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Post-COVID Care:  
**Guidelines for Multidisciplinary Care Centers**

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# Post-COVID Care: Guidelines for Multidisciplinary Care Centers

## OVERVIEW

This document offers a suggested framework and standards of practice for healthcare providers and facilities seeking to establish multi-disciplinary Post-COVID Care Centers (PCCCs). It has been created in response to the growing need for adaptable clinical resources and care pathways for COVID-19 survivors experiencing long term sequelae to COVID-19. These long term-symptoms are known as Post-Acute Sequelae of SARS-CoV-2 infection (PASC) or long term COVID. This document is based on published practices of established centers from around the world. Due to the growing body of knowledge about the long term effects of COVID-19, this guide is intended to be a 'living' document. As evidence and information develops about post-COVID conditions, this document will be reviewed and updated.

The ideal PCCC will provide centralized, evidence-based, multidisciplinary, and patient-centered medical care to those experiencing health complications as a result of COVID-19 infection that persist past 4-weeks from initial infection and cannot be explained by underlying conditions. Many PCCCs offer different services and access to specialists. PCCCs tend to take the format of Multidisciplinary Long-Term Recovery Centers (the most comprehensive) Rehabilitation and Therapy Centers (focus is on rehabilitation) and Acute COVID-19 Recovery Centers (focus is on improved function after severe illness or hospitalization or post ICU care, and often offer in-patient services). Some specialty units focusing on cardiac or pulmonary symptoms have also formed. No matter the extent of care offered, an up-to-date understanding of post COVID sequelae, and the ability to refer patients to alternative care facilities if needed, should be priorities at all centers of care treating patients who have had COVID.

Due to the growing demand for post COVID care, the growing body of patients (studies suggest that anywhere from 30-70% of people infected with SARS-CoV-2 exhibit mild to disabling long-term symptoms) and the wait times at some centers (9-12 months), we also want to recognise the many independent providers seeing patients with post-COVID

sequelae. The need for real time collaboration and communication between care providers, and cooperation between generalists and specialists from multiple fields, can not be overemphasized.

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### **1. Necessary Infrastructure for PCCC**

- Continual Staff Training
- Equipment
- Clinical Space
- Adherence to infection control protocols
- Partnership with testing, specialists and rehabilitation services
- Ability to refer patients to specialists and to share records
- Coordinated communication among specialists to follow up on patient care
- Optional: Telehealth services

### **2. Intake for Prospective Patients**

- Eligibility for enrollment:
  - Previous COVID-19 infection (lab confirmed PCR or antibody test or T-Cell test or physician diagnosis or patient self referral based on symptoms) with ongoing post-COVID symptoms.

- No longer carrying SARS-CoV-2 virus (confirmed via negative PCR test or 28-days post infection).
- To schedule an appointment:
  - Clinic should provide a phone number and online appointment form. Response from the clinic to schedule an appointment should occur within 48 hours.
  - Patients should be able to self-refer if unable to receive a referral from a Primary Care Physician (PCP).
  - Information on responsible self-care should be provided, particularly if appointments are being scheduled more than 2 weeks out.
- Ideal Initial Intake**
  - Consists of a virtual visit to assess patient reported past and present COVID-19 symptoms and timeline, past and present medications, medical history pre-COVID-19, family medical history, socio-economic factors, nutritional and exercise assessment, and blood type (if known).
  - Patients should be enrolled in an online portal where they can upload any prior relevant diagnostic test results, including any CT Scans, COVID-19 test results, list of any other medical providers seen in connection with COVID and patient's PCP.
  - Scheduled in person appointment with a member of the PCCC team (infectious disease doctor or internal medicine) who will act as the Treatment Ambassador and the patient's liaison with other specialized medical providers.
  - T-Cell or Antibody test available at center.
  - All HCPs working with the clinic should be versed in the vast array of post COVID symptoms being reported to decrease the possibility of gaslighting or patient dismissal.

### **3. Evaluation & Diagnostic Health Assessment**

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At first Screening in-person visit, a complete evaluation and set of tests should be run (note: the specific tests are not listed).

- Blood tests
- Antibody and/or T-cell assessment
- Assessment if cardiac function
- Assessment of lung function
- Assessment of ears, nose and throat
- Assessment of neurological function (scan and MOCA-blind cognitive assessment)
- Assessment of vascular function
- Bowel and urine tests
- Assessment by Physical Therapist/ Occupational Therapist (ie 6 minute walk test)
- Measurement of oxygen levels
- Assessment of eyesight
- Assessment of skin rashes and hair loss
- Medication reconciliation
- Pain assessment
- Nutritional assessment
- Cognitive and emotional assessments
- Assessment of mental health (depression, anxiety, PTSD, sleep, appetite)
- Sleep testing
- Assessment of social/lifestyle (including housing, food and employment security)

#### **4. Comprehensive Treatment Team Established For Each Patient with Standard Process for Reporting New Symptoms**

Once tests are run and evaluated by the Treatment Ambassador (in consultation with the appropriate specialist(s)), the Treatment Ambassador will put together a Team of Providers (ideally 3-4) who will work together to come up with a treatment plan for each patient based on the patients worst lingering symptoms. For example, if the patient suffers from constant headaches, diarrhea, and shortness of breath, the Team should include ideally a

pulmonologist, a gastroenterologist, and a neurologist. This Team will refer the patient out to other providers, as needed, in addition to the care they provide. The Team should meet together with the patient either in person or virtually (as needed) to discuss and monitor progress ideally once every 2 weeks.

Because the post COVID patient experience is varied and fluid, a procedure for patients to report and seek feedback on symptoms should be in place and monitored.

### **5. Disciplines to include in the PCCC Offerings:**

Symptoms may arise in any system in the body and may change, or come and go, over time. Systems include but are not limited to the cardiovascular, respiratory, gastrointestinal, neurological, musculoskeletal, metabolic, renal, dermatological, otolaryngological, haematological and autonomic systems. Psychiatric symptoms, pain and fatigue are also common. The most multi-disciplinary programs will offer access to the following specialties.

- General Medicine
- Pulmonary Medicine
- Cardiology
- Infectious Disease
- Immunology/Allergies
- Gastroenterology
- Neurology
- Urology
- Nephrology
- Hematology
- Endocrinology
- Dermatology



- Post-COVID Support Group
- Navigating allocation of clinical resources
- Research and collaboration with other PCCCs
- Participation in clinical research

## **7. PCCC Collaboration Needed**

- To provide Information about what patients can do at home to self help while they wait to be seen.
- To provide a mechanism for on-going communication between PCCCs, specialists and individual providers in order to quickly and effectively adjust assessment and care strategies.
- With patient representatives organizations to facilitate information sharing, reduce gaslighting and ensure the patient voice is heard.
- With the research community who are embarking on a 1.25 billion dollar initiative on PASC in order to drive patient and physician participation.
- To develop telehealth care to assist with patient access, provide care options in rural areas, and decrease healthcare disparities.



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