Medication abortion and Medicare

50 YEARS

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Reproductive & Sexual Health
Care. Education. Advocacy.

Talk overview

- Decision
- Process
- Medicare
- FPV model

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Abortion decision making

- Most require no assistance
- Women's Hospital: decision making information
- Rebate for up to a total of 3 sessions of
  - GP (trained) item number 4001
  - psychologist: http://www.psychology.org.au/FindAPsychologist/
  - social worker: https://www.aasw.asn.au/find-a-social-worker
  - mental health nurse
  - can be used post termination
- FPV: pregnancy information services
- Most abortion providers, counsellor access

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Choosing MTOP

- Gestation
- Cost
- Medicare card
- Access
- Time constraints
- Travel

MTOP
≤63 days on US

STOP
Vic access limited12 W+

Costs
Bulkbilled - ≈ $550

No Medicare
STOP

Access
1800myoptions
telehealth

MTOP
Can be time intense

MTOP
access to emergency services 3/52

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Shankar, M., et al Aust N Z J Public Health, 2017.

Choosing MTOP

- Complications
- Concealment / support person
- Pain and bleeding
- Uterine products
- IUD insertion
- Privacy
- Mind fit

Still pregnant 1/150

Blood transfusion 1/1000

Retained products →curette post MTOP
3-5%

Rare STOP
cervical tear
perforation
Asherman's syndrome

STOP preterm birth

Pain

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Goldstone, P. The Medical journal of Australia, 2012. **197**(5): p. 282-6.

Medical abortion

- Step 1
- Mifepristone 200 mg: progesterone receptor modulator
  - few side effects
  - pregnancy not supported, alone 64 to 85% miscarry
  - primes cervix for action of misoprostol

Brogden, et al. Journal/Drugs. 1993 45 384-409
Spitz and Bardin. Journal/Contraception. 1993 48 403-44
Spitz and Bardin. Journal/N Engl J Med. 1993 329 404-12

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Step 2: 36-48 hours later

- Pre med ondansetron 4mg + ibuprofen 200mg x 2 ± codeine 30mg with paracetamol 500 mg
- Misoprostol 200mcg x 4, buccal
- Hold 30 minutes and swallow residual
  - Induces uterine contractions and cervical opening → expulsion

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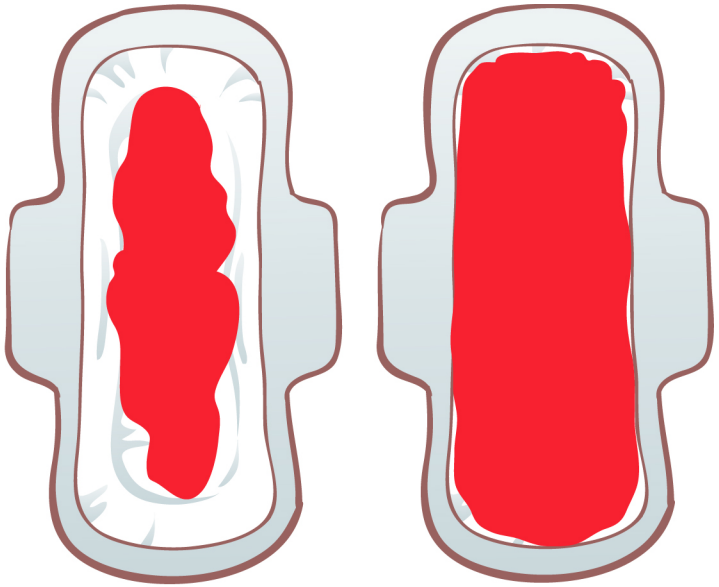
Expected outcome after misoprostol

- misoprostol side effects
  - nausea, vomiting, diarrhoea, fever/chills
- pain
  - usually within 20 mins-4h
  - ranges from mild to severe
- bleeding & sac
  - heavy with clotting 2-6h
  - ↓ after sac passes
  - similar to a period for 5-7 days
  - average bleeding 10-16 d, up to 4 w normal. May stop and start
  - Period returns 4-6 weeks



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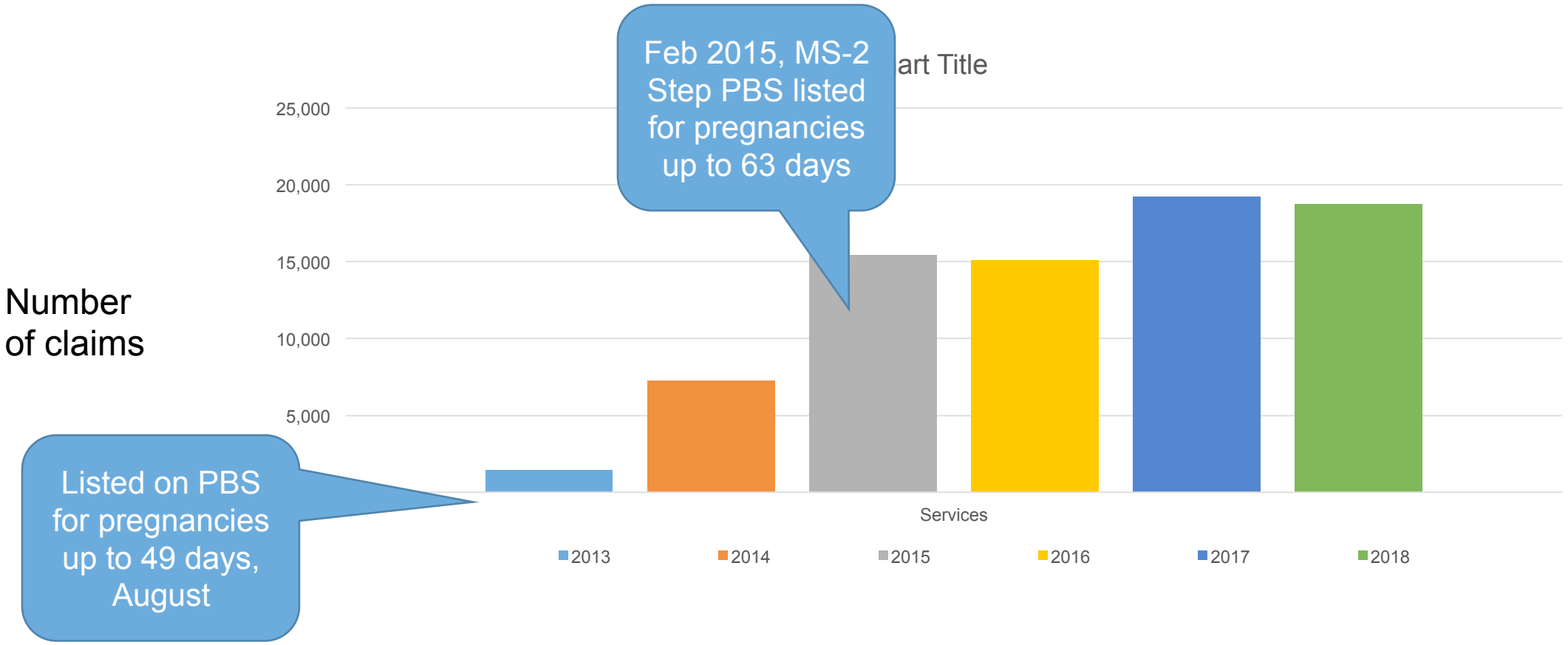
Medicare: Back ground

- The number of medication abortions can be estimated from the number of PBS/RPBS claims
- State numbers cannot be accurately determined
- Limitations on GP provision previously
  - NT: Termination of Pregnancy Law Reform Act 2017
  - ACT: Health Act 2003, amendment (Health (Improving Abortion Access) Amendment Act, 2018), operational 1/07/19
- Current limitations in GP provision in SA, limited to “prescribed hospital ”

PBS/RBS scripts



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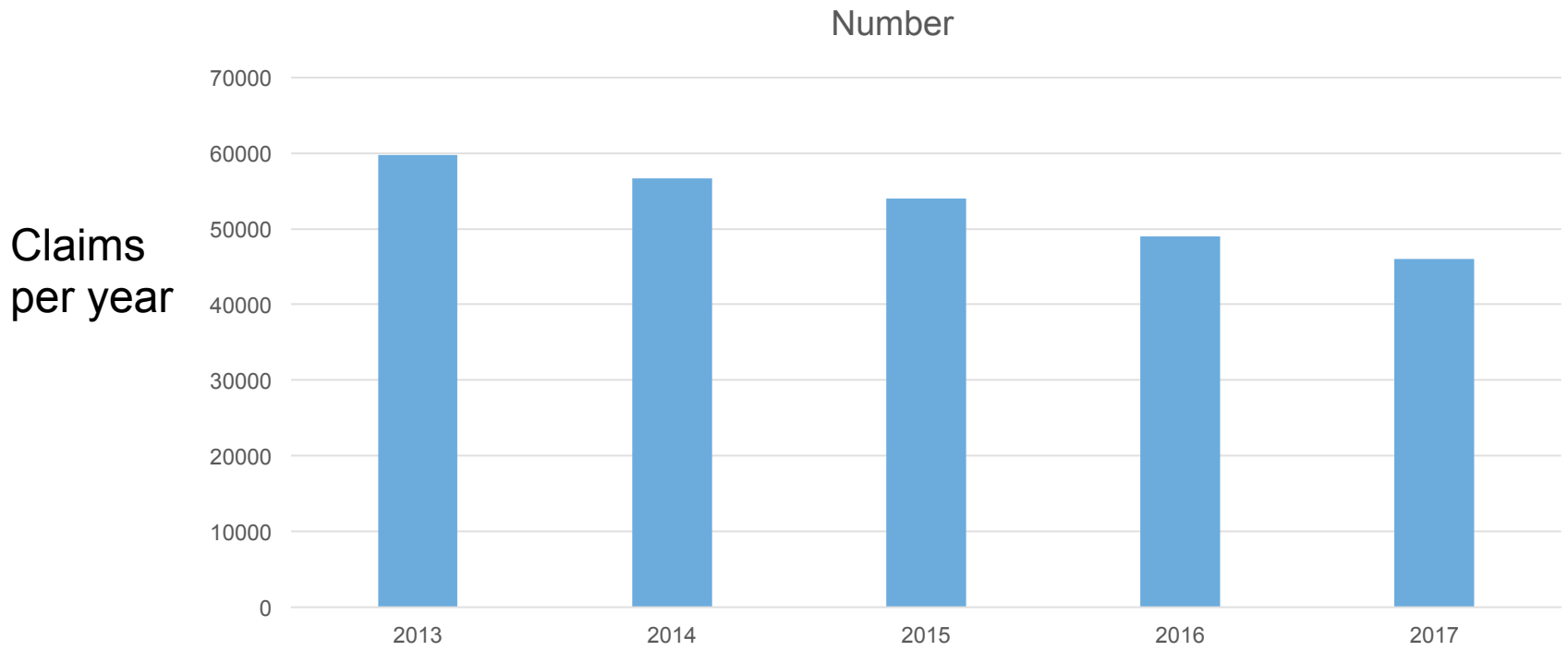
MBS claims item 35643, Australia, 2013-2017



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Some more information

- 35.7% first trimester terminations MTOP in SA, 2016
  - An additional ≈ 550 scripts dispensed in 2018→ higher % MTOP
- >Doubling PBS claims for MS-2 Step in Tasmania between 2016 and 2018
- Difficult for those without Medicare

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Medicare/PBS cost of MTOP

- PBS cost of medications dispensed price for maximum quantity= $312, ≈ $350 as private script
- Must be dispensed by pharmacist (e.g. FPV can purchase and dispense medications but at unsubsidised price)
- Maximum gestation 63 days, good evidence successful home based terminations beyond this
- Automatically recorded to My Health record if accessing PBS (can remove practitioner access to medications)
- Consultations, time/complexity based
- Ancillary medications

Models of provision

- Telehealth with local support
  - ultrasound/bloods locally
  - Medication or script posted
- Doctor only
- Nurse led

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Ideal model= One stop shop

- Phone consultation
- Single visit
  - perform investigations
    - Ultrasound
    - Point of care Rhesus testing
    - Quantitative HCG
    - ± Haemoglobin and iron levels
    - Vaginal swabs; Chlamydia, gonorrhoea and BV screening
  - Dispense tablets

Discontinued at FPV

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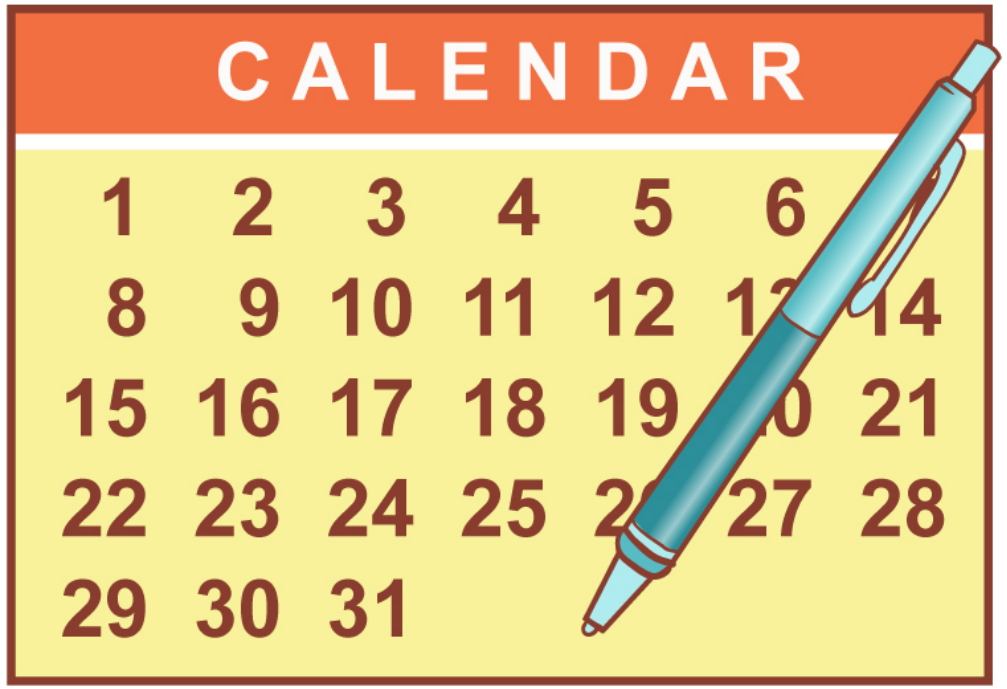
FPV model

- Bulk bill <25 years, HCC and other disadvantaged
- Nurse phone consult
  - Excludes contraindications
  - Social situation
  - Dates
  - Further assistance needed with decision
  - Explains procedure
  - Text
    - link to information
    - Text outlining investigations required, can attend FPV or GP
- Nurse file review for results prior to visit



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Nurse visit

- Checks for support, partner involvement, fear of partner, telling others
- Mental health
- Explains
  - Process
  - Plan for timing
  - Medications
  - What happens
  - Management of emergencies
  - Contraception (implant same day)
- Organises follow up reminders

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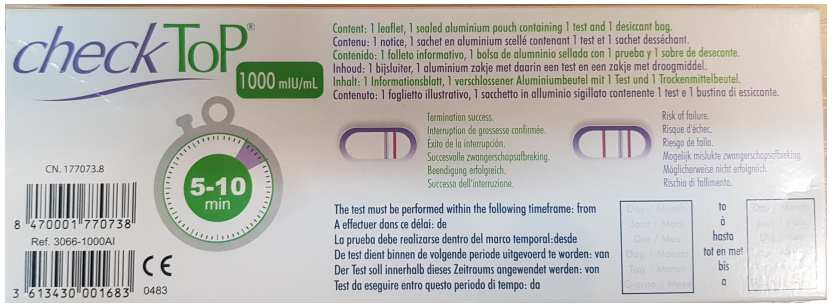
Doctor visit

- Obtains informed consent
- Writes scripts
  - Premed
  - MS-2 Step
  - Contraception
  - BV treatment
- Gives instructions & doctors' letter
- Discuss mental health outcomes
  - Relief normal, regret and self reproach uncommon
- Orders investigations including follow up HCG

Follow up visit

- HCG at 7/7
- Around 50% attend
- Successful follow up at home models
- Some GPs bill for all three consults upfront.



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Difficulties funding through Medicare

- Highish non attendance
- The more phone work, the less Medicare to claim
- Nurse time not funded
- Around ½ phone consults don’t attend FPV

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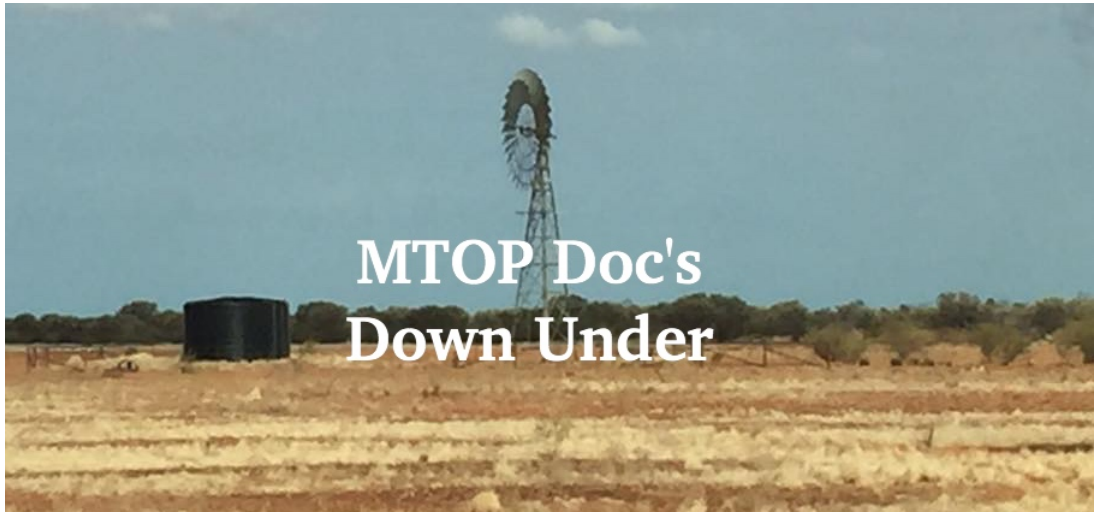
Want to provide the service?

- Free online training: https://www.ms2step.com.au/
- Collegiate support
- “abortion providers are the happiest workers”
- Pride in service
- Two visit model works best



Summary

- Primary care provision of MTOP appears to be increasing
- Likely increasing percentage of terminations MTOP
- Medicare funding and PBS restrictions can contribute to the model being more time intensive

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