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Advanced Practice Clinicians (APCs) as Abortion Providers:

Preliminary findings from the California Health Workforce Pilot Project (HWPP) #171

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Background

NPs, CNMs and PAs (collectively known as advanced practice clinicians, or APCs) practice in medically underserved settings[1] and perform most aspects of early pregnancy management.[2] Around the world and in several US states, APCs also provide first trimester aspiration abortion as part of the integrated care they offer their patients. The remaining US states permit only physicians to provide abortion, despite decreasing access to abortion care nationwide and growing evidence that APCs provide first trimester aspiration with safety rates similar to those of physicians.[3] In 2007, UCSF initiated a Health Workforce Pilot Project in California to evaluate the safety, effectiveness, and acceptability of APCs in providing first trimester aspiration abortion and miscarriage management.

Study design

This multi-site prospective evaluation study follows the progress of 50-60 APCs at women's health clinics across California who are trained to competency in early aspiration abortion and subsequently move into an independent practice phase. Patient-level data from approximately 6,000 APC patients (per power analysis) will be compared with an equal number of procedures performed by physicians from the same facility and with published standards. The HWPP Project collects data on patient outcomes (safety, satisfaction, access to care) and clinician outcomes (competency, satisfaction) across the peri-abortion care continuum.

Results

To date, 43 APCs have consented to participate and completed a baseline survey. 19 APCs have participated in training and have performed a total of 2234 procedures. The project has collected data on 37 MDs (n=1677 comparison group procedures).

Acceptability

77% of patients have agreed to have their procedure performed by an APC.

Patient satisfaction

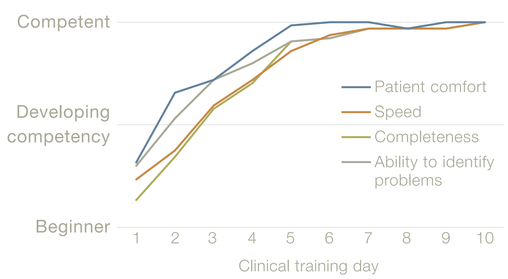
Preliminary results from anonymous patient surveys (n=2570) administered immediately post-procedure indicate high satisfaction rates (mean 9.4; scale 0-10, sd=0.05) whether they were seen by an APC or an MD (p=0.36).

How satisfied were you with the care you received?
(n=2570)

Patient safety

Using an extensive post-abortion Follow-Up protocol, APCs' average rate of Minor Abortion-related Complications (incomplete abortion, hematometra, mild infection) to date is 1.7%. No major complications have been reported, and all minor complications have been resolved without further problems. Incomplete sample size precludes comparison with MD abortion providers.

Acquisition of procedural skills by APC trainees
(n=16 trainees)



Competency attainment

Competency is defined as safe and independent practice measured by knowledge (exam) and clinical (skill) attainment. Trainers rated all APCs (n=16) competent as safe providers of aspiration abortion after 6 clinical training days; 20% of APCs achieved independent practice competency with an average of 7 days (R=6-10 days). Trainees performed 40-61 procedures (median=43) to reach competency.

Patient responses

"I liked how the nurse did everything for me before, during, and after the procedure."

"The clinicians were nice and the woman who actually performed the abortion and her assistant were the ones who made me feel most like a person rather than a patient."

"I was impressed by the kindness and quality of care shown by the nurses, midwife, and staff."

Conclusion and significance

Preliminary data from this project suggest that patients accept—and are afterwards highly satisfied with—APC provision of first trimester aspiration abortion. Abortion-related complication rates are within expected levels and attainment of competency by APCs are within the expected time frame.[5]

Since 1 in 3 APCs in California is interested in providing abortion as part of the integrated care they offer their patients,[4] APCs may hold the key to reducing California's abortion provider shortage and preventing delays in care.

Benefits to patients include: continuity of care; ability to receive follow-up care or treatment of complications quickly at local clinics; and reduced stigma by accessing abortion services in primary care and family planning settings.

References: [1]Grumbach, 2003 [2]Barber 1997, Spinghouse 2001, Luterzo et al, 2004) [3]Freedman et al, 1986; Goldman et al, 2004. [4]Hwang et al, 2003 [5]Paul et al, 2007