

Medical Travel & Digital Health News

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Spotlight Interview: David Adamson, MD, Founder and CEO, ARC Fertility

[General](#) [International](#) [Spotlight](#) by *Editor* - June 4, 2024



About David Adamson, MD, Founder and CEO

David Adamson is a consulting reproductive endocrinologist and surgeon, Medical Director of Equal3 Fertility, Clinical Professor ACF at Stanford University, and Associate Clinical Professor at UCSF. He is Past President of the ASRM, SART, AAGL, the Committee on Reproductive Medicine for FIGO and several other major gynecological societies. He is Chair of the International Committee Monitoring ART, President of the World Endometriosis Research Foundation and ex officio Board member of the IFFS. He is a member of many prestigious professional societies and has been a board member and advisor to government, industry, professional and patient organizations. He has over 300 peer-reviewed and other scientific/medical publications, and has lectured extensively nationally and internationally on assisted reproductive technologies, endometriosis, reproductive surgery and infertility, standards of care, cost-effective outcomes, equity and access. Dr. Adamson led the committee that created The FIGO Fertility Toolbox and the organization that created the global Endometriosis Phenome and Biobanking Harmonization Project (EPHect), and he created the Endometriosis Fertility Index, all electronic tools used globally to improve health care for reproductive age women.

He is Founder, Chairman and Chief Executive Officer of Advanced Reproductive Care (ARC Fertility), the largest United States network fertility company. He has been recognized as one of the best 400 physicians for women in America and received the Outstanding Achievement in Medicine award from the Santa Clara County Medical Society, a Certificate of Special Congressional Recognition for contributions to the community, Distinguished Surgeon award from the Society of Reproductive Surgeons, Honorary Life Membership from the Canadian Association of Internes and Residents, the Barbara Eck Founders Award from RESOLVE, several honorary memberships and professorships, and the ASRM Distinguished Service award for his outstanding achievements in advancing the practice of reproductive medicine. Dr. Adamson has been honored with the CEO of the Year Award by [CEO Monthly](#).



About ARC® Fertility

ARC® Fertility was founded in 1997 from its founder's passion to increase access to affordable, high-quality reproductive care for everyone. We are accomplishing our mission through our national network of top-tier fertility clinics and with the help of brokers and employers. ARC physicians deliver high-value fertility and family-forming employer benefits through evidence-based treatment packages and financing directly to patients. ARC Fertility has helped tens of thousands of people create the family of their dreams. <https://www.arcfertility.com/>

Medical Travel & Digital Health News (MTDHN): Tell us about your background and how you got started with ARC Fertility.

David Adamson (DA): I am a reproductive endocrinologist and surgeon, and my life work as a physician has been to help people form families. I am passionate about and have been committed to increased access to quality fertility care because families are so important to people.

I was doing this in my practice, trying to help patients one at a time and realized that there were three major challenges people faced when trying to receive the care they needed to form families. The first challenge was money. The fertility treatments they needed were not affordable.

The second major issue was the emotional and cultural challenges around fertility care that prevented many people from getting into or continuing with fertility care.

Finally, the third challenge was the lack of education and awareness. When we first started ARC Fertility, we saw that there was a lack of social awareness around infertility.

These three challenges around affordability, emotional and cultural burdens and lack of awareness were the reasons why we founded ARC Fertility in 1997 to address these issues.

MTDHN: What is the significance of incorporating affordable family forming benefits into employer packages? How does this contribute to employee well-being and organizational success?

DA: The importance of integrating family forming benefits into employer packages lies in the profound significance families hold for individuals. If you asked a room full of people if family is the most important aspect of their lives, a majority of them would say, “Yes!”

A significant statistic to consider is that **one out of six** individuals who aspire to start a family may encounter challenges in doing so at some stage in their lives. This is a very large number of people which does not take into the account additional single women and men as well as those in the LGBTQ+ and other communities who want to form families and may need fertility care to do so. Therefore, when you look at the broader scope, it is evident that a significant number of people, about one out of four, are affected by challenges of starting a family when they want.

In addition, the inability to form a family poses a huge burden, both emotionally and socially, and significantly impacts people’s lives. The number one challenge individuals face in getting the care they need is the lack of affordability, which is most notable in the U.S. but in other countries, as well. Given that much of healthcare in the US is provided through employers, it is pivotal for employers to alleviate this burden by investing in their employees and implementing family-forming benefits.

Addressing this challenge is crucial, especially for employers, as it enhances overall employee well-being and performance at work. Not only does the lack of employer support affect employee work performances but **studies have also shown** that talented employees who may be going through infertility and want to receive care, but do not have that benefit in their package to do so, will leave the company. Therefore, it is in an employer’s best interest to provide this benefit to foster employee productivity as well as aid in talent retention and attraction.

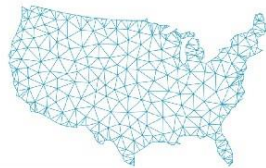
Further, integrating family-forming benefits into employer packages aligns with goals related to diversity, equity and inclusion (DEI) and addresses social determinants of health (SDoH). This creates an equitable environment, building company culture and contributing to organizational success.

Despite concerns about costs, surveys have shown the addition of these benefits does not significantly increase the cost of the healthcare plan.

ARC Fertility Employer Benefits Reduce Costs

WE'RE HERE FOR YOU

With 250+ locations performing 57,000 cycles annually in the U.S., ARC Fertility has a nationwide network of award-winning Centers of Excellence, offering employees access to industry-leading fertility treatments and family-forming benefits.



FEWER MULTIPLE BIRTHS

than non-ARC clinics -- decreasing health plan cost and benefitting patients and employers.

ARC Beating the Average:

ARC clinics achieve **20% lower** twin rates now naturally occurring industry average, contributing to a healthier and more cost-effective reproductive care strategy.



BY THE NUMBERS

UP TO
78%

lower multiple birth rates
when IVF benefits are provided.

\$112K

cost **savings to employers** for each twin pregnancy that does not occur.

\$22.7M
SAVED

ARC Fertility Network Member clinics **saved employers \$22,693,000 in a single year.**

ARC Fertility's mission for 25+ years:

Improve reproductive health and well-being by increasing employee access to quality, cost-effective fertility care. For more information on how ARC's employer program saves you money, visit www.arcfertility.com/for-employers.



MTDHN: Can you explain how ARC's evidence-based package care approach works and how it benefits both employers and employees?

DA: First, it is important to recognize the role of skilled and experienced doctors in delivering quality healthcare.

ARC Fertility's network of physicians is made up of doctors who have undergone vigorous vetting to ensure that they are board-certified and highly skilled. They are committed to practicing evidence-based medicine which includes keeping up with the latest scientific advances as well as providing care that is not only clinically effective but also cost-efficient.

In addition, we ensure that every patient's journey is respected and supported as the process looks different for each person. ARC offers personal concierge care navigation dedicated to providing the most relevant and tailored support for each individual and couple in the family-forming journey.

The ARC umbrella of care supports patients with best-in-class resources and tools on education, treatment management and stress reduction. Our Concierge Care Navigators help every patient navigate through their own family-forming journey.

By prioritizing evidence-based care, ARC ensures improved patient outcomes and a smoother journey towards achieving family goals.

This creates a win-win situation for both employers and employees.

Employees receive quality and cost-efficient healthcare and experience a more positive overall experience through personalized support and guidance — starting from preconception through fertility/family planning, pregnancy and return to work.

This, in turn, benefits employers with healthier and happier employees as well as achieving cost savings while still providing comprehensive benefits to their employees.

ARC's Family-Forming Benefit Program is Life-Changing for Employees

Family-Forming Benefits Change Lives and Improve Employee Engagement

2-3x less like to miss time from work due to infertility.

1.5x greater feeling of work satisfaction and employer cared about their well-being.

1.5x more likely to recommend their employer as a great place to work.

2.5x more likely to think their employer listens to their needs.

2x believe their employer is more family friendly.



"ARC provided a customized fertility benefit without the huge price tag to meet the company's and employee's needs. We value our employees and their families."
-- Self-Insured Employer/4,600 Employees

OVER 80% OF MILLENNIALS AND LGBTQ+ ARE INTENT ON STARTING A FAMILY AND ARC CAN HELP



ARC Fertility's mission for 26+ years:
Improve reproductive health and well-being by increasing employee access to quality, cost-effective fertility care. For more information on how ARC's employer program saves you money, visit www.arcfertility.com/for-employers.



MTDHN: Accessibility is a key consideration when implementing family-forming benefits. How does ARC ensure that benefit packages are inclusive and accessible to all employees, regardless of their economic or social status?

DA: The issue around equity is a huge problem. Many people in the health system have health benefits but still face significant out-of-pocket costs, such as high deductibles, and are unable to access the care they need.

It's important to recognize the significant financial dissonance in our healthcare system and that affordability is the number one barrier to access. What we believe is important in increasing accessibility is optimizing the number of people who can get access to care. We do this by providing financial plans directly to the patients, leveraging direct-to-consumer lending with unsecured loans from multiple lenders.

Our only goal is to get the best possible loan for each employee.

The reality is, most employers want to do the right thing for their employees, but there are real financial constraints and budget limitations. That is why we offer flexible subsidy options where companies can put in subsidies as low as \$5,000.

These options are tailored to the employer's financial capacity. Whether the amount is \$20,000 or more for larger companies or a more moderate contribution for smaller companies, our goal remains the same: optimize access by optimizing affordability through flexible and tailored plans for both employers and employees.

Our unique program enables employers to pay for services only when they are used. One single low implementation fee gives all members unlimited access to the digital program and to one-to-one personal navigation. Since only approximately 1% of employees will actually use the reproductive medical care benefit each year, the employer will only have to pay for that care when it is received, minimizing costs while maximizing and benefiting from the return on investment.

MTDHN: Could you give us some perspective on the regulatory environment, particularly the recent ruling in Alabama?

DA: The news of the Alabama ruling, while it is incredibly disappointing to see, is unfortunately not the first or only time this has happened. It reflects broader issues surrounding gender equity and reproductive rights, for both men and women, and the challenges individuals face in accessing comprehensive reproductive healthcare.

This ruling resonates nationally and globally and it is important to acknowledge that different societies have sociological, cultural and/or religious perspectives about reproduction and how life does or doesn't begin. While I respect everyone's right to an opinion, I do not believe that one person's value system, whatever it may be based upon, should be utilized in such a way that interferes with, restricts and removes the reproductive rights and choices of others.

It is difficult to see how forming families is considered harmful to society and reproductive healthcare. Fertility care/in vitro fertilization (IVF) is all about helping people have families. So, the reality of this is that the Alabama ruling not only impacts women, but it also highlights a broader issue of gender equity in reproductive medicine and impacts individuals in different communities, such as the LGBTQ+ community or people of various marital statuses. We have dealt with this for a long time and are working hard to overcome these social injustices.

Again, this is not the first time with this kind of ruling. There are many countries that have restrictions and prohibitions on reproduction in various ways. And there are many inequities with respect to marriage, taxation systems and the benefits that are and are not provided to children. Fortunately, people are

recognizing the importance of family-forming and ARC is working towards addressing these inequities and expanding our network to provide more coverage for fertility care.

ARC Fertility stands for reproductive freedom and individual rights, advocating for every person's right to build their family, including through IVF.

MTDHN: What is ARC's FertilityNow app?

DA: Today, we have a society that lives digitally and mobile devices serve as a primary source of information which makes it crucial that we reach people in a digital fashion.

As I mentioned earlier, one of the main reasons people don't have access to care is the lack of education and awareness. Some may be misinformed or believe myths about reproduction. Thus, one of the beauties of the digital world is that you can reach many people with factual information which we know is no trivial exercise these days.

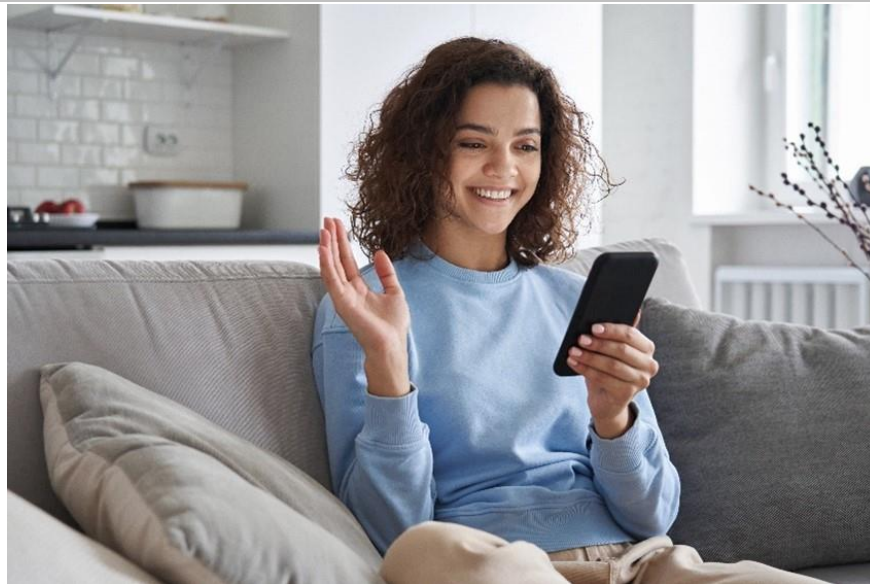
Our FertilityNow app is set up so that we can reach a large number of people and empower users with knowledge about reproductive health and options. We offer general FAQs, but we also provide individualized and personalized information tailored to individuals' unique reproductive health needs and journeys.

We also offer a range of topics such as information on family planning, safe sex practices, how to protect and improve your reproductive health, potential reproductive health conditions, such as endometriosis, and many more topics to help users to make informed decisions.

The app also has different sections that address the various stages of the fertility journey — from simple treatments to more complex treatments, including donor sperm, egg and embryo donation, embryo freezing, surrogacy and adoption. Another section is dedicated to addressing emotional health, which is paramount in the journey. We set up questionnaires to get an idea of where the user stands emotionally and provide resources to help them in that component. The information is evidence-based but written in a way that is easy for the general public to understand.

It's very comprehensive and we're confident that it provides a great experience for all types of people (women, men and those in the LGBTQ+ community) to come into the program.

Lastly, I'd like to mention that the app also leads directly to one-on-one personal navigation services. This is critical because, as wonderful as the FAQs and resources are, users might still be unsure what the next steps look like for them. So, users can reach us via text, phone call or email to set up an appointment with us and talk to a navigator who will help guide them based on what their individual needs are.



MTDHN: Can you give some insights into male infertility?

DA: Absolutely. Male infertility is a huge problem with about 50% of infertility cases in heterosexual couples the result of a significant contribution of the male. Generally, quality of the sperm is often the primary concern but other factors such as erectile dysfunction or congenital abnormalities can also contribute to male infertility.

One of the initial challenges is dispelling the social construct and belief that fertility problems are solely a woman's issue.

The second issue is that men are reluctant to discuss infertility – it's not something they tend to do. However, it is very important for them to become more involved in the discussion around reproduction. While women carry a greater biological burden in reproduction, men also need to carry the burden of providing emotional support as well as investing their time and money.

I want to emphasize the importance of emotional support for men dealing with infertility challenges. Feelings of shame, denial and anger are normal reactions, and they need to learn how to deal with this as well as learn how to help their spouse deal with it. Fostering open communication and providing resources for emotional support can ultimately help men to better navigate the emotional struggles.

We need to do a lot more to increase male infertility awareness not just in the U.S. but also internationally and help people understand and accept an expanded role for men in reproduction, beyond just their biologic role.

MTDHN: Since the workforce is primarily made up of men, what is your perspective on male infertility from an employer viewpoint?

DA: One of the things we commonly hear when we talk to an employer is that 50-60% of their workforce are men and they don't think that family-forming benefits are going to matter much. Again, they have this misconception that fertility issues are solely a woman's problem which is untrue.

Employers must know that if a male employee is having infertility issues, whether personally or in supporting his wife, it will affect his job performance and lead to emotional stress, time off work for medical appointments or to support their wife and a decrease in productivity.

Another issue that employers raise is that they have an older population, and these benefits don't matter to them. However, even though the older employees may not participate, their sons, daughters or other younger family members might be affected by infertility.

It's important to understand that family-forming involves everybody, not just reproductive-age women.

MTDHN: What is the responsibility of those who influence decisions at the employer level, such as third-party administrators, brokers, intermediaries and benefits consultants? Do they have a responsibility to bring this message to their clients?

DA: I recently co-authored a paper published a few months ago discussing [fertility care on a global basis](#) but is also applicable to the U.S. This paper addressed in detail the rapidly decreasing total fertility rate in the US and globally and that no species can survive without reproduction. The declining total fertility rate in almost all developed nations, coupled with its economic impact on talent retention and recruitment, underscores the urgency for action.

The problem will only get worse, and the total fertility rate will not increase in our lifetime. This means that people in society, including politicians, policymakers, employers, brokers and advisors, must recognize that we have a major problem with our population numbers. For the last 60 years, many people worried about overpopulation. However, that is not the problem anymore and there is a societal need and obligation to address this issue now.

I understand that providing fertility care will not solve all problems nor would I suggest that it is the only solution to the problem. There must be better benefits for women who are pregnant and giving birth. We must support everyone who wants to have children with pro-family policies that are both socially and economically supportive. We estimate that if we had outstanding benefits that met every need in the family-forming journey, we could most likely see about a 7-8% increase in the total fertility rate and babies born each year,

That is why it is important for key decision-makers to realize that by addressing this need, we are not helping only one single person. Besides helping to improve company culture, addressing SDoH, improving talent retention and recruitment and increasing productivity, we are also helping to address a real issue in society of gender inequity and social injustice around family-forming.

By bringing in this simple program called family-forming benefits, you will be helping everyone who wants to form a family but is unable to do so without help. This program can be implemented in a way that is extremely affordable, providing patients with quality care while saving money.

From my perspective, there's a clear imperative for collaboration to drive solutions that not only improve family-forming care for employees but also address companies' talent retention and recruitment goals and broader societal challenges.