Expanding Abortion Provision: Outcomes and Lessons Learned from the California Health Workforce Project-171

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Objectives

- Describe the summary findings of HWPP 171
- Discuss clinician and patient outcomes related to safety and quality of early aspiration abortion care
- Identify evidence-based actions for professional and policy change
HWPP-171: Evidence-based Practice & Policy Change

■ **Workforce**
  ■ Evidence of patient safety, patient satisfaction, acceptability, efficacy of NPs/CNMs/PAs as aspiration abortion providers
  ■ 50+ new aspiration abortion providers in California

■ **Abortion Care**
  ■ Standardized competency-based curriculum model for PCPs
  ■ Integrated training and practice models

■ **Policy**
  ■ Present data from HWPP #171 to engage lawmakers, professional interest groups, and regulatory boards.
  ■ Clarifying legislation that is signed into law can establish the legality of NPs, CNMs and PAs performing abortions.

■ **Politics**
  ■ Abortion & Professional organization politics
  ■ NOT the usual model for changing practice
US health professional regulation of abortion provision

**LEGEND**

- **Green** - The state allows non-physicians to perform medication and aspiration abortions
- **Yellow** - The state allows non-physicians to perform medication abortions only
- **Red** - The state specifically prohibits NP/CNM/PA from performing abortions
- **Blue** - The state has a general physician-only law for abortion
- **Light Pink** - The state has no specific law regarding who can perform abortions, but other potentially legal barriers exist for non-physicians

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ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH

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Prospective Evaluation Project
- 2 phases: training and practice utilization
  - Clinician outcomes
  - Patient outcomes
  - Health systems outcomes

Samples
- 50-60 NP/CNM/PAs as new abortion clinicians
- 16,000 total patients (50/50 clinician and physician)
- 5 partner organizations
  - PPPSW, PPSP, PPMM, PPLA, KPNC
- 22 clinical facilities

Human subjects protection in accordance with the UCSF IRB and IRBs of the Partner Organizations

Analysis
- Non-inferiority analysis
- Multivariate mixed effects models
Questions answered by HWPP-171

Aspiration abortion provision by NPs/CNMs/PAs

- Is it safe?
- Is it acceptable?
- What is patients’ experience of their care?
- How do clinicians learn the skill?

See HWPP-171 Fact Sheets
http://www.ansirh.org/research/hwpp.php
Clinician Outcomes
(Data analysis as of 9/1/11)

- Clinician Characteristics
- Training to Competency
Clinician Characteristics

- **NP/CNM/PA (n = 41)**
  - Average age (43 yrs)
  - Average 10 yrs in practice;
  - 1.5 yrs performing abortion
  - Range of prior experience with:
    - Ultrasound, IUD insert, Medication Abortion, PCB, Colposcopy, Endometrial Biopsy, Contraceptive Implants, Uterine Aspiration

- **MD**
  - 96 non-resident OB-Gyn or Family Medicine
  - Average age (48 yrs)
  - Average 14 yrs performing abortions (2-26 yrs)

Diagram:
- NPs, 29
- CNMs, 5
- PAs, 7

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Confidence Lags behind Competence

Overall Confidence (Scale 1-9)
- Patient Comfort
- Speed
- Completeness
- Ability to Identify Problems
- Overall Confidence in Trainee's Ability to Perform Procedure Safely Without Supervision

Clinical Training Day
- Beginner
- Developing Competence
- Competent
Patient Safety and Patient Experience of Abortion Care
(Data analysis as of 9/1/11)
## Patient Characteristics

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<th>Mean</th>
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<tbody>
<tr>
<td>Patient Age</td>
<td>25.6 Years</td>
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<tr>
<td>Gravida</td>
<td>3.1</td>
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<tr>
<td>Parity</td>
<td>1.1</td>
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<tr>
<td>Gestational Age by Ultrasound</td>
<td>58 days</td>
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<tr>
<td>Prior Induced Abortions</td>
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Patient Characteristics by Race/Ethnicity

- Hispanic/Latina: 40.1%
- White (Non-Hispanic): 29.3%
- Black/African American: 13.1%
- Asian: 7.5%
- Other: 4.5%
- Hawaiian/Pacific Islander: 1.7%
- Native American/Alaskan Native: 1.0%
- Multiple Ethnicity: 1.3%
Patient Safety Outcomes

- Total Incidents
  - Overall rate of 1.6% for all incidents and 1.4% for abortion-related complications
  - Both clinician and physician rates are less than median complication rate from published literature (<3.5%)
  - 6 major abortion-related complications requiring hospitalization (no difference by provider group)

- Non-inferiority analysis:
  - 0.83% risk difference in overall complications (95% CI, 0.33 to 1.33) between physicians and NPs/CNMs/PAs.
  - Falls well within the predetermined margin of non-inferiority (2.0%)
  - Clinician provision of early aspiration abortion care no worse than physician provision
Conclusions: Patient Experience

- Women reported overwhelmingly high rates of positive patient experience regardless of provider type.
- Treatment by provider and staff, clinic environment such as timely care, and managed pain levels all contribute to overall patient experience.
- Abortion patient experience is multidimensional and extends beyond general “satisfaction”.
- Positive patient experience is influenced by age, race/ethnicity and insurance type.
Evidence Summary

- Clinicians can be trained to competence in performing safe first-trimester abortion care by uterine aspiration.
- Provision of aspiration abortion by NP/CNM/PA is **highly acceptable** to patients.
- Patients report **high satisfaction** with no differences across provider type.
- Abortion-related **incident rates are low** for both clinicians and physicians.
- Clinicians’ complication rates **do not increase** when providing abortions without direct physician supervision.
Politics & Legislative Change
Goal
- Clarifying legislation that is signed into law can establish the legality of NPs, CNMs and PAs performing abortions
- Remove the criminal penalties that only exist for “surgical” abortion
- NP/CNM/PA would perform abortion in accordance with existing nursing/PA practice regulations in CA
- Senator Kehoe’s Safe & Early Access Bill included multiple legislator co-authors (February 2012)
- Sponsors: CA reproductive rights/justice organizations
- Supporters
  - All professional nursing organizations (ANA-C, CANP, CNMA) and a nurses’ union (SEIU)
  - Most professional medical organizations (CMA, CAPA, CAFP, PRCH)
- Opposition
  - All anti-abortion groups and one nurse’s union—CNA/NNU
- SB 1338 withdrawn by Senator Kehoe (May 2012)
Next Steps

■ SB 623: re-authorization of HWPP-171 clinicians/project
  ■ Competency maintenance of existing clinicians
  ■ Continue training of additional clinicians
  ■ Through 2013

■ Legislative change
  ■ 2012-2013
  ■ New legislation introduced with same goals
  ■ Overcoming political opposition
  ■ Educating legislators and policy makers
  ■ Activating professional communities of support

■ Post-study rollout
  ■ Curriculum and competency-based training programs
  ■ Clinical guideline development
What you can do

Students

■ **Professional Knowledge**
  ■ Understand your personal responsibilities for competency attainment and maintenance

■ **Professional Responsibilities**
  ■ Maintain all essential practice documents (peri-abortion care, UPP competencies, ethical practice)
  ■ Understand state laws and relevant codes

■ **Professional Activism/Advocacy**
  ■ Join your state/national professional organization
  ■ Educate yourself about orgs’ legislative/policy activities
  ■ Become active in practice or legislative committees

Educators/Practitioners

■ Role model: participate in state and national organizations
■ Mentor students and new clinicians about professional responsibilities to increase patient access and learn strategies for addressing public health problems such as unintended pregnancy

[www.apctoolkit.org](http://www.apctoolkit.org)