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CHANGING GENDER DISPARITY GAP OVER TIME WITH REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY PHYSICIANS: AN SREI REPORT. Lauren St. Rawlinson, MD, PhD,1 Seifeddine Sadek, MD,2 Kevin S. Richter, PhD,3 Paula Amato, MD,4 Bradley S. Hurst, MD5 1Eastern Virginia Medical School; 2Eastern Virginia Medical School, Norfolk, VA; 3Fertility Science Consulting, Silver Spring, MD; 4Oregon Health & Science University, Portland, OR; 5Atrium Health Carolinas Medical Center, Charlotte, NC.

OBJECTIVE: To identify changes in current practice patterns, salaries, satisfaction by gender and by years in practice among board-certified reproductive endocrinology and infertility (REI) subspecialties.

MATERIALS AND METHODS: Cross-sectional Web based survey including 37 questions sent to members of SREI in the fourth quarter of 2019. The primary outcome measure was the changes over time in total compensation and practice patterns comparing gender and type of practice. Statistics included chi-square analysis, Student’s t-test, ANOVA and ANCOVA as appropriate. For quantitative analysis of non-numerical Likert scale responses, data were transformed into numerical values.

RESULTS: 370 respondents included 179 (48.4%) females, 190 (51.4%) males. The percentage of females responding to this survey was more than ten points greater than that of female respondents (38.1%) to a similar survey of reproductive endocrinologists conducted six years earlier (27% relative increase, p = 0.005, χ²). (1) Females were more common than males among reproductive endocrinologists aged 50 years or younger, and outnumbered males by more than 3 to 1 among respondents 40 years or younger. In contrast, the majority of SREI members aged 51 years or greater were males. The percentage of females responding to this survey was more than 75% of visits were done via Telehealth before the pandemic. 25% of visits were done via Telehealth before the pandemic. Half of the clinics estimated that >75% of visits were done via Telehealth before the pandemic. The majority of clinics (89.5%) anticipate they will offer Telehealth visits after the COVID-19 pandemic. 63.2% of clinics anticipate fewer Telehealth visits after the COVID-19 pandemic because of logistics (28.6%) and patient preference (25.7%). Most providers (73.7%) stated that they are “very satisfied” with Telehealth overall. 

CONCLUSIONS: The upcoming generation of female physicians outnumber men, have less disparity in compensation and the gap appears to be closing. There is a large gap in compensation between private and academic practices at 5 years and greater experience. REI remains high morale specialty.

IMPACT STATEMENT: Gender discrimination in compensation appears to be improving in younger REIs.

Reference
1. Barnhart KT, Nakajima ST, Puscheck E, Price TM, Baker VL, Segars J. Practice patterns, satisfaction, and demographics of reproductive endocrinologists: results of the 2014 Society for Reproductive Endocrinology and Infertility Workforce Survey. Fertil Steril. 2016;105(5):1281–6.

O-77 11:45 AM Monday, October 18, 2021 TELEHEALTH PROVIDER EXPERIENCE IN REPRODUCTIVE ENDOCRINOLOGY AND INFERTILITY CLINICS DURING THE COVID-19 PANDEMIC AND BEYOND. Elizabeth A. Dilday, MD,1 Zain Al-Safi, MD,2 Christopher R. Douglas, MD, MS1 Department of Obstetrics and Gynecology, Division of Reproductive Endocrinology and Infertility, University of California, Los Angeles, Los Angeles, CA; 3University of California, Los Angeles, Los Angeles, CA.

OBJECTIVE: To assess Telehealth services offered by Society for Assisted Reproductive Technology (SART) member clinics and provider experiences with incorporating Telehealth into reproductive endocrinology and infertility practices.

MATERIALS AND METHODS: A 16-question web-based survey on use of Telehealth was distributed to SART member reproductive endocrinology and infertility clinics. Clinic demographic data, Telehealth descriptive data and provider satisfaction with use of Telehealth were assessed. Results were collected via Survey Monkey.

RESULTS: A total of 330 SART clinics were reached via email. 38 clinics responded (11.5%), representing 17 unique states, with California, New York, and Illinois most commonly represented. 22 clinics (59.5%) were private, 12 (32.4%) were university-affiliated and 3 (8.1%) were health system-based. 25 clinics (67.6%) were described as suburban and 12 (32.4%) were urban. All 38 clinics surveyed offer Telehealth visits. The most common Telehealth platform was Zoom (58.6%), followed by use of telephone or landline (41.4%), and Telehealth service through electronic medical platform (31%).

New patient consultations and return visits were offered by 36 (94.7%) and 35 (92.1%) of clinics, respectively. The most common types of consultations offered were related to fertility (100%), reproductive endocrinology (94.9%) and reproductive surgery (73.7%). Only 13 clinics (34.2%) offered Telehealth services before the COVID-19 pandemic; most of these clinics estimated that 25-50% of visits were done via Telehealth before the pandemic. Half of the clinics estimated that >75% of visits were done via Telehealth before the pandemic. The majority of clinics (89.5%) anticipate they will offer Telehealth visits after the COVID-19 pandemic. 63.2% of clinics anticipate fewer Telehealth visits after the pandemic because of logistics (28.6%) and patient preference (25.7%). Most providers (73.7%) stated that they are “very satisfied” with Telehealth overall.

CONCLUSIONS: Telehealth enabled safe patient-provider interactions throughout the COVID-19 pandemic for all clinics that responded to this survey, most commonly performed via Zoom. While only few clinics offered Telehealth services before COVID-19, the majority of clinics anticipate that they will continue to offer Telehealth after the pandemic. There is ongoing research assessing patient satisfaction with Telehealth, and future research to focus on ways to overcome logistical issues to widen use of a service that is considered satisfactory for providers and patients alike.

IMPACT STATEMENT: Telehealth is a method of care delivery that reduces risks of cross-contamination caused by close contact, critical during pandemics and convenient under other routine circumstances as well. All clinics surveyed used Telehealth during the COVID-19 pandemic. Most providers express great satisfaction with Telehealth and anticipate they will offer Telehealth services henceforth.

Reference
1. Smith AC, Thomas E, Snoswell CL, et al. Telehealth for global emergencies: Implications for coronavirus disease 2019 (COVID-19). J Telemed Telecare. 2020;26(5):309-313. https://doi.org/10.1177/1357633X20916567 SUPPORT: None.

O-78 12:00 PM Monday, October 18, 2021 PATIENT SATISFACTION WITH TELEMEDICINE VISITS FOR REPRODUCTIVE ENDOCRINOLOGY PATIENTS IN THE ERA OF COVID-19. Kelsi L. Anderson, MD,1 Reyhan Coskun, BS,2 Caitlin Elizabeth Martin, MD, MS,1 Patricia T. Jimenez, MD,3 Kenan Omurtag, MD5 1Washington University in St. Louis, Saint Louis, MO; 2Washington University School of Medicine, St. Louis, MO; 3Washington University School of Medicine; 4Washington University in St Louis, St Louis, MO; 5Washington University at St Louis School of Medicine, St. Louis, MO.

OBJECTIVE: Due to the COVID-19 pandemic, video-based telemedicine visits have become the standard in many clinical practices. Many reproductive endocrinology consultants do not require a physical exam, allowing for integration of telemedicine. The purpose of this study is to evaluate patient satisfaction with telemedicine visits in the Reproductive Endocrinology and Infertility (REI) office.

MATERIALS AND METHODS: This is a prospective cross-sectional study that includes any person undergoing a new patient visit at Washington University’s Reproductive Endocrinology clinic from March 1st-April 20th