HOW THE COVID-19 PANDEMIC AFFECTED A PEDIATRIC UROLOGY PRACTICE

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INTRODUCTION

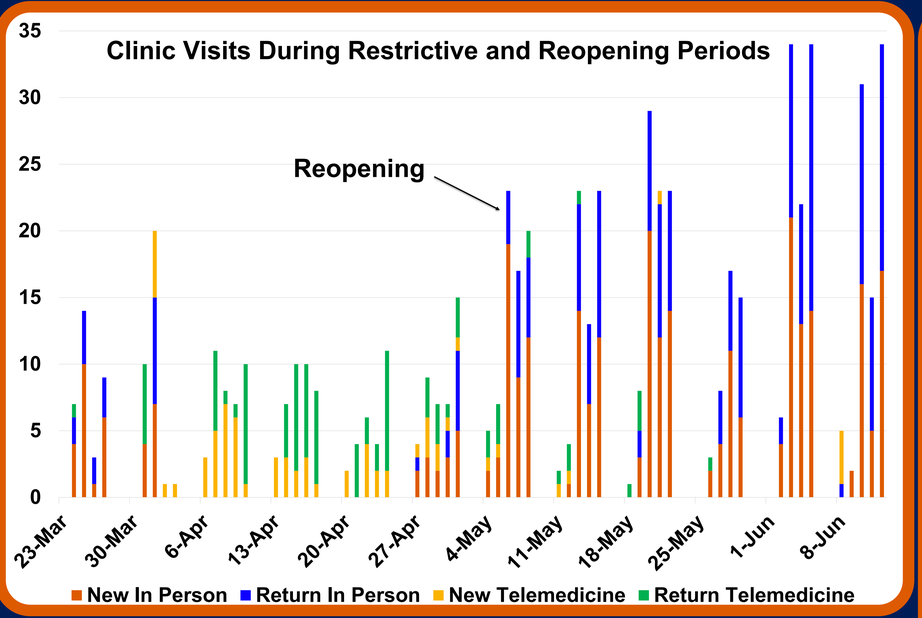
- COVID-19 caused a massive shift in the allocation of clinical resources.
- An executive order in Florida (20-72) prohibited any non-essential medical procedures for 6 weeks (March 20-May 8, 2020).
- A deferment plan for non-essential clinic visits and surgeries was enacted.
- We evaluated the impact this order had on clinical activity in a pediatric urology practice.

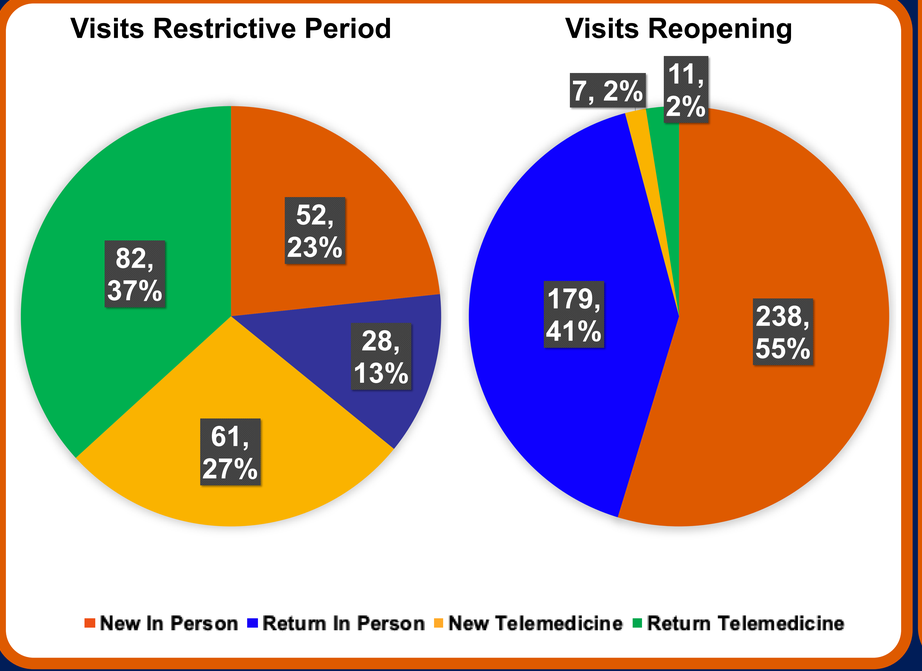
METHODS

- All clinical and surgical activity in Pediatric Urology during the six week restrictive period and six weeks following reopening were reviewed.
- Data from these timepoints were compared to a historical 3 year mean.
- Number of children who had clinic visits and surgeries postponed and time to reschedule were recorded.
- Number of in person clinic visits, telemedicine appointments, and surgeries performed during the restrictive period were recorded.

RESULTS

- 254 in-person clinic appointments were canceled following the order.
- 185 (73%) of children had appointment rescheduled within 2 months.
- Total of 223 visits, 64% telehealth/36% in-person during restrictive period.
- Clinic volume decline of 56% as compared to historical average.
- No in-person visits between April 2-26.
- 130 surgeries were canceled following the order.
- 105 (81%) surgeries rescheduled within 2 months.
- 21 surgeries performed during restrictive period (9 stent/stone, 5 cystoscopy, 3 testis torsion, 2 nephrectomy, 1 pyeloplasty, 1 inguinal hernia)
- 81% decline in surgeries as compared to historical average during pause.
- Higher (↑11%) clinic visits and (↑39%) surgery during reopening period.





DISCUSSION

- COVID-19 pandemic caused a dramatic decline in clinical activity in our Pediatric Urology Division as most conditions were considered non-urgent or non-emergent.
- Telehealth visits sharply increased during the restrictive period but returned to prior low levels of use (<5% of all visits) shortly after re-opening.
- Reported barriers for telehealth use in pediatric urology which we anecdotally experienced include privacy concerns with imaging of the genitalia, the loss of personal touch with in person appointments, and limited physical assessment.[1]
- High percentage of children requiring imaging on day of appointment also limited usefulness of telehealth.
- Approximately 25% of patients who had clinic visits or surgeries canceled had not rescheduled within 2 months.
- Both clinic visits and surgeries were higher than historical norms following re-opening.
- A limited number of critical surgeries were performed during the restrictive period.

CONCLUSION

- In a specialty with a high number of patients with non-urgent medical conditions, our practice saw a transient but significant decline in clinical volume during the pandemic.
- The majority of visits during the restrictive period were telemedicine, but these visits decreased rapidly to pre-COVID levels following re-opening.
- Post-COVID-19 clinical volumes rebounded to levels higher than our historical norms.

REFERENCES

1. Canon, S. J. (2019). Pros, cons of establishing a telehealth pediatric urology clinic. AAP News.