

AUA Inside Tract Podcast Transcript
Episode 112

Voices of Urology: COVID-19 in Alabama with Dr. Lorie Fleck

Host: In late March, Alabama Governor, Kay Ivey, closed non-essential businesses across the state and suspended non-urgent and elective surgeries and procedures. The States stay-at-home order expired on April 30th and it's been replaced with a safer-at-home directive as Alabama begins to reopen. Today we're speaking with Alabama urologist, Dr. Lorie Fleck. Welcome, Dr. Fleck. And please tell us about the COVID-19 situation in Alabama and how it's impacted your practice.

Dr. Fleck: Well, thank you for having me today. I appreciate it very much. I appreciate the opportunity to share our experiences here in Alabama. The COVID situation here in Alabama has been behind the larger cities and we did have the advantage of watching what happened out in Seattle, Washington and in New York and we've had some forewarning. So we were able to prepare for this, I think, better and more easily than some of the larger cities. In Alabama right now, there's about 9,000 COVID cases. We've had about 370 deaths. And in Mobile County where I practice, we've had 78 deaths, about 1,300 cases. So we're steady right now. We're not declining as far as cases go in Alabama. We had a stay-at-home order issued by our governor in early April that expired at the end of April and now we have a safer-at-home order.

Our practice has been impacted primarily because we've had to change the way we practice medicine. Starting in mid-March, actually several weeks before the governor issued the stay-at-home order, we changed the way our practice works. We have three full-time urologists in our university based practice and we made the decision to eliminate elective surgery and eliminate elective office visits starting in mid-March. And we began rotating our physicians. We had one physician in the office full time, one in the hospital full time, and one quarantined, and we would rotate in order to keep a healthy person available to cover emergencies.

But we've really made the effort to limit any elective cases starting toward the mid-March. Obviously that affects financial situations and thankfully I am part of a university system so it's a bigger system. I don't have to pay every single bill that comes in, but the primary goal was to protect our patients and our staff. We started back doing elective surgeries, and I know we'll talk more about that later, but we did start back on that in April and we've opened back up our office. We did telehealth for a while. We were always open for urgent cases. If there was a patient that needed any emergent...or urgent urologic procedure, we

opened our office to them and the hospital, but we eliminated all of the elective things starting in mid-March. We're using PPE continuously. We've not had a significant shortage. We've been able to get what we need the whole time for our office and hospital, which has been a great blessing for us. But we're using masks, gloves, I think much more attention to detail for antiviral procedures than we had before this.

Host: And you practice both adult and pediatric urology. So tell us about how the pandemic has impacted the two different sides of your practice.

Dr. Fleck: Well, and we do. We have a limited pediatric practice, but we do practice both adult and pediatric urology. Really, the pediatric urology has completely dried up. We've had no elective pediatric patients coming in. We've had a couple of urgent things happen at our children's hospital, and of course, we've covered those. But the adult population continues to have the same problems that adult urology patients always have, urinary retention, obstructing kidney stones. So those things have continued. But the pediatric population, which used to be more elective, has virtually ceased as of right now.

Host: Dr. Fleck, what is everyday life like in Alabama right now? Are restaurants open? What's open? What's closed? Are masks mandatory? What's that look like?

Dr. Fleck: It's interesting here. We live in...I'm in mobile, Alabama. We're pretty close to Florida. And in Florida restaurants, they're starting to open at a lower capacity. Here in Alabama, we're still on a safer-at-home, kind of quarantined. So restaurants aren't open. There's takeout available. Interestingly, many people still aren't wearing masks, so you know, I'm at the hospital or at the office every day and I wear a mask all the time when I'm at work. And if I go out anywhere, I continue to wear a mask because I don't want anything I might've contracted at the hospital to be spread to someone else. But if you go to the public grocery store a half a mile from my house, many people do not have a mask. And it's interesting that I don't know whether they don't understand the importance of wearing masks or they think, "If I don't feel bad, I don't have anything," but there's still a lot of cars on the road, a lot of people out running errands, people picking up their food.

One of our art supply stores is open and I think that's not a necessary. You don't need your painting supplies for your artwork, I don't think. I don't know why that store's open. Grocery stores are open. Walmart's open and they're limiting capacity to about 25% to 35%, I believe, but still people are in there without masks and they're coughing or sneezing or touching things, then viruses are

spreading without people being aware. And I do...that does concern me. Mobile County does have a pretty good number of places for our population.

For the state of Alabama, we have about 300 cases per 100,000 people, which is a pretty high incidence. And I'm concerned that because we haven't been like New York City, people feel like we're not gonna have a problem down here. But there are people in the hospital sick and dying and then there are people out at the grocery store not wearing a mask. And that does concern me. I think we all need to be careful and think about our neighbor and if everyone would wear a mask and use appropriate caution, then we're less likely to spread. And I think we need to do a better job in Southern Alabama protecting our neighbors.

Host: Dr. Fleck, how have you been managing surgeries differently since the pandemic's beginning?

Dr. Fleck: You know, one thing that our partners have done is we've been following other institutions on social media. And we watched the American College of Surgeons, we've watched other practices throughout the country, and people have been sharing their strategy for surgical cases. And it's been interesting. Instead of waiting for an email to come out, the social media presence has really, I think, changed the way the speed at which we've been able to respond to this COVID virus. You know, we started in mid-March on elective surgery, but we continue to do emergent surgeries.

And then in late March...or I guess mid-April more, we started rescheduling our cancer cases. We realized that these...some of these patients had aggressive cancers and could not wait indefinitely before getting their care without risking lifelong problems. So again, following American College of Surgeon guidelines, some of the AUA information that was released and watching what other institutions did throughout the country, we started rescheduling our urgent cases, and that's helped us get back in the flow of things at the hospital, still using PPE, keeping people out of the hospital with significant comorbidities, but being able to take care of the patients. And our primary goal is protecting them and protecting the staff, but getting their medical needs met. And that's been the big challenge during this COVID virus

Host: As the healthcare community in Alabama begins to resume elective surgeries, what are some of the major considerations?

Dr. Fleck: Again, our major consideration is protecting the patients and protecting the staff. We wanna minimize spread of COVID, but we can't deny that these patients, some of them have cancer that is aggressive. Some are in pain with kidney stones or infections or urinary retention, so we have to balance

patient care and patient protection at the same time. So we're using extensive screening procedures, all patients are getting tested for COVID the week before their urgent cases, they are being quarantined until surgery. We're using appropriate PPE for the patient. We're minimizing visitors in the hospital which I think has improved the ease of patient care because you're not worried about protecting family members. So we're looking at all those factors as we resume more normal care in the hospital and in our office.

There are some patients that really don't need to come into the office or don't need to come to the hospital because of their comorbidities and we are delaying their procedures or their offices have been using telehealth or putting their surgeries on hold. But the people that need to get in for different reasons, we are rescheduling them and getting them in the hospital and testing them ahead.

Host: In your opinion, what are some of the major changes that we'll see as we move beyond COVID-19 or what the post-coronavirus healthcare landscape will look like?

Dr. Fleck: And that's a very interesting question. I think in any bad situation we should try to get some good out of it. And I think there's a couple of things. I think one of them is the telehealth ability that we have. You know, for years we've wanted the opportunity and the ability to do telehealth for our patients and this has pushed that to the forefront. And with the help of the federal government, we've been able to use telehealth and open that option up for us. We have a community with many people that live hours away from our hospital and it's not always easy for them to get to the office. So we're opening that up and I hope that continues. I think for many patients they need interaction with their physician and their office, not just a phone call with a nurse, but a real visit with a physician. And I believe the telehealth advantage will help generations to come. So I hope that continues.

Another thing is the use of a PPE. I think that many times people do have asymptomatic diseases and if we are more careful with our personal protective equipment and use masks in any questionable situation, perhaps we can help spread the diseases that we face in the future, so not just COVID, but anything that comes in the future. And I also think limiting the number of visitors in the hospital may be an advantage. I think nurses have an easier time taking care of their inpatients when the room's not filled with family members all the time. So perhaps limiting visitors to one or two per patient may help in the future with spread of disease and ease of patient care.

The use of social media to share information from a medical standpoint to let other physician groups or hospitals know how you're managing current

situation. It's easier to put that information out there on social media and let people read and make their own decisions because you can't email everyone. And it's just been interesting to watch what other physicians and hospitals are doing around the country and I think it really helped us. We were able to start making changes in mid-March, whereas our state didn't [inaudible 00:12:19] late March or early April. And I think it's been a big advantage. I hope that continues too that we continue to share information quickly and easily to improve patient care.

Host: You've been listening to Dr. Lorie Fleck. She is an urologist in Mobile County, Alabama. Thank you, Dr. Fleck for taking the time for us today.

Dr. Fleck: Thank you so much for having me.