

Prioritization of Patients for Publicly Funded IVF in Ontario: A Survey of Fertility Centres

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Abstract

Objective: On December 21, 2015, Ontario began funding one cycle of IVF for any Ontarian under age 43, with a program cap of 5000 cycles per year, which is below expected demand. Our objective was to determine how fertility clinics are prioritizing patients for limited-funded IVF cycles.

Methods: An electronic survey was emailed to medical directors of all 25 fertility clinics providing funded IVF in Ontario.

Results: From January to March 2016, 22 (88%) of the clinics responded. All reported providing access to funded IVF, and 100% already had a wait list. Eight clinics prioritized patients on a first-come, first-served basis; two used a lottery; 11 reported using multiple patient factors to determine priority for funding; and one declined to answer. Of the clinics reporting multiple factors, the five most common factors were first-come, first-served (90.9%); older aged patients (81.8%); patients about to lose their funding eligibility (63.6%); duration of infertility (36.3%); and duration at current clinic (36.3%).

Conclusions: There is variation in how patients are prioritized for publicly funded IVF in Ontario. Some clinics have chosen to prioritize patients in a first-come, first-served manner, whereas others have chosen to prioritize patients based on multiple factors that would favour older patients. This is the first study providing the public and government insight on how the new fertility program has been implemented by individual clinics. This information is important for patients to understand their own chances of receiving a funded IVF cycle because this may vary depending on individual clinics.

Résumé

Objectif : Depuis le 21 décembre 2015, l'Ontario paie un cycle de FIV par résidente de moins de 43 ans, jusqu'à un maximum de 5 000 cycles par année, ce qui est inférieure à la demande anticipée. Notre objectif était de déterminer comment les cliniques de fertilité

priorisent les patientes, compte tenu du nombre limité de cycles subventionnés.

Méthodologie : Un sondage électronique a été envoyé par courriel aux directeurs médicaux des 25 cliniques de fertilité ontarienne participant au programme.

Résultats : Entre janvier et mars 2016, 22 cliniques (88 %) ont répondu au sondage. Toutes ont confirmé participer au programme public de FIV et affirmé avoir une liste d'attente. En ce qui concerne le mode de priorisation, huit établissements ont répondu qu'ils suivaient l'ordre des demandes, deux qu'ils tiraient au sort, et onze qu'ils combinaient plusieurs facteurs propres aux patientes; le dernier s'est abstenu de répondre. Les cinq facteurs les plus cités par les cliniques qui en utilisent plusieurs sont l'ordre des demandes (90,9 %), l'âge décroissant des patientes (81,8 %), la proximité de la fin de l'admissibilité (63,6 %), la durée de l'infertilité (36,3 %) et la durée de l'attente à la clinique (36,3 %).

Conclusions : Les modes de priorisation des patientes du programme public de FIV de l'Ontario varient. Certaines cliniques ont choisi de prioriser les premières demandes reçues, tandis que d'autres utilisent plusieurs facteurs qui favoriseraient les patientes les plus âgées. Notre étude est la première à donner à la population et au gouvernement un aperçu de la mise en œuvre du programme de fertilité dans chaque clinique. Nos résultats sont importants pour les patientes, car ils leur permettent d'évaluer leurs chances de profiter d'un cycle de FIV subventionné en fonction de l'établissement.

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On December 21, 2015, the Ontario provincial government implemented the Ontario Fertility Program through the Ministry of Health and Long Term Care to change how fertility services were funded in the province. The stated goal of the new OFP was to increase access to fertility services regardless of sex, gender, sexual orientation, or family status.^{1,2} This new program is significant because prior to 1994, IVF and fertility services were fully funded by the Ontario Health Insurance Plan; however, for the last two decades IVF access has been restricted to only

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patients with bilateral tubal obstruction.³ Access to fertility treatments was restricted for many patients due to the large financial cost of self-paying for an IVF cycle. Under the new OFP, fertility services have been delisted from the Ontario Health Insurance Plan and have been repackaged under the OFP administered by the MOHLTC. Fertility funding was increased from approximately \$20 million to now \$70 million per year to cover most fertility monitoring and treatments such as intrauterine insemination and IVF.² The cost of fertility medications is not included.

Under the OFP, any woman, regardless of diagnosis and up until age 43, will now be funded for one cycle of IVF. In an attempt to ensure that the OFP stays within its \$70 million budget, the program has been capped to provide only 5000 funded IVF cycles per year.² Each fertility clinic in the province has to apply for some allotment of funding in order to administer a portion of these IVF cycles to their patients. Registry data show that in the year 2014, there were 5871 fresh IVF cycles in Ontario.⁴ The new funding is thus already insufficient to meet current demand, and demand for funded IVF is only expected to rise because many women who could not afford but needed IVF were unaccounted for in this registry. Therefore the number of patients potentially wanting a government funded IVF cycle greatly exceeds the cap of 5000.

The large demand for a limited supply of funded IVF cycles has necessitated the creation of strategies, wait lists, and triage systems for the rationing of funded IVF. Currently the MOHLTC has provided no guidance on how patients should be prioritized for funded cycles. It has been left to individual fertility clinics to decide how to distribute these funded cycles. Our objective was to identify how each fertility clinic in Ontario chooses to distribute its allotment of funded IVF cycles. This is important information for patients to be able to understand their chances of qualifying for a funded cycle. It is also important to know from a health policy perspective that these policies are fair and transparent. We designed a survey asking each fertility centre to report on its policies. The fertility clinics' medical directors, who are believed to be the most involved in the creation of each clinic's individual policies, were invited to take this survey.

ABBREVIATIONS

CFAS	Canadian Fertility and Andrology Society
MOHLTC	Ministry of Health and Long-Term Care
OFP	Ontario Fertility Program

METHODS

This study was designed as an online electronic survey of medical directors for all fertility centres performing publicly funded IVF in Ontario and was administered from January 21 to March 31, 2016. Included in the study were fertility centres that performed IVF on site and independent fertility centres without an IVF laboratory that were providing access to funded IVF cycles through a "satellite" arrangement with another centre. Satellite centres owned by fertility clinics that were already surveyed were not included. The Canadian Fertility and Andrology Society's website provided a directory for most of the fertility clinics performing IVF in the province. Additional fertility clinics that provided access to funded IVF that were not listed in the CFAS directory were found through a general Internet search. Although the Ontario government lists 52 clinics as participating in the OFP, most of these clinics do not provide funded IVF, which was the focus of this study, and therefore non-participating clinics were excluded. For each of the clinics identified, the medical directors and their electronic contact information were identified through the clinic's website or by phoning the clinic. An anonymous online survey was sent to each medical director. For non-responders, a reminder was sent out weekly for a total of 3 reminders including a personal invitation to participate. The survey was designed to capture information about each clinic's policy for distributing funded cycles, information regarding who within the clinic was responsible for determining the criteria for prioritizing patients for funded IVF cycles, and how each clinic planned to use its allotment of funded IVF cycles throughout the year. This study was approved by the Mount Sinai Hospital Research Ethics Board (approval #15-0317-E).

RESULTS

Fifty-two fertility clinics in Ontario are participating in the OFP. Only 19 of these fertility clinics were identified through the CFAS website as providing IVF, and another 6 that were providing IVF were identified through a general Internet search. A total of 25 online surveys were sent by email to all of the identified medical directors (Figure 1). Individual responses were guaranteed to remain anonymous, and no clinics would be identified. We received a cumulative response rate of 88% after our final reminder to participate. All the respondents indicated that their centre was providing access to MOHLTC-funded IVF cycles, and all of the clinics anticipated experiencing a higher volume of patients seeking fertility services than what could be accommodated by their clinic's allotment of funded cycles. Seven clinics self-

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