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

REFERENCES

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.

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.