IN-PERSON VERSUS TELEMEDICINE NEW PATIENT INFERTILITY CONSULTATIONS RESULT IN SIMILAR ENGAGEMENT WITH CARE, TREATMENT TIME COURSE, AND TREATMENT OUTCOMES

Authors: Amanda Kadesh, MD (1), Rachael D’Auria, MD (1), Arthur Castelbaum, MD (2,3), Jeffrey Thorne, MD (2,3), Karen Wheeler, MD (2,3)

Affiliations: (1) Department of OB/GYN, Abington Memorial Hospital, Abington, PA, USA; (2) Reproductive Medical Associates of Philadelphia, Philadelphia, PA, USA; (3) Thomas Jefferson University Hospital, Philadelphia, PA, USA

Background: During the COVID19 pandemic reproductive endocrinology clinics were forced to switch from in-person (IP) to telemedicine (TM) visits for the safety of patients and staff. Now that COVID19 is better controlled, many clinics have resumed in-person activities and offer a hybrid model where patients can choose between in-person and telemedicine visits. While several studies have offered insight into the demographics of patients which choose one initial visit modality over the other, no study has directly examined how the initial choice affects the entire treatment process.
Objectives: The purpose of this study is to compare engagement with care, treatment time course, and treatment outcomes for patients who undergo TM versus IP initial infertility consultation.
Materials and Methods: This is a retrospective cohort study of all patients undergoing new patient consultation at a multi-site private practice group from April to September 2022. This time frame was chosen because the incidence of COVID19 cases was low and therefore less likely to bias the choice of visit modality. Categorical variables were compared using chi-squared test while continuous variables were compared using either an independent t-test or Mann-Whitney test based on normality. A p-value less than 0.05 was considered statistically significant.
Results: Medical records from 1,278 new patient consultations were included in the final analysis of which 69.6% (n=890) underwent a TM consultation and 30.3% (n=390) underwent an IP consultation. Patients who choose TM were more likely to have same sex partners (5.96% v 2.58%, p=0.015) and live greater than 10 miles from clinic (65.5% v 33.0%, p<0.0001). TM visits were associated with an approximately five day decrease in wait time for new patient consultation (7.71 v 12.54 days, p<0.0001). They were less likely to start a diagnostic work-up (79.33% v 90.72%) but equally likely to initiate treatment (43.59% v 44.78%). Specifically, both TM and IP patients underwent ART treatment at similar rates (25.38% v 24.48%). Both groups started treatment at similar times following their initial consultation (124.29 v 109.68 days, p=0.079). Both non-ART and ART treatments metrics were similar and both groups had similar time from treatment initiation to chemical pregnancy (100.23 v 113.70 days, p=0.103).
Conclusions: This study is one of the first to examine the complete clinical course of patients who chose to undergo TM initial consultation. These patients engage in treatment and have time to treatment similar to those who undergo a traditional IP initial consultation. Furthermore, their non-ART and ART treatment outcomes are similar. Given that there is no systematic benefit of either modality of initial consultation, the choice between TM and IP should be based on clinic availability and patient preference.
Support: Material and statistical support was provided by RMA/IVI.
References: N/A