Title

"IT MAKES SENSE": PHARMACISTS' ATTITUDES TOWARD DISPENSING MIFEPRISTONE FOR MEDICATION ABORTION

Journal

CONTRACEPTION, 100(4)

ISSN

0010-7824

Authors

Kaller, S
Ma, M
Baba, C Finley
et al.

Publication Date

2019

DOI

10.1016/j.contraception.2019.07.064

Peer reviewed

had never previously been offered the HPV vaccine. The abortion visit may be an opportunity to start or finish the HPV vaccine series.

doi:10.1016/j.contraception.2019.07.062

P34

SUPPORTING IMPLEMENTATION OF MIFEPRISTONE ABORTION IN CANADA: A MIXED METHODS STUDY OF THE CAPS COMMUNITY OF PRACTICE

S Dunn

University of Toronto, Toronto, Canada

C Devane, S Munro, J Soon, E Guilbert, M-S Wagner, W Norman

Objectives: Mifepristone became available in Canada in January 2017. As part of an implementation research project that explored and mitigated barriers to providing mifepristone, we created and assessed the impact of an on-line "Community of Practice" (CoP) to support mifepristone practice by multidisciplinary health-care providers.
Methods: Practitioners interested in mifepristone provision were invited to join the Canadian Abortion Providers Support (CAPS) CoP and complete surveys about their practice and experience with CAPS. CAPS offered clinical and practical resources for implementation, a discussion forum, and weekly e-mail member announcements. We conducted interviews with a subset of member and non-member survey respondents. We analyzed site metrics and survey data using descriptive statistics, and thematically analyzed interviews and "ask the expert" content.
Results: CAPS membership increased steadily between January 2017 and February 2019 to 408 physicians, 301 pharmacists, 82 nurse practitioners and 64 midwives. Web site visits peaked in July 2017. At the 6-month survey, 63% of CAPS physicians agreed CAPS was useful/very useful; 56% were providing mifepristone, compared with 35% of non-members ($p=.07$). "Ask the expert" questions centered on mifepristone use in clinical situations (e.g., breast-feeding) or provision in settings with limited infrastructure (e.g., timely ultrasound or lab). Interviews revealed enthusiasm for e-mail member announcements to stay current with policies and new developments.
Conclusions: Practitioners new to mifepristone abortion care from across Canada joined and used resources of the CoP. They also valued e-mails to keep up to date and build community. Ongoing research will examine CAPS' impact on supporting nurse practitioner adoption of mifepristone abortion.

doi:10.1016/j.contraception.2019.07.063

P35

"IT MAKES SENSE": PHARMACISTS' ATTITUDES TOWARD DISPENSING MIFEPRISTONE FOR MEDICATION ABORTION

S Kaller

Advancing New Standards in Reproductive Health, Bixby Center for Global Reproductive Health, Department of Obstetrics, Gynecology and Reproductive Sciences, University of California–San Francisco, Oakland, CA, USA

M Ma, C Finley Baba, S Raifman, M Rumore, T Raine-Bennett, S Averbach, M Creinin, S Rafie, S Prager, D Grossman

Objectives: We explored pharmacists' perspectives on dispensing mifepristone for medication abortion (MAB).
Methods: From May 2018 to March 2019, we enrolled 21 pharmacists at 8 pharmacies in California and Washington as the first step of initiating a clinical trial assessing pharmacist dispensing of mifepristone for MAB. We consented pharmacists to participate in semi-structured interviews regarding acceptability of dispensing mifepristone. We transcribed and coded the interviews and summarized emergent themes.
Results: Pharmacists strongly supported the model, feeling it would improve quality of care by providing more convenient MAB access and more streamlined service delivery, taking advantage of pharmacists' expertise and availability. Pharmacists felt dispensing mifepristone would not be notably different from other medications and would "make sense that [all MAB medications] could be picked up at once." Pharmacists considered mifepristone dispensing to be more accessible, safe, and supportive for patients than having mifepristone available only from MAB providers: "If [pharmacists] were able to dispense these medications, then we would be not only improving access of care to patients, but also reducing the burden on providers." All pharmacists, except one with moral objections to abortion, reported they would feel comfortable dispensing mifepristone if they had enough knowledge about mifepristone to counsel patients adequately. Pharmacists felt the model would improve overall access to MAB, but expressed concern that in conservative areas or small pharmacies, pharmacists' refusal to dispense mifepristone could impede patients' access to MAB.
Conclusions: In this engaged group, most pharmacists supported dispensing mifepristone and were comfortable doing so following education on mifepristone and MAB.

doi:10.1016/j.contraception.2019.07.064

P36

DECREASING OUT-OF-STATE REFERRALS AND EXPANDING ACCESS TO LATER ABORTION IN MAINE

Y-Y Young

Ibis Reproductive Health, Oakland, CA, USA

S Yanow, S Chandrasekaran, D Burkett, L Coplon, A Irwin, K Sharpless, M Paul

Objectives: In 2014, no clinic was providing abortion services in 81% of Maine counties (where 55% of the state's female residents lived). In addition, no clear referral process existed among the four clinics in Maine, resulting in patients being referred out of state. In collaboration with the four existing Maine abortion clinics, Ibis developed an intervention to improve the in-state referral process, specifically after 19 weeks' gestation.
Methods: In order to assess in-state and out-of-state referral patterns and identify areas for improvement, baseline data were collected from the clinics on services provided, referral practices, and interest in expanding services, in 2016. A stakeholder meeting was convened to discuss provider experience and generate strategies to improve referrals. Using these inputs, a toolkit was developed for all abortion providers to improve referral practices. The intervention began in March 2017, and an end-line survey was conducted in 2018.
Results: At baseline, providers described limited communication with other in-state clinics, and a referral process that was unclear and time-intensive. At end-line, we observed a 33% decrease in out-of-state referrals. Due to the intervention, patients who were beyond the gestational age limit or those with medical conditions were referred within the state and were saved from traveling more than 100 additional miles. The stakeholder meetings allowed clinics to