Rapid innovation and implementation of telemedicine for contraception: Providers' perspectives

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BACKGROUND

Illinois healthcare provider response to the SARS-CoV-2 pandemic began March 2020. State executive orders declared reproductive health care essential and required public and private insurance to cover telemedicine services.

AIMS

To explore provider perspectives on changes in contraceptive service delivery, patient access and quality of care, interventions with potential for long-term impact, and lessons learned.

METHODS

In-depth interviews with: 20 Illinois clinicians in primary care and obstetrics/gynecology (July-Sept 2020) and 20 clinicians and staff from Planned Parenthood of Illinois (PPIL) clinics (Dec 2020-Jan 2021). Interviews took place via Zoom, were audio-recorded, transcribed, and coded in Dedoose. We explored telemedicine contraceptive care with interview guides informed by the Consolidated Framework for Implementation Research (CFIR), reproductive justice principles, and the Person-Centered Contraceptive Care framework.[1,2,3]

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KEY THEMES

Providers widely supported telemedicine contraceptive care:

- Provided greater access for prescriptions and counseling
- Allowed some providers to work from home
- Felt feasible and manageable, even with limited training
- Increased time for patient education; some increased efficiency overall
- Motivated providers to streamline contraceptive access

Challenges had to be navigated, including:

- Rapid iteration required (among non-PPIL providers)
- Assuring access to LARC insertions and removals
- Patient difficulty accessing tech platforms
- Establishing patient relationships and continuity
- Limited patient awareness of telemedicine option
- Difficulties accessing translation services

Like any method of health service delivery, some patients saw benefits, while others did not:

- Improved access for patients in rural areas, facing transportation or childcare barriers
- Increased comfort for adolescents and patients with confidentiality concerns, reduced privacy for others
- Trends suggesting greater use among white, higher-income patients
- Potential for reduced bias (with phone visits) or increased bias (with video visits)

Sustainability depends on continued reimbursement and payment parity for range of telemedicine services, including via phone.

> "**With telehealth I have the luxury of time** because I don't have, you know, three other patients kind of waiting in the next few rooms to see me. And so I don't feel as rushed and I feel like I can answer all a patient's questions."
> -- clinician at PPIL

> "**I think [telehealth has] reduced the stigma**, because as I said, people can, you know, place a call from the privacy of their bedroom."
> -- family physician at an FQHC

> "I feel like **I probably see the patients that have a lower socio-economic status, more likely in person than over telehealth** and my best guess is that those patients are already out, for example, I have patients that work at pizza places and things like that. And so I think that those patients are already out and being used to being in public spaces."
> -- OB physician in a private clinic

> **"I would hope that [audio-only telemedicine] would maybe make us less biased and less terrible if we're not like visually interpreting what we think that we perceive** as being evidence that this person is or is not a good candidate for a particular method."
> -- midwife at an FQHC

> **"It's made care very accessible to people** without having to physically bring them into the clinic, and especially **it's highlighted a lot of the things that don't really require a physical visit."**
> -- family physician in private clinic

LIMITATIONS

We talked to participants at different points in the pandemic timeline, capturing different stages of iteration. Additional analyses (forthcoming) focus on providers' reports of patient experience with telemedicine, and on steps needed to improve implementation and assure sustainability of telemedicine for contraceptive care.

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