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The Next Challenge for Post-COVID-19 Clinics: Scale

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The Next Challenge for Post-COVID-19 Clinics

Scale

To the Editor:

We read with great interest the review by Santosh et al[1] published in *CHEST* (August 2021) regarding emerging clinic designs for patients who experience post-acute sequelae of COVID-19 (PASC).

We suggest a focus on centering resources in primary care. Many PASC clinics have significant access issues because of limited resources for this growing population that often requires high-touch and accessible care.[2] To manage volume, many clinics exclude patients based on severity of their initial COVID-19 infection. Although PASC is more likely in the hospitalized population, stratification of ambulatory care resources by such history may be inappropriate.[3-5] Additionally, although streamlined access to specialty care is essential, a separate clinic often leads to care happening in parallel to the primary care relationship.

We propose an alternative strategy that may be more scalable and adaptable. First, train primary care clinicians in the fundamentals of PASC care. Second, provide a mechanism to engage additional support with a low barrier of entry and quick turnaround. We use "e-consults," an electronic chart message sent to a pool of internists with a special interest in PASC, to answer questions that arise. Our team uses standardized assessments and care pathways when responding, which allows us to comanage mild-to-moderate presentations. Finally, complex patients who are identified by e-consult are triaged to a multidisciplinary case conference that regularly reviews cases in "tumor-board"-style to coordinate care, expedite specialty evaluation if needed, and develop comprehensive care plans.

This approach scales quickly and meets the framework proposed by Santosh et al.[1] We hope to spark additional innovation in the care of this growing population.

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Response

To the Editor:

We read the letter to the editor from Drs Yu and Kelly regarding our published review[1] with great interest. We agree that successful long COVID/post-COVID care structures require primary care involvement, either by way of direct incorporation or close collaboration, depending on local resources. In both cases, post-acute sequelae of COVID-19 (PASC) clinics can serve as hubs for dissemination of rapidly evolving PASC knowledge via events such as continuing medical education conferences and one-on-one consultations. We appreciate the e-consult and tumor board framework that you have implemented and welcome such creativity in leveraging institutional strengths to customize a multidisciplinary approach to the care of patients recovering from COVID-19.

We also wish to emphasize the importance of concentrated clinical and research efforts to recognize patterns in PASC. A benefit of dedicated PASC clinics is an opportunity to define, test, and operationalize