

RAH's Regional Fertility & Women's Endocrine Clinic FAQs

What changes are being made to the Regional Fertility & Women's Endocrine Clinic at the Lois Hole Hospital for Women in the Royal Alexandra Hospital (RAH)?

As of February 2018, the Regional Fertility and Women's Endocrine Clinic (the 'Clinic') will no longer offer uninsured fertility services, such as in vitro fertilization and intrauterine insemination.

The last day any uninsured fertility services will be available at the Clinic is February 28, 2018. Some patients are transitioning to a private clinic before this date and that is an individual choice with which we will assist you.

Our plan is to maintain a clinic that will provide insured fertility services, including diagnostic tests, endocrinology and semen analysis.

Uninsured fertility services are available in privately-operated Non-Hospital Surgical Facility accredited fertility clinics (Fertility Clinics) in Edmonton and Calgary.

Some patients have private insurance plans that cover select fertility services. The Clinic's change in services does not impact that coverage.

What are patients' options?

The transition coordinating team is working with all patients seeking uninsured fertility services. Care options are being discussed and we are helping to facilitate the transfer of patients' referrals, when necessary, to a privately-funded fertility clinic (Fertility Clinic) in Edmonton or Calgary or to a Fertility Clinic in another province. Patients will not need to start over in the referral process and wait times already experienced are taken into account in the Edmonton and Calgary Fertility Clinics. Appointments are being booked in a timely way.

If patients have not been seen in the Clinic since prior to November 2016, our transition coordinating team (780-735-6654) can schedule a time to discuss individual situations and care options. These patients will also be required to seek a new referral to a Fertility Clinic if they wish to pursue uninsured fertility services.

Why the three month deadline before uninsured services are no longer offered?

The transition is difficult for individuals, couples and families and we recognize that the timelines are short.

With several key staff and physicians leaving, the Clinic is required to prepare patients as quickly as possible for transition in order to safely transfer their care, and/or complete treatment prior to AHS being unable to safely provide uninsured services.

Two physicians have departed from the clinic in December and beginning in January, a third will be splitting services between our clinic and PCRM. This leaves one fully-certified Reproductive Endocrinologist & Infertility (REI) specialist to provide specialized care and one who will share time between providing endocrinology care at the AHS clinic and fertility care at PCRM. It is difficult to sustain the safe operation and service of the clinic with limited specialist support beyond the three month period.

What are insured vs uninsured services?

The Clinic will continue to provide insured services, which includes diagnostics to determine the causes of infertility.

The following table outlines insured and uninsured services:

Insured Services available at the Clinic	Uninsured Services not available at the Clinic, effective Feb 28, 2018
Insured consultations and investigations	In vitro fertilization (IVF)
Diagnostic tests such as ultrasounds and bloodwork	Intracytoplasmic sperm injection (ICSI) – often used with IVF
Endocrinology (women’s hormone-related care i.e. polycystic ovary syndrome, cancer and transplant follow up)	Intrauterine insemination (IUI)
Semen analysis (to identify issues with sperm numbers, motility, etc.)	Donor services-eggs and sperm
	Pre-implantation genetic diagnosis (PGD) and screening (PGS)
	Sperm freezing & storage
	Embryo and Oocyte freezing and storage
	Endometrial receptivity assay (test used with IVF)
	Semen preparation related to IVF and IUI
	Counseling related to IVF and IUI
	Non-invasive prenatal testing (NIPT)
	Monitored ovarian stimulation for improving fertility

There have been questions raised about specific diagnostic imaging and laboratory tests, and which services are insured and which services are not insured by Alberta Health (AH). Tests required for investigation and diagnosis of infertility are covered by AH insured services. Once the diagnosis has been made and the physician and patient identify that the patient will pursue uninsured services, such as IUI and IVF, costs for further diagnostic imaging and many



laboratory tests are a patient pay service. The Clinic bundles lab, DI, sperm preparation, embryology, physician and staff costs into the uninsured fees that patients are responsible for.

Privately-operated Fertility Clinics may separate these costs out of their patient pay portions so costs for diagnostic imaging and laboratory testing required for treatment of infertility may be collected separately at the laboratory or diagnostic imaging site. If you have questions about which costs are covered for diagnostic imaging or laboratory costs, please contact the privately-operated Fertility Clinic directly for their cost breakdowns.

Update: Ovarian Stimulation with Timed Intercourse

We want to clarify services provided by AHS' Regional Fertility and Women's Endocrine Clinic and funded by the Alberta Health Care Insurance Plan.

When the Clinic transitioned uninsured fertility services to private clinics at the end of February 2018, misinformation was shared with patients that monitored ovarian stimulation with timed intercourse were insured and would continue to be offered at no cost out of the Clinic.

We apologize for any confusion or anxiety this misinformation may have caused.

Infertility treatments using monitored ovarian stimulation with timed intercourse are an 'Assisted Reproductive Technology' and are an uninsured service, not covered by Alberta Health Care Insurance Plan.

As a result of this error, AHS will be providing reimbursement for up to three cycles of monitored ovarian stimulation with timed intercourse, received within a privately-operated clinic, with a program end date of December 2019 if:

- the Albertan was an active patient of the Clinic between November 1, 2016 to March 9, 2018, and/or
- the Albertan was in the queue as of November 2, 2017, when the Clinic stopped accepting new referrals.

All physician and follow-up visits associated with the assessment and diagnosis of infertility are insured.

Any assisted reproductive technologies used in treatment are not insured in Alberta including physician visits, lab testing, diagnostic imaging, and treatments for infertility.

When will the Clinic notify me of changes in the services provided?

We are currently informing patients about the changes, and are working with each patient to review their individual care plans and assist with their transition as necessary.

If you have been a patient since November 2016, you will have received a letter outlining the changes to services at the clinic. To date, we have sent out more than 5,600 letters to current patients.

All patients with frozen eggs, embryos and/or sperm (gametes) were also sent a letter. More than 1,370 letters were sent to patients with gametes frozen and stored in the clinic.

The letters include a phone number to connect you to the AHS transition team so your questions can be answered, options discussed and transitions coordinated to a Fertility Clinic of your choosing.

In addition to the AHS transition team phone line, we have also created a direct Fertility Clinic transition line for patients to call to discuss their care and transition plans. The number for the transition line is **780-735-6654**. The transition line is providing transition information and, if necessary, connecting patients to the transition nurses or the lab specialists for discussions about transition or specimen transfers.

Patients requesting information about transferring frozen specimens are being reassured that they have until the end of February to make decisions about their specimens. Beyond February, efforts will continue to be made to connect with patients regarding options for their specimens. Once patients make contact regarding stored specimens, they are advised that they will be contacted within 2 weeks by a laboratory coordinator to discuss individual transfer plans.

Patients who require assistance with care decisions and transfer to Fertility Clinics are being scheduled into an appointment with a transitions nurse within one week. Criteria for patients requiring appointments within 48 hours are outlined for the intake staff and patients needing shorter timeline appointments per the criteria will be booked into urgent appointment slots.

Phone messages left for the transition team are, and will continue to be, returned as quickly as possible. The transition line is staffed with additional resources to ensure quick response times. We are making every attempt to return calls within 24 hours and we apologize for any delays experienced. We thank you for your patience.

Patients who have not been seen in the clinic in the past year, or do not have any gametes stored with AHS, will not have received a letter. We apologize if this has created any anxiety among our previous patients and encourage them to call our transition team to discuss care options.

What is my last day for uninsured treatments?

As each patient has a unique history and circumstances, we ask that you consult with your physician or the transition team to determine the last day you can start your cycle or receive treatment and discuss transition plans.

The last anticipated date for completion of patient cycles is February 28, 2018.

Will I receive help with different costs at other clinics?

AHS will assist individuals with transition costs as they choose new clinics.

Fees for non-insured fertility procedures at the Clinic are currently lower than the privately-operated Fertility Clinic fees. However, AHS regularly reviews fee structures, and the clinic had a fee adjustment scheduled for Spring 2018, at which time the costs would be more in line with

those at the privately-funded Fertility Clinics. Fees are reviewed every 2-3 years; the last fee increase at the clinic was January 2015.

AHS has reviewed compensation for patients requiring transition to a privately-operated Fertility Clinic, and will cover patient costs as outlined below:

1. Frozen Egg, Embryo and Sperm (Gametes)

Transfer of gametes

- Patients are being reassured that they have until the end of February to make decisions about their specimens and beyond February, efforts will continue to be made to connect with patients regarding options for their specimens including transfer or disposal.
- AHS will cover costs to transfer gametes (sperm, embryos, eggs) to the patient's choice of privately-operated fertility clinic within Canada.

Storage of gametes

- Patients who have paid the annual storage fee of \$200 for the next year will be reimbursed as per a pro-rated schedule.
- Once patients make arrangements and pay for their storage at the privately-operated Fertility Clinics, their gametes will be transferred by AHS.

2. Uninsured services at privately-funded fertility clinics

- Most uninsured services cost more at a privately-operated clinic, but AHS will cover the price difference for eligible patients until September 30, 2018.
- If active & current patients require transfer to a private-operated Fertility Clinic to complete their uninsured services, AHS will cover the cost differences for one cycle of their uninsured treatments until September 30, 2018.
- Eligible patients include those who have been seen for an initial consultation before February 28, 2018 but after Nov 1, 2016 by an AHS fertility clinic physician and who have been provided a fee schedule.

3. AHS Fertility Clinic Initial Administrative Fee

- Upon referral to the Clinic, clients pay an initial \$200 administrative fee.
- AHS will reimburse the Clinic's administrative fee (to a max of \$200) to patients who had paid the fee after Nov 1, 2016 and have not completed treatment prior to February 28, 2018.

Non-eligible patients include those who had been referred to the AHS clinic but were not yet seen, and past patients of the Clinic who were seen before Nov 2016. The AHS transition team will work directly with patients to assist with compensation plans as required. If you feel you are eligible for compensation and have not been contacted, please contact our transition team at **780-735-6654** or ahs.fertilityservices@ahs.ca to discuss.

AHS will not reimburse travel costs to those individuals seeking services outside of the Edmonton area as those services are available locally.

Will I lose my place on the wait list when I change clinics?

If you were referred to the Clinic prior to November 2, 2017, you do **NOT** have to start the referral process over. Our Clinic will work with you to transfer your referral to the Fertility Clinic of your choosing.

The Fertility Clinics are aware of the changes at our clinic, and we are collaborating with them to minimize disruption as much as possible. Every attempt is being made to ensure you are seen in a timely way.

Currently, the wait for new patients in PCRM is less than five months compared to wait times of 9-12 months at the AHS Clinic.

Both Alberta Fertility Clinics have increased capacity to accommodate patients resulting from this transition so that wait times do not increase.

What Reproductive Mental Health Supports are in place?

AHS provides mental health support to high-risk fertility patients requiring immediate support. Patients are also presented with the option to access specialized fertility mental health support in the community. We have support available and can provide linkages to connect patients to support in their home communities.

In light of the additional stress related to the transition, we have identified options to provide additional supports for patients.

Every patient who identifies a need for emotional / mental health supports will have access to a mental health counselor, and will be connected with an AHS mental health staff member to set an appointment within one week, if required. These costs will be covered by AHS to a maximum of two hours per patient.

If you are a patient who would benefit from mental health supports during this time, please contact our AHS Fertility Transition Team at **780-735-6654** or ahs.fertilityservices@ahs.ca to access resources.

If you require immediate support, please contact AHS' 24/7 Mental Health line at **1-877-303-2642**.

What happens to my frozen gametes (sperm, eggs, and embryos)?

You have time to make your decision. Our goal is to work with you to make a decision about your frozen gametes prior to February 28, 2018. If for some reason, we have not been able to connect with you about your options, we will continue to make efforts to contact you to discuss.

The Clinic will continue the safe storage of your frozen gametes (eggs, sperm, and embryos) for as long as possible, with safety and legal permission as our guides. Again, every attempt will be made to connect with you about your options.

Your options include transferring your eggs, embryos and/or sperm to a Fertility Clinic of your choice or disposal, should you choose.

AHS will cover costs to transfer frozen gametes to the patient's choice of Fertility Clinic in Edmonton, Calgary, or other Clinic within Canada.

There are regulatory standards that are followed to arrange the safe transport or disposal and we want to assure you that we will follow this process each and every time. FedEx transports the samples using a vehicle approved for medical transport. The samples are moved in dry shippers and the shipping company does all it can to ensure safe transport. There is very low risk involved in gamete transport.

Please contact the Clinic so that we can work with you to facilitate your request for transfer or disposal of your gametes.

We ask that you contact our clinic transition coordinating team to let us know your choice.

When a patient transfers gametes to private clinics, what happens to the patient file?

Patient charts do not follow gametes unless patients also request to transition their fertility care to a Fertility Clinic.

If a patient who has gametes transferred to a Fertility Clinic chooses to seek fertility services in the future, she can request that her chart be sent to the Fertility Clinic. Patient charts are held by AHS for 11 years.

Is there a cost to copy or transfer patient files?

AHS will cover the cost to copy and transfer patient files to a Fertility Clinic. If additional copies of the file are requested for personal use, the patient will be required to pay for the extra copies.

Are private Non-Hospital Surgical Facility Fertility Clinics regulated?

Fertility Clinics outside of hospitals do have very high regulatory standards to ensure safe delivery of quality care. Fertility Clinics are accredited by the College of Physicians and Surgeons of Alberta, under *Alberta's Health Professions Act*.

Can I see my own doctor at the Fertility Clinic in Edmonton?

Dr. Daniel and Dr. Griffiths moved from the Clinic to PCRM. If you wish, your health record can be relocated to PCRM and ongoing care provided. Their last day at the Clinic was December 15, 2017.

Dr. Sagle is also providing fertility services at PCRM, effective February 1, 2018. She will continue to provide funded endocrinology care for patients in the AHS Clinic. If you wish to continue to receive fertility services from Dr. Sagle, the transition team will facilitate your transition to PCRM.

The remaining physicians in the Clinic will continue to provide insured services. We are working with each patient to review their individual care plans and assist with their transition as necessary to a Fertility Clinic of their choosing.

Will there continue to be opportunities for fertility teaching and research?

Future physicians and healthcare providers will continue to have the opportunity to learn within working Fertility Clinics.

The Clinic will continue to host learners. In addition, the Fertility Clinics in Alberta support research as well as medical student and resident learners – PCRM has an academic agreement with the University of Alberta, and Calgary's Regional Fertility Program has an academic agreement with the University of Calgary.

Regional Fertility and Women’s Endocrine Clinic Contact numbers:

AHS Fertility Clinic: ahs.fertilityservices@ahs.ca

AHS Fertility Transition Team: 780-735-6654

AHS 24/7 Mental Health line: 1-877-303-2642

Definition of Terms in FAQ

AHS: Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than four million adults and children living in Alberta. Its mission is to provide a patient-focused, quality health system that is accessible and sustainable for all Albertans.

AH: Alberta Health is the ministry within the Government of Alberta that sets policy, legislation and standards for the health system in Alberta. The ministry allocates health funding and administers provincial programs such as the Alberta Health Care Insurance Plan.

Active Patient: Patients who have had appointments within the clinic within the past year (since November 1, 2016)

Non-Active Patient: Patients who have been referred to the clinic and not yet seen, or patients of the clinic who have not been seen within the past year (last seen prior to November 2016)

Eligible Patient (fertility treatment cost compensation during transition): Eligible patients include those who have been seen for an initial consultation prior to February 28, 2018 but after Nov 1, 2016 an AHS fertility clinic physician and who have been provided a fee schedule.

Non-Eligible patient (fertility treatment cost compensation during transition): Non-eligible patients include those who had been referred to the AHS Fertility Clinic but not yet seen, and past patients of the clinic last seen prior to Nov 2016.

Gametes: Eggs, embryos and/or sperm

Insured fertility services: Fertility services covered by Alberta Health Care, including diagnostics to determine the causes of infertility.

Uninsured fertility services: Fertility services not covered by Alberta Health Care, including in vitro fertilization and intrauterine insemination.

Fertility Clinics: Operating outside of AHS, the privately-operated fertility clinics adhere to the same regulations and accreditation standards as a Non-Hospital Surgical Facility Fertility Clinic. Fertility Clinics provide both insured and uninsured fertility services.