

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/acog-action-center/tbd/15365/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Patients Prefer to Receive Abortion Care via Telemedicine vs In-Clinic Visits

Dr. Turck:

You're listening to *Advances in Women's Health* on ReachMD, and I'm Dr. Charles Turck. Joining me to talk about her recent study that examined patient perspectives on clinician communication regarding medication abortion during telemedicine versus in-clinic visits is Dr. Emily Godfrey. Dr. Godfrey is a Professor of Family Medicine and Obstetrics and Gynecology at the University of Washington. She also presented this study at the 2023 ACOG Annual Clinical and Scientific Meeting. Dr. Godfrey, welcome to the program.

Dr. Godfrey:

Thank you, Dr. Turck. I'm really happy to be here today to speak with you.

Dr. Turck:

So to start us off, would you tell us what you sought to learn from your study?

Dr. Godfrey:

So basically, what we did with our studies is we wanted to compare patient perceptions of the doctor-patient communication when providing abortion care through telemedicine. Because for the last 20 years since before mifepristone was FDA approved, patients had to show up in person. And so we know that the in-person patient-doctor communication works, but it wasn't clear if telemedicine could actually convey the same entities around trust and around treatment adherence. So we wanted to compare kind of a smaller group of those who are seeking in person with a larger group of patients who had sought medication abortion through telemedicine, and that way, we could just come up with best practices on how to best communicate with patients through a virtual environment when providing abortion care.

Dr. Turck:

And how was your study designed?

Dr. Godfrey:

So we conducted an in-depth qualitative interview among patients who had sought medication abortion, and they had had a choice about whether they were going to receive services via telemedicine or in person. And it was at a single, large abortion clinic in Washington state, and they had had their abortion within the last 30 days prior to our interview.

Dr. Turck:

And with that background in mind, would you walk us through your study's findings?

Dr. Godfrey:

So basically, we adapted an interview script using Miller's framework for evaluation of patient-clinician communication. And this is a framework that has been utilized to look at how communication occurs when it's done through the medium. So it would pick up the sensitivities around the virtual setting that we were seeking to evaluate. And essentially, we found communication within four separate settings. And if you think of when people provide an evaluation about a restaurant, it's not just about the food, but it's often about what the service was like or what the atmosphere was like. And so the same thing with the Millers framework; we found that there were four different aspects, one relating to the settings, so how accessible was the clinic. The second relating to patient-clinician interactions, whether patients felt like the care they received was respectful, free from any kind of coercion, and whether the care was tailored. And then we looked at the quality of the communication route information, like the patient's understanding on how to take the pills, when to take the pills, and when to call. And then the last thing was the health outcomes in terms of patient satisfaction. And so basically, what we found was that in all four settings, there was essentially similarities with the exception of the setting of the encounter. There was a

really big contrast between telemedicine and in-clinic. So patients who receive care via telemedicine reported feeling like it was accessible, efficient, and appreciated having a choice about where their appointment occurred. So some of these participants had their appointments in their own bedroom or in private spaces like a friend's home or in their car. And they chose these places because they were convenient. And this was really different than the patients that went to clinic where they really felt that the clinic was less accessible. Often they described having to take an entire day off of work just to get to clinic and get home. The clinic was felt to be inefficient, chaotic, and lacked the privacy. So there was a big contrast there. But otherwise when it came to patient-clinician interactions, both parties felt that the providers were respectful that they have positive interactions. And same thing with the communication of information that was given and the same thing with the health outcomes in terms of the patient satisfaction.

Dr. Turck:

For those just tuning in, you're listening to *Advances in Women's Health* on ReachMD. I'm Dr. Charles Turk. And I'm speaking with Dr. Emily Godfrey about her presentation at the 2023 ACOG Annual Clinical and Scientific Meeting.

Now, Dr. Godfrey, global perspective, what do your study's findings mean for telemedicine and medication abortion moving forward?

Dr. Godfrey:

Telemedicine abortion is permissible in 27 states and Washington DC currently in the United States. And really what it means is the clinics that have been offering in-person abortion care for the decades that it has been available in our country, they don't need to do a lot to offer abortion care via telemedicine, and I think what they can do is really gain from it. I think patients will actually find the care is more patient-centered if clinics add on and provide—in addition to the in-person care—telemedicine care.

Dr. Turck:

And before we close, what key lessons would you like learners to take away from your presentation?

Dr. Godfrey:

So the biggest takeaway is that patient-centered communication translates to telemedicine abortion, and we know that patient-centered communication is important in terms of meeting your patient needs. And the other thing is that telemedicine for many patients will be a more favorable way in which to receive abortion care and that telemedicine really can be a patient-centered way to meet the need for critically needed first-trimester abortion services in this country.

Dr. Turck:

This has been such an insightful look at patient-clinician communication about medication abortion during telemedicine visits, and I'd like to thank my guest, Dr. Emily Godfrey, for joining me to talk about her presentation at the 2023 ACOG Annual Clinical and Scientific Meeting. Dr. Godfrey, it was a pleasure speaking with you today.

Dr. Godfrey:

Thank you, Dr. Turck. It was a pleasure speaking with you as well.

Dr. Turck:

For ReachMD, I'm Dr. Charles Turk. To access this and other episodes in our series, visit ReachMD.com/AdvancesInWomensHealth, where you can Be Part of the Knowledge. Thanks for listening.