



Telemedicine for Medication Abortion:

Service Delivery and Outcomes

Introduction

Equitable access to abortion services is a troubling health care challenge in the United States. Two barriers to abortion care include: **geographic location** – being too far from abortion providers and/or **provider availability** – not having enough abortion providers available.

Even with medication abortion, these issues persist. The barriers to medication abortion have led to an innovative service delivery model – site-to-site telemedicine for medication abortion (teleMAB).



What is teleMAB?

Site-to-site teleMAB uses conferencing technology to link two health centers. A clinician who can provide medication abortion from one health center connects to patients in another health center via a secure videoconferencing platform. This service delivery model makes it possible for patients to get the care they need without the time and expense of traveling long distances for an in-person clinician visit. It can also help health centers provide care to patients when a clinician cannot be physically present regularly due to staffing shortages or other circumstances.

In a [study](#) published in *Contraception*, Planned Parenthood, Ibis Reproductive Health, and ANSIRH found that **teleMAB led to an increase of medication abortions in two states studied – Montana and Nevada.**

The study showed that telemedicine has the potential to improve or maintain access to safe, legal medication abortion – especially for patients in rural and/or medically underserved areas.

Find more information on Planned Parenthood research [here](#).



The Study

- Researchers looked at anonymous electronic health records data, one year after teleMAB was introduced and compared it to the data one year before teleMAB was introduced in both Nevada and Montana.
- They analyzed data from **1,842 patients in Montana** from 2015 to 2017 and **1,196 patients in Nevada** from 2016 to 2018.
- Researchers used electronic health record data to:
 1. Calculate the number of miles traveled one way by patients from their home ZIP code to the health center;
 2. The number of days from when an appointment was scheduled and when it occurred;
 3. The proportion of medication versus surgical abortion procedures (in Montana only).



Participants

- The average age of Montana and Nevada patients was about **26 years old** before and after the introduction of teleMAB.
- Most Montana patients of teleMAB identified as white (**77%**), Native American/Alaskan or Hawaiian Native (**9%**) or Latino (**6%**).
- Most Nevada patients of teleMAB identified as white (**30%**), Latino (**29%**) or African American (**14%**).



Implications

- Telemedicine has the potential to improve or maintain access to medication abortion, especially for patients in rural and/or medically underserved areas, and should be implemented widely where possible.
- Future research will explore ways to expand teleMAB to additional health centers and address the public policies that restrict providers and health centers from offering teleMAB.



The Results

- In Montana, there was an increase in medication abortion after introducing teleMAB – the rate of all abortions that were medication abortion increased from **60% to 65%**.
- In Nevada, where Planned Parenthood only provided medication abortion, introducing teleMAB enabled the health centers to provide medication abortion biweekly rather than monthly. The number of medication abortions increased from **461 to 735** (59%) in the year after introducing teleMAB.
- In both Montana and Nevada, there was a decrease in distance traveled by patients receiving abortion – though, it was still far for many (**51%**) in Montana (over **100 miles**).