1
No	114	29.5
Missing	179	46.4
Education		
≤High school	99	25.7
Some college	141	36.5
≥College	137	35.5
Missing	9	2.3
Marital status		
Never married, single	150	38.9
Never married, partnered	112	29.0
Married	69	17.9
Divorced/Separated	42	10.9
Missing	13	3.4
*Does not total 100% as participants could select more than one response.		

The majority of teleMAB and in-person MAB participants would recommend that a friend or family member having an abortion have a medication abortion at the clinic "the way that they did" (i.e., teleMAB or in-person) (85.7% and 82.4%, respectively) (see Table 2). When asked why, in open-ended responses, many spoke highly of medication abortion, saying that it was private and comfortable to take the second medication, misoprostol, in the location of their choosing. Many would recommend services because the staff were caring, nonjudgmental, and informative. Eight would not recommend the service they used because of the abortion pill: six experienced more pain and bleeding than expected and two wished they completed their abortion at the health center. Nine indicated they would be supportive of their friend and listen to their wants and needs before making a recommendation.

Table 2. Satisfaction with abortion services, by abortion type

	Abortion type	
	TeleMAB (n=187)	**In-person MAB (n=199)**
	n (%)	*n (%)*
Would recommend to friend		
Yes	145 (77.5)	145 (72.9)
No	7 (3.7)	7 (3.5)
Depends	14 (7.5)	34 (17.1)
Not sure	14 (7.5)	6 (3.0)
Missing	7 (3.7)	7 (3.5)
Overall satisfaction		
Very satisfied	148 (79.1)	165 (82.9)
Somewhat satisfied	24 (12.8)	25 (12.6)
Somewhat dissatisfied	4 (2.1)	3 (1.5)
Very dissatisfied	5 (2.7)	1 (0.5)
Missing	6 (3.2)	5 (2.5)
Satisfaction with provider conversation		
Very satisfied	156 (83.4)	169 (84.9)
Somewhat satisfied	23 (12.3)	20 (10.1)
Somewhat dissatisfied	3 (1.6)	1 (0.5)
Very dissatisfied	0 (0)	0 (0)
Missing	5 (2.7)	8 (4.0)
Would have preferred to be in same room as provider		
Yes	42 (22.5)	-
No	130 (69.5)	-
Missing	15 (8.0)	-

Majorities of teleMAB and in-person MAB patients were very satisfied the abortion service they received (79.1% and 82.9%, respectively) and with their conversation with the provider (85.7% and 83.8%, respectively). The majority of teleMAB respondents (86.1%) felt comfortable asking the

provider questions over the video screen (4.3% did not feel comfortable asking questions of the provider and 9.6% did not answer the question). Additionally, the majority of teleMAB respondents (69.5%) would not have preferred to be in the same room as the provider; one-quarter (22.5%) would have preferred to be in the same room and 15 (8.0%) did not respond. Of those who preferred to be in the same room (n=42), in open-ended responses, 14 said that the experience may have been more personal, comforting, supportive, or less awkward. Few of these responses (n=3) cited concerns about teleMAB privacy or safety. Two noted that although they would have preferred an in-person visit, they were happy with the teleMAB service as a way to access care; one Montana respondent said, "To speak to [the doctor] in person helps, but I understand that Montana is very closed minded on abortion. So I say take what you can get." Another respondent who preferred to be in person explained that, ultimately, they had no real preference about meeting with the provider in person.

In bivariate analyses, overall satisfaction was associated with whether or not a teleMAB patient would have preferred to be in the same room as the provider ($p=0.003$) (data not shown); 85.0% of those who did not report that they would prefer to be in the same room as the provider were very satisfied overall compared to 64.3% of those who would have preferred to be in the same room. Age, parity, having had a previous abortion, and marital status were not associated with whether or not a teleMAB patient would have preferred to be in the same room as the provider ($p>0.05$).

Discussion

This study suggests that teleMAB services at Planned Parenthood remain satisfactory in Iowa and are satisfactory in six additional states. This high level of satisfaction across clinical sites may be due to the use of a service rollout approach similar to the AIDED model for successful scale up of health care services[7]; each health center had a point person for service rollout; personnel received teleMAB provision and work flow training; teleMAB mirrored in-person MAB provision; and staff with teleMAB provision and clinical work flow expertise helped address challenges. Although most patients reported high satisfaction, about one-quarter of teleMAB patients would have preferred to be in the same room as the provider. Variation in preference highlights the need to ensure in-person MAB and surgical abortion remain available and that patients are given a choice where possible.

This study has limitations. Due to the small sample size, we could not explore determinants of satisfaction or assess variation based on potential modifiers, including geographical location. Despite offering the survey outside the clinic setting and not collecting identifying information, there may have been satisfaction reporting error due to survey design and/or patient characteristics. There may also have been selection bias; we had a low response rate and did not track refusals or demographics for those who were offered the opportunity to participate.

Conclusions

This study indicates that teleMAB is highly satisfactory to patients across a range of geographic regions and clinical contexts. This evidence, in concert with research demonstrating that teleMAB is safe, effective, and expands medication abortion access[1, 8-10], supports use of this model where legal.

Acknowledgments

The authors thank the Planned Parenthood health center staff who recruited participants, as well as Samantha Ruggiero of Ibis Reproductive Health for assistance with qualitative data analysis.

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