Physician Access Barriers to Mifepristone for Combination Therapy in Missed Abortions: Improvement Study at Beaumont Health Dearborn and Trenton Campuses

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INTRODUCTION

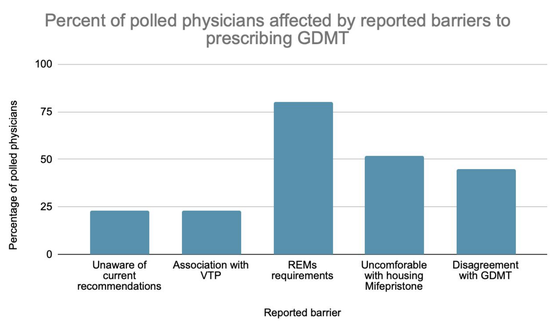
Per updated ACOG standard of care guidelines 2021, treatment of missed abortions includes 200mg of oral Mifepristone in combination with 800mcg of vaginal Misoprostol.[2,4] Prior research proved pretreatment with Mifepristone led to increased rates of expulsion and decreased risk of surgical intervention, when compared with Misoprostol alone.[1,3] Currently, few attending physicians within the Beaumont Health system offer guideline directed medical therapy (GDMT).

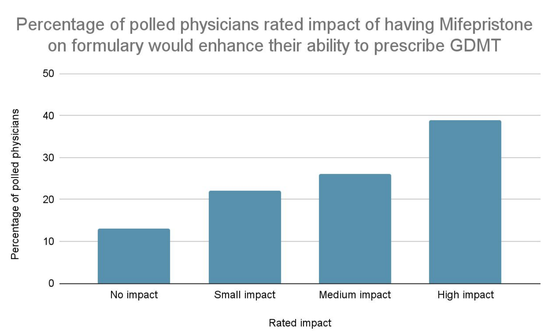
The goal of this project was to determine the specific barriers experienced by our attending physicians to prescribing combination therapy. Additionally, to determine if improving Mifepristone access by having it on formulary at the hospital would encourage physicians to prescribe it.

METHODS

- Electronic survey emailed to all OB/GYN physicians at Beaumont Trenton and Dearborn campuses (n=30)
  - Inclusion criteria: all OB/GYN physicians with privileges on L&D
  - Exclusion criteria: specialized physicians (i.e GYN ONC)
- Electronic survey consisted of:
  - Demographics: hospital of practice, type of practice, years in practice, if they currently offer medical elective terminations, physician gender/age/ethnicity/religion, and political ideology
  - Identifying physicians currently offering GDMT
    - If yes: Difficulty prescribing GDMT to patients
    - If no: Does awareness of GDMT affect decision
  - Barriers to prescribing GDMT rated on scale: absolute, small, moderate, high impact.
    - Association of Mifepristone with voluntary termination
    - Extra workload due to REM requirements
    - Fear of housing Mifepristone in personal office
    - Disagreement with GDMT
    - Having mifepristone on formulary at a hospital would enhance the ability to prescribe GDMT
- Fisher exact tests used to evaluate the association between physician answers and their provided demographics

RESULTS





- 30 physicians completed surveys out of 52 total
- 83% of physicians polled do not currently prescribe GDMT
- Reported barriers: unaware of current recommendations (23%), association with VTP (23%), REMs requirements (80%), uncomfortable with housing Mifepristone in personal office (52%), disagreement with recommendations (45%)
- 86% of polled physicians reported that availability of Mifepristone at their designated hospital would enhance the likelihood of offering GDMT
- No significant difference between physicians prescribing and not prescribing Mifepristone based on the following demographics: years in practice (1-10y, 11-20y, 21-30y, 31y+) (Fisher exact test p=0.999); type of clinical practice (hospital vs. private practice) (Fisher exact test p=0.590)
- No significant difference between physician's political views and likelihood of offering Mifepristone combination therapy (Fisher exact test p=0.108)
- No significant difference between religion and likelihood of offering patients mifepristone combination therapy (Fisher exact test p=0.330)

DISCUSSION

Including multiple Beaumont sites in our study identified barriers across communities in hopes of overcoming them. Results showed 83% of physicians polled do not currently offer the ACOG recommended regimen of combination therapy. Almost one quarter reported a simple lack of awareness of the new recommendation. However, the majority of physicians reported that if Mifepristone was available on formulary, it would enhance their likelihood of implementing ACOG's recommendations.

Limitations of the study included:

- survey compliance (higher compliance would further power our study)
- failure to regularly check hospital emails resulted in some "no response"

A follow up research survey after the addition of Mifepristone to hospital formulary would further represent the significance of this barrier.

CONCLUSIONS

Addressing the existing barriers to combination therapy will not only benefit patient care but also resident training as well. Residents will be able to train in an environment that encourages ACOG standard of care guidelines which will better prepare them for life after residency. With improved access to Mifepristone, by having it on hospital formulary, attendings and residents will be able to implement ACOG recommendations and improve the care provided to the community.

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