

Conceiving a new idea: fertile grounds for large-scale in vitro fertilization mergers



In the United States and abroad, mergers of healthcare organizations are increasingly common and have long been expected to impact healthcare quality measures (1). Mergers vary in type, structure, and size and, therefore, beg the question of not if, but how, they influence patient care. A meta-analysis of internationally studied mergers by Mariani et al. (1) found that medical service consolidation could improve some aspects of quality of care, including increased access to surgical procedures, increased mobility of resources, and decreased in-hospital mortality. There are also concerns that mergers may eliminate competition, increase prices, worsen patient experiences, and strain workforces (1). Much of the literature focuses on economic sequelae of healthcare mergers and predominantly examines inpatient hospital metrics as measures of change. The exact effects remain debated (2).

In this issue of *Fertility and Sterility*, Heyward et al. (3) set out to examine the relationship between mergers and patient outcomes and experience in the outpatient reproductive medicine setting. By examining the before and after metrics of reproductive outcomes and patient satisfaction at two large-scale outpatient fertility centers in the United States, they sought to understand the effects of consolidation in this setting (3).

By studying the before and after metrics of clinics A and B, which collectively became clinic M, Heyward et al. (3) concluded that clinic M had either similar, if not higher, chances of a live birth than clinics A and B, respectively. They also studied patient satisfaction with the care provided at each clinic before and after the merger, concluding that the resulting merged clinic had a satisfaction score between those of clinic A and B (3). As a result, the study argues that despite concerns for outcomes and patient care metrics due to mergers, overall, the quality of care improved for patients (3).

This study well characterizes some of the most common concerns voiced by providers and patients when healthcare mergers are proposed and attempts to assuage those fears. It prompts providers to examine their perceptions of mergers as inherently bad or good by presenting overall positive or neutral effects in this setting.

Although this clinic merge was all in all positive, these findings should be regarded with cautious optimism. What

works for one clinic or patient population does not necessarily work in all settings. In addition, other components of mergers, including the physical setting, provider availability, presence/absence of in vitro fertilization insurance mandates, and laboratory resources, may vary significantly. Although this study adequately characterizes the baseline characteristics of the patient population, it minimally details the changes, if any, to the clinic workflow or embryology laboratory setup and design. The magnitude and type of changes that affect these conditions likely play a significant role in impacting the dependent variables of patient outcomes and satisfaction.

Overall, this study writes a reassuring story for clinics proposing large-scale mergers. Through a sample size of one successful merger in the outpatient reproductive endocrinology setting, we can be optimistic that mergers do not imply worsening patient satisfaction or outcomes. The question remains whether mergers are capable of success in all settings. A further evaluation of merger-induced changes and of clinic characteristics that are most amenable to mergers is needed to ensure that patients and clinics are both benefiting.

CRedit Authorship Contribution Statement

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Declaration of Interests

A.F. has nothing to disclose. M.B.E. has nothing to disclose.

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