

Telemedicine and Home Pregnancy Testing for iPLEDGE: A Survey of Clinician Perspectives

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PRACTICE POINTS

- The majority of clinicians report that the use of telemedicine and home pregnancy testing for iPLEDGE has improved access to care and that they would like to continue these practices.
- Continuing to allow home pregnancy testing and explicitly permitting telemedicine can enable clinicians to provide patient-centered care for patients treated with isotretinoin.

To the Editor:

In response to the challenges of the COVID-19 pandemic, iPLEDGE announced that they would accept results from home pregnancy tests and explicitly permit telemedicine.¹ Given the financial and logistical burdens associated with iPLEDGE, these changes have the potential to increase access.² However, it is unclear whether these modifications will be allowed to continue. We sought to evaluate clinician perspectives on the role of telemedicine and home pregnancy testing for iPLEDGE.

After piloting among several clinicians, a 13-question survey was distributed using the Qualtrics platform to members of the American Acne & Rosacea Society between April 14, 2021, and June 14, 2021. This survey consisted of items addressing provider practices and perspectives on telemedicine and home pregnancy testing

for patients taking isotretinoin (eTable). Respondents were asked whether they think telemedicine and home pregnancy testing have improved access to care and whether they would like to continue these practices going forward. In addition, participants were asked about their concerns with home pregnancy testing and how comfortable they feel with home pregnancy testing for various contraceptive strategies (abstinence, condoms, combined oral contraceptives, and long-acting reversible contraception). This study was deemed exempt (category 2) by the University of Pennsylvania (Philadelphia, Pennsylvania) institutional review board (Protocol #844549).

Among 70 clinicians who completed the survey (response rate, 6.4%), 33 (47.1%) practiced in an academic setting. At the peak of the COVID-19 pandemic, clinicians reported using telemedicine for a median of 90% (IQR=50%–100%) of their patients on isotretinoin, and 57 respondents (81.4%) reported having patients use a home pregnancy test for iPLEDGE (Table 1). More than 75% (55/70) agreed that they would like to continue to use telemedicine for patients on isotretinoin, and more than 75% (54/70) agreed that they would like to continue using home pregnancy testing for patients outside the setting of the COVID-19 pandemic. More than 75% (54/70) agreed that telemedicine has increased access for their patients, and more than 70% (52/70) agreed that home pregnancy testing has increased

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The eTable is available in the Appendix online at www.mdedge.com/dermatology.

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access (Table 2). Clinicians agreed that they would be comfortable using home pregnancy testing for patients choosing long-acting reversible contraception (63/70 [90.0%]), combined oral contraceptives (61/69 [88.4%]), condoms (47/70 [67.1%]), or abstinence (48/70 [68.6%]) (Table 3).

The most common concerns about home pregnancy testing were patient deception (39/70 [55.7%]), logistical challenges with reviewing results (19/70 [27.1%]), accuracy of the tests (19/70 [27.1%]), and patient ability to interpret tests appropriately (18/70 [25.7%]). To document testing results, 50 respondents (73.5%) would require a picture of results, 4 (5.9%) would accept a written report from the patient, and

14 (20.6%) would accept a verbal report from the patient (Table 2).

In this survey, clinicians expressed interest in continuing to use telemedicine and home pregnancy testing to care for patients with acne treated with isotretinoin. More than 75% agreed that these changes have increased access, which is notable, as several studies have identified that female and minority patients may face iPLEDGE-associated access barriers.^{3,4} Continuing to allow home pregnancy testing and explicitly permitting telemedicine can enable clinicians to provide patient-centered care.²

Although clinicians felt comfortable with a variety of contraceptive strategies, particularly those with high reported effectiveness,⁵ there were concerns about

TABLE 1. Survey Respondent Characteristics (N=70)

Characteristic	Respondents
Years in practice, n (%)	
≤5 y	22 (31.4)
6–10 y	8 (11.4)
11–15 y	6 (8.6)
16–20 y	6 (8.6)
>20 y	28 (40.0)
Practice setting, n (%)	
Academic	33 (47.1)
Multispecialty group practice	6 (8.6)
Single-specialty group practice	18 (25.7)
Solo practice	13 (18.6)
Patients on isotretinoin seen per week, n (%)	
0–5	31 (44.3)
6–10	22 (31.4)
11–20	13 (18.6)
>20	4 (5.7)
Have used telemedicine to care for isotretinoin patients who are..., n (%)	
Not of childbearing potential	61 (87.1)
Of childbearing potential	59 (84.3)
Median (IQR) of isotretinoin patients currently seen with telemedicine, %	30 (10–75)
Median (IQR) of isotretinoin patients seen with telemedicine at peak of COVID-19 pandemic, %	90 (50–100)
Used a home pregnancy test to satisfy the testing requirements for iPLEDGE, n (%)	57 (81.4)

TABLE 2. Survey Results on Telemedicine and Home Pregnancy Testing for iPLEDGE (N=70)

Survey item	Respondents, n (%)
I would like to continue to use telemedicine in the care of patients on isotretinoin	
Strongly disagree	5 (7.1)
Somewhat disagree	7 (10.0)
Neither agree nor disagree	3 (4.3)
Somewhat agree	10 (14.3)
Strongly agree	45 (64.3)
I would like to continue to use home pregnancy testing for iPLEDGE requirements	
Strongly disagree	7 (10.0)
Somewhat disagree	7 (10.0)
Neither agree nor disagree	2 (2.9)
Somewhat agree	10 (14.3)
Strongly agree	44 (62.9)
I think telemedicine has increased access to isotretinoin for my patients	
Strongly disagree	6 (8.6)
Somewhat disagree	4 (5.7)
Neither agree nor disagree	6 (8.6)
Somewhat agree	10 (14.3)
Strongly agree	44 (62.9)
I think home pregnancy testing has increased access to isotretinoin for my patients	
Strongly disagree	7 (10.0)
Somewhat disagree	1 (1.4)
Neither agree nor disagree	10 (14.3)
Somewhat agree	11 (15.7)
Strongly agree	41 (58.6)
Concerns about home pregnancy testing	
Accuracy of the tests	19 (27.1)
Patient ability to interpret tests appropriately	18 (25.7)
Patient deception	39 (55.7)
Logistical challenges with reviewing results	19 (27.1)
Cost of the tests to patients	12 (17.1)
None	22 (31.4)
Appropriate approaches for documenting home pregnancy testing results ^a	
Patient provides verbal report	14 (20.6)
Patient provides written report (eg, portal message)	4 (5.9)
Patient provides picture of results	50 (73.5)

^a2 missing values.

TABLE 3. Clinician Comfort Level With Home Pregnancy Testing by Contraception Strategy (N=70)

Response	Primary form of contraception ^a			
	Abstinence	Condoms	COCs ^b	LARC
Strongly disagree	12 (17.1)	7 (10.0)	5 (7.2)	5 (7.1)
Somewhat disagree	5 (7.1)	10 (14.3)	2 (2.9)	2 (2.9)
Neither agree nor disagree	5 (7.1)	6 (8.6)	1 (1.4)	0 (0)
Somewhat agree	13 (18.6)	14 (20.0)	16 (23.2)	15 (21.4)
Strongly agree	35 (50.0)	33 (47.1)	45 (65.2)	48 (68.6)

Abbreviations: COCs, combined oral contraceptives; LARC, long-acting reversible contraception.

^aSurvey question: I feel comfortable with home pregnancy testing for all patients using ____ as their primary form of contraception.

^b1 missing value.

deception and interpretation of test results. Future studies are needed to identify optimal workflows for home pregnancy testing and whether patients should be required to provide a photograph of the results.

This survey study is limited by the possibility of sampling and response bias due to the low response rate. Although the use of national listservs was employed to maximize the generalizability of the results, given the response rate, future studies are needed to evaluate whether these findings generalize to other settings. In addition, given iPLEDGE-associated access barriers, further research is needed to examine how changes such as telemedicine and home pregnancy testing influence both access to isotretinoin and pregnancy prevention.

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APPENDIX

eTABLE. Survey Distributed to Clinicians

1. Have you used telemedicine to care for isotretinoin patients who are of childbearing potential?

Yes

No

2. Have you used telemedicine to care for isotretinoin patients who are not of childbearing potential (eg, male patients)?

Yes

No

3. CURRENTLY, approximately what percentage of your isotretinoin patients are you seeing using telemedicine (for at least one of their visits)?

Visual analog scale bar 0–100

4. AT THE HIGHEST POINT DURING THE PAST YEAR, approximately what percentage of your isotretinoin patients were you seeing using telemedicine (for at least one of their visits)?

Visual analog scale bar 0–100

5. Have you used a home pregnancy test to satisfy the testing requirements for iPLEDGE?

Yes

No

6. Rate your agreement with the following statements (Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree):

I feel comfortable with home pregnancy testing for all patients using ____ as their primary form of contraception

Abstinence

Condoms

Combined oral contraceptives

Long-acting reversible contraception (eg, intrauterine device, subdermal implant)

7. Outside of the setting of the COVID-19 pandemic, I would like to continue to use telemedicine in the care of patients on isotretinoin.

Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree

8. Outside of the setting of the COVID-19 pandemic, I would like to continue to use home pregnancy testing for iPLEDGE requirements.

Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree

9. I think telemedicine has increased access to isotretinoin for my patients.

Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree

10. I think home pregnancy testing has increased access to isotretinoin for my patients.

Likert scale: strongly disagree, somewhat disagree, neither agree nor disagree, somewhat agree, strongly agree

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eTABLE. (continued)

11. What concerns do you have about home pregnancy testing (select all that apply)?

 None

 Accuracy of the tests

 Patient ability to interpret tests appropriately

 Patient deception

 Cost of the tests to patients

 Logistical challenges with reviewing results with patients

12. What do you think is appropriate for documenting home pregnancy testing results for iPLEDGE? (select one)

 Patient provides verbal report of results with date/time

 Patient provides picture of results with date/time

 Patient provides written report of results with date/time

13. Do you ever require an in-person visit in prescribing isotretinoin via telemedicine?

 Yes, a few times during the treatment

 Yes, only to sign the consent at the initial visit

 No, never
