



“This has definitely opened the doors”: Provider perceptions of patient experiences with telemedicine for contraception in Illinois

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INTRODUCTION

The COVID-19 pandemic increased the rollout of telemedicine in healthcare, particularly in family planning. Before the pandemic, digital solutions were emerging as a mode of reproductive healthcare delivery, with studies showing high levels of patient and provider satisfaction with telemedicine for services such as medication abortion and prenatal care. However, more research was needed to understand provider perspectives on the rapid implementation of telemedicine and effects on patient care.

Published in the journal *Contraception*, researchers from The University of Chicago and Planned Parenthood of Illinois conducted a study to explore provider perspectives on telemedicine delivery of contraception. Researchers interviewed 40 obstetrics-gynecology and family medicine physicians, midwives, nurse practitioners, and support staff providing contraception via telemedicine in practices across Illinois, including Planned Parenthood of Illinois (PPIL) health centers. Researchers analyzed interview content to identify themes around the perceived impact of telemedicine implementation on contraception access, contraceptive counseling, patient privacy, and provision of long-acting reversible contraception (LARC).

FINDINGS

- Researchers found that participants perceived telemedicine implementation had improved care by increasing contraception access, increasing focus on counseling while reducing bias, and allowing easier method switching.
- Participants' perceptions of how telemedicine implementation impacts patient privacy and LARC provision were mixed. Some participants found telemedicine implementation enhanced privacy, while others felt unable to ensure privacy in a virtual space.
- Participants found telemedicine modalities useful for counseling patients considering methods of LARC, but they sometimes presented an unnecessary extra step for those sure about receiving one at a practice offering same day insertion.

IMPLICATIONS

Our research suggests the need to integrate LARC care with telemedicine workflows, improve patient privacy protections, and promote equitable access to all telemedicine modalities.

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