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**TELEMEDICINE HAS MADE ASSISTED REPRODUCTIVE TECHNOLOGY FAR MORE CONVENIENT FOR PATIENTS, WITH HIGH PATIENT SATISFACTION AND SUCCESS RATES.**



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**OBJECTIVE:** To enhance patient and staff safety during the Covid-19 pandemic, we implemented video based telemedicine for all new patient visits and follow up consults at our academic medical center. This review is to determine the effects of telemedicine on patient volumes, patient satisfaction, and IVF outcomes.

**MATERIALS AND METHODS:** This is a retrospective cohort study of all patients who received care at an academic infertility center during 2019 and 2021, the year before and after the implementation of telemedicine. The number of IVF cycles initiated, vaginal oocyte retrievals and embryo transfers performed, as well as the number of patient visits during the two years was compared. Patient satisfaction, as measured by Press Ganey scores was examined, with 500 patients surveyed each year.

**RESULTS:**

Outcome Measure	Year	
	2019	2021
IVF Cycles and Appointments for All Age Groups		
Number of new patient appointments	1473	1827
Number of follow up appointments	1208	1857
Number of intrauterine inseminations	1316	1505
Number of IVF cycles initiated	1173	1258
Number of vaginal oocyte retrievals	1017	1110
Number of fresh embryo transfers	336	365
IVF Outcomes for Patients <35 Years of Age		
Ongoing primary ET rate (fresh + first FET after freeze all)	58%	56%
Ongoing pregnancy rate of first FET after freeze all	67%	76%
Fresh implantation rate	47%	42%
Average number of embryos transferred	1.1	1.1
Percent of singleton pregnancies	94%	94%
Press Ganey Scores (Scale of 0-100)		
Ease of scheduling appointments	86.59	90.03
Care provider overall	94.94	95.09
Likelihood of recommending care provider	95.51	95.37
Overall assessment	95.21	95.09
Care received during visit	95.69	95.12

**CONCLUSIONS:** Patient visits and procedures of all types increased in 2021 compared to 2019. Telemedicine has provided a helpful, efficient way to provide patient care. IVF outcomes at an academic institution were found to be similar before and after the implementation of telemedicine. Patients also continued to have high satisfaction rates with their care during the implementation of telemedicine.

**IMPACT STATEMENT:** Virtual visits are a sustainable method of providing patient care as evidenced by continued excellent Press Ganey scores and IVF outcomes. Patient visits increased after telemedicine, perhaps reflecting increased convenience and the perception of safety during a pandemic.

**SOCIAL, CLINICAL AND LABORATORY PREDICTORS OF PATIENT ENGAGEMENT IN WOMEN UNDERGOING INFERTILITY TREATMENT.**



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**OBJECTIVE:** To assess the clinical and insurance coverage characteristics of patients who engage in fertility care.

**MATERIALS AND METHODS:** A retrospective cohort study was performed consisting of all new patient visits between January of 2017 and April of 2021 at a single fertility center. Insurance coverage, age, BMI, AMH, FSH, and relationship status for 23,033 patients were analyzed. Patients with insurance coverage (n=22138) were compared to those without (n=895). Outcomes were divided into those who presented pregnant (A; n=657), did not complete diagnostics (B; n=7959), completed diagnostics but did not pursue treatment (C; n=468), proceeded with diagnostics and treatment but did not proceed to IVF (D;n=2013), underwent oocyte retrieval without success (E;n=4585), and those completed treatment with successful discharge to obstetrical care (F;n=7351).

**RESULTS:** Patients with insurance had a significantly higher BMI (27.4 vs 26.7; p=0.005) and were more likely to have a partner (93.3% vs 91.2%; p=0.01). Patients without insurance coverage were more likely to discontinue care prior to completing diagnostics (51.4% vs 33.3%; p<0.01) and less likely to proceed to IVF (37.3% vs 52.4%; p<0.01). Only 21.2% of self-pay patients successfully completed IVF and were discharged pregnant versus 32.3% of insured patients (p<0.01).

When subgroup analysis was performed, the difference between insured and self-pay patients who had BMI <40 but >18.5, AMH more than 1.2, were partnered (regardless of gender of the partner), and all ages except 41-42 persisted.

**CONCLUSIONS:** Patients with insurance are more likely to complete diagnostic evaluation, pursue treatment, and achieve a pregnancy from frozen embryo transfer than those without coverage.

**IMPACT STATEMENT:** It is ultimately unclear why some patients continue to engage in care and some do not, however lack of insurance coverage is a clear barrier to completing diagnostic testing, and continuation to every further stage in an infertility journey.

**SUPPORT:** None

**REFERENCES:** None

	Without coverage	With coverage	Sig
Mean BMI	26.7 (26.3-27.2)	27.4 (27.3-27.5)	0.005
Mean Age	34.8 (34.3-35.3)	35.1 (35.0-35.2)	0.109
Mean AMH	3.65 (3.32-3.98)	3.74 (3.68-3.80)	0.623
Mean FSH	8.57 (7.84-9.31)	8.25 (8.16-8.35)	0.301
Have partner	816 (91.2%)	20657 (93.3%)	0.008
Have same sex partner	22 (2.5%)	479 (2.2%)	0.035
Group A	10 (1.1%)	647 (2.9%)	<0.01
Group B	460 (51.4%)	7499 (33.9%)	
Group C	19 (2.1%)	449 (2.0%)	
Group D	72 (8.0%)	1941 (8.8%)	
Group E	144 (16.1%)	4441 (20.1%)	
Group F	190 (21.2%)	7161 (32.3%)	
In Person Visit	687 (76.8%)	20312 (91.8%)	<0.01
Phone Consult	174 (19.4%)	438 (2.0%)	
Telehealth Consult	34 (3.8%)	1367 (6.2%)	