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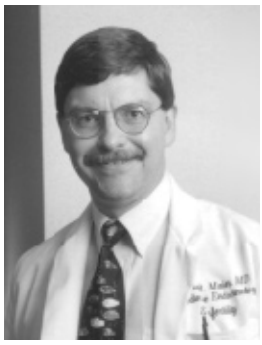

More Evidence That Referring Your Patients to a Specialist Sooner Is Best For You, Too

By Donald B. Maier, M.D.

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A question that causes disagreement between ob/gyns and reproductive endocrinologists is that of when to refer patients to the RE. In truth, there is no one correct answer. But evidence continues to show that the sooner you refer patients to a specialist for treatment, the more likely they are to come back to you for follow-up care.

At the recent annual meeting of the American Society for Reproductive Medicine, it was agreed that "the sooner an ob/gyn refers a pateint to an infertility specialist, the sooner she comes back pregnant and happy." I agree with this statement and add that it is our collective goal to best serve the patient – and, therefore, provide continuity of care. In doing so, it is best for the patient, depending on their particular circumstances, to provide infertility treatment as early as possible, enhancing their chances of success with treatment. Then, they can be sent right back to the obstetrician who referred them.

For a specific couple, the best time will depend on their particular circumstances, and also the interests and skills of both the referring ob/gyn and the infertility specialist. Certain areas that should be considered in making that decision might include:

- the couple's insurance
- obvious serious infertility factors
- potential male factors
- tubal factors
- the number of cycles of treatment
- the interest of the referring physician

A recent study designed to determine whether prolonged, unsuccessful infertility management by general ob/gyns influenced whether a patient was willing to return to her referring physician backed up the findings mentioned above. In the study, consecutive patients who attended a specific clinic between Jan. 1, 2003, and March 1, 2004, were included if they had appropriate data on their referring and discharge obstetricians, years of infertility, and prior usage and number of cycles of clomiphene citrate (CC). A total of 309 patients met this criteria. The mean duration of their infertility was 1.6 years, with a range of 0.2-12 years.

In the end, a majority of patients returned to their referring obstetricians, but patients who had been trying to conceive for 1 year or less were far more likely to make this decision than were patients who had been trying for more than 1 year. Among patients who had been trying to conceive for less than 6 months, nearly 80% returned to their referring obstetricians, along with 70% of those who had been trying to conceive for between 6 months and a year.

But fewer than 40% of those who had been trying for more than a year returned to their referring physicians.

The decision was also strongly influenced by a patient's experience with CC. One-quarter of the patients had undergone preliminary treatment with CC under the care of their referring obstetricians. Patients who received no CC treatment and those who had undergone one to four cycles of CC treatment were equally likely

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to return to their referring physicians (55% and 54%, respectively). But there was a significant difference in this decision among patients who had undergone more than four cycles of CC, with only 25% returning to their physicians.

From my own experience here at The Center, this all rings true. Time and time again we see patients who can not believe they had wasted so much time and should have come to us sooner. The relationship and the communication between the ob/gyn and the RE is so important, even before the patient is referred. To provide the best care for your patients, we encourage you to consult with us if there are issues after a certain number of months and we can talk about when the patient should be referred.

As you know, patients need a physician who is interested in their problem and is willing to give them sufficient time and attention, with their best interests at heart. They are much more likely to return for obstetrical care if they are referred out while they have a good relationship with you, and are less likely to return if they feel their care is being prolonged and unsuccessful.

I would be interested in hearing from you about your thoughts on this important question. Please feel free to contact me via e-mail at maier@nso1.uchc.edu or by snail mail at the address on the front.