



NASEM Committee on Examining the Definition for Long COVID

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Long Covid Types

- Recovering from intensive care unit (like PICS)
- Severe allergy
- Vascular conditions (visible and invisible)
- Autonomic nervous system dysregulation, like ME/CFS, where multiple symptoms/syndromes may appear and compound one another

Implementation of Care

- Take Patients Seriously
- Confront provider assumptions
- Recognize inequities in population health
- Consider interactions in everyday clinical care

Implementation of Care

- Take Patients Seriously
- Confront provider assumptions
- Recognize inequities in population health
- Consider interactions in everyday clinical care
- Accept the Long Covid diagnosis
- Consult with colleagues when unsure
- Diagnose so people can access health care

Implementation of Care

- Our health system is unequal
- FQHCs are overburdened
- People struggle to receive diagnoses for common diseases because follow up tests are hard to complete & several visits are often required

Implementation of Care

- Long Covid Clinics should not be:
 - Switch boards
 - Specialist negotiators
 - Exhausting patients
 - Lacking in coordinative care across subspecialties

Implementation of Care

- Long Covid Clinics should be:
 - Holistic
 - Revitalizing
 - Elongated visits with periods of rest and calm
 - Places where patients can receive comprehensive care from one clinical visit (as opposed to several)

Dr. Alba's Concerns

- Specialized care must meet patient needs
- People don't understand Long Covid, including healthcare workers
- People do not feel safe in medical spaces
- Patients experience various forms of bias
- Context matters

Final Comments

- Long Covid Clinics must be **people-centered**
- Recognizing **patient knowledge** and multiple pathways to healing
- Recognizing **provider unfamiliarity with Long Covid**
- Acknowledging Long Covid presents in **different ways in different people**
- Providing an **integrative team** in one place
- **Disability accommodations** are crucial



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