



Care Models for Long COVID: A Living Systematic Review

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Summary

An estimated 150K Canadians, mostly women, are facing debilitating sequelae and disabilities from Long COVID that impact their quality of life and capacity to return to work. A new care model is needed for persons with this complex and multi-systemic disease. We identified international care models describing the integration of primary care, rehabilitation services and specialized assessment clinics for Long COVID.

Implications

Limited evidence from this review of international care models for Long COVID point out to a care model for the Canadian context that should be co-designed with patients, clinicians, decision makers and researchers, and include:

- 1) A coordination unit to centrally receive referrals from both hospitalized and community-based patients;
- 2) Training of primary care teams to screen and support medical needs;
- 3) Integrated local multidisciplinary rehabilitation services; and
- 4) Access to medical specialty clinics for advanced testing and diagnoses.

We see a stabilization of conceptual evidence. No impact analyses. Combining international evidence, contextualized Canadian initiatives and patient perspectives, we propose that a national public health initiative would be advisable to ensure sustainable support of provincial teams in their quest support Long COVID patients of their road to recovery.

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What is the current situation?

More than 150K Canadians are with living the affliction of Long COVID, the patient-led term to describe long-term consequences of COVID-19. Long COVID is a multi-systemic and unpredictable disease impacting quality of life and return to work in middle aged population. To avoid widespread long-term disabilities impacting public health, Canadian provinces are seeking to organize a sustainable and equitable care model for Long COVID.

What is the objective?

To provide the best-available evidence about care models for persons living with Long COVID.

How was the review conducted?

- We systematically searched seven electronic databases (MEDLINE, Embase, Web of Science, COVID-END, L-OVE, CDRS and WHO Ovid) on May 27th, 2021.
- Two independent reviewers screened title, abstract and full text.
- We included studies reporting on 1- persons living with Long COVID (post-hospitalized and community based) and 2- a specific care model (i.e., dedicated clinic, care pathway).
- We extracted characteristic of studies, referral pathways, clinical settings of care model, healthcare professions included in the care models, care model principles, care model components and reporting of the care model implementation.

What did the review find?

- We found 12 international care models for Long COVID that covers follow-up of patients discharged following a hospitalization and patients who had lived the infection in the community.
- Most reported elements included in these care models were a coordination unit, primary care pathways, access to multidisciplinary rehabilitation and specialized medical services.
- The impact and costs of these care models are not yet reported.