

5th
MAR 9, 2018

CONTRACEPTION & ABORTION in BC: BC WOMEN'S -CART- OPT MEETING

Research *Experience* *Care*
GUIDING GUIDING

WELCOME from ELDER ROBERTA PRICE Coast Salish
FATHER SKY
LEFT PALM UP
WHENEVER WE COME TOGETHER WE JOIN HANDS in a CIRCLE...

CEREMONY...
CLEANSING WITH CEDAR BOUGHS REMOVES NEGATIVE ENERGY
UNCONDITIONAL LOVE
WE ALL NEED IT EVERY DAY
RIGHT PALM DOWN
MOTHER EARTH

DR. BONNIE HENRY
THIS WORK IS MAKING TREMENDOUS STRIDES in ACCESS for WOMEN!
DR. TAMIL KENDALL
WE are doing GROUND BREAKING WORK!
DR. MARISA COLLINS
OPT USED TO BE PLANNED PARENTHOOD BC
WE'VE BEEN PARTNERING WITH CART for 5 YEARS

DR. SHEILA WITTH & CATHLIN JOHNSTON

BC WOMEN'S SMART PROGRAM

FREE POST-ABORTION CONTRACEPTION in BC!

PILOT PROJECT FUNDED BY MINISTRY OF HEALTH

FREE CONTRACEPTION at the TIME of ABORTION



WHEN COST is REMOVED, MOST WOMEN [83%] CHOOSE LARC METHODS (MIRENA)

ELIGIBILITY CRITERIA

- Accredited Facilities
- Elective Terminations of Pregnancy
- BC Residents w/ MSP
- Standardized Program Training for Facilities

CONTRACEPTIVES

- MIRENA
- PILL
- COPPER IUD

This is the LARGEST COST of the PROGRAM

BC WOMEN'S ROLE

- LOGISTICAL SUPPORT
- EVALUATE DATA
- ROLL OUT PROGRAM

DATA FORM
 Anonymous!
 Privacy Important!

WE'VE USED SURVEY DATA to CREATE a Model WHICH SHOWS COSTS to PROVIDE CONTRACEPTION (WOMEN UNDER 30)

★ 39% REDUCTION in PREGNANCIES within 2 YEARS of ABORTION

PARTICIPANT MEAN AGE:

27.8 yrs. old

NO ADDITIONAL HEALTH COVERAGE

free / affordable contraception FOR ALL WOMEN is OUR GOAL!

MIFEPRISTONE

IMPLEMENTATION in CANADA

DR. WENDY NORMAN

WHAT DOES a PRIMARY CARE PROVIDER NEED to PROVIDE MIFEPRISTONE?

PHYSICIAN PRESCRIBING and PHARMASIST DISPENSING POLICIES are IMPROVING access!

MIDWIVES We are working to UNDERSTAND what MIDWIVES need to PROVIDE MIFEPRISTONE

PLEASE Share YOUR STORIES about what WORKS & DOESN'T WORK with us!!

MIFEPRISTONE PROVIDER'S STUDY:

- 90% of CANADIAN ABORTION PROVIDERS
- 400 PROVIDERS

40% of PROVIDERS in our RESEARCH HAVE NEVER PROVIDED ABORTION'S BEFORE

MOST are in RURAL COMMUNITIES

Pharmacist checklist... helps a lot!!

POLICY! Timing of getting INFORMATION to DECISION-MAKERS impacts POLICY!

WHY virtual?

- MOST of CANADA is RURAL
- There isn't HEALTH EQUITY
- RURAL RESIDENTS have higher RISK of DYING

★ **TECHNOLOGY** is NOT the END GAME... it's just a TOOL to SUPPORT PATIENT-CENTRED CARE

• The **RIGHT TECHNOLOGY** is the ONE that HELPS the PERSON, where they are at

Medical Issues

- CONTRAINDICATIONS?
- ULTRASOUND NEEDED?
- RH STATUS?
- HCG fall less than 80%...then WHAT?

TELEMEDICINE ABORTIONS...

- 1st VISIT: APPROVE TESTING
- 2nd VISIT: REVIEW HISTORY & LAB TESTS, COUNSELOR VISIT
- 3rd VISIT: REVIEW OUTCOMES



TELEMEDICINE ABORTIONS
DR. JOHN PANLOVICH, DR. ELLEN WIERSE, CHERYL CHANDLER

★ 46 CASES in 2017

★ 18 CASES in 2017 WERE within a ONE HOUR DRIVE of KELLOWNA

Administration

- PHARMACY to DISPENSE?
- FAX REQUISITION to LAB
- Rh: free at hospital, patient pays at lab
- BOOK ULTRASOUND
- CHECK CONNECTIVITY for TM
- BILLING MSP

SOMETIMES WE GET TO MEET our FAMILY!

WE MAKE GREAT CONNECTIONS with PATIENTS!



PATIENTS are SO APPRECIATIVE! They have a choice

• THEY CAN TRAVEL to the OFFICE to have a MIRENA put in (within 2 weeks)

Rx to PHARMACY (or COURIER)

HCG DAY 1 & 8

• \$900 COST for PATIENT without COVERAGE

• WE NEED to be ABLE to SEE them

• WIFI can be an ISSUE

MIFEGYMISO DISTRIBUTION in BC

- LAUREN MATHANY -

816 UNITS have BEEN SHIPPED since JANUARY

WE WERE CONTACTED in SEPTEMBER 2017 to make this HAPPEN...! RIGHT AWAY!

SEPT 2017 MoH REQUEST

NOV 2017 MODEL

JAN 2017 PROGRAM LAUNCH

100 UNITS PER WEEK is the NEED!

- 25% of PHARMACIES ELIGIBLE for PRE-STOCK
- 75% ORDER on DEMAND (mainly in the Lower Mainland)
- MIXED MODEL DISTRIBUTION enables PHARMACIES to HAVE DRUG on HAND

• They had the OPTION to OPT OUT

• UNLESS MIFEPRISTONE BECOMES NON-PRESCRIPTION PHARMACISTS have the RIGHT to CONSCIENTIOUSLY OBJECT to CARRYING IT

! MIFE SHORTAGE was an ISSUE!

CRITERIA

- NEED
- EQUITY of ACCESS
- ENHANCED ACCESS

NEXT STEPS

- ▶ WORK with COMMUNITY PHARMACIES to ensure ACCESS
- ▶ ANALYZE OPT-OUT SITES
- ▶ FORECAST 2018/19 DEMAND
- ▶ CONTINUE to SUPPORT INTERIM PROGRAM UNTIL PHARMACARE PLAN is in PLACE

DISCUSSION GROUPS REPORT BACK:

★ THERE are NO SERVICES in FRASER HEALTH... there's an OPPORTUNITY for the PROVINCE to WORK with FHA

★ DIFFICULT on the ISLAND to IDENTIFY WHO PROVIDES SERVICES... PATHWAYS could HELP MAKE REFERRAL PATTERNS EASIER

TELE-MENTORSHIP



★ EDUCATION is a BARRIER... for PROVIDERS & PATIENTS - USE TELE-MEDICINE for MENTORSHIP... the CHECKLIST will HELP... EDUCATION WHERE WOMEN are!

★ INTERIOR HEALTH... WOMEN WANT MEDICAL ABORTIONS but DON'T KNOW WHERE to GET them... WE NEED DATABASES & TRAINING for PHYSICIANS

★ Work in DIVISION FAMILY PRACTICE

★ DISTRIBUTION to RURAL COMMUNITIES... WORK TOWARDS STOCKING ALL OPT-IN PHARMACIES... INVOLVING NPs & MIDWIVES & EXPLORE RELATIONSHIPS b/w PHARMACISTS & PHYSICIANS

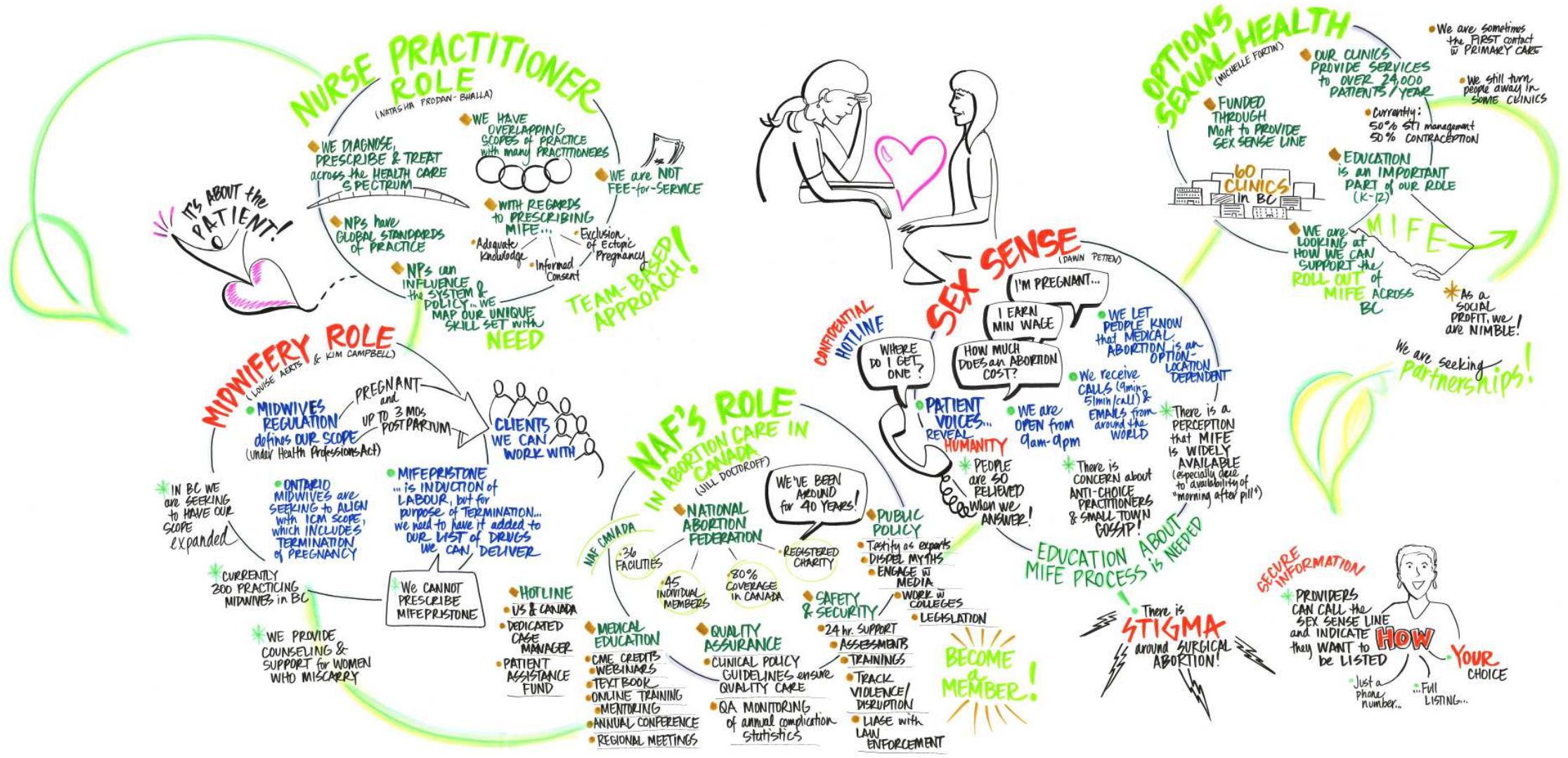
★ RESOURCES to ADD to SMART PROGRAM - GUIDELINE for PROVIDERS... WE WANT to BRING STAKEHOLDERS TOGETHER to hear their EXPERIENCES

★ BARRIERS WOMEN FACE: - stigmatization - privacy - acknowledging her point of view IT'S COMPLEX!

More ACCESS to ABORTION training needed in the NORTH!

★ PATIENT CARE COORDINATOR for ABORTION CARE... TRAINING an INTERIM ROLE... TRAINING PROVIDERS from the NORTH in a HIGH VOLUME CLINIC

★ Partnerships education mentoring



DISCUSSION GROUPS REPORT BACK

* Midwives

- OPPORTUNITY TO FILL THE GAP BY ADDING A COUPLE OF WORDS TO OUR REGULATIONS!

REGULATIONS

* NPs

- OPPORTUNITY FOR US TO HELP OUR OTHER COLLEAGUES IN MIFE PRACTICE (i.e. MIDWIVES)

- BARRIER: WE ARE NOT PAID TO DO CALL

* Opt

- Opt looking at COMMUNITIES where CARE IS NEEDED
- DEVELOP REGIONAL CALL GROUPS

* 2nd TRIMESTER

- IT ALMOST TAKES A SECOND WAVE OF EDUCATION
- PROTOCOLS ... WE ARE WORKING AT BC WOMEN'S TO IMPLEMENT THIS

* HOW FAR IS TOO FAR...

- NO DISTANCE IS TOO FAR... IT'S A SIMPLE PROCEDURE WITH RARE COMPLICATIONS
- MENTORSHIP IS NEEDED

* TELEMEDICINE

- LEARN FROM OUR COLLEAGUES WHO ARE ALREADY DOING IT
- COLLABORATION IS KEY...
- HAVING FEWER APPOINTMENTS

HOT TOPICS REPORT BACK

♦ SHARING PROVIDER INFO

- PDS LINE ... REVIEW & SEE HOW INFO CAN BE SHARED ... HOW WE CAN WORK TOGETHER

"DREAM OPTION"
ONE LINE TO CALL & BE SCHEDULED IN (One Stop Shop)

♦ PATIENT RESOURCES

- NEED A HANDOUT (GRADE 5 READING LEVEL) WITH PLACE TO PUT INFO ABOUT WHERE PEOPLE CAN GO IN THEIR COMMUNITY

SEX SENSE HAVING ACCESS TO LIST OF SYMPATHETIC PROVIDERS

♦ SUBSTANCE USE

How to counsel PATIENT about OPTIONS

NOT MAKING VALUE JUDGEMENTS as a PROVIDER... We need to do more research on this

CONNECTION between BINGE DRINKING, UNPROTECTED SEX and PREGNANCY... EDUCATIONAL OPPORTUNITY

♦ ASK an EXPERT

- What to EXPECT COUNSELING WOMEN

VISUAL YOUTUBE VIDEO in VOICEDOVER in DIFFERENT LANGUAGES (about MEDICAL & SURGICAL ABORTION)

♦ ORGANIZATIONAL BARRIERS

- LACK of WILLINGNESS in SOME COMMUNITIES to EMBRACE MEDICAL ABORTION
- ACCESS ... CAN WE ENFORCE IT in THESE COMMUNITIES?

Themes
building relationships

virtual health

expanding midwife scope

leveraging existing networks

WE WILL BE DEVELOPING WORKING GROUPS to TRANSLATE **Your ideas** INTO **ACTION**