AUTHORS

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Need Being Addressed:

As a result of the COVID-19 pandemic, many women in South Carolina experienced a limitation in available contraceptive services. A study conducted by the Guttmacher Institute from April and May of 2020 found a 10% overall reduction in short and long-acting reversible contraceptives. Generalization of these findings to the entire US population of women of reproductive age translates to an estimated 15 million unintended pregnancies (Lindberg et al., 2020). With these staggering statistics demonstrating great need, Clemson Rural Health joined forces with New Morning Foundation to launch a telehealth contraceptive access program, dubbed "No Drama", which offers residents within our state free and low-cost birth control.



Intervention Information:

This program uses a combination of telehealth and in-person appointments to provide patients with a variety of birth control options best suited for them regardless of insurance status. The No Drama program advertises services and Clemson Rural Health providers see patients for their initial visit through a telehealth platform, Doximity. Using a patient centered, collaborative approach, patients are counseled on their options for contraception and are able to select the best method for their needs, and the provider writes the prescription. These prescriptions are sent to the patient's preferred pharmacy or delivered via mail order pharmacy. A patient navigator, "Amy", is available through New Morning Foundation to assist the patient along the way. In the event the patient selects a long-acting reversible contraceptive method (LARC), the Clemson Rural Health provider refers the patient to a local facility for insertion. If a local facility is unavailable, Clemosn Rural Health deploys a mobile health unit to provide that service to the patient in their local community.

Clemson Rural Health No Drama

A telehealth contraceptive access program in South Carolina

Program Outcomes:

Clemson Rural Health has seen thousands of patients for the No Drama program since its inception in 2020. These patients come from a variety of different backgrounds and receive different kinds of birth control such as intrauterine devices (IUD), implants, injections, rings, patches, and pills. This No Drama program has been able to serve community members regardless of insurance status which eliminates barriers for many women in South Carolina who are uninsured or underinsured. The pie chart below reflects the methods that patients selected. A large majority of No Drama patients are receiving prescriptions for birth control pills (65%), with LARC methods being second (14%). Patients who select non-LARC methods never have to visit an in-person medical facility for their birth control medication management. The telehealth environment eliminates barriers such as transportation and childcare that may otherwise impede a patients' ability to access care



Extension to New Populations:

This style of program could be replicated across health systems all across the United States. There is great need in rural communities and areas without existing health infrastructure. Literature shows that using telehealth appointments to counsel and prescribe contraceptives has been an effective way for patients to meet with providers and many patients even prefer this method over traditional in-person visits (Stifani et al., 2021). Not only have patients expressed satisfaction through telehealth appointments, but providers have notably encouraged it for the ability to increase access and reduce bias (Song et al., 2022).

Important lessons learned throughout this project include the need for a patient advocate, who assists the patient throughout the process when questions arise.This advocate helps patients with questions about prescriptions, rescheduling missed appointments, or financial assistance for prescriptions.

Another important modification made to this program was the inclusion of mail order pharmacies so patients could receive medications to their home, which also eliminates transportation barriers for picking up a prescription from the pharmacy.

Finally, Clemson RUral Health learned how impactful deploying mobile health clinics was for long-acting reversible contraceptive insertions. These mobile units were able to increase access to care during a time period when other providers were not seeing patients.

Sources:

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NO DRAMA

