

Victorian Clinical Network for Abortion and Contraception Care (VCNACC)

Network meeting, Tuesday March 9th 2021. Meeting notes.

<p>Carolyn Mogharbel 1800 My Options</p>	<p>1800Myoptions Report on trends observed through 1800Myoptions phone line role</p> <ul style="list-style-type: none"> • Slight increase in callers from Gippsland, South West Victoria & Grampians regions • Approximately 5 % callers request access to contraception services, up from 2-3 % • Increase demand for pregnancy options counselling, approx. 5 %, up from 3.5% <p>1800Myoptions have invested stakeholder engagement roles across select rural areas. Distributing information & support packs to current & new stakeholders 1800Myoption celebrating our 3 year anniversary 19 March, social media campaign planned Evaluation report complete & will be available in near future. Key findings:</p> <ul style="list-style-type: none"> • 40% of callers have HCC or pension card compared to Vic average 7%, indicates 1800Myoptions is reaching a disadvantaged proportion of the Vic population • Also providing 1800Myoptions services to a higher proportion of Aboriginal & Torres Strait Islander women & women from migrant & refugee backgrounds compared to the Vic average.
<p>Presentation Lou Holland, Nurse Practitioner, Bendigo Community Health</p>	<p>The cost of quality abortion and contraception care</p>
	<p>Barriers- IUD</p> <ul style="list-style-type: none"> • Lack of resources in the practice - equipment, consumables • Practice concerns – emergency management of cervical shock • Lack of expertise with other Drs in the clinic • Less remuneration for the work done compared to other GP care • Cost of consumables
	<p>Barriers - EMA</p> <ul style="list-style-type: none"> • Setting up the service can be time consuming to negotiate with the Practice employer/pharmacy/ED to get their support to provide this service in the community • No MBS item number for EMA • Stigma • Cost of providing service i.e. remuneration • Will the practice need to provide after hour service? • Policies and Procedures

	<p>Challenges</p> <p>Consultations are often complex and longer appointments are required, Medicare rebates don't reflect the time involved in providing sensitive care</p> <p>Often the services are provided by a GP/nurse who is passionate about providing the service</p> <p>When that passionate person leaves the service may stop</p> <p>Difficult for management to see the benefit of providing the care if the Medicare rebates don't cover the cost of the service</p> <p>Who pays for the cost of the consumables for IUD insertion? approx \$40.00</p>
	<p>Medicare Rebate comparison</p> <p>Sexual Health Services</p> <ul style="list-style-type: none"> IUD insertion consultation (30 min consult) Medicare rebate \$159.45 EMA consultation is usually 2 x 30 mins consults (1 with nurse, 1 with GP) Medicare rebate \$110.50 <p>Extra costs</p> <ul style="list-style-type: none"> IUD insertion consumables \$45 approx. Nurse time?? <p>GP General care</p> <p>GP Management Care Plan (30 mins consult), Medicare rebate: \$319.65</p> <p>GP management care plan review, often a nurse will do part of the consult (30 min), Medicare rebate \$148.60</p>
	<p>Presentation highlights</p> <p>Financial cost of providing IUD & EMA services doesn't reflect the real cost of sensitive & respectful service delivery</p> <p>Limited incentives & rebates to provide these services</p> <p>Stigma is an often cited reason not to provide EMA services, however established services have not experienced community backlash</p> <p>Many individual stories of women seeking services being delayed & obstructed</p> <p>Delays in care can also be due to lack of awareness of a direct referral pathway to a service e.g. may be referred to hospital based service who on-refer to the Community Health Centre for EMA, results in delay in providing care & stress for the woman pregnant person involved</p>
<p>Case study presentation Mary-Anne McCluskey, Sexual Health Nurse, Bendigo Community Health</p>	<p>Creativity & challenges on working with women seeking early medical abortion during the COVID-19 pandemic.</p> <p>Case study involved:</p> <ul style="list-style-type: none"> 34yo woman, based in Swan Hill 6weeks gestation, no Medicare, no transport, work-up investigations complete. <p>Seeking medical abortion, however no service available in Swan Hill.</p>
	<p>Barriers and Concerns</p> <ul style="list-style-type: none"> Difficult to feel confident about consent over the phone Coercion Who pays??

	<p>Discussed options with registrar GP. Decision for BCHS GP to provide consult via telehealth with nurse & client face-to-face consult in Swan Hill, interpreter via telephone.</p>
	<p>Outcome</p> <ul style="list-style-type: none"> • GP felt confident that the client understood the process - able to see body language etc. • Confirm no coercion • Script was provided • Swan Hill nurse provided follow up consult <p>WHO got paid?</p> <ul style="list-style-type: none"> • No one got paid, not able to MBS bill for telehealth consult • Financial cost to woman: highlights financial burden for women concerned especially in the context of no Medicare access. Eg cost of dating scan & pathology pre procedure, non PBS price of MS2Step, post procedure contraception.
	<p>Issues & advocacy opportunities</p> <p>Telehealth: not available in this circumstance due to funding criteria i.e. woman not Medicare eligible & criteria limited for many circumstances i.e to have been seen in previous 12 months</p>
	<p>Suggestion from Danielle Mazza (SPHERE) to use this case to highlight access & equity barriers to medical abortion & advocate with local MP, Minister to Rural Health, Federal Minister Health Hunt.</p> <p>Action: CCP with follow up with BCHS</p>
Around the state	<ul style="list-style-type: none"> • Gippsland: funded S&RH hub based in Bairnsdale & far east Gippsland region. Clinic has commenced operation, nurse led model. • Clinical Champion Project: working with abortion providers in the Gippsland region to increase profile of & support abortion providers; Working group established to redevelop the Women's website for abortion & contraception resources, E-learning module funded by DoH, will ultimately be available free on Women's website. • Gateway (Wodonga): new MS2Step GP prescriber based at Wodonga, also works at Refugee Health Clinic. Now 5 MS2Step prescribers at Gateway. Gateway clinic at capacity, current 2 week wait for appointment, needed to support staff sustainability. Looking at ways to encourage other services in the region to take up early medical abortion care rather than Gateway being the default referral. With NSW legislation change new NSW GPs are emerging. • Kerang not providing an early medical abortion service, however Swan Hill are currently providing through the SH District Health, nurse-led model. • Romey Giles, GP practice in Moe, La Trobe Valley. Recently listed with 1800MyOptions.
	<p>Next meeting 25 May 2021 6-7pm</p>