

AUA Inside Tract Podcast Transcript
Episode 110

Voices of Urology: Advanced Practice Providers Experiences with COVID-19

Host: We are back here on the "AUA Inside Tract" podcast. Joining me today is Ken Mitchell. Ken, please just tell me a little bit about where you work and what you do.

Ken: Currently, I'm serving in two positions. My first position is...I'm the founding program director and assistant professor at Meharry Medical College in the Physician Assistant Program. And then I'm also working clinically at the Billups Center in Murfreesboro, Tennessee, which is south of Nashville.

Host: And what's taking place right now at your institution relative to the pandemic?

Ken: So Meharry Medical College is one of the three testing sites for the City of Nashville for assessments for the community at large. The city put together a plan to do testing at three locations. I currently am working at one of the test sites. So I'm at Meharry Medical College and I am performing swab tests, if you will. The test is to see if people are currently infected with COVID-19. And then with...clinically at our other practice because we primarily do men's health, we don't have any emergent, if you will, cases that require immediate attention. So our clinic, right now, is currently closed mandated by the city's ordinances right now during the pandemic.

Host: And how has your experience in day-to-day work shifted since the start of the pandemic?

Ken: Well, with regard to the PA program, like a lot of people, we have shifted now to completely virtual meetings. We had shut down the office completely several weeks back. And so that's become our new norm. So a lot of video meetings and the like, and then, of course, participating in the COVID-19 assessment sites. They originally started out at three days a week and actually just this week, they've gone to Monday through Friday now. So that's been a challenge, plus keeping the day-to-day work activities that need to be completed done. With regard to the clinic, now we're just currently managing patients, refills, labs, etc. until we can see them back in the office again.

Host: Can you tell us about how your colleagues are coming together to support one another during this uncertain time?

Ken: Yeah. It's been interesting. A lot of communication about that has been centered around everybody's different life situations. My children are grown so they're working and we have others who do, they have small children at home and of course, some of them have school-age children, so there's homeschooling going on. There's things going on just in general, just trying to conduct the day to day business, so we've been trying to be supportive in that regard. The whole situation has really caused us all to gain a lot of insight in everybody else's day-to-day activities outside of work. And so there's been a lot more communication in that regard and I think it's, you know, a pandemic to get some things like this to happen. But certainly it's been a positive, I believe, in that respect. And same with the clinic, you know, dividing up the work and making yourself more available to patients in a way that prior to this, we wouldn't have done otherwise. And so we found it to be very, very useful in that respect.

Host: Do you have any advice or thoughts for your colleagues around the world as they too manage through the COVID-19 pandemic?

Ken: Certainly, I would share with you this. As a child, my parents were in the Military during Vietnam. Occasionally we would have base lockdowns not unlike what maybe we're experiencing now, maybe just some...you know, there's a different degree of course, but just the idea of not being able to roam about freely. I was taught an early age back then about the importance of getting into a routine and sticking with that. One thing has been glaringly clear, and kind of shared with some colleagues is that if you sleep eight hours and you work eight hours, you still have another eight hours left in the day. And what you do with those other eight hours? You are forced to really sit down and look a, "What did I use to do and what am I doing now?" So I strongly recommend getting into a routine, taking this opportunity to realize how much time you have and if you better manage the time that you have, that will better prepare you for the transition back into what I believe will be a new normal after we have successfully navigated through this part of the pandemic.

Host: I also want to ask about your experience using telemedicine. How has that been going so far assuming, of course, your practice has been embracing its use?

Ken: Well, I can't say we've been using it to its full extent, you know, beyond phone calls at this point in time. We've not engaged in a video, telemedicine, or anything of that nature. But certainly, as I mentioned before, we are doing a lot more phone calls. Certainly, without having the clinic hours, you have more time to sit and talk with people. But I would say we have embraced it. We are, sort of, in the process still of brainstorming how we are going to continue the

uses of telemedicine once we reopen and we haven't really quite devised a complete plan around that. But so far, I think it's been great. Again, I think it's another way to engage patients, and we're [inaudible 00:06:05] to think about how we're gonna use that going forward. I believe with this transition going into a mode called post-pandemic, [inaudible 00:06:13] the next stage of the pandemic, that we're still gonna have to continue social distancing and being mindful of managing risk. And so I think it's gonna continue and again, limited experience now, but I think it's going to be something that we're all gonna get very experienced as time goes on.

Host: Ken, do you have anything else you'd like to add to the discussion today?

Ken: I'd say the biggest thing that I would add is to do what I heard one of my colleagues say is embrace this opportunity to look at your practice with a renewed perspective and, you know, and make good use of that. I think you'll discover some amazing things about what you do really well, and you'll be impressed by the opportunity that you have in front of you. This doesn't have to be a complete negative experience and that you should have, again, a great opportunity to improve the practice of the care that we provide all of our patients.

Host: Ken Mitchell has been our guest today on the "AUA Inside Tract" podcast. Thank you, Ken, for your time today.

Ken: Thanks a lot. Thanks for having me.

Tricia: Hi, my name is Tricia Zubert, and I'm a nurse practitioner, and I work in Sexual Medicine, a branch of Urology at HealthPartners located in Twin Cities in Minnesota. And I'm currently serving as a Chair of the ATP membership committee and on three other AUA committees.

Host: So, just tell me a little bit about what's going on at your institution right now relative to the pandemic?

Tricia: Like many institutions, there have been a lot of changes occurring very rapidly. For example, in Minnesota last week, our Governor Walz announced he wanted more testing at all our hospitals and clinics throughout Minnesota. He feels gathering this information will allow us to know when it's safe to open up our economy again.

Until last week, Minnesota has had minimal supplies to test for COVID-19. And testing was only being done in hospitalized patients with suspected COVID-19 and symptomatic medical staff. Governor Walz has been working

with the University of Minnesota and Mayo clinic and they have developed more tests, which are now available for all the clinics and hospitals throughout Minnesota.

We have the capabilities of testing 8,000 to 20,000 patients in Minnesota per day. Our goal is to test 2,000 patients in our system starting May 4th. And because of this, we will be able to test all patients who are symptomatic. We are also looking at testing asymptomatic patients in the future. Although those details have not been clarified.

To accommodate this change, our clinics have implemented seven drive up testing sites. And patients must schedule an appointment ahead of time. All patients are encouraged to call our call center to triage patient needs. Patients who are determined to need testing are directed to one of the drive up testing sites.

However, if they are experiencing acute respiratory symptoms, we have converted four clinics to respiratory care sites dedicated solely to patients with COVID-19 symptoms. Patients are directed to one of these sites where they will receive direct patient care. Of course, there's been all the changes with PPEs, and every week it's been changing and what's expected.

And then there's the social distancing, of course, in our communities, but also in our clinics and hospitals. Many office visits have been converted to initially telemedicine. Now, our video visits, 43% of the visits in our clinics are video visits now, and this is our system's preferred type of visit. Only essential visits are occurring in the office. There are waitlists for patients who are preferring to be seen in person once it's safe.

Our clinics and hospitals stopped all elective procedures and surgeries. Only emergency surgeries were allowed, which was cleared by the Chief of Surgery. But most recently, time-sensitive surgeries are now being scheduled. Patients are required to be tested for COVID-19 the day before surgery. Another change, we have weekly clinic-wide COVID-19 updates every Tuesday morning from experts in our system.

And this is led by our infectious disease doctors, the Head of Anticoagulation this week, and Hospice spoke, and that was really helpful. In addition, every Thursday morning, our chair team will review a recent COVID-19 case seen in our system. It talks about the patient's symptoms, their comorbidities, treatments, and a follow-up plan if the patient was discharged to home. And often they will pull in experts to discuss each case.

This has been really helpful by coming together as clinicians and as a system and being up to date on current treatment guidelines. Obviously, this has placed a tremendous financial burden on our health systems nationally, and our system was not immune to this.

Last week, our system furloughed 2,600 people. In my department, unfortunately, all the APPs are temporarily furloughed. In addition, any providers remaining are taking a 30% pay cut, and this is including the leadership, including our CEO who is taking a 40% pay cut.

Host: How has your experience in day to day work shifted since the pandemic started?

Tricia: It has shifted a lot. Approximately five to six weeks ago, our schedule went from seeing patients in-clinic to pretty rapidly converting to telemedicine. And in the past three to four weeks, video appointments and working from home. Our department made this decision very early on. The provider schedules in the department were also changed to accommodate the needs for this pandemic. This included seeing patients via telemedicine or video visits on certain days, and being placed two days a week in the COVID slow pool.

Fortunately, Minnesotans were diligent in adhering to the quarantine implementation, and our number of cases leveled off, and the providers haven't been kept catcalled into the slow pool.

Host: Could you tell me a little bit about how you and your colleagues are coming together during this uncertain time?

Tricia: We've had department meetings to connect and process all these changes. We've been connecting via text, phone, and Zoom calls. Again, clinic-wide it's been nice to come together in those meetings that I had spoke about earlier.

Host: Do you have any insights or thoughts for how your colleagues around the world might better manage through this COVID-19 pandemic, just based on your experience, and based on what you've observed?

Tricia: Yes, I think it's consistent communication with staff and colleagues throughout all this is critical, as things are changing so rapidly. I know my leader was saying, "Things are changing from the morning the sun rises to the time the sunsets." And it's important to remain in contact with your colleagues as we all go through these unprecedented times. It's a lot to process. I think it's also critical to do a lot of self-care and whatever that is for each person.

Host: Can you talk a little bit more about the use of telemedicine at your practice? What has your experience been with this so far?

Tricia: I feel like it's gone well. I have patients I've been seeing for years, and they have been eager to talk and to connect via video call. They seem a little lonely and scared, so it's nice to connect with them. I would say there are a few cases where patients didn't understand how to use an application like as far as Duo app is what our system uses.

And so that's been difficult for them to figure out how to even turn the phone on or download the application. An example of that is I had an 87-year-old male patient this week, who said, "I can't figure it out." And so I ended up doing a telephone visit with him.

Host: Do you think your practice will be using telemedicine more when things resume to the new normal? Or is it just too hard to say at this point?

Tricia: I think that there's probably a place for this. It's hard to say at this point. I've had some patients that really, really liked that connection, and I have others that say that they can't wait to get back to face to face time in the clinic.

Host: I'll give you the final word if you have anything else you wanna add to the conversation.

Tricia: Yes, I just wanted to say that I'm thinking about each and every one of you as we are going through this crazy time. And just hoping that you all are remaining safe and well and taking care of yourself.