

## BACKGROUND & OBJECTIVE

- Planned Parenthood is a leading national provider of high-quality, affordable reproductive health care services for millions of individuals and families across the United States.
- Telemedicine is an increasingly common way to deliver and/or supplement clinical care, with potential to increase access and reduce burden for patients and providers. Telemedicine also holds promise for reducing disparities in access to women's reproductive health care, yet little is known about patient preferences in this area.
- Our objective was to **describe women's preferences for telemedicine for reproductive health care and assess differences by sociodemographic factors.**

## STUDY DESIGN

- We conducted an online survey of females ages 18–44 in 2016 using GfK KnowledgePanel, a probability-based web panel designed to be representative of the U.S. adult population.
- The survey was conducted in English and Spanish and assessed sociodemographics, health care utilization, and preferences for telemedicine for various services.
- For each service, respondents selected from the following options to indicate their preferred mode: virtual visit/call, in-person visit, either, or not interested in this.
- 2,450 women completed the survey. The mean age was 31 years; 45% were under 30. Just over half (56%) identified as white, 20% as Hispanic, and 14% as black. Fifty percent had employer-sponsored health insurance, 13% had Medicaid, and 14% were uninsured.

National Panel

Females Ages 18–44

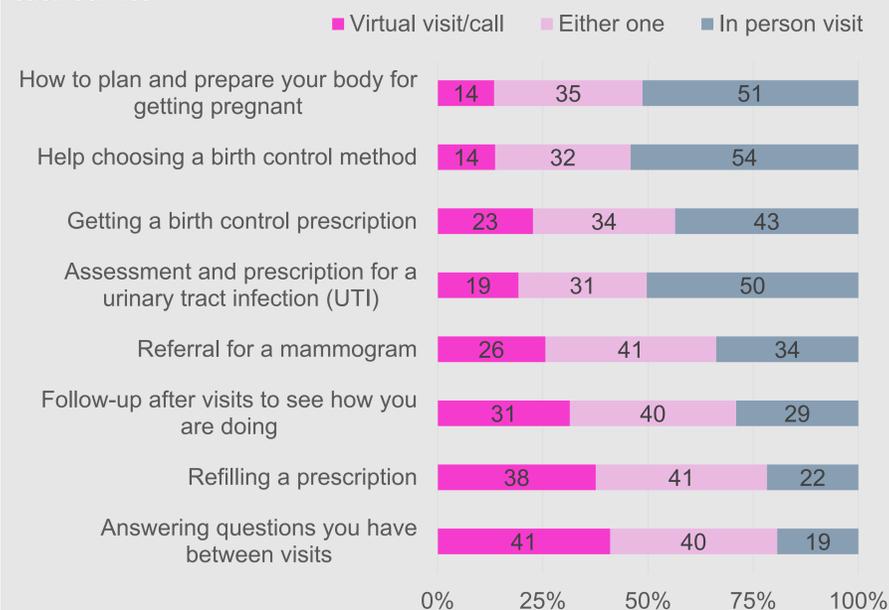
2,450 Respondents

- We calculated descriptive statistics and performed chi-square tests to assess differences in preferences between subgroups. We used binary logistic regression to predict preferences for telemedicine for key services controlling for selected sociodemographic factors.

## PRINCIPAL FINDINGS

- When excluding those who were not interested in each service (regardless of mode), we found a range in preferences for telemedicine across services. Figure 1 shows the percentage of respondents who said they would prefer a virtual visit/call, in-person visit, or either one.

**Figure 1. Women's preferences for telemedicine among those interested in each service**



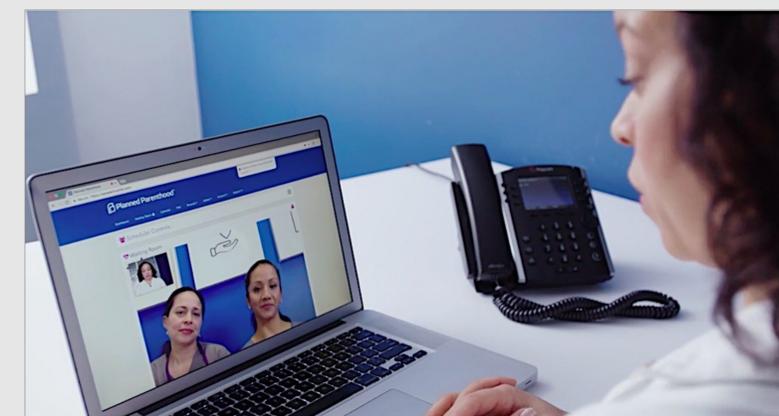
- Though not specific to reproductive health care, nearly one-third (31%) preferred virtual visits for follow-up after visits to see how you are doing, 38% for refilling a prescription, and 41% for answering questions between visits.

### SOCIODEMOGRAPHIC DIFFERENCES

- In models controlling for respondent age, race/ethnicity, insurance status, income, education level, and whether respondents lived in a metropolitan statistical area (MSA), the only factor that remained consistently and significantly associated with preferring virtual services was older age. Women ages 30–44 were more likely to prefer virtual services than those 18–29.
- There was a trend toward those with employer-sponsored insurance being somewhat more likely to prefer virtual services than those with Medicaid or the uninsured.

## CONCLUSIONS

- Over half of women of reproductive age were interested in or open to telemedicine for reproductive health care services.
- Women were most likely to prefer telemedicine for prescriptions, referrals, or follow-up services. Though not specific to reproductive health, this may be an area to explore to reduce the burden of follow-up visits, or to improve patients' perceived ability to communicate with providers between visits if desired.
- Sociodemographic differences in preferences may vary by service type and warrant further study.



Planned Parenthood physician providing a site-to-site telemedicine visit.

## IMPLICATIONS

- Telemedicine has potential to increase access to reproductive health care and there is substantial interest among women of reproductive age.
- Nevertheless, nearly half of respondents still preferred in-person visits for birth control services and UTI assessment and treatment, as well as other services. These findings reinforce the importance of ensuring access to reproductive health care services in person and via telemedicine to best meet women's individual needs and preferences.
- It is important for policymakers and payors to ensure coverage, access, and adequate reimbursement of telemedicine services for reproductive health care and other services critical to women's health throughout the lifespan.