GET THE FACTS:

A Look at the Quality of Abortion Care

A comprehensive new report issued by the National Academies of Sciences, Engineering and Medicine assessed the quality of abortion care in the U.S.

Does abortion care in the United States meet the six attributes of quality health care?

Six Attributes of Quality Care

The Institute of Medicine has identified six attributes of quality care, which serve as a guide for measuring quality across all aspects of health care.



1. Safety



4. Timeliness



2. Effectiveness



5. Efficiency



3. Patient-Centeredness



6. Equity

The report concludes:

- Abortion is safe and effective, and serious complications are rare.
- Five of the six attributes of quality care are compromised by **state regulations**, and access depends largely on where a woman lives.

To learn more about the report, visit AbortionIsSafe.com

*The Institute of Medicine identified the six attributes of quality care in the 2001 publication, Crossing the Quality Chasm: A New Health System for the 21st Century

GET THE FACTS: An In-Depth Look at the Quality of Abortion Care

Based on the six attributes of quality care identified by the Institute of Medicine, a comprehensive new report issued by the National Academies of Sciences, Engineering and Medicine found:



1. Safety

Avoiding injuries to patients from the care that is intended to help them.

The report finds that abortion is safe and rarely results in serious complications, whether by medication, aspiration, dilation and evacuation (D&E) or induction.



2. Effectiveness

Providing service based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.

The report finds that all four types of abortion are effective. But whether women receive the care that best meets their needs often depends on where they live and state regulations, such as:

- Imposing hospital-like structural standards on facilities
- Prohibiting certain types of abortion that are most effective in some circumstances, like medication abortion or D&E
- Delaying care by imposing mandatory waiting periods
- Prohibiting capable clinicians from performing abortion
- Requiring clinicians to provide inaccurate information to patients
- Mandating unnecessary services, such as in-person counseling or ultrasound, that obstruct or delay care



3. Patient-Centeredness

Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.

The report finds that a patient's personal circumstances and preferences may be disregarded depending on where they live, due to state regulations.

- Requiring that patients receive information that is inaccurate or misleading about potential harms
- Mandating clinically unnecessary services and delays (e.g., preabortion ultrasound, in-person counseling, waiting periods)
- Mandating that medication abortion is taken in the physical presence of a clinician, instead of via telemedicine

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4. Timeliness

Reducing waits and sometimes harmful delays for those who receive and those who give care.

The report finds that timeliness depends on availability of care, distance to providers, waiting periods and follow-up care requirements. Medically unnecessary regulations that impact timeliness include:

- Mandating waiting periods (from 18-72 hours)
- Requiring in-person counseling
- Laws that limit the availability of providers and facilities

೨<u>೩</u>೩ 5. Efficiency

Avoiding waste, including waste of equipment, supplies, ideas and energy.

The report finds that the efficiency of care is diminished by regulations that require needless equipment and services that decrease efficiency of care, including:

- Imposing hospital-like structural standards on facilities
- Requiring unnecessary services
- Mandating multiple patient visits, increasing the cost for the patient

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6. Equity

Equity is providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status.

The report finds that a patients' ability to access care depends on their geographic location and/or socioeconomic status. Medically unnecessary regulations that impact equity include:

- Mandating waiting periods
- Limiting qualified providers
- Requiring multiple appointments
- Limits on insurance coverage

To learn more about the report, visit AbortionIsSafe.com