

Increasing Access to Care: Applying your APP knowledge to a low-tech practice

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Wed March 19th 3:30pm - 4:15pm APP/Nurse Breakout



Disclosure Slide

- Nothing to Disclose

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Needs Assessment

- ❖ The # of providers **≠** The # of people needing fertility assistance
- ❖ Approx. 18 mil people of reproductive age live in areas with no ART clinics
- ❖ The highest concentrations of IVF centers are in states with mandated IVF insurance and high median income
- ❖ **the most commonly used infertility services: advice, testing, medical help to prevent miscarriage, and ovulation drugs**

Expected Learning Outcomes

1. Describe the general progression of “symptom” to “diagnosis” to “treatment” in the U.S. Healthcare system.
2. Identify how APP-led fertility practices bridge the gap in fertility care, including affordability, accessibility, and culturally congruent, trauma informed, patient-centered care.
3. Identify ways that APP’s can provide routine infertility care in small independent practice settings
4. Review the benefits of operating a small independent practice in the perspective of the owner and the clients.

Operate a clinic? ALONE?!



- ❖ **How do we combat the naysayers?**
 - **We don't!**
 - **We are on the SAME team!**
 - **We can do APP work in an APP practice**

OBJECTIVE: Describe the general progression of “symptom” to “diagnosis” to “treatment” in the U.S. Healthcare system.

Symptom → Diagnosis → Treatment

breast mass → u/s, MRI, biopsy → chemo, radiation, surgery

PCP/OB → breast specialist → oncologist

infertility x 1 year → (no middle) → IVF center referral

→ **most OBGYNs don't have the TIME and/or TRAINING to take on fertility care**

What patients think when they hear “you have...”

- DOR
- POF/POI
- low AMH
- high FSH
- Male factor
- low AFC...



... “and you need IVF”



OBJECTIVE: Identify ways that APP's can provide routine infertility care in small independent practice settings

Setup:

- supervising physician!
- Protocols and scope of practice
- legal/malpractice coverage
- accounting/bookkeeping
- EMR/consent forms
- phlebotomy
- ultrasound (\$\$)
- sperm washing “mini lab”
- microscope
- exam bed
- HyFoSy

Infertility client population:

- single parents
- LGBTQ+
- Need infertility workups
- Hx of trauma (sexual abuse, medical abuse, severe pelvic pain)
- high anxiety and/or depression
- No other access to infertility treatments
- Have failed IVF and can't afford to continue (\$\$ & emotionally)

What does a low-tech infertility clinic look like?



Very
Cutesy,
Very
demure,
Very
mindful...

Simple touches: sound machine, scent diffuser, fluffy socks on stirrups, TV screen for sono view, white board, microscope with LED screen, dim lights

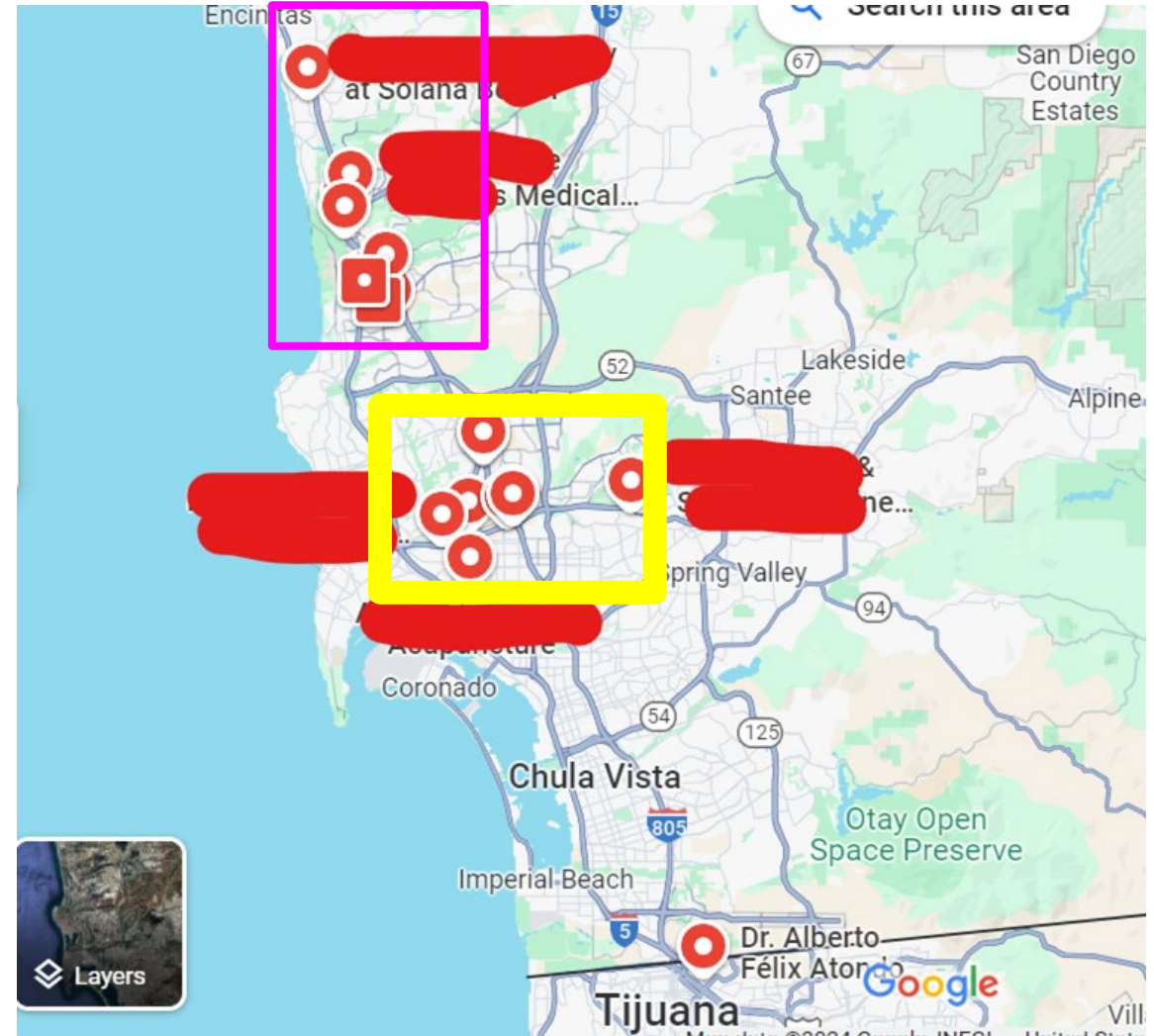
- Consider Geography
- Time of appointments
- evening IUIs
- Avoid rush hour
- Reduce stress/trauma

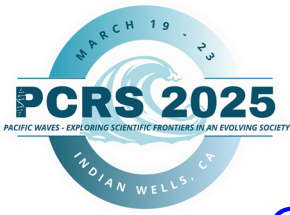
purple = 100% of the IVF centers are in northern part of San Diego

- more affluent neighborhoods
- Most within 5 miles of EACH OTHER

yellow = holistic fertility care

- acupuncture
- Reiki
- Massage, etc,





OBJECTIVE: Demonstrate the benefits of operating a small independent practice in the perspective of the owner and the clients.

Owner

- schedule that fits your needs
- choose the right clients
- establish your own prices, protocols, services
- choose your own work/life balance
- success stories and bragging rights
- perks of entrepreneurship \$\$

Client

- schedule that fits your needs
- always meet with the same provider(s)
- more affordable than IVF
- inquire about IVF without “the pressure” of committing
- strong foundation of fertility education
- trauma informed space

Reviews of APP practice

- More time with provider
- answered my questions
- felt safe
- felt heard
- trauma informed space
- Flexible hours

Reviews of IVF Centers

- “felt like I was just a number”
- “didn’t get a chance to ask questions”
- one size fits all
- met a new person every time
- “was pressured into doing IVF”

5.0 ★★★★★ 29 reviews ⓘ

People often mention

All pregnant 10 questions 8 feel 8 journey 5 IUI 5 understand 5 medical 5

**Problem is too many clients
and not enough TIME.
These experiences build
distrust in our industry**

Could this be the new norm in 10 years?

Ideal progression:
= OBGYN/PCP → APP led low-tech → IVF



Be the change you wish
to see in the world.

— Mahatma Gandhi

Reduce Infertility
Trauma.

Reduce wait times

Reduce burn out



Q&A