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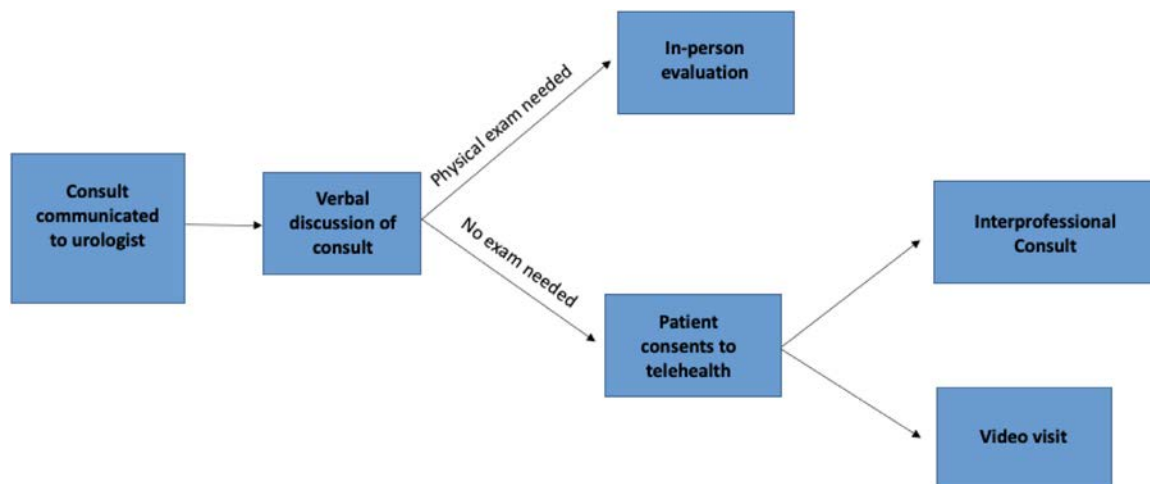


Figure 1. Remote consultation workflow. (Color version available online.)

CONCLUSION

The COVID-19 pandemic has necessitated dramatic changes in the practice of medicine. The utilization of telemedicine video visits and eConsults for certain patients requiring specialist evaluation in the ED and inpatient ward setting will help to conserve PPE, limit exposures bidirectionally, could allow for a centralized consult workforce to service multiple hospitals, and facilitate rapid triage and disposition of non-COVID-19 emergencies during this crisis.

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EDITORIAL COMMENT



The COVID-19 pandemic has forced unprecedented changes to the healthcare system. The high transmissibility of this disease has called for a significant reduction in face-to-face interactions in the healthcare system. The urologic community has adjusted to this change using digital health as described succinctly here by the authors. Although a share of hospitalized patients with urologic problems require in-person evaluation or procedure, many diagnoses can be managed effectively using digital means. The authors describe the options available to consulting urologists during the COVID-19 pandemic and specify the proper billing codes and documentation requirements. They additionally provide general guidance on workflows, making note of the necessary consent by the patient to participate in virtual case, a point that may be easily missed in the inpatient setting. As we move through and beyond the COVID-19 pandemic, it will behoove us as a specialty to consider how we can implement digital health for hospitalized patients. This would allow us to expand our reach and hospitals systems grow and call coverage requirements increase while reducing burnout. My hope is that the authors continue to share successes and best practices as we emerge from this life-altering experience.

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