

Veteran's Health Equity Podcast Transcript

How VA is Working to Help Veterans with Long COVID

>> I want to welcome everyone and thank you all for joining. My name is Lauren Korshak, and I lead translation activities for the VA's Office of Health Equity. The Office of Health Equity champions the advancement of health equity and reducing health disparities among Veterans. Today on the Health Equity and Veterans podcast series, we'll be discussing how VA is working to make sure that veterans who are experiencing long COVID symptoms get the best care they can. Before we begin, I want to go ahead and introduce our speakers.

Dr. Amanda Purnell is a clinical data specialist with the VHA Innovation Ecosystem within the Health Care Innovation and Learning Office. Before that time, she was the senior innovation fellow working on a project to democratize data and the innovation specialist at the VA St. Louis Health Care System.

She loves to empower others, ignite curiosity, and wonder about what is possible. Before her work with the VHA Innovation Ecosystem, she held leadership roles in implementing programs for prevention, integrative and complementary care, and health behavior change at VA. She has extensive experience in training, facilitation, and advancing learning in adults.

Dr. Purnell has a Ph.D. in counseling psychology from the Ohio State University. Mrs. Marian Adly is a White House Presidential Innovation Fellow working with the VA Office of the Chief Technology Officer on COVID-19 efforts and digital public service. Before that, Mrs. Adly was employed at Google and engaged in health products programs and early COVID-19 work.

She is the author of *Limiting the Collateral Damage of Decision Making* as an American Fulbright Scholar studying Canada's response to the 2003 SARS outbreak. She holds dual master's degrees from the University of Toronto and the University of Chicago. So I want to open up and ask you all if you could describe what exactly it is long COVID.

>> Well, I'll get started. One of the highly unique, interesting, and engaging things about this work is the definition of long COVID, also called post-COVID or post-acute sequelae of COVID. The intent of this series of symptoms has evolved over time. There is updated guidance on defining long COVID or post-COVID on the CDC website. But that definition continues to grow in terms of clinical practice. So it's a highly unprecedented state of affairs in which clinicians on the ground are attempting to identify and engage veterans. Who may be experiencing ongoing symptoms post their initial COVID diagnosis and try to determine which need additional resources and treatment and which do not? So this is it's a fascinating situation where a long COVID has an ongoing and changing definition.

>> Yeah, and in addition to that, so Amanda was absolutely correct in practice recently about the definition of long COVID, or what they call long haulers, or post-acute sequelae SARS coronavirus 2. An ICD-10 code, a new ICD-10 code for long COVID, was just defined earlier in October.

And so it's I think it's important to note that we have seen this before. We have seen there is a precedent to what's happening now. We've seen this with SARS in 2003 when the SARS outbreak occurred in China, and then also prominently, you know, hit Canada pretty hard, as well. It didn't hit the U.S. as hard as Canada. But we've seen those SARS survivors from 2003. There was quite a bit of literature indicating that SARS survivors struggled with this kind of post-viral syndrome condition. That

would last for even years after their type of exposure to the virus. And so we realized that this is history repeating itself. We've seen it with MRSA, and this is history repeating itself, but now it's essentially happening at scale. And with the deep penetration in our communities and how pervasive this virus has been worldwide, we only know that you know, dealing with the initial pandemic response was high on everyone's radar.

With the scale of infection, we're going to see a shadow of that pandemic with COVID survivors struggling with, you know, this kind of post-viral condition. And I think that there is an opportunity here to help our discipline. So kind of better identifies the understanding gap and our professional gaps in not only learning how human immunity is responding to this virus. But also how our clinicians are providing care and the type of care needed to support this patient population as best as possible. So this is going to be rapidly evolving.

>> So I just wanted to interject. So an ICD is the International Classification of Disease, and Version 10 is what we're using in the health care system now. And so it's a big, long book of all the diagnoses that our health care providers can use to guide their diagnosis and treatment. So you had mentioned that there's now a diagnosis code for long COVID. This is very important.

Can you just explain quickly why it's so important?

>> The diagnosis code is essential because it's how our clinicians and our health systems identify patients struggling with this condition. So this is our way to classify in our records, in our systems, in our electronic health records, a way to size the impacted population. But also clearly diagnose the patients and provide the appropriate referrals and then the treatment. Now because long COVID is relatively a new condition due to a zoonotic infection, which we highly suspect is coming from an animal virus coming to humans. It presents some challenges to our typical way of providing care. The status quo and the way we provide care in our health system is that we usually wait for an evidence base to guide clinical care pathways.

Because this is such a new kind of viral infection and how human immunity responds to it, it is actually challenging for many clinicians. And not sure of what is the best pathway and what not every long COVID patient looks like. And so the way that we can clearly identify that patient in the record is a way to also provide an opportunity to not only identify the patients in the health system who are struggling with this condition. But also enable research efforts to dig a little deeper and understand the emerging patterns. And to try to extract some actionable intelligence that might help drive the research that would, in fact, help support clinician workflows. And so it's a little bit of kind of the cart before the horse here, and the definition defining what that population looks like and who those individuals are will be absolutely critical as part of that.

>> So you all are really involved in helping veterans with long COVID.

Can you tell me more about the work you and VA are engaged in around helping these veterans with this condition?

>> In my perspective, I think VA clinicians on the ground are leading the charge in how to develop pathways of care to identify triage and provide appropriate treatment to veterans with long COVID. So across the country, at least 16 sites have already set long COVID clinics, and several dozen more are developing clinics. That includes various specialties, including a medical provider, physical medicine,

rehabilitation, physical therapy, occupational therapy, mental health, and whole health. And VA has really taken the approach of developing these interdisciplinary clinics by seeing the need on the ground and identifying veterans who may be experiencing long COVID. Reaching out to those veterans in a proactive fashion. Doing so via in-person clinics, telehealth clinics, and phone clinics. Trying to really increase the access so that veterans who may be experiencing long COVID can get the resources they need in the way they would like to receive their care. And VA really has the opportunity to be the leader here because of its past history in developing interdisciplinary care clinics. To include clinics that have been designed in the past for polytrauma around traumatic brain injury and Gulf War syndrome.

And this is what uniquely makes the VA a leader in caring for people and developing these kinds of clinics. Marian and I, along with Allison Gustavson, have been working with Allison at the lead to establish a community of practice to take these innovators in the field and share their lessons learned.

Help develop a sense of best care clinical practices in identifying veterans, triaging veterans, and providing appropriate resources. As well as really trying to dig in and learn from the veterans and their caregivers in deep conversations with clinicians to dig in and understand more about the lived experience. To make sure that as we develop these clinics, we really are meeting the needs of the people we serve, the veterans and caregivers.

>> And so, finally, I just wanted to ask both of you why is this work so important. And also, if veterans suspect they might have long COVID, what can they do?

>> This work is so important because I think I really fundamentally believe in never letting a crisis go to waste. I think of this as an opportunity for health care, in general, to get a wake-up call essentially. And to kind of activate and reactivate our research efforts and our health care delivery networks in a way that is perhaps more responsive. And it does a better job in terms of meeting the patients where they're at. And I think that the overall pandemic has challenged us.

FROM MY PERSPECTIVE, the VA is essential; from my perspective, this is an opportunity where the VA has stepped up in remarkable ways. And with the leadership, with the initiative, with the clinicians going on the front lines and sacrificing day in and day out in a time of crisis. Overall, there are high degrees of uncertainty, high degrees of even misinformation, fatigue, overwork, and stress. And I have to say that from my perspective, the VA and the clinicians have, and the entire enterprise stepped up in some really remarkable ways to meet veterans where they're at. And concerning the long COVID effort, there has been a highly deliberate early-on engagement. Even very, you know, as we were focusing on vaccine deployment, we've already started the conversation to say, okay, how do we best repair and anticipate the needs of our survivor population. They likely develop this kind of post-viral syndrome due to being exposed to the virus. Obviously, there are some challenges, but we've already started deep thinking. We're very deliberate about how to engage in getting the veterans at the center of this work, capturing their experience through their COVID continuum, also, including the caregiver perspective. Be mindful that our veteran population is already coming in with service-connected conditions, unlike what we see in civilian health systems. And so, the caregiver role is going to play a very integral part in their care and wellbeing.

And so, I think this is important because this can essentially help distill, as Amanda noted, and highlight the VA's kind of strength in being able to deal with these kinds of ambiguous conditions as a result. If you look at Gulf War syndrome, you know and understand it is interprofessional across multiple specialists. And how we provide care, and what those models of the high degree of coordination across specialists, what those models might inform in terms of extended COVID care. And how can we help scale that model for long COVID? And this could also essentially help drive, you know, the rapid adoption of "tele" and virtual care has been unprecedented, as we've seen here at the VA.

And I think that this could essentially inform how the VA provides care beyond the pandemic. And indeed, highlight the strengths of what the VA can do to deliver veterans that care. In terms of the veterans' perspective, we want veterans to reach out to their PCP. We realize that there will be - we want to empower our veterans with education and information. And then who do they need to reach out to ask for help, to at least initiate that care and enhance the care demand so that we can best meet those needs.

>> I want to add on that last part to agree and emphasize the importance of veterans knowing their bodies the best and learning when they're not feeling typical. So we want to empower and encourage all veterans who continue to experience symptoms that are unexpected or novel or appear to be related to COVID status. Four to eight weeks after a positive diagnosis, especially if that veteran was not hospitalized.

In particular, if they're experiencing shortness of breath, fatigue, cognitive difficulties, mental health distress, anxiety, or depression. This variety of symptoms can be hard to identify. And so we really want to get the news out to veterans that if they're experiencing a change in their quality of life and they're noticing a persisting real distinct difference, as Marian noted. We strongly encourage you to reach out to your primary care provider or your RN care manager, who your specific point of contact is. And advocate for an assessment to make sure and confirm if it is long COVID or if there is some other way that the VA can support veterans. And we just really want to empower veterans to take control and ask for help.

>> Yeah, we are here for our veterans.

>> All right, well, I want to thank you all for being a part of this vital conversation, and I want to thank all of our listeners for joining us. And I hope you all will join us on our next episode. Take care.