

AUA Inside Tract Podcast Transcript
Episode 94

COVID-19 and Your Urology Practice: Balancing Patient Care and Business

Host: On March 27th, Congress passed the third measure to help Americans in U.S. businesses manage through the COVID-19 outbreak. Known as the Coronavirus Aid, Relief, and Economic Security or CARES Act, this sweeping legislation provides payroll and operating expense support for small businesses. On today's episode of the "AUA Inside Tract" podcast, we're joined by Dr. Mark Fallick. He's the chair-elect of the AUA's Legislative Affairs Committee. Dr. Fallick, welcome to the "AUA Inside Tract" podcast and please tell us about how the COVID-19 situation in New Jersey is shaping out right now.

Dr. Fallick: You know, the situation in New Jersey, just like many other parts of the country, is alarming. And the number of cases that we're seeing, yeah, continues to climb in New Jersey. The most recent numbers that I've seen are close to 19,000 cases statewide. The death toll is over 265. I believe the latest number I saw was 267 deaths in the state of New Jersey. And what we're seeing in this day is that in the north part of the state, which is very close to New York City, the number of cases are larger than where I am in the southern part of the state. But unfortunately, we're seeing a significant increase percentage-wise in the cases, alarming numbers of over 300%, over 600%, from last week in terms of the number of cases and the death toll as well. So it's, unfortunately, something that like many parts of the country, is continuing to become more and more of an issue each day. And I don't think we're anywhere near the peak of the surge, unfortunately.

Host: And as you balance being both the business, and the community, and the healthcare provider, what steps have you guys taken to keep the doors open?

Dr. Fallick: Yeah, it's been a huge effort on the part of our practice and many practices elsewhere. And everything I've been reading is talking about the impact this is having on medical practices. Independent medical practices are really having a tough time to stay open and be able to provide care to their patients. I've read numerous articles and heard from a number of colleagues about offices that are completely closing and facilities, independent practices that are not able to, you know, provide care.

In our practice, we've had to make some changes. We've temporarily closed some of our smaller satellite offices that try to consolidate care. We've had to, unfortunately, furlough some of our staff and then cut back working hours of some of the other staff. And we're not unique in that situation. Everything I'm

seeing is talking about medical practices throughout the country that are really in a tough place. They have...for the cost of their rent, and their expenses, and their staff's salaries. We're all obviously in this to try to, you know, help our patients and that's our number one priority. And so, we've had to make a number of changes. We've cut back all non-essential and elective visits and procedures, Certainly, a number of things that we do as urologists that are not considered emergent or urgent, we've had to put on hold. Patients who want vasectomies and other procedures that aren't essential right now are gonna have to wait, unfortunately. What we are seeing is that we're limiting visits and elective surgery. We've had to temporarily close our Lithotripsy Center. Our Surgery Center is cutting back and only doing emergent or urgent type cases. Cases where, you know, if we had to wait, it would potentially have a negative impact on the patient's health or outcome. But that means reduced hours, reduced staff, scheduling issues, so it's having an impact in the number of different ways in terms of how we function.

One of the other things that's been great is that the AUA, American Urological Association, has really been a big proponent for a long time about the ability to provide care via telemedicine and telehealth. It's been one of the legislative priorities for the Legislative Affairs Committee for quite a while. We've had an active telemedicine workgroup in the Policy Council and fortunately, that's allowed many urologists to switch over and begin providing telemedicine care to our patients in a manner that we can limit face-to-face interactions to only those that really need it.

Host: Are you finding that with telemedicine, you're adapting quickly as the rules changed?

Dr. Fallick: Yeah, the telemedicine ability is something, as you mentioned, where some of the requirements are changing day-to-day. I know there was a previous podcast where Dr. Rubenstein had addressed some of these issues. I think that, you know, it's certainly a great option for those patients that don't need an in-person exam or in-person procedure, so established patients we're able to see, follow up on lab results, make a follow-up plan about monitoring kidney stones, or blood test results, PSA results. The regulations as you alluded to are changing regularly and changing day-to-day so it's challenging to keep up with that. I think the AUA's been doing a great job providing podcasts, providing updates on their website. We're getting information from other organizations as well regarding, you know, how to comply. We know that, for Medicare patients, some of the rules and restrictions have been eased during this crisis, and that's really nice in terms of patients being able to use telemedicine from their home which they previously couldn't do, the Consent

Form process and the HIPAA process being potentially not as strict as it had been.

You know, there's still challenges in telemedicine. We don't know yet what reimbursements gonna be from a lot of the non-Medicare providers, the insurance plans, and the private insurance plans, and from other state plans, still remain to be determined how we're gonna get reimbursed for the telemedicine visits. But the ability to be able to care for our patients, without putting them at risk, without putting our staff at risk, without putting ourself at risk of exposure to the disease unnecessarily has been really a nice skill to be able to have.

Host: Dr. Fallick, how has the coronavirus concerns in this pandemic impacted patient care for you?

Dr. Fallick: It's been a real challenge, Casey, to try to determine, you know, what can safely wait and what needs to be taken care of, you know, more urgently or emergently. I mean, clearly there's some things that we want to hold off on doing right now so that we don't utilize medical resources unnecessarily and, God forbid, avoid complications that would send the patient to the emergency room unnecessarily and take away from their ability there to provide other care. So certainly, elective things like vasectomies, like penile prosthesis implants, like varicocele surgery, those are things that can wait. You know, there are other things that clearly can't wait and, you know, significant cancer surgery will need to be done. That being said, you know, there are some things that have changed with that, I've just heard from one of my hospital system's last night that all laparoscopic and robotic surgery has been put on hold. And so, anything that, you know, has to be done that way is gonna have to wait.

It's been helpful the American Urological Association has given some guidelines. American College of Surgeons has published a list of acuity for surgery, and there's basically three tiers: Tier 1 which is elective and can be postponed, Tier 2 which is sort of intermediate, and Tier 3 which is a high acuity and includes, you know, cancers and probably, you know, acute trauma issues, things like that.

What's really challenging for us is dealing with some of the in-betweens. So you have a patient with some small bladder tumors, can that wait? And if so, for how long? You have a patient with ureteral stents in place for an obstructing ureteral stone that were put in prior to the COVID-19 explosion of case incidents. And so, if a patient's really not tolerating their stent well or they've had a stent in for a while, that probably needs to be addressed in a sooner fashion. Certainly, not obstructing kidney stones, you know, and elective lithotripsy, it falls into the Tier 1 that can be held off on but... And even some

of the cancer situations, I think, need to have the physician input as to how significant it is or not. Is a small prostate cancer something that can wait a few months to be treated or will that put the patient at risk? So these are challenges that as physicians we are dealing with day-to-day to try to assess with our patients what's safe to not do right now and what needs to be done right now. And taking into account the desire to minimize, you know, unnecessary contact with others and also to make sure we're not utilizing precious healthcare resources that might be needed for other more critical patients.

Host: Do you have anything you'd like to tell us about the CARES Act and how that may be impacting things for you in the future?

Dr. Fallick: Yeah, this is some regulation that is, you know, as some of these other things have been changing rapidly and in fact, I believe there was a clarification or update with CMS yesterday that's still being evaluated to figure out how it's gonna help and impact urology practices but the ability for many practices to get small business loans to help with payroll and expense issues for the practices is something that's, you know, hopefully, gonna help a lot of practices sustain some of the economic impact of this crisis. I think that what's interesting for a large group like us is that, you know, there was some initial concern that because of the 500-employee rule that is in place for the small business loans that some of the larger independent practices may actually not qualify. But I did see a clarification that I think still needs to be determined, whether it will apply or not, but that if each location of a practice or each location of a business has left fewer than 500 employees, they may still qualify. So hopefully, that even some of the larger, independent practices like ours would still be able to take some of these government-provided economic supports and be able to use them to sustain our ability to stay open and provide care for our patients.

Host: Do you have anything else you wanna discuss with us?

Dr. Fallick: While I think that these are very challenging times for everyone and I think that the key is obviously following the guidelines to make it less likely that the people are going to be impacted by the COVID-19 disease. And I think that anything we can do to keep our patients healthy, keep them out of the emergency room and out of the hospital is beneficial and that's why I think it's important that we continue to be able to provide care as best we can through our independent practices. We continue to be able to provide urgent and emergent type surgeries in surgery centers so that patients don't have to utilize the resources at the hospital that are otherwise needed for patients with the COVID-19 disease. I think that, you know, these are challenging times for everyone. Healthcare providers are, you know, obviously committed to keeping our

patients well, keeping our patients healthy, trying to avoid any unnecessary interactions that might increase risk of spreading the disease while at the same time providing the needed care that our patients need and keeping our practices viable so that in the future, you know, patients continue to get the urologic and health care that they need.

Host: Dr. Mark Fallick is a urologist with New Jersey Urology, and he has been our guest today on the "AUA Inside Tract" podcast. Thanks for joining us, Dr. Fallick.

Dr. Fallick: Thanks for having me, Casey, and I hope you and everyone stays well.