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Title:

REMOVING OBSTACLES FROM THE MODERN INFERTILITY PATIENT'S JOURNEY:
PATIENT DROPOUT IS LOW IN AN EMPLOYER SPONSORED HIGH-TOUCH
PROGRAM

Authors:

Chang S^{1,2}, Sekhon L^{1,2}, Stein R¹, Lee J¹, Yang Y³, Collura B⁴, Copperman A^{1,2,3}

Affiliations:

1. Reproductive Medicine Associates of New York, 635 Madison Ave. 10th Floor New York, NY, United States, 10022
2. Department of OBGYN and Reproductive Science, Icahn School of Medicine at Mount Sinai, Klingenstein Pavilion, 9th Floor 1176 Fifth Ave. New York, NY, United States, 10029
3. Progyny, 245 Fifth Ave, 4th Fl, New York, NY 10016
4. RESOLVE: The National Infertility Association, 7918 Jones Branch Drive, Suite 300, McLean, VA 22102

Background:

Patients facing reproductive challenges are commonly faced with a myriad of physical, emotional and financial obstacles. Approximately 50% of infertile couples never seek out fertility care,¹ and treatment discontinuation rates range from 7.7% to 89%.^{2,3} Treatment costs can be a significant barrier to accessing care, especially for patients who self-pay. Even for insured patients, dropout rates tend to be high, ranging from 46% to 58%.⁴ Studies suggest that high levels of psychological stress also play a role in patient dropout.^{2,4,5} Limited literature exists to examine dropout in reproductive age women who have sufficient insurance coverage and abundant emotional support.

Objective:

This study sought to evaluate if patient retention and utilization of services were affected by insurance coverage and emotional care received within a high-touch program.



Materials and Methods:

The multi-center, retrospective cohort study included patients initiating care at clinical sites around the United States from January 2016 - July 2017 who were covered by an employer initiated insurance plan with all-inclusive fertility coverage. The high-touch program provided a patient advocate to guide the patient through the process and to provide emotional support. Primary outcomes included the utilization of services, dropout rates, time to treatment, and pregnancy rates.

Results:

A total of 2242 women initiated treatment in 150 clinics. Eighty three percent (n=1873) of these women were seen in the 20 largest clinics by volume. Seventy three percent (n=1637) of patients who had an initial consultation went on to access treatment. Of patients who had an initial consultation, 14% (n=314) underwent intrauterine insemination (IUI), whereas 50% (n=1121) of patients proceeded to IVF. The average time to treatment was 2.6 months for both IUI and IVF. The IUI pregnancy rate per patient was 16%, and the average time from initial consultation to pregnancy was 2.8 months. The IVF pregnancy rate per patient was 55%, and the average time from consultation to pregnancy was 5.5 months.

Conclusion:

The outcome of the modern reproductive journey hinges not only on excellent medical treatment, but also on the availability of robust emotional support and adequate financial resources or coverage. Infertility treatment that incorporates emotional support from trained professionals and all-inclusive employer initiated insurance benefits was shown to increase patient retention from the national rate of 50%¹ to over 70%. Plans that allow patients to bypass IUI requirements and proceed directly to IVF may decrease time to pregnancy and emotional stress, and result in lower dropout rates. Patient advocates strengthen continuity of care and can decrease the burden of treatment. As scientific advances continue to increase our technical ability to achieve a successful pregnancy, the difference between achieving success and failure will ultimately also depend on our ability to provide access to care by overcoming emotional and financial obstacles.

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