Caitlin Hungate: Hi everyone and welcome to today's webinar on disruptors in telehealth. I know some of you are still connecting to audio and we welcome your participation throughout the conversation today. My name is Caitlin Hungate, my pronouns are she/her. And I am a training and technical assistance provider with the New York State Family Planning Training Center. I'm really honored to be with you in this hour together and a few housekeeping items before we begin.

So this event is being recorded and will be posted to the New York State Family Planning Training Center website within a few days along with the slides. Everyone is muted for now, but we invite you to unmute your line and jump into the conversation later and use the chat function at any time. If you are not totally Zoom fatigued out and you're able to turn your camera on, we welcome you. Seeing faces in other folks, but certainly understand if you're not in a position or place to have your camera on, we completely understand and that's absolutely okay.

So we'll have a presentation about distribution systems for hormonal contraceptions, online prescription for contraceptives, factors impacting access, and then have time for discussion with you. Please feel free to use the chat at any time to ask your questions or like I said, you'll be able to unmute your line and join the conversation over the audio and just whatever is best for you and works for you in your setting. Today, I am joined by a few colleagues, including Becky Milner. Becky, can you say hi or wave? If you have any tech questions, Becky is your go-to, so please feel free to reach out to her if you have any questions. We encourage you to participate in today's hour as best as you can. So however you're able to do so and we welcome your input, questions and participation. And we'll put in the chat momentarily, the evaluation form for today's webinar and we encourage you to consider filling it out as we go.

The next slide has the webinar learning objectives. I'm not going to read them because you can read them and they'll be in the handout. So next slide is about our training center team. Katie Quimby, she's our project director. Chanel Richmond is also a training and technical assistance provider and myself and then Becky Milner. And last but not least, we do have the new team member, Daphne Masus, who's not on the slide. So many apologies, Daphne, for not adding you to our side. And I'm going to turn it over to Dr. Lic car to briefly introduce himself.

Mike Policar: Okay, thank you. Thanks Caitlin. So I'm Mike Policar. I'm an obstetrician gynecologist, and the two things that I do now are that I'm a Senior Medical Advisor to the California State Office of Family Planning, which runs our Family PACT Program, our state family planning program in California. And in addition, I'm the clinical fellow for NFPRHA, the National Family Planning and Reproductive Health Association. Emma, over to you.

Emma Ansara: Hi everyone. I'm Emma Ansara and by training I'm a family nurse practitioner. I work as a consultant at JSI and in that capacity I get to interloop on a lot of

family planning projects, so the national training center, but also New York State and hopefully in the future Massachusetts. But my little slice of the pie is that I really think about telehealth and sort of implementation in the clinic setting and the operational sort of perspective, and I get to do that across primary care and HIV and family planning and sometimes in substance abuse as well. And so my sort of approach is to think about, well, what are the things that make this unique to family planning and what are ways that we could adapt and translate things that our colleagues in other spaces are considering? So I really look forward to our conversation and I'll pass that back to Dr. Policar.

Mike Policar: I think it's actually going back to Caitlin next.

Caitlin Hungate: Yep. And we are going to open a Mentee poll to just hear from you a few questions to get started. So Becky, I know you're going to jump in, so I'll pass it to you.

Becky Milner: Yes. So just give me a second here. I'm just going to put the instructions in the chat. So please go to mentee.com. And if you guys are familiar with this, we've used it on a few of our other webinars and the code, once you go in, you'll be prompted to enter a code and it's 89509960. Oh, sorry, 89569960 as you can see on the screen here, but that's also in the chat now. If you'll just give me a second, I'm going to open it up. Okay, so as you guys are joining, I'm just going to share my screen again. And I'll give you another minute or so to join the Mentee. Again, you can just go to Mentee.com and enter that code. It's also at the top of the screen. You can see the instructions right here. I'm also going to copy the link directly to boating, and you can also just click directly on this link in the chat. So another 10 or so seconds here and we'll go ahead and get started.

Oh, you know what? Excuse me, give me one second here. I want to make sure I'm on the right Mentee. It's loading. Here we go. So sorry again, everyone's going to exit from that first Mentee. My apologies, I was on a different webinar and there's a new link that I'm putting in the chat now. It's the second link. Everyone's going to click on the second link that's here, or like before you're familiar with it because you just did it for the other presentation. You can go to mentee.com and use the code 59841636 and I will share my screen again to this correct Mentee. All right, so we've got people in the Mentee, we're going to the next slide. The first question is, are your patients receiving contraception online? So you should have the answers up in front of you and you should be able to select yes, no or not sure for your own clinic and give people another 10 or so seconds to answer. Right now we've got an even distribution.

All right, I'm going to go to the next question right now. Right now we've got one person saying yes, one person saying no, and another person saying they are not sure if their patients are receiving contraception online. This is now more of an open question. We're curious what you've heard from your clients about online contraception companies. If this has come up in any discussions

that you've had with them. If you can gauge a general sense of attitude or perceptions towards online contraception companies, we'd just love to hear it.

These questions are also just meant to get you thinking and to sort generate some ideas. So if you do have questions later on in the presentation too, feel free to bring those up. Or if you're having trouble with the Mentee, feel free to just pop your responses into the chat. All right, you've got one, they like the easy convenience of it. Absolutely. And we'll wait another 10 or so seconds, and then we'll go to the next question. All right. It works for your schedule, the convenience, some people haven't heard about it, which is what we're all in this webinar to talk about so even better.

All right, next question. What challenges or opportunities have these services created in your setting? So if you are at the point of integrating online contraception services into your clinic setting, what's come up? And again, feel free to just think about it, pop it in the chat, or if you're able to use the Mentee, go ahead and do so. Too much other stuff going on. Absolutely. We've heard this from a lot of people. Okay, with that, I'm going to close out the Mentee. Thanks everyone for your participation. And again, feel free to just keep thinking on those questions and we're going to move forward with the presentation. So I'll stop sharing my screen and I'm going to pass it over to Dr. Policar.

Mike Policar: Thanks. Becky? Yeah, there we go. I need to see the slide side. All right,. Well, where to start? So let's start with a quick discussion about of where we're coming from in terms of the distribution systems for hormonal contraceptives. And of course, historically that started with hormonal contraceptives being prescribed by clinicians and those prescriptions being filled in pharmacies. But as family planning clinics started proliferating throughout the United States, there was an opportunity for clinics to actually be dispensing contraceptive methods on site, particularly oral contraceptives, but not a whole variety of contraceptives. And one of the reasons that that actually became a dominant way of our patients getting their contraceptive supplies was because back in the late nineties, throughout the early two thousands, some of the companies that make contraceptives, particularly oral contraceptives, were giving family planning clinics a huge discount in purchasing packages of oral contraceptives to get to patients, which actually provided an opportunity for clinics to make a little bit of what in business we call margin, it's actually profit where if you buy a package of pills for let's say a dollar or a dollar and a half and then sell them for 10 or $15, it was an important income source in addition to doing a service to our patients in terms of being able to hand them their method of contraception in the clinic.

Now, what's developed more recently are state laws now in about half of states that allow registered nurses to furnish hormonal contraceptives via standing orders. And there are some states that really explicit in terms of what the expectations are for RNs in terms of their training and supervision and the kinds of things that they have to ask during a history because that information gets

plugged into the medical eligibility criteria and the selected practice recommendations to see whether or not this is a furnishing that an RN can do in a family planning clinic rather than the patient seeing a clinician. The reason that a lot of those state laws developed was that in some states there just weren't enough nurse practitioners, nurse midwives, PAs, physicians to actually see patients. And it was felt that contraception was sort of a very safe, low risk opportunity to sort of expand the number of people who are actually furnishing these medications. And that's why RNs were included primarily because of this personnel shortage.

The next version started maybe about, I don't know, nine or 10 years ago, and that's pharmacists prescribed and furnished contraception. So the three states on the west coast were among the first to do that. Actually, Washington State was the very first, and there were a number of research studies published from Washington. And then second was Oregon being able to do the same thing where pharmacists were able to take a short history from patients and literally prescribe people and dispense to them pills, patches, rings, progestin only pills and so on. And now that's spread also to about half the states where pharmacists are able to dispense hormonal contraceptives to people without the patient having to come into a clinic. They only have to go into a pharmacy.

However, since the pandemic, there's been sort of an explosion of the ability of family planning clinics to adopt telemedicine. So now clinicians and family planning clinics all over the country are prescribing contraceptive methods via telemedicine visits. There were certainly some family planning clinics and health systems that were doing telemedicine even before the pandemic, but of course it was really the pandemic and the fact that people didn't want to leave their homes, and wanted to minimize exposure in a clinic where people very quickly adopted telemedicine family planning services.

But what we're here to talk about today are the online pharmacies that make contraceptives available. And the first of those started about eight or nine years ago, one called Nurx. I'll tell you more about that one in just a second, where again, people don't need to come into a clinic in order to get their contraceptive method. They can do it through one of these online pharmacies.

And then the next thing in this sequence of events hasn't happened yet, but we're getting closer and closer all the time. And that is over the counter hormonal contraceptives. And the one that we're most likely to see first are the progestin only pills. In fact, there is a request which has been submitted to the FDA already by a company that wants to be able to market progestin only mini pills with over the counter status. So that's something that we may see within the next year or two. Again, a reason why people don't need to come into clinics, they can just go straight to pharmacy, a grocery store, a variety of places to be able to buy over the counter progestin only pills. And by the way, there are about 80 countries throughout the world that already make hormonal contraceptives available over the counter without any prescription.

So this trend in terms of being able to provide contraceptives without having not only to go into a clinic, but literally not having to go into the examination is an acceleration of a preexisting trend. And that is really, since about 2000 or so, there's been a really deep dive into the evidence that has been asking the question of what physical assessment do people need before they can receive contraceptive services? And of course, if you go back 20 years, we basically said, oh, a person needs to have cervical cancer screening. They need to have their blood pressure checked. They need to have a bi manual pelvic examination before we will prescribe a method of contraceptive. Now, virtually all of that has gone away with the exception of the blood pressure check for people who use combined hormonal contraceptives, that is to save the pill, patch and ring.

So most contraceptive methods don't require any physical assessment at all. Now, we may of course need to do physical assessment based on the person's symptoms or if they're in for health screening for other purposes, but that still really is not directly related to the contraceptive method. And since the advent of the pandemic, we've come up with ways of even being able to evaluate blood pressure without the patient coming in so that they can buy their own blood pressure monitor. They're available for 30 or $40 on Amazon or other places, or they can stop by a pharmacy or sometimes even a firehouse and have their blood pressure checked there so that they don't need to come into a clinic. The same is true for laboratory tests where they might go directly to a [inaudible 00:18:51] station or to drop off a urine sample, for example, without coming into the clinic first.

So given this trend toward telemedicine, in addition to the fact that we're spending a lot more time counseling and a lot less time in the examination plan, it's likely that we will see fewer and fewer problem oriented visits over time. Of course, they'll continue for people who have various kinds of complaints or people who want to come in for their well woman visit, but many of those visits will be replaced with telemedicine visits over time.

Okay, so what about these online companies that make hormonal contraceptives available to people? Before I actually jump into some examples of who those companies are, let me tell you a little bit more about the title of this talk, which is whether or not this development is going to be a disruption in how we've traditionally done family planning services. In the business world, that's something which is called a disruptive innovation. And the definition of a disruptive in innovation, I'll read it for you quickly and then explain what it means is that it's an innovation that creates a new market and a value network and eventually disrupts an existing market, displacing established market leaders and alliances. And in order to be called a disruptive innovation, it has to have a significant societal impact.

Now, that was a lot of business talk. Whoops, let me go back here and give you some examples of what we're talking about with disruptive innovation. So for example, in the past, if you wanted to buy a couch, you would go to the

newspaper and look at the classified ads about buying a couch or a used car, whatever you need. Now, of course, you go online and use something like Craigslist, and then of course, many other products do exactly the same thing. In the old days, if we wanted to make a long distance call to someone, you had to use your telephone. Now, we used our computers products with like Skype, and I grew up in the Bay Area being a rock and roll fan, and if I wanted to listen to music, I had to go to Tower Records and buy an album. Of course, nowadays, they don't even exist. That's been completely replaced by disruptive innovation like iTunes, for example. In the past, people used to go to libraries to check out a book or to do research. Now, we do that through Dr. Google.

So there are lots and lots of examples. Now that we're starting to travel again, in the past, you'd arrive at an airport, want to get to your hotel, you'd get in a taxi or you'd rent a car. Of course, now that's been in many places, almost completely replaced with services like Uber and Lyft. So many, many examples that you see in your daily life of disruptive innovations that took older, established ways of doing things and have replaced them with much more streamlined, efficient ways of doing things, but in particular in a way that you do it all on your computer and you don't have to leave your house in order to be able to do that.

So what we've been seeing then is this same sort of move for disruptive innovations as it relates to birth control. So the very first company that was out there was called Nurx, which stands for New RX or New Prescription. They're based in San Francisco. And their claim to fame is that as a consumer, you would go to their website, provide some amount of history. Very quickly a clinician would go over your history, would make a decision about whether or not to prescribe you a method of contraception, let's say a pill patch or a ring. And if you lived, I'm sorry, if you lived or worked in downtown San Francisco, they guaranteed that a bike messenger would bring your pills to you within two hours. If you didn't work in downtown San Francisco, then they would overnight them to you, so you would get them the next day.

So you were now able to submit a history, tell them what your blood pressure is if you know it, be able to get a prescription that was very quickly delivered to you without having to go into a clinic. And by the way, they have expanded hugely the number of services that they offer in that way.

Next is one called Maven Clinic, and the sort of claim to fame of Maven Clinic is that they've hired lots of particularly nurse practitioners who have telemedicine interactions with patients over their telemedicine platform. So basically you schedule yourself to meet with a nurse practitioner in the next day or two, you can see each other on a screen. You provide your history to the nurse practitioner. She decides, speaking with you about that, whether or not to prescribe a method for you. And if so, it is overnighted to you in the mail. But the difference between Nurx and Maven Clinic is that Nurx is what we refer to as the asymmetrical, meaning that you submit your information, but you might

not get an answer until the next day. While on the other hand, with Maven Clinic, it's simultaneous, it's a real time interaction with a clinician. Then there's some others as well.

So there's one which is called Project Ruby. It's based in Kansas City. Their claim to fame is that they offer about 30 different brands of oral contraceptives, all of which are exactly $20 a cycle. So it's mostly generic birth control pills, but there are some brand name pills as well. But basically going through that particular website, you can get a full year of oral contraceptives for about $240. And in some cases, they've set it up so that your health insurance will actually pay for that in addition.

Next of the ones that I want to mention to you is one that's called Lemonade Health, and there's another one, that has been really expanding a lot. They're asymmetrical and that you give them information and someone will get back to you the next day about whether or not that prescription has been approved. But basically they prescribe medications for acne, acid reflux, hair loss, sinus infection, urinary tract infections, erectile dysfunction, all of which are the kinds of reproductive health problems that we might see in our clinics instead being offered by Lemonade Health.

And then the last one that I want to mention to you is Planned Parenthood Direct. And the reason that I'm bringing that up is because with all these other names, they're all startups. They're all brand new companies that don't have any bricks and mortar clinics and do everything online and are basically supplying your method to you by overnighting to you in the mail. Planned Parenthood Direct is the only one of the sort of legacy family planning providers that does have bricks and mortar clinics. And what they're doing is giving patients the opportunity of either you can come into the clinic, we will see you there, we'll check your blood pressure, we can have a conversation with a clinician, and then we'll supply your medications. Or we can do all of this online so that you don't need to come in at all. So that is really the only sort of legacy family planning provider, which is now doing so much of this online work as opposed to the startups that I mentioned a moment ago.

So it gives you an idea of the various claims to fame and the different ways that these online pharmacies work. Now, another really important question is, is this approach safe? I mean, is it something we should endorse in the family planning world as a way of improving access to hormonal contraceptives so that we can get methods to people who don't have the time to come in or don't want to come in? Maybe they live in what's referred to as a contraceptive desert where they're so far away from a provider that it's difficult for them to actually get their method?

So there have been a couple of studies about that. The first one of which is by Zuniga et al, who are people who are affiliated with Bixby Center for Global Reproductive Health in San Francisco. And basically what they did was to as

assess nine different companies that made contraceptives available online to find out whether or not they were doing good screening or were they asking the right questions about health risks relative to hormonal contraception. They had a whole list of indicators or criteria by which they were going to judge these various platforms, the nine different companies that they looked at. So what did that research show, basically?

So what they found is that all nine companies did provide a portal for relevant information to give to the provider through their individual websites. The provider remotely reviewed this information to decide whether or not to prescribe a method, and then the patient received a method by mail or at a pharmacy, as I mentioned earlier. So their findings and conclusions is that in all nine companies, they did more or less what we do in a family planning clinic in terms of the history that they asked for, the fact that they all asked for a blood pressure reading, although most of that was on the honor system, so you didn't have to prove what your blood pressure was. You were just put in the numbers from having your blood pressure checked at home or somewhere else. But they came to the conclusion that basically these telemedicine companies, every single one of them were doing a good job of the screening and assessment and the contraceptive provision that we do every day in family planning clinics.

They did say that efforts could be made to make the questionnaires a little better in looking for contraindications, but that was really sort of a minor con. Most of them were actually doing a fairly good job of providing services that were more or less equivalent to what would happen in the family planning club. So given the advent of this growing number of companies that we might call telemedicine providers, but I think of them much more as being online pharmacies. There are certainly benefits to consumers, to patients who use these companies. As you pointed out earlier in the poll, the number one thing is convenience. It's easy for people to go online to answer a few questions about their history in either real time or in the next day or two to receive their contraceptive product without having to go into a clinic. So no clinic visit, no examination that's necessary.

Number two is that people can access this irrespective of whether or not they have health insurance, whether or not they have an identified primary care provider. they don't need a referral for this. They don't need to ask permission of their primary care provider. The point is that whether you are insured or not insured, or maybe you are insured but you don't want to use your insurance because of a confidentiality issue, then you're able to use these services. Which gets to the third point, and that's the fact that they're highly confidential.

Next is that they're relatively inexpensive, and in some cases, if you don't use your insurance, it's relatively low cost. The cost of that telemedicine visit basically with these companies is anywhere between free and up to maybe $75 or so for the visit itself, but all of them make the contraceptive products available for a fairly low cost, just like I mentioned with Project Ruby,

somewhere around $20 per cycle, and there are many of them, Nurx included, that actually have arrangements with various health insurance companies. So your insurance will actually pay for your method and it will basically be free to you.

The next benefit is the fact that this is just another way of clinicians providing care. It doesn't require any new laws or regulations or that sort of thing in order for these online pharmacies to exist. That model has been out there for a long time. Now it's being applied to family planning, but of course, all the decisions about who gets a prescription or not are in the domain of the clinicians who work with these companies. And so it's basically a substitute for an office visit.

The next benefit is that these companies, some more than others, are targeting their products to teens and millennials. And the reason why is because that group really used to using technology for virtually everything for the teenage patients that you see, or even people in their early twenties in the waiting room, even in the exam room, they're on their cell phones, texting, buying things, and so on. So they're really used to the idea of the technology. Most people in that age group prefer online shopping over bricks and mortar shopping. And one study said that, "I really love the opportunity of being able to do this by telemedicine because going to a clinic, seeing a clinician is just too much of a paint. I'd much rather do it online."

There are additional benefits as well that patients have access to most contraceptives, and the only exceptions to that are Depo Im, an implant or an IUD, and of course you need to go into a clinic in order to get those. In the case of Depo Im, in most states that have pharmacy access rules a pharmacist can actually give a depo injection of either Depo Im or Depo subq. But the point is that there's not much of a limitation of the methods available to people if they use one of the online pharmacies. Another benefit is because of the fact that it's so efficient, what that does is to remove the barrier of time wast driving to a clinic, waiting in the clinic waiting room, and it lessens what's called opportunity costs.

What that means is that for the time that you're not in the clinic, you now have the opportunity of using your time for other things that you'd rather pair shopping or go to the beach or see your friends or whatever you rather do than being in the clinic. It frees up the time for you to do the things that you want to, give you more opportunities to do that. Obviously, no travel or parking expense. There's an option with Planned Parenthood Direct of having a telehealth visit and then driving by the Planned Parenthood clinic and picking up your supplies. Pill, patch, ring, whatever you're getting. So it's a hybrid approach of both telemedicine and then also using the clinic, but only using the clinic as a way of having your method dispensed to you instead of having to use a pharmacy.

Now, another potential benefit is that by giving people much more streamlined access to contraceptive methods without having to go into a clinic, hopefully

with the improved access, there will be a lower rate of unintended pregnancies for people who take advantage of that. But the reason for the question mark is that there really haven't been any studies yet of that. Would be hugely interesting to do a comparative study looking at people who go to bricks and mortar family planning clinics for their care, compare them to a similar group of people who get all of their care by these online pharmacies and to see if there's any difference in the rates of unintended pregnancies. It's a hugely important question, but it's a study which has not been done. So those are the potential benefits.

Now, there are also some risks, and remember that these are online pharmacies, they're not clinics. And so in a way, it's a missed opportunity for the detailed counseling and shared decision making that we are now so used to doing in a family planning setting. Because while a few of these platforms like Maven Clinic for example, actually involve a real time conversation between a nurse practitioner and a client, for most of the rest of them that are asymmetrical, people are just submitting their medical history, which method they want to use. A clinician on the other side decides whether or not that's appropriate and then does a prescription. But there's never the sort of a full discussion of these are all the methods that are available to you and what are you looking for in a method of contraception? What's important to you? And there's so much that we contribute in a clinic to educate people, to help them make the right decision. And one of the risks involved with this approach of the online pharmacies is the fact that there's really none of that. It's just what you want is what you get for the most part.

The other thing is is that most of them do not do a very good job of explaining the availability of IUDs and implants. Planned Parenthood Direct does a good job of that. But the rest of them, because of the fact that they don't make IUDs and implants available, they really don't include any educational information about that. So it might be that a person who lives in a town that's a contraceptive desert goes online to get birth control pills, might be a terrific candidate for an IUD or an implant, but they never even hear about it because of the fact that that's not how these companies are set up with the exception of Planned Parenthood Direct.

Another risk is the fact that some clients will forego well care or well woman visits. And that is one of the advantages of people coming into bricks and mortar clinics is that we not only give them excellent counseling, we screen them for sexually transmitted infections and other things. We do well woman visits every year or every couple of years in some cases. Now, what this does is to give people license to say, Well, I'm just going to get a year supply of oral contraceptives or patches or rings, and they skip doing a well woman visit. Some people do that anyway, but if you're a person who gets your supplies via these online pharmacies, then you're probably less likely to come in for a well woman visit.

Then the last point about risks, and this is of more of a big picture issue and a business related issue, is that the number of patient visits at some clinics may continue to decline because of patients switching over and using the online pharmacy approach, possibly to the point that some clinics may actually go out of business. Now the context of that is at least in the Title 10 network, numbers have been going down for years even before this developed. And that's happened for in some cases political reasons like the so-called Title 10 rule during the Trump administration. More recently, numbers have really dropped because of the pandemic and people switching over to telemedicine or maybe not coming in at all. But to the degree that these online pharmacies really take off and start supplying methods to lots and lots of our patients, we'll have fewer visits. And for some smaller clinics or ones that are just getting by financially, they may go out of business as a result.

So obviously there are lots of factors that are impacting the rise of these online pharmacies basically, and the availability of telemedicine prescriptions, the overall wiredness of the population, which is more and more all the time. But of course, there are some people who don't have that availability of either high speed internet and Wi-Fi, or they might not even have access to a computer or a smartphone, but most people do, and therefore they can avail themselves to this product. Obviously, our experience with the pandemic switching over to virtual care has made telemedicine visits that much more sort of front and center and acceptable to patients and to clinicians. We don't know yet what the impact of the Dobbs decision which overturned Roe vs Wade is going to have. In some circumstances, there's actually been an increase in family planning clinic visits because people are literally concerned that contraceptive access may be taken away from them. And in other places actually, they stayed away from family planning clinics because they haven't sort of differentiated how the Dobbs decision impacts abortion as opposed to family planning. But there's no question that these companies continue to proliferate. They see more patients, and over time they'll have more and more of an impact.

So I want to summarize and then we'll love to get your input on this, but basically the summary is that the best part of the availability of these online pharmacies is giving people better access to contraceptives. And I think there's no question that given the quality of what they do, the incredible convenience, in some cases, the low cost that's associated with it and the complete confidentiality that's involved, this will probably improve contraceptive use over time. But the downside of this disruptive innovation is, remember when I started telling you about disruptive innovations, that the tendency is that as the disruptors become more and more successful, that they create a situation where the legacy companies, the ones who were doing the services before, have a harder and harder time to compete.`

And again, best example of that is companies like Uber and Lyft completely taking off, and the reality being that people use those services so much that people don't use tax accounts much anymore. So hopefully bricks and mortar

family planning clinics won't be subject to that same effect. And what we have to think about really in family planning clinics is that if these online pharmacies become more and more successful, what do we want to be able to do to survive? We want to make sure that people have good access to contraception through these companies. We're not going to be able to change their existence. But the question is, do we want to start providing that service ourself? Do we want to partner with some of these online companies to take advantage of what they're doing and to give them family planning expertise that they may not have? So those are the kinds of things that we need to think about.

So with that, I am going to hand the microphone back to Caitlin and we've already covered this issue about convenience and anonymity versus fragmented and uncoordinated care. But Caitlin, back to you in regard to our group discussion.

Caitlin Hungate: Yeah, thank you so very much Dr. Policar, and it's a really important context and to understand what's happening, and as you gave other examples in other sectors outside of family planning and reproductive health. So it's nice to get that context. So Emma, before I open it up to the folks on the line to respond to this question, I'd love to hear, given where you sit in other providers and organizations that you support, what impacts have you heard or seen or heard just experienced from sharing the market with online contraceptive providers?

Emma Ansara: Yeah, I mean, I think some of this has to do with contraceptive providers, and then some of it is just online pharmacy prescribing, but two things that have come up really much more in the primary care realm, but do seem relevant in this area as well. So one is just coming back to the nuts and bolts of what we do, but medication reconciliation. How do we find out what our patients have received and been prescribed in other settings? And so that's always been a somewhat complicated task that takes more time and energy than we necessarily devote to it, but I think we've added additional players. So it's not just that is someone seen by primary care or someone has a hospital visit, but now there's also online prescribing. And so how are staff and teams responding to that and integrating that information so you can provide of comprehensive care?

And then the other issue is really more insidious in some ways, but folks have talked about the pressure that they feel now sharing space with these online pharmacies. And so certainly there's this convenience question, but there's also a way in which folks have described in visits that patients have received prescriptions through online pharmacies. And again, it has something to do with contraceptive, but contraception. But in this case, specific case I'm thinking about, it was related to other medications, but what happens when patients have received medications that you wouldn't necessarily prescribe? So you make a different decision in terms of how old this client is who's in front of you, or what their risks may be for receiving a combined oral contraceptive. And so patients have some more agency and they have some more choice. And so have

talked about saying, Well, if you're not going to do the thing that I want you to do, I'm going to take my business elsewhere. And feeling like that's a pressure in the visit in a way that it disrupts power and expectations. And so that has been just a slightly new and different presence for folks in this environment where there's lots of more players than there used to be.

And then I think the last that I'll talk about, and Dr. Policar raised absolutely, which is there are tremendous rates of wiredness with people of reproductive age. So I put a link, well, I think I put a link at the end, but there's a few research report that estimates that 95% of the US population who are of reproductive age have smartphones. So that's a pretty impressive statistic. But I think thinking about does having a smartphone mean that you always have access to it or access to the internet is one concern.

And then I think this idea that there are particular places and ways that these services are being marketed and that $20 a month may be doable for some, but prohibitive for others. So many of these products, not all, are operating in a fee for service environment and are going to have less, again, not all, but many of them will have less opportunities to slide the payment for oral contraceptive or whatever it may be. And so part of it is an opportunity to think about how do family planning clinics market themselves and how do you talk about the things that maybe that you all can add to visits in ongoing care? So that was a lot, and I really look forward to hearing from other folks.

Mike Policar: And while Caitlin's getting ready to do that, I completely agree with you, Emma, that one of our challenges is as this competition continues to expand, what can we do from a marketing point of view to keep our patients in our clinics, to keep them coming to our clinics and satisfied with the care that they're getting in clinics? And the reality is us that in the past, in order to get contraceptives, people were more or less, if they didn't go to their primary care provider or an ob gyn, they went to a family planning clinic to get what they needed.

And if they came in for their visit and had a 45 minute wait in the waiting room, if they didn't have a satisfying conversation with their clinician, they had to live with that. And now, given these other alternatives that people have, to the degree that they see the family planning clinic as being a really time consuming, not especially friendly, they'll just stop going there. So we really have to think a lot about measuring patient satisfaction. If we're not doing well, how to improve patient satisfaction as a way of retaining our patients rather than losing them to the competition, basically.

Caitlin Hungate: Absolutely. Thanks Dr. Policar and Emma for weighing in. We're going to move to the next question since the initial poll showed one person was familiar, and so there wasn't a lot of use of online prescription or online contraception. So the next question, and Emma, you mentioned a little bit about power and other factors. How would you negotiate patient expectations for refills or routine

care? I know that given your role in the different provider types that you support, what have you heard or how would you negotiate as a clinician?

Emma Ansara: Yeah, I mean, I want to be honest. I think what I was talking about before is a real shift, and that doesn't mean that it's necessarily all bad, but I feel like it is a challenge, I think, to our accepted dynamics around patients coming into clinical spaces. And whether it's stated explicitly or not, that providers and medical teams are the experts and then they operate with the best of intentions for patients. But the truth is now it's potentially more, there's greater collaboration and the opportunity to allow patients. And I think it's really a challenge for all of us to think about what opportunities are there for care to be something that is co-created, right?

And when we were in San Francisco, and we were talking about this, I think there was underneath in talking about telehealth where these opportunities to think about how to center patient care. I think what is always in parallel for me is this idea of convenience and when does convenience eclipse quality? And I think, again, Dr. Policar was talking about LARC options and how there are some clients for whom LARC will be a really good and long term birth control option or contraception option. But initially they come in with a lot of reservations. And so what happens when someone says to them, Hey, I can give you a pill in the short term, and of defers that conversation. And while it's convenient, we do know that it's hard to remember to take birth control pills or birth control pills have side effects. And so all of those things that are very much oriented around convenience, I think sometimes, and again, I'm not trying to say that all folks should be on LARC. I'm not trying to say that I think that LARC is a better option.

I just think that there are multiple options and it is time and sometimes conversations that allow us to get to that place where we understand, as Dr. Policar talked about, what are real patient challenges and concerns and preferences around contraception. And so this is true across the board. This is not just in family planning, but this tension between convenience and sort of quality, we don't maybe even have metrics and ways to think about how that's talking to each other. But I think that's sort of another part that is a parallel consideration for me and something I spend a fair amount of time thinking about.

Caitlin Hungate: Thanks, Emma. Dr. Policar, do you have any ideas to add? How would you negotiate or how are you talking to providers around navigating or negotiating expectations for routine care and refills and other services?

Mike Policar: Like I was saying a moment ago, just for clinics to think about how to streamline things in such a way that we make them as patient centered as possible, that we remove any obstructions that don't need to be there and do whatever's necessary to try to make this experience as convenient as possible for people in a way that's almost as convenient as being able to do it online. Maybe a hybrid where it starts online. And then, as I mentioned, with the Planned Parenthood

Direct experience of starting with an online visit and then the swinging by the clinic to pick up your products, which might be free because of the fact that you're a Title 10 client.

So one of the thing I wanted to mention is, again, it's sort of aspirational. Where do we want to be? What do we want to get to? And to me, the best example of that is a company which is called Carbon Health, which is based in San Francisco. So Carbon Health actually started as a system of urgent care centers in Northern California. They have since exploded. They are now incredibly popular for both primary care and specialist services. So why is that? How do they do it? They give patients an option of three different portals, three different entries into having a particular problem managed. Okay, so I'm going to use the example of a bladder infection.

I've got lots of burning when I pee. I'm peeing really frequently. I've had a bladder infection before. I think I have another one. So if you go to the Carbon Health website, particularly if your health insurance plan is working with Carbon Health, they basically start with asking you what your complaint is. Okay, so you say dysuria, urgency, frequency burning, and then what they give you the options of is option number one, door one is that you can answer some questions. Our clinician will have a look at that, and if we agree that you probably have a bladder infection, we'll get you the medication as soon as possible. So that's asynchronous. In other words, there's a delay in the clinician actually looking at that information.

Option number two is that we can give you a synchronous telemedicine. So we'll schedule something later today or tomorrow where using an audio video platform, you can have a conversation face to face with a clinician via telemedicine. Option number three, come on into our clinic. We have a variety of clinics, in my case, in the Bay Area, you want want to come in, you want to be seen face to face, you want to be physically examined, we can do that too.

So there are some systems that give you the alternative between a telemedicine visit and an in person visit, but here's a company that does all three basically so that it's either asynchronous, synchronous, or in person. And I think ultimately that is probably what we will come to for at least some family finding services.

Caitlin Hungate: Thanks, Dr. Policar and yeah, Emma, I think, so Emma is based in Colorado and the Planned Parent affiliate here in Colorado is Planned Parenthood of the Rocky Mountains. And it sounds like it's an off, a similar service to how Carbon Health, the model of Carbon Health, Dr. Policar. So thanks for sharing that example.

Mike Policar: Yeah. Yeah. I didn't even realize that Planned Parenthood of the Rocky Mountains is doing that, so.

Caitlin Hungate: Yeah. And I know we have maybe a minute or two left. My entire computer time may be slightly off, but we just wanted to end with a few resources for you. The first few are more about the conversation today around disruptors in telehealth and online prescriptions, and the conversation with Nurx, that was one of the disruptors that Dr. Policar talked about at the beginning of the conversation. And the rest are a lot of hopefully familiar telehealth related resources through the Reproductive Health National Training Center and the National Training Telehealth Resource Center around their technology center as well as policy. These are areas to keep abreast of because the policy technology, all of this is changing. And so it's really important to just stay in the loop and these TRCs are great resources for that.

Thank you all for joining the conversation. If you haven't already subscribed to our e-news and catch up on past events, thank you for joining us today, and I hope you'll join me in thanking Dr. Policar and Emma in having a conversation about disruptors in telehealth and family planning and thinking ahead and what this means for service delivery and the clients that we serve. It's been wonderful to hear your expertise and knowledge and insight into this topic and take a step back and look at the big picture within family planning services. As a reminder, we will have the materials from the webinar within the next few days on our website. And our final ask is that you complete a brief evaluation from today's webinar. We'll post a link in the chat. We really appreciate your feedback and welcome it to inform future events. And thank you again, and this concludes our time together.