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clinical application, its clinical efficacy will need to be demonstrated in prospective randomized clinical trials.

**PATIENT EDUCATION AND SUPPORT**

O-67 10:45 AM Monday, October 18, 2021

UNDERSTANDING THE PATIENT EXPERIENCE IN THE DIGITAL AGE: VIRTUAL MEDICINE AND PATIENT PROGRESSION TO FERTILITY TREATMENT.

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OBJECTIVE: Fertility practices have been profoundly impacted by the global COVID-19 pandemic, leading to a rapid increase in the utilization of new forms of virtual communication with patients. This study aimed to assess the use of telemedicine compared to conventional in-person consultation with regard to the rate of patient progression to treatment.

MATERIALS AND METHODS: The study included patients who sought reproductive treatment and underwent an initial consultation during from March 2, 2020 to December 22, 2020. Patients were grouped by in person or telemedicine at initial consultation. Patients who met in person underwent a physical exam and ultrasound the same day as the initial consultation. Patients who met via telemedicine were contacted after the initial consultation to schedule a physical exam and ultrasound at a later date. All patients were followed up with by a clinical team member and financial coordinator either in person or virtually following initial consultation. Study outcomes included number of patients who progressed to treatment. Secondary outcome included time to treatment. Treatment was defined as a patient who underwent a diagnostic procedure, surgical procedure, timed intercourse cycle, intrauterine insemination cycle, in vitro fertilization cycle, egg freezing cycle, laboratory procedure, or embryo transfer cycle. A 90 day censoring interval was applied to account for heterogeneity between initial consultation date and progression to treatment event.

RESULTS: Of the 2730 patients included in the study, 2153 (79.9%) received in person consultation and 550 (20.1%) communicated via telemedicine. The percentage of patients who progressed to treatment within 90 days of initial consultation was nearly identical between in person (35.4 %) and telemedicine patients (34.0 %). Patients who underwent in person consultation advanced to treatment 3 days faster (41.1 days) compared to telemedicine patients (44.0 days) within the 90 day censoring interval [Table 1].

**TABLE 1. Initial Consultation & Patient Progression to Fertility Treatment**

| Initial Consultation Type | Average Number of Patients Who Converted to Treatment within 90 Days | Time to Treatment (Days) |
|--------------------------|---------------------------------------------------------------|------------------------|
| In Person (n=2153)       | 35.4% (n=763)                                                 | 41.1                   |
| Telemedicine (n=550)     | 34.0% (n=187)                                                 | 44.0                   |

CONCLUSIONS: The COVID-19 pandemic has forever changed society, healthcare, and reproductive medicine. While infertility patients who utilize telemedicine for initial consultation take longer to initiate treatment, they are equally likely to enter treatment.

IMPACT STATEMENT: Use of telemedicine breaks down barriers to treatment and provides the opportunity for patients everywhere to access reproductive care in their journey to parenthood.

SUPPORT: None

O-68 11:00 AM Monday, October 18, 2021

TAKING THE PLUNGE: ASSESSMENT OF THE DESIRE FOR GREATER PARTNER INVOLVEMENT IN THE INTRA-UTERINE INSEMINATION PROCEDURE.

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OBJECTIVE: Our primary objective was to determine interest in greater partner participation in the form of plunging the sperm sample during intruterine insemination (IUI). Our secondary objectives were to 1) assess couple’s emotions toward the IUI process and 2) determine if increased partner involvement improved the overall experience for couples undergoing IUI.

MATERIALS AND METHODS: A 23-item validated survey was administered to patients and partners (n=91 individuals) undergoing IUI at a single academic fertility center from September 21, 2020 to January 31, 2021. Following placement of the insemination catheter by the practitioner, the partner was invited to push the plunger on the syringe to release the sperm sample. Various comparisons between groups were performed, with p-values derived from Fisher’s exact test.

RESULTS: A total of 144 surveys were distributed to patients and their partners undergoing an IUI procedure, with a response rate of 63% (n=91). Refer to Table 1 for participant demographic information. Over half of participants reported feeling stressed during the IUI process. The most common stressors included not achieving pregnancy (64%), success rate of the procedure (56%), and feelings of inadequacy (45%). Seventy percent of patients reported a desire for their partner to push the plunger, while 84% of partners desired to push the plunger (p=0.20). Of those couples whose partner elected to push the plunger, 92% reported feeling more connected to their partner and 98% felt more involved in the process. Ninety-two percent of couples felt their overall experience was improved with increased partner participation.

**TABLE 1. Demographic information for participants.**

| Participant Demographics | Number of participants (%) |
|--------------------------|----------------------------|
| Patient                  | 45 (49)                    |
| Partner                  | 46 (50)                    |
| Age                      |                            |
| 18-25                    | 5 (6)                      |
| 26-34                    | 48 (52)                    |
| 35-40                    | 31 (34)                    |
| 41-55                    | 7 (8)                      |
| Cycle Number             |                            |
| 1                        | 44 (49)                    |
| 2                        | 19 (21)                    |
| 3                        | 12 (13)                    |
| 4                        | 10 (11)                    |
| 5+                       | 5 (6)                      |
| Diagnosis                |                            |
| Unexplained infertility  | 35 (40)                    |
| Ovulatory dysfunction    | 19 (22)                    |
| Same sex couple          | 15 (17)                    |
| Male factor              | 8 (9)                      |
| Tubal factor (unilateral occlusion) | 7 (8)                  |
| Uterine factor           | 2 (2)                      |
| Endometriosis            | 2 (2)                      |
| Diminished ovarian reserve| 1 (1)                     |
| Sexual Orientation       |                            |
| Heterosexual             | 75 (83)                    |
| Homosexual               | 12 (13)                    |
| Other                    | 4 (4)                      |

CONCLUSIONS: Both patients and partners desire greater partner participation in the IUI procedure. Of those couples whose partner elected to push the plunger, greater than 90% report feeling more connected to their partner and more involved in the process. Allowing the partner to push the plunger is a small change in practice that significantly improves the overall experience for couples undergoing IUI.

IMPACT STATEMENT: Increasing partner participation in the IUI procedure is highly desired by both patients and partners and improves their overall experience during the process.

SUPPORT: None