



# **COVID-19 Spotlight on Urology: USA** Turning the Lights Back On, What's the New Normal? 11<sup>th</sup> May 2020

#### Highlights from the Webinar

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# **COVID-19 Spotlight on Urology: USA** Turning the Lights Back On, What's the New Normal?

**Co-Hosts** 

11<sup>th</sup> May 2020



Atlanta, GA, USA

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# **Distinguished Panel**



**Ojas Shah, M.D.** George F. Cahill Professor of Urology, Columbia University, NY



Amy Krambeck, M.D.

Michael O. Koch Professor of Urology, Indiana University School of Medicine, IN



Thomas Chi, M.D.

Kutzmann Endowed Professor in Clinical Urology, University of California San Francisco, CA



Marshall L. Stoller, M.D.

Professor of Urology, University of California San Francisco Moderator

11<sup>th</sup> May 2020





# Experiences from NY to IN to SF

#### PPE turned out to be *the* key limitation faced.

The facilities had capacity to treat more patients but were limited by the amount of PPE available. NY seeing a high volume of COVID patients at a time in each hospital; run rate of PPE was extremely high.

#### Government has a key role to play and each institution needs to keep in line with local regulations.

In SF, early strict measures sheltering in place has helped them avoid any surge, flatten the curve and see decreasing cases of COVID.

#### On testing of patients prior to surgery:

There is no current national standard on when patients get tested: patients are tested between 24-72 hours prior to surgery. Some other institutions may even have these tests 4-7 days prior.

#### Patient safety is a top priority.

Risks of surgery for COVID-19 positive patients is discussed with the surgeon, anesthesiologist and patient before proceeding. Even for asymptomatic COVID patients, some studies have shown there is a higher risk of morbidity and mortality if these patients develop symptoms post surgery, so caution is advised.

# Financial implications: Adaptability & the call for a new paradigm

#### **Dependence on scale:**

Institutions and individuals may already be experiencing significant financial impact in terms of pay cuts, furloughing of staff, and lost revenue at this time. Attention will need to be paid to financial stewardship. Work practices were adapted: staff were re-deployed and hospitals allowed work from home.

#### A call for value-based care:

The challenges of COVID-19 have surfaced emphasis on value-based care.

#### **Key Principles:**

- Do more in 1 visit to benefit patients and offer financial savings
- Keep patients in an outpatient setting as much as possible.
- Choose instruments that are less costly and or deliver faster care in the same time frame



#### Huge and sudden increase in telehealth adoption.

In Columbia, telehealth utility jumped from 5% pre-COVID to 95%, in Indiana, from 0% to 75%, and at UCSF 15% to 92%.

#### Telehealth is here to stay.

Telehealth has proven to be both effective and efficient and is likely to stay. It will hopefully constitute a significant portion of future mode of consultation and routine follow-up.

#### Key enablers of the change:

- Loosening of billing guidelines
- Loosening of state licensing restrictions
- Reimbursement for video AND telephone consultation
- Fear induced changes in behavior

### Patient fears and how to address them

#### Patient fear is real

- Patients are not showing up to appointments, with up to 60% no-show rate seen in IN.
- Patient delay in seeking treatment can cause danger to themselves, especially for non-COVID diseases.

#### How to Address Patient Fear & Treat them Safely

- Communication & Outreach: be proactive via email, text messages, and outward facing messaging.
- Be honest & direct in messaging
- Use telemedicine and let them know this is as good as in person for a large portion of needs
- Keep patients away from main hospital when COVID risk is high
- Send them home the same day, outpatient PCNL is possible and might be more viable than previously thought

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### Advice on COVID-19 testing

#### On the variety of tests available & false negatives

- NY was initially treating all patients as if they were positive
- Consider the local COVID infection rate. E.g. SF population testing reveals low rates of infection so a likelihood of a negative result being a false negative is low.
- Take into consideration patient symptoms & exposure! Treat patients with COVID symptoms or exposure risk as positive even if tests come back negative.

Overall understand the test you plan to use, consider the risk given ambient infection rates and apply a healthy dose of clinical digression, knowing the accuracy of tests available is limited.

### Turning the lights back on, What about a 2<sup>nd</sup> wave?

## Unanimously: Prepare for the next wave(s)

- As states open up, a second or third wave is anticipated in so long as a vaccine is yet to be found.
- Get through as many backlogged cases, as safely possible, in order of urgency, while still maintaining resources of PPE in case of a second surge. In SF and IN, they are currently actively utilizing available OR time, in compliance with local regulations and hospital allocation.
- Availability of PPE, peri-op COVID testing and hospital capacity are critical factors to quickly & safely addressing the backlog.
- Hospitals are likely to continue in conservation mode operating below pre-COVID levels for the foreseeable future.



The message is one of optimism, as with past 'wars' and adversity, the panel is confident that healthcare and medicine will come out of the pandemic better than before; with telehealth to stay, a greater focus on efficiency, preparedness, and provision of safe, value-based care.

There are great opportunities for technology advancement as healthcare and medicine progress in this direction.

Let's not forget: Our panelists who care deeply for their patients are human too!

With work for home in place, high intensity environments, anxieties and risks, find out how our panelists are handling the blurring lines between work and home as they work doubly hard to support their patients, clear the backlog, and importantly, ensure safety of their families and loved ones when returning home.

View webinar recording on-demand here: <a href="https://bit.ly/3boBK3c">https://bit.ly/3boBK3c</a>





Thank You!

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