

COVID Patient Care Coordination

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Background/ Purpose

Throughout the COVID pandemic, there has been great emphasis on testing with confusing, and sometimes contradictory, guidance as to what to do if/when the result is positive, other than to quarantine and avoid hospitalization^{2,3,4}. Our practice quickly recognized the need to provide reliable and credible information and took measures to provide this information to our patients.

Our initiative was intended to guide and support our patients and community through the uncertainty of COVID in order to keep the office, urgent care centers and Emergency Departments from becoming overwhelmed. We were able to fund this initiative through the use of CPC+ funds, which have since disappeared with the program's termination.

Methods

Between March 1, 2020 and December 31, 2021, over 2,000 COVID positive patients were followed by a designated registered nurse (RN) and family physician team. Daily, a project manager pulled reports of patients of the practice who were tested for COVID within the practice system. If tests were positive, the project manager informed the RN to initiate follow up. If negative, the project manager or other staff member informed the patient of the result. Additionally, patients who tested positive through an alternative source and informed the practice of their diagnosis were provided with the same follow up care.

Patients received phone calls from the RN two to three times weekly while symptomatic to assess their current medical condition, provide information, answer questions and determine treatment eligibility, specifically for monoclonal antibody treatment. During the phone call assessments, the RN discussed disease expectations, possible disease progressions and provided reassurances to patients, as well as provided guidance on quarantine protocols, retesting protocols, over the counter medications to alleviate symptoms, vaccination protocols, and antibody testing protocols. Instructions for care were sent to patients via patient portal and/or given verbally. A family physician safely saw patients at a designated time to keep those patients with COVID symptoms separate from the rest of the patient population, prescribed medications and sent patients for available treatments, as necessary. Weekly, the project manager provided COVID status reports to practice team.

Results

Throughout the first 21 months of the COVID pandemic, the RN made 6,008 phone calls to 2,029 patients diagnosed with COVID, about 17 percent of the practice's patient population, for follow up care. Of those 2,029 patients, 287 were seen after diagnosis for further assessment or treatment by the family physician, 136 were seen in the Emergency Department, 127 were hospitalized and 29 expired. Of the 136 patients seen in the Emergency Department, 85 were sent by the practice team solely to receive monoclonal antibody treatment, 16 were sent by the practice team for other care and 35 self-referred to the Emergency Department for care before conferring with the practice team. Sixty-one of the 127 patients hospitalized had been sent for treatment after evaluation by the practice team and 48 were hospitalized with COVID before the practice knew they were COVID positive. These people either had not informed the practice of their diagnosis or were diagnosed upon hospitalization. In addition, 18 of the 127 self-referred to the hospital, without consulting with the practice team prior to hospitalization. Of the 29 people who expired after contracting COVID, 25 expired during or shortly after hospitalization.

All of the patients with whom the practice team had contact were provided with current and scientifically accurate information, which sometimes contradicted what they had heard via certain news outlets and/or social media⁴.

Discussion/Conclusion

When patients are diagnosed with COVID, they need accurate guidance and support⁶. With the initiative taken by the practice, we were able to support patients in their time of need. When other practices closed their doors or did not see patients with COVID symptoms, our practice embraced its role in the community³. Patients felt supported and cared for during what has been a stressful time.

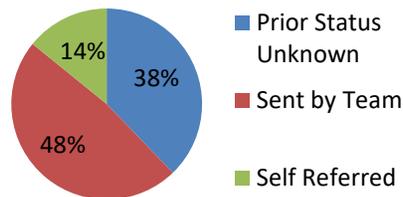
Through this initiative, the practice was also able to keep the office, urgent care center and hospitals from becoming overwhelmed by using phone calls to proactively reach out to patients diagnosed with COVID and provide support, as necessary.

Future Directions

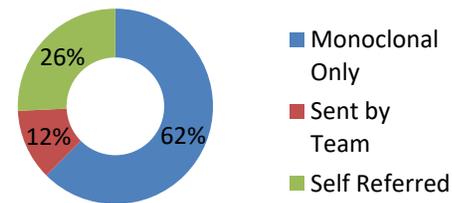
During the most recent surge in cases, it became difficult to provide the same type of follow up care to all who needed it due to volume; however, these phone calls and follow up care continue as the pandemic continues⁵.

As funds for care coordination disappear with CPC+ having recently ended, the future of this COVID follow up program is unknown¹. While this type of care may not be reimbursable, it is a critically necessary part of family medicine that can build relationships and trust with patients and the community for years to come.

Hospitalized Patients



Emergency Department Patients



Patient Quote

A note from a patient who received COVID follow up care coordination: "I just wanted to thank you for being our life line during our bout with COVID. Your patience, kindness and knowledge were appreciated more than you know. It was a very scary, lonely and confusing time – especially when [patient's name] was hospitalized. Your calls were a wonderful service to your patients and were much anticipated for keeping us connected to the only people who could help us on the medical issues we were going through. I also credit you with saving [patient's name] from further complications by suggesting I take [patient's name] to the E.R. Neither of us had any idea we could just go there for care... We are truly grateful to you!"

References

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