

**COVID Urology Interagency Coordinating Committee (UICC)
Zoom Webinar
Meeting Notes**

Attendees:

Kevin Abbott (NIDDK)
Tamara Bavendam (NIDDK)
Melissa Cunningham
Daniel Gossett (NIDDK)
Donna Mazloomdoost ((NICHD)
Saadia Miran (NIDDK)
Jenna Norton (NIDDK)
Tracy Rankin (NIDDK)
Jen Rymaruk (NIDDK)
Robert Star (NIDDK)
Joan Weiss (HRSA)

Welcome and Introductions

Jenna Norton opened the meeting by welcoming participants and acknowledging the purpose of this meeting: to discuss how different Federal agencies have reacted and responded to COVID-19 in context of research and management of urologic conditions. The attendees introduced themselves.

Discussion

Jenna Norton and Dr. Bavendam set the stage for the meeting. They noted that from the perspective of urologic conditions, direct biological consequences from COVID 19 have not been documented. However, they acknowledged numerous potential social and behavioral consequences, such as reduced bathroom access as public restrooms may be closed and/or individuals may choose to avoid public bathrooms due to fear of COVID 19 transmission. The group also touched on whether or not qualitative research occurring during the early stages of the pandemic will be colored by COVID 19 experiences – as isolating at home may affect perceptions of urologic symptoms given easier bathroom access, or alternatively, increased burden of symptoms due to reduced bathroom access. Jenna Norton noted that if societal practices relating to toileting don't return to pre-pandemic standards, there may be a need to develop a new understanding of peoples' behaviors relating to bathroom access.

- Joan Weiss (Health Resources and Services Administration [HRSA]) noted HRSA's focus on educating the workforce and primary healthcare which includes federally qualified health centers and community health centers. From the training side, HRSA received CARES Act funding for geriatrics workforce to primarily promote telehealth activities, enhance telehealth technologies, use telehealth to limit spread of COVID-19. Each grant got a one-time supplemental funding to train patients, clinicians, and caregivers to use telehealth and move away from onsite care. Grant recipients can use funds to purchase needed telehealth machines for practice and for patients, to also make sure they have Wi-

Fi. Dr. Weiss further discussed, measuring impact by linking Medicare telehealth visits to activities. HRSA has seen that providers are getting more comfortable with telehealth. Dr. Weiss acknowledged that challenges exist cross the educational continuum and further challenges for patients to maintain social activities during isolation.

- Donna Mazloomdoost (National Institute of Child Health and Human Development [NICHD]) discussed the increased lack of attention that pelvic floor disorders are getting due to COVID. NICHD is putting more attention to pregnant women.
- Melissa Cunningham (Department of Defense [DOD]) noted that funds are primarily targeted to specific diseases or injuries. She discussed a peer-reviewed medical program that offers a funding opportunity to COVID related research. The agency is also looking into ways to aid investigators who might have been impacted by COVID related lab closures. Prostate cancer has a clinical trials consortium assessing how clinical research is impacted and how telemedicine is influencing primary outcomes or if the trials are being put on hold.