The Road to Success is Always Under Construction

(Lily Tomlin)

Karen Burns, MD MS, Oncology
Julie Sroga Rios, MD, REI
Co-Directors, Comprehensive Fertility Care and Preservation Program
Disclosure

- Nothing to disclose
The early days

- Started with two physicians
- Incorporated NPs, RNs
  - Everyone cross covered
- Limited opportunities for fertility preservation
  - Sperm cryopreservation, embryo cryopreservation
  - No established relationship with REI
- Confusion about who should refer resulting in inequality, missed opportunities
- Difficulty with buy-in from oncology team
- Difficulty delivering on what we offered
  - OTC 2012
- No capacity for data monitoring, QI
- Regroup in 2013
Comprehensive Fertility Care and Preservation Program

• Multidisciplinary
  – Onc, PAG, urology, navigator, REI, endocrinology, path, ethics, research/data coordinator, program coordinator
    • Leadership team
      – Social work, psychology
• Reassigned roles
  – Team approach
  – Allowed everyone to do what they do best
• Expanded fertility preservation options
  – Formalized relationship with UC REI
  – Ovarian tissue cryopreservation
    • Streamlined process
  – Testicular tissue cryopreservation
• Created our operational definition

You can do anything but you can’t do everything

Freeart.com
Operational definition

• Complete fertility consultation on >90% of all patients seen in CBDI, regardless of risk of gonadotoxicity from planned therapy
• Accepted exclusions from consultation
  – Surgery only
  – Observation only
  – Palliative treatment
  – Second opinion/Consult only
  – Previous fertility consult completed
    • without change in infertility risk
  – Family declines fertility consultation
Why is requesting a fertility consult a problem?

• Worked with oncology to build communication and trust
  – Oncologist on the fertility team
    • Stressed communication BEFORE the patient interaction
  – Who do you want to see and what can you do?
    • ASCO guidelines, Oncology leadership, US News
    • Share the WHY
      – Operational definition
      – Education sessions about what we can do and how
  – How am I supposed to remember to do this?
    • Showed up at every meeting
    • Care managers involved
    • Multiple ways to contact

• Start small, aim high, keep growing
QI: You can’t know how to improve if you don’t know what you’re doing

- EMR templated notes to track consults
- CFCPPP database
  - Excel spreadsheet
  - IRB approved REDCap database
- Anderson Center
  - Initial data, monthly reviews
    - Reported at CFCPPP and AYA meetings
    - Reviewed failures and shared success
  - Proton project
  - Off therapy/Survivorship project

![Graph showing Consults Completed from 2013 to 2019](image)
Patient and family engagement

THE CONSULT
New patient presents
Primary team consults

Oncofertility Oncologist on call discusses plan and timeline with primary team
Estimates risk of gonadotoxicity

Gynecology/Urology sees patient
Consult documented in Epic and CFCPP database
Partnering to incorporate technology

Cincinnatichildrens.org/fertility-videos

MyChart
Get Well Network
Creating our financial plan

THE BUSINESS
What did it take to get here?

- Passion and Collaboration
- Divisional → Departmental → Institutional buy in
- Hospital seed funding, institutional partnerships
- Institutional, Regional, National visibility
- Make doing the right thing for patients, families easy
CFCPP Program Development

Program Re-Group
- Oncology & Gynecology
- Oncology and Gynecology Faculty doing consults and risk assessments in clinical/academic time
- Divisional support to faculty
- FN Started as GYN nurse, without defined time devoted exclusively to Fertility

Full-Time FN
- FN 0.8 FTE protected fertility
- Institutional financial support
- BMT list emailed to OFC
- Visual Decision aids created and tested
- CRC at 0.5 FTE started
- Divisional financial support

Team growth
- Male consults completed by urology team
- Additional CRC added to team 0.5 FTE (1.0 total)
- CFCPP Program Coordinator added 0.5 FTE
- Funded by Institutional Grant

Moving into the future
- Off-therapy and survivorship projects
- Continue to applying for research funding
- CRC total FTE at 1.2
- FN FTE increased to 1.2
- Funding by Institutional Grant & Support

Part-time OFC
- FN – 0.4 FTE
- Divisional financial support
- FN began attending weekly team meetings
- Fertility Consult email system implemented with team education

Sustained Model
- Team stable during this time
- Live Well Videos created
- Institutional Grant Awarded

Expanding Opportunities
- Fertility & Survivorship clinics
- Proton Patient QI projects
- Outpatient billing
- Outside referrals for OTC and TTC
- Redcap database implemented
- Clinical Research
- Institutional Grant Support Continues

### Volume and Investment History

#### Staffing Support Additions
- Fertility Navigator (RN) – 2014
- QIC and Data Mgt Support – 2014
- Program Coordinator – 2017
- Clinical Research Coordinators – 2017

#### Funding Sources
- Hospital Start Up Funding for New Programs
- Donors
- Partnering Practices
- Divisional Billing and Collections

### Patient Volumes: Consults and Surgeries

<table>
<thead>
<tr>
<th>Year</th>
<th>Fertility Consults</th>
<th># of Patients Eligible for Consult</th>
<th>Percent Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>28</td>
<td>35</td>
<td>80.0%</td>
</tr>
<tr>
<td>2014</td>
<td>116</td>
<td>139</td>
<td>83.5%</td>
</tr>
<tr>
<td>2015</td>
<td>231</td>
<td>243</td>
<td>95.1%</td>
</tr>
<tr>
<td>2016</td>
<td>202</td>
<td>203</td>
<td>99.5%</td>
</tr>
<tr>
<td>2017</td>
<td>175</td>
<td>189</td>
<td>92.5%</td>
</tr>
<tr>
<td>2018</td>
<td>250</td>
<td>253</td>
<td>98.8%</td>
</tr>
<tr>
<td>Totals</td>
<td>1,002</td>
<td>1062</td>
<td>94.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Total OTC’s</th>
<th>Total TTC’s</th>
<th>Referred to CCHMC</th>
<th>Surgical Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>7</td>
<td>--</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>2014</td>
<td>12</td>
<td>--</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>2015</td>
<td>24</td>
<td>--</td>
<td>2</td>
<td>24</td>
</tr>
<tr>
<td>2016</td>
<td>17</td>
<td>--</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>2017</td>
<td>20</td>
<td>12</td>
<td>5</td>
<td>32</td>
</tr>
<tr>
<td>2018</td>
<td>28</td>
<td>12</td>
<td>7</td>
<td>40</td>
</tr>
<tr>
<td>Totals</td>
<td>108</td>
<td>32</td>
<td>15</td>
<td>140</td>
</tr>
</tbody>
</table>
First and foremost: **Tell a compelling story**

- Know your audience
- Know your key stakeholders
- Understand their motivations, anticipate their barriers
- Come with a prototype (patient story)
- Identify and highlight early wins
• Unlike most typical business plans, fertility programs are driven by purpose before profit
  
  But eventually, you’ll still need to develop a sustainable business plan
Using Data Management and Quality Improvement in your Business Plan

• Why you should track your data
  – Improve patient care
  – Support research endeavors
  – Celebrate your team!
  – And…

Money
## Why Tracking your Data Matters: Clinical Productivity

<table>
<thead>
<tr>
<th></th>
<th>Number of Patients that had a Fertility Preservation Option</th>
<th>Number of Patients Electing Fertility Preservation</th>
<th>Percentage of Patients Electing Fertility Preservation</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Infertility Risk Categories</td>
<td>618</td>
<td>234</td>
<td>37.9%</td>
</tr>
<tr>
<td>High Risk to Infertility</td>
<td>393</td>
<td>174</td>
<td>44.3%</td>
</tr>
</tbody>
</table>
Why Tracking your Data Matters: Clinical Productivity

Patients Evaluated for Fertility Consult

- New Patients
- Patients Eligible for Consult
- Consult Completed

Yearly Breakdown:
- 2013: 65
- 2014: 35
- 2015: 28
- 2016: 65
- 2017: 35
- 2018: 139
- 2019: 451
Why Tracking your Data Matters: Clinical Productivity

Ovarian Tissue Cryopreservation Procedures at CCHMC

- CCHMC patients
- Outside referral 2015
- Outside referral 2016
- Outside referral 2017
- Outside referral 2018
- Outside referral 2019

Testicular Tissue Cryopreservation Procedures at CCHMC

- CCHMC patients
- Outside referral 2015
- Outside referral 2016
- Outside referral 2017
- Outside referral 2018
- Outside referral 2019

Tissue Cryopreservation
Why Tracking your Data Matters: Clinical Productivity

Outpatient Gyn/Fertility Visits

- Hoefgen
- Breech
- Rios T/R CBDI
- JR C2
- JR Liberty
- JR Monday CBDI
Items to consider when developing your business plan:

• Get comfortable with a different kind of business case: most of the financial value is indirect.
  – Setting realistic expectations and definitions of success here is crucial.

• Use your initial wins to tell your ‘proof of concept’ story, then shamelessly promote

• Build a budget for incremental investments that parallel growth metrics

• Sustainability: Capture downstream revenue impact, then connect revenue/benefit with expense/cost
Future directions …

- Expanding our reach
  - Turner population, Nephrology, Rheumatology
- Increasing outside referrals
- Fundraising through development
- Basic science research
- Off therapy and survivorship
Shout out to our team past and present…
Questions?

“Always be worth just a little bit more than the trouble you make”

-Prof. Joel Schwartz, HBS
Fertility Preservation Procedures

- Embryo/Oocyte Cryopreservation
- Ovarian Tissue Cryopreservation
- Sperm Cryopreservation
- Testicular Tissue Cryopreservation

Years:
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019 to date

Cincinnati Children’s
changing the outcome together
The Consult

- Primary Team
  - Care Manager

- Oncology/BMT
  - Gynecology
  - REI
  - Urology
  - Endocrinology

- Ethics
- Social Work
- Psychology

- Research Coordinators
  - Surgery
  - Pathology

Navigator