

# The Case for Public Funding of a Restorative Reproductive Medicine Clinic

Peterson C<sup>1</sup>, Turnbull A<sup>1</sup>, Šeman EI<sup>1,2,3</sup>, Fleming A<sup>1</sup>, Davies B<sup>1</sup> and James G.  
<sup>1</sup>Fertility Fundamentals, <sup>2</sup>Flinders University, <sup>3</sup>Flinders Medical Centre

Contact Details:  
**Dr Elvis Šeman, MBBS, FRANZCOG, EUCOGE, FRCOG, NFPMC, PhD**  
 elvis.seman@flinders.edu.au

## Introduction

- With Assisted Reproductive Technology (ART), a child is not a cure for infertility.<sup>a</sup>
- A paradigm shift occurred with the birth of the first IVF baby (Louise Brown) in 1978 - fertility research has largely focused on how better to bypass the natural fertility pathway rather than restoring reproductive health.<sup>b</sup>
- In the era of ART, reconstructive tubal surgery still has an important role but its utilisation is diminishing due to surgical de-skilling.<sup>c</sup>
- Fertility Fundamentals is the only clinic in SA offering a restorative reproductive approach.<sup>d</sup> Clinicians are trained in medical and surgical NaProTechnology.

## Objectives

- Audit of treatment costs and outcomes, including a subgroup of women treated unsuccessfully with IVF.
- Development of a business model to assess cost savings to SA Health and Medicare.
- Assessment of potential to reduce admissions.

## Methods

- Audit of clinic treatment outcomes 2014-2018.
- Analyse cost per pregnancy compared with IVF.
- Analyse how a restorative approach may reduce hospital admissions and costs.

## Results

Years and Major Diagnostic Results				
	2014/15	2015/16	2016/17	2017/18
Pregnancy Rate (Infertile patients)	38 % (20/51)	47 % (18/38)	37 % (16/43)	40.5 % (17/42)
Laparoscopy – Endometriosis	77 % (10/13)	72 % (13/18)	70 % (7/10)	60 % (12/20)
Laparoscopy – Abnormal	85 % (11/13)	83 % (15/18)	80 % (8/10)	75 % (15/20)
Ovulation Defects	90 % (46/51)	36 % (14/38)	39 % (17/43)	60 % (28/46)
Luteal Phase Defects	combined ovulation +/- luteal defects	50 % (19/38)	39 % (17/43)	54 % (25/46)

## Results (Continued)

- IVF Patient Subgroup**
- 8 Couples treated from 2014-2017 who had previously failed IVF (no clinical pregnancy):
  - 3/8 conceived with restorative approach (previously had combined total of 15 IVF cycles)
  - 3 live births
  - One patient with past history of 4 miscarriages including with IVF conceptions, delivered 2 babies at term in consecutive pregnancies using our pregnancy support
- Costings per pregnancy compared with IVF**
- Fertility Fundamentals treated 52 patients over 12 months to achieve 20 pregnancies.
  - The figures use Fertility Fundamentals' average patient and pregnancy numbers over the 3-year period from 2014-2017.
  - The IVF modelling is derived by treating same number of patients with a single cycle of IVF.

Fertility Fundamentals Services	Total Cost
Medicare consultations billed (413 consultations billed - item 23, 36, 44)	\$33,370
Pelvic ultrasound / follicle tracking scans (avg 4 per patient): 208 @ \$55.65	\$11,575
Hormone tests - oestradiol, progesterone (avg 20 per patient): 1040 @ \$43.70	\$45,448
<b>TOTAL</b>	<b>\$90,393</b>
No of pregnancies achieved	20
Cost per pregnancy	\$4,519

IVF Service per cycle <sup>A</sup>	Total Cost
Item numbers 13200,13206,13212,13215 total / patient	\$4,041.74
Total to treat 52 patients	\$210,170.48
No pregnancies achieved- 23.9%*	12
Cost per pregnancy	\$17,514

<sup>A</sup> PBS medicine cost not included  
<sup>\*</sup>23.9% pregnancy rate published ANZARD 2012

- Business Model - Cost Savings**
- Fertility Fundamentals (FF) receives \$100,000 per annum (p/a) funding from SA Health, and saves SA Health \$193,404 p/a and Medicare \$101,376 p/a.
  - FF achieves 65% more pregnancies than IVF.
  - 3 fewer babies are born prematurely & with low birth weight than with IVF.
  - Ovarian Hyperstimulation Syndrome (OHSS) occurs rarely compared with IVF (>20% IVF cycles, and 1% require admission).
  - 14% fewer Caesarean sections amongst our patients compared to IVF conceptions.
  - The above figures are conservative estimates and do not incorporate parameters which are difficult to quantify, such as:
    - lower chronic disease burden by treatment of underlying insulin resistance and other conditions eg thyroid dysfunction.
    - lower ectopic pregnancy rate.
    - lower miscarriage rate.

## Results (Continued)

- Other Health Economic Considerations**
- Fertility Fundamentals potentially **reduces hospital admissions** and offers more cost effective treatment due to:
    - No egg retrievals
    - Less OHSS and fewer multiple pregnancies, Caesarean sections and premature babies
    - Fewer ovarian cysts, ectopic pregnancies and miscarriages (by treating ovulation and luteal abnormalities)
    - Timely management of thyroid dysfunction and insulin resistance

## Discussion

- NaProTechnology effectively manages infertility and other gynaecological disorders.<sup>b</sup>
- Treatment at Fertility Fundamentals allows women to conceive naturally
- Average treatment cost per couple at Fertility Fundamentals is **less than half** of an IVF cycle (AUD \$1,738 vs \$4,042).
- The cost per pregnancy achieved at this clinic is **75% lower** than that of an IVF conception (AUD \$4,519 vs \$17,514).
- FF services are cost-effective, they deliver greater savings to the health care system and have advantages of restoring reproductive & general health.

## Conclusion

- Fertility Fundamentals uses NaProTechnology, a restorative approach which treats the underlying causes of infertility- health is restored and conception occurs naturally.
- In our case series, this approach is more cost effective than IVF and is accessible to all.
- The service at Fertility Fundamentals makes medical and financial sense.

## References

- Tonti-Filippini N. Assisted Reproductive Technology. *About Bioethics- Motherhood, Embodied Love and Culture*. Ballarat: Connor Court, 2013;4:80-111.
- Hilgers WH. Surgical NaProTechnology: Surgery of the Heart. *The NaProTechnology Revolution. Unleashing the Power in a Woman's Cycle*. New York: Beaufort Books, 2010; 157—168.
- Gomel V. The place of reconstructive tubal surgery in the era of assisted reproductive techniques. *Reproductive BioMedicine Online*. 2015; 31, 722–731.
- Boyle PC, de Groot T, Andralojc KM and Parnell TA (2018) Healthy Singleton Pregnancies From Restorative Reproductive Medicine (RRM) After Failed IVF. *Front. Med.* 5:210.