

AUA Inside Tract Podcast Transcript  
Episode 113

*Voices of Urology: COVID-19 in Virginia with Dr. Kurt McCammon*

**Host:** After weeks of restrictions, hospitals in Virginia are among the many across the States that are beginning to reopen their doors to non-emergency surgeries in early May. We're joined today by Virginia urologist, Dr. Kurt McCammon to discuss what's going on in his state and how his hospital has prepared to reopen for non-urgent procedures. Dr. McCammon, can you please tell us a little bit about Virginia's experience with the COVID-19 pandemic? What have you been seeing so far?

**Dr. McCammon:** In the Hampton Roads area of Virginia, which is where we are, it's actually been blunted and obviously much lower than we expected. It's probably more prevalent in Northern Virginia. Virginia still has had about 20,000 cases which is nice because, obviously, the social distancing enclosures have really been helpful. But we're still seeing cases and actually the case volumes have continued to grow. Here this week, we're still kind of peaking off or kind of settling down where we hopefully will end up.

**Host:** Let's talk clinical practice. How has the pandemic impacted your clinical practice and what are some of the biggest challenges you've had to overcome as part of the pandemic?

**Dr. McCammon:** The biggest challenge I think and I'm sure everybody else feels the same way it's just the unknown and of, you know, what's coming next. You know, when this first started, we kind of weren't really expecting significant changes. And then, obviously, things changed dramatically here in the United States. Really from a physician's standpoint, it's really been worrying about our patients obviously. But not only our patients, our practice, our employees. We had to furlough most of our employees. We offered them 100%, so some of the employees, we offered 100% furloughs if they felt that that would be better for them. And then the rest we offered a 50% furlough. From a practice standpoint, we felt it was really important to cover their healthcare, so we covered their coverage of their healthcare as well as ours. But it's been a challenge then to try to run the practice with less employees. And so that's actually been quite interesting.

The other thing that I find interesting or different is we as physicians have always been trained that our patients come first. And that's where we've always strived to better care for our patients. But at sometimes, we've had to tell our patients they've had to take a backseat a little bit. And I don't mean that in a bad

way, but patients with cancers have had to be told they had to hold off on their surgeries because as a society as a whole, this needed to be...we had to cancel their surgeries for society to kind of put them off. So I found that to be challenging. And then just the unknown of when we're gonna be paid, when we're not going to be paid. Telehealth has actually been pretty good. We've started this early in the cycle, but it's been difficult for many of our patients as you can imagine.

**Host:** I'm gonna ask you about how daily life is in Virginia right now. Are you still under a traditional lockdown type of environment? Are restaurants open? What's that kind of look like?

**Dr. McCammon:** Yeah. So, Virginia, we're still under the lockdown. Our governor issued a notice earlier this week that next Friday the 15th, we are gonna have three phases and next week will be the first phase where restaurants can open at 50%. Some of the other establishments can open at 50%. He'll plan on doing that for the next two to four weeks. And then he'll have another slight lessening of restrictions where the maximum gathering can be about 50 people. But it's still social distancing is required. Restaurants still have to continue to decrease their capacity. And then the plan is for that to be four to six weeks. And then we'll go to, I'm assuming, no restrictions six weeks after that. So we'll probably be under some type of restrictions till July or August timeframe from what the governor had mentioned.

**Host:** And what are some of the major considerations in play right now as the healthcare community in Virginia begins to resume elective surgeries?

**Dr. McCammon:** Obviously the biggest consideration is public safety, our patient's safety. So all of our patients who are coming in for elective surgery are getting pre-COVID tested. All of our hospitals are requiring that. And I think we need to require that too. And if the hospitals didn't, because there are complications of COVID in elective surgeries, there have been, you know, significant complications that people undergoing elective surgeries from what I've heard around the country. And so all of our patients are being tested 72 hours pre-op. They are supposed to quarantine themselves and then coming in. It's gonna be a slow process getting started. But I think it's an important thing just to protect them. Elective means that they could hold off. And so there's no reason why, you know, we couldn't postpone them if they are positive.

**Host:** We know that major pandemics, when we look back on history, have changed things in the way healthcare is delivered. With that in mind and in your opinion, what are some of the major changes we'll see in the future?

**Dr. McCammon:** Yeah, this is a great question because, obviously, none of us know where COVID is going and what's gonna happen. I think one of the huge benefits I've seen is telehealth has actually been increased. And for areas in specialties like urology where we know we are short-staffed from a physician standpoint, I think this will open up the opportunity to do more telehealth. In Virginia, there's Southwest Virginia, there's the Eastern shore of Virginia and, you know, for those patients to make a hour and a half drive to see a urologist, hopefully, our insurers and our government will allow us to do telehealth for those patients because it would be a great way to save time and money and allow that to improve.

I think the other aspect I really think it's changed a little bit is education. Being involved with urologic residency, it's really changed how we have done our conferences. And in some, it's been really positive because there seem to be more collaboration of universities. We're doing conferences now with a couple of other residencies and actually including some international residencies with our conferences. So it's allowed us to actually to do more outreach in that aspect, which I think has been really exciting. Our residents have enjoyed it. They're able to participate with residents from other centers, people they wouldn't have known, learn from other urologists and a number of departments are doing that. So I think it's been really...that's really been the positive and hopefully that'll continue as we move forward.

**Host:** Dr. McCammon, do you have anything else that you'd like to add to the conversation today?

**Dr. McCammon:** I think the one thing that the urologic community doesn't consider, you know, a lot of us don't think about is our other colleagues, our low and middle-income countries where this...we have been for years reaching out and helping and this is gonna truly affect our opportunities to help them. The travel is gonna decrease. Organizations like International Volunteers of Urology canceled all of their trips this year now almost. And the opportunity to reach out to other colleagues has been decreased. We've increased our telehealth or telemedicine with those countries, but I think we need to be cognizant of just not us in the United States, but all the urologists around the world to hopefully improve urologic care worldwide.

**Host:** Dr. Kurt McCammon has been our guest today on the "AUA Inside Track" podcast. He is a Virginia urologist in the Hampton Roads Newport News section of Virginia, and we will also note that Dr. McCammon will be joining the AUA Board of Directors later this month in May as the mid-Atlantic section representative. So we do wanna pass along that note.

**Dr. McCammon:** Thank you very much.