

Telehealth sexual and reproductive health care during the COVID-19 pandemic

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It is increasingly recognised that telehealth services reduce waiting times and increase patient satisfaction.¹⁻³ In response to the coronavirus disease 2019 (COVID-19) epidemic, Medicare Benefits Schedule (MBS) rebates for telehealth services (telephone and video consultations) were introduced in March 2020.⁴ From 20 July 2020, however, primary care rebates were largely restricted to patients who had attended the treating service during the preceding year.⁵

We investigated the characteristics of patients who used Family Planning NSW (FPNSW; <https://www.fpnsw.org.au>) telehealth services during 2020, and explored patients' and clinicians' experiences with these services. FPNSW, a provider of sexual and reproductive health care, introduced telephone consultations in April 2020 alongside face-to-face care. To compare service provision before and during the COVID-19 pandemic, we reviewed MBS-subsidised FPNSW consultations during the period 1 April – 30 September in 2019 and 2020. Associations between patient characteristics and telehealth use were examined in logistic regression analyses conducted in SAS 9.4.

We also invited patients (new patients, 1 April – 18 July 2020; returning patients, 1–30 September 2020) and clinicians who used or provided FPNSW telehealth services during the study period to participate in semi-structured interviews. The interviews were recorded, transcribed, and de-identified before analysis; NVivo 11 (QSR International) was used for coding and to support thematic analysis. The Family Planning NSW Ethics Committee provided ethics approval (R2020-04).

Of 4681 patients who had MBS-subsidised FPNSW consultations during April–September 2020, 1148 used telehealth only (25%), 2686 face-to-face consultations only (57%), and 847 both telehealth and face-to-face consultations (18%). During April–September 2019, 5351 patients had had MBS-subsidised FPNSW face-to-face consultations. Between 1 April and 18 July 2020, 867 new patients used MBS-subsidised FPNSW services, 424 of whom had telehealth consultations (49%). The demographic characteristics of telehealth and face-to-face service users were similar during April–September 2020, except that larger proportions of people aged 16–19 years, English-speaking patients, and students used telehealth services. For patients who had telehealth consultations only, the most frequent reasons for presentation were contraception (37%), gynaecological problems (34%), medical abortion (10%), and sexually transmissible disease (13%) (Box).

All 23 interviewed patients (12 existing, 11 new patients) reported positive experiences with telehealth, related to convenience, improved consultation efficiency, and accessibility. The six interviewed clinicians similarly noted that telehealth improved access to time-critical services (eg, abortion) and for people with disabilities and those living in remote locations. Fourteen of 15 patients under 30 years of age reported feeling more comfortable discussing sexual and reproductive health in telehealth consultations. However, two patients preferred face-to-face consultations for sensitive topics, and five believed that quality of care was better in face-to-face consultations. Both patients and clinicians felt that body language and facial expressions made communication in face-to-face consultations superior. One patient from a culturally diverse background commented that language barriers could make using telehealth services difficult. Patients suggested that video conferencing and removing restrictions on MBS rebates would improve

Patient and clinical service characteristics for 4681 patients who attended Family Planning New South Wales clinics, 1 April – 30 September 2020

Characteristic	Consultation type		
	Telehealth only	Face-to-face only	Both telehealth and face-to-face
Number of patients	1148	2686	847
Age group (years)			
16–19	141 (12%)	205 (8%)	73 (9%)
20–29	502 (44%)	1009 (38%)	379 (45%)
30–39	236 (21%)	717 (27%)	204 (24%)
40–49	144 (13%)	447 (17%)	124 (15%)
50 or more	113 (10%)	273 (10%)	58 (7%)
Missing data	12	35	9
Sex			
Women	1079 (94%)	2482 (92%)	826 (98%)
Men	68 (6%)	198 (7%)	19 (2%)
Intersex/other	1 (< 1%)	6 (< 1%)	2 (< 1%)
Aboriginal or Torres Strait Islander			
Yes	49 (4%)	123 (5%)	35 (4%)
No	1099 (96%)	2563 (95%)	812 (96%)
People with disability			
Yes	46 (4%)	102 (4%)	33 (4%)
No	1102 (96%)	2584 (96%)	814 (96%)

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Characteristic	Consultation type		
	Telehealth only	Face-to-face only	Both telehealth and face-to-face
Area of remoteness index ⁶			
Major cities	945 (83%)	2153 (81%)	724 (86%)
Inner regional	15 (1%)	46 (2%)	18 (2%)
More remote	178 (16%)	473 (18%)	100 (12%)
Missing data	10	14	5
English-speaking			
Yes	1035 (90%)	2231 (83%)	740 (87%)
No	113 (10%)	455 (17%)	107 (13%)
Education level			
University	431 (40%)	1004 (39%)	324 (40%)
Trade certificate	192 (18%)	485 (19%)	156 (19%)
School certificate	415 (38%)	966 (38%)	313 (38%)
No school certificate	51 (5%)	110 (4%)	25 (3%)
Missing data	59	121	29
Work status			
Full/part-time	578 (51%)	1530 (58%)	464 (55%)
Not in paid employment	250 (22%)	558 (21%)	172 (21%)
Student	303 (27%)	543 (21%)	202 (24%)
Missing data	17	55	9
Number of visits			
One	952 (83%)	2177 (81%)	2 (< 1%)
Two	155 (14%)	431 (16%)	486 (57%)
Three or more	41 (4%)	78 (3%)	359 (42%)
Main reason for presentation			
Contraception	427 (37%)	1560 (58%)	489 (58%)
Gynaecological problems*	395 (34%)	877 (33%)	406 (48%)
Sexually transmissible disease [†]	148 (13%)	167 (6%)	82 (10%)
Medical termination of pregnancy	118 (10%)	109 (4%)	107 (13%)
Pregnancy/fertility	78 (7%)	82 (3%)	45 (5%)

* Including abnormal menstrual bleeding, menopause, pelvic pain, vulval or vaginal symptoms. † Including screening, infection treatment. ◆

telehealth services and increase access to sexual and reproductive health care.

Our findings indicate that telehealth (provided by telephone) can improve access to sexual and reproductive health services. Its advantages include convenience, accessibility, and patient comfort, particularly for younger people. Using visual technology for telehealth consultations would need to take privacy concerns into consideration.⁷ Integrating telehealth into health care was acceptable to both clinicians and patients. Removing restrictions on MBS rebates for telehealth consultations would enhance access to sexual and reproductive health services in Australia.

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Competing interests: Family Planning NSW (FPNSW) provides Medicare Benefits Schedule-subsidised telehealth services for sexual and reproductive health care. ■

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