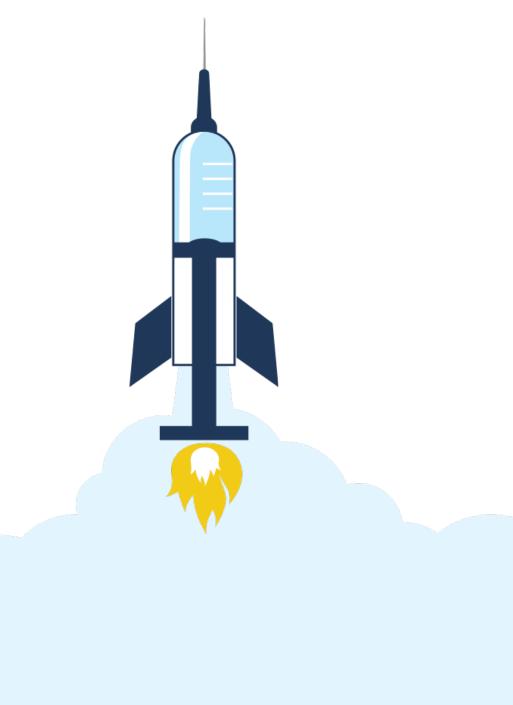
## Long COVID: Understanding Post-Acute Sequelae of COVID (PASC)

Diane Sanders-Cepeda, DO, CMD UHC Retiree Solutions Senior Medical Director



Quality Innovation Network -Quality Improvement Organizations CENTER 5 FOR MEDICARE & MEDICAI D SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP



## Making Health Care Better Together

### **About Alliant Health Solutions**

## **Diane Sanders-Cepeda, DO, CMD**

#### SENIOR MEDICAL DIRECTOR, UNITEDHEALTHCARE RETIREE SOLUTIONS

Dr. Diane Sanders-Cepeda is a geriatrician and certified medical director who has focused her career on geriatric care across the post-acute and long-term care continuum. She began her career at Nova Southeastern University as an assistant professor in geriatrics. Her passion for program development and the practical application of medical models led her to start a medical practice focused on geriatric medical care, resource management and transitions of care across the post-acute and long-term care continuum. As Dr. Sanders-Cepeda grew her practice, her expertise in geriatric medicine led her to create an inpatient geriatric care unit at South Florida Hospital, develop palliative care initiatives for home health and skilled nursing facilities, inpatient units and hospice groups. Dr. Sanders-Cepeda then transitioned to United Health Group as an Optum medical director for the South Florida market. While in Optum, she used her skills to focus on clinical strategic planning, educational initiatives and clinical development of Optum's advanced practice clinicians. Currently, Dr. Sanders-Cepeda works with United Health Group as a senior medical director for United Healthcare Retiree Solutions.

Dr. Sanders-Cepeda is an active member of the American Medical Directors Association. She serves on AMDA's board of directors and is chair of AMDA's online education subcommittee. She also sits on the program planning subcommittee and the education committee. On the state level, Dr. Sanders-Cepeda is president of the Florida Medical Directors Association and chair of FMDA's Journal Club.

Dr. Sanders-Cepeda also serves on the statewide Medical Care Advisory Committee for the state of Florida. In addition, Dr. Sanders-Cepeda has presented regionally and nationally on a multitude of topics.



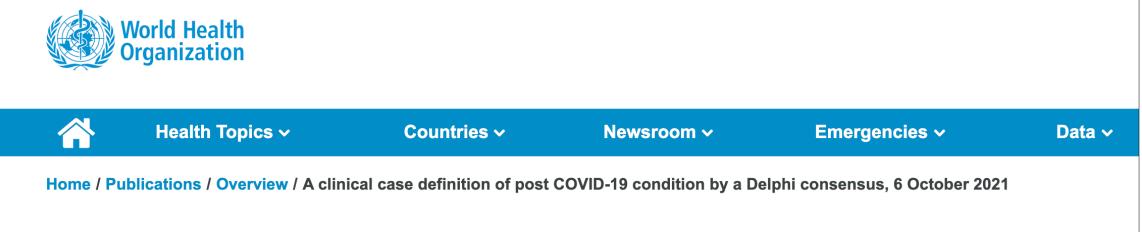




## What is Long COVID?

Long COVID Long Haulers COVID Post-Acute Sequelae of COVID Post-COVID Conditions





### A clinical case definition of post COVID-19 condition by a Delphi consensus, 6 October 2021

6 October 2021 | COVID-19: Clinical care





# Post-Acute Sequelae of COVID (PASC): WHO Definition

History of probable or confirmed COVID-19 infection



Symptoms three months from the onset of COVID



Symptoms that cannot be explained by an alternative diagnosis

Lasting for at least two months



## When Is It Post-COVID Complications vs. Long COVID Symptoms?



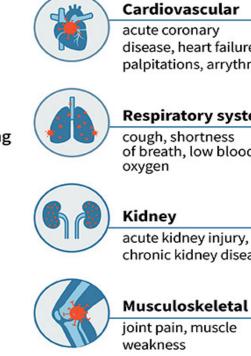


### **COVID-19: Lasting impact**

Even those survivors with mild initial cases can have wideranging health issues for six months or more.

WashU researchers link many diseases with COVID-19, signaling long-term complications for patients and a massive health burden for years to come.





**Mental health** anxiety, depression, sleep problems, substance abuse Nervous system stroke, headaches, memory problems, smell problems Metabolic/ endocrine obesity, diabetes, high cholesterol Gastrointestinal

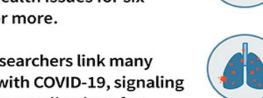
constipation, diarrhea, acid reflux

Skin disorders hair loss, rash

Coagulation disorders blood clots



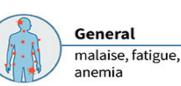
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disease, heart failure, palpitations, arrythmias

> **Respiratory system** of breath, low blood

acute kidney injury, chronic kidney disease



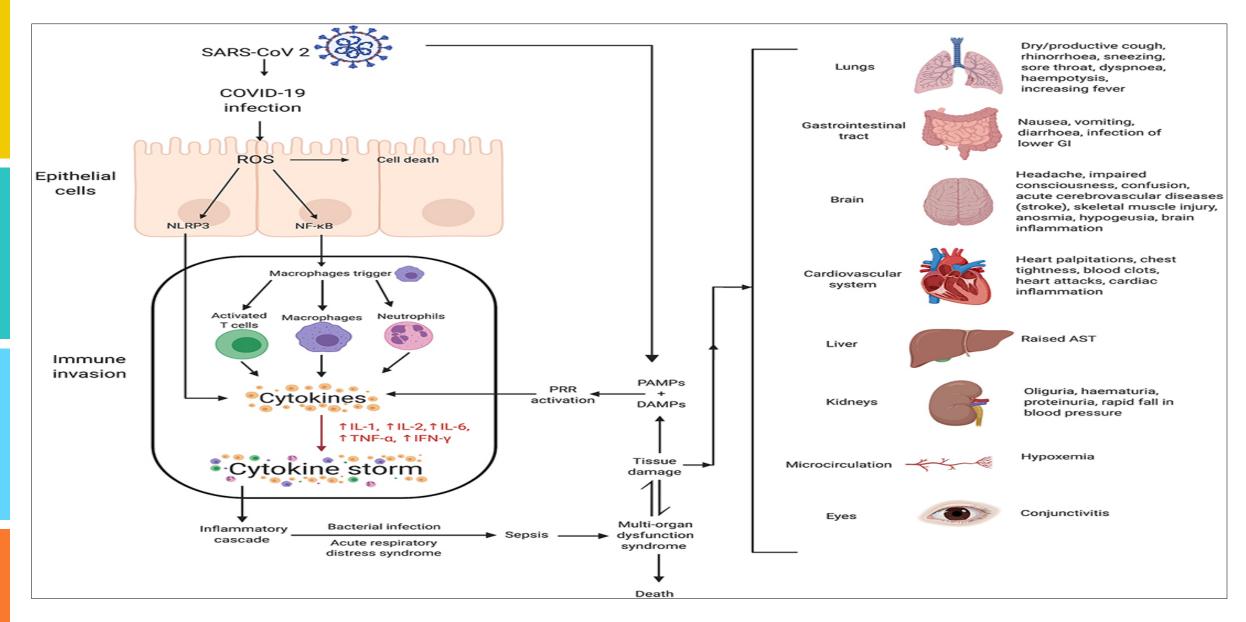




## Pathogenesis of Post-COVID Syndrome – Multi-Factorial

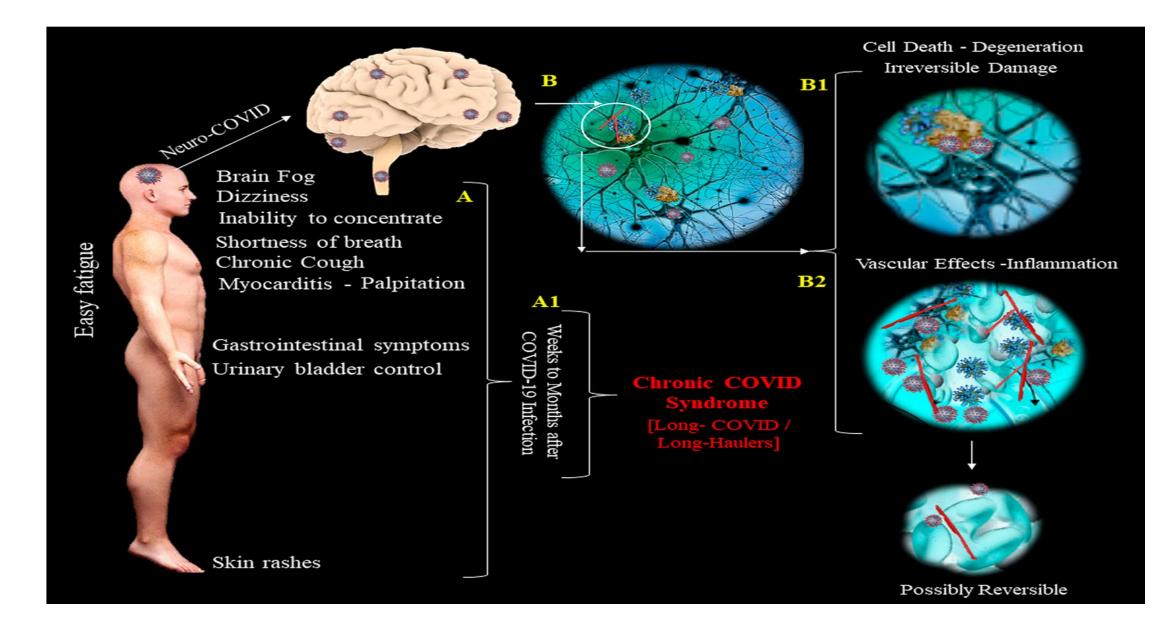
Prolonged inflammation Immune-mediated vascular dysfunction Thromboembolism Nervous system dysfunction





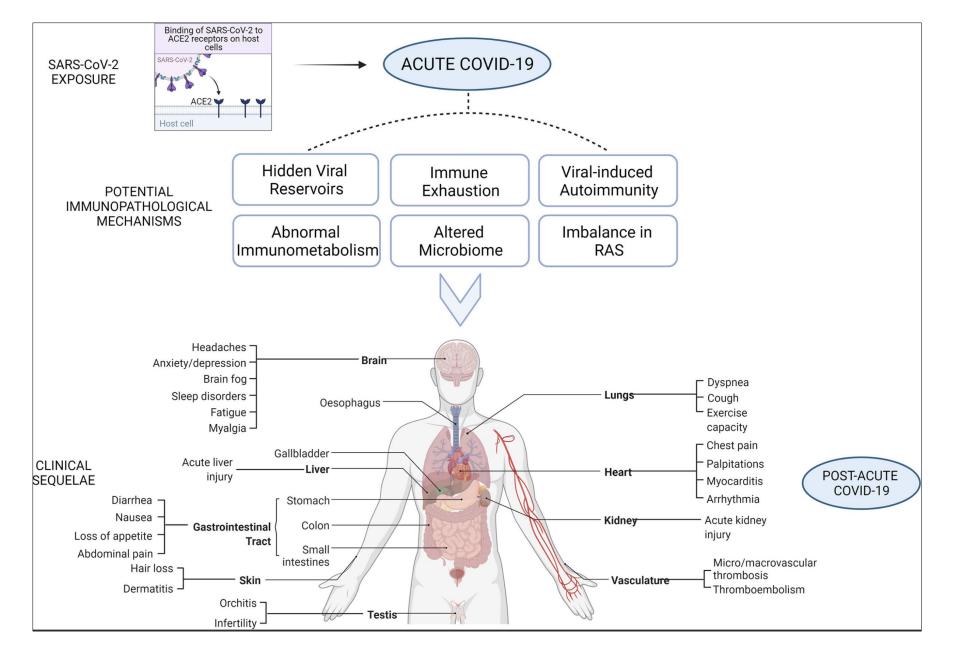
Bhaskar et. Al. Front. Immunol., 10 July 2020



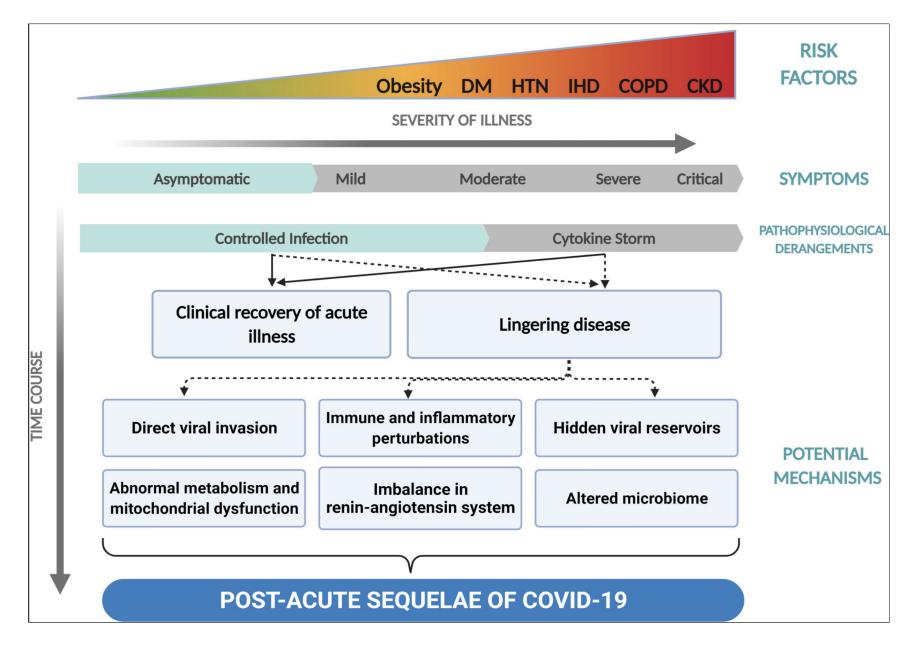


ACS Chem. Neuroscience. 2020, 11, 4017-4020



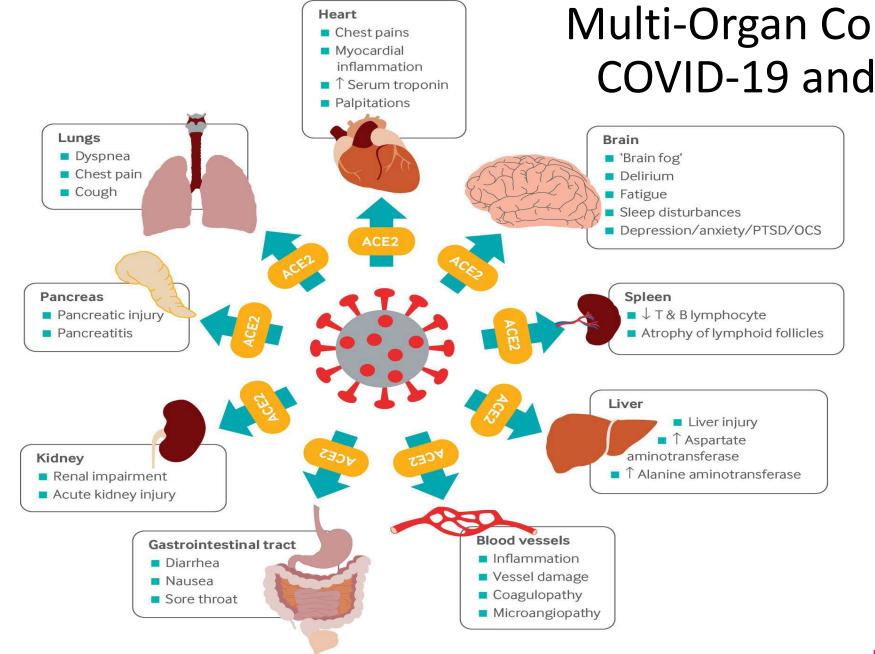






Front. Immunol., 30 June 2021 | <u>https://doi.org/10.3389/fimmu.2021.686029</u>





Harry Crook et al. BMJ 2021;374:bmj.n1648

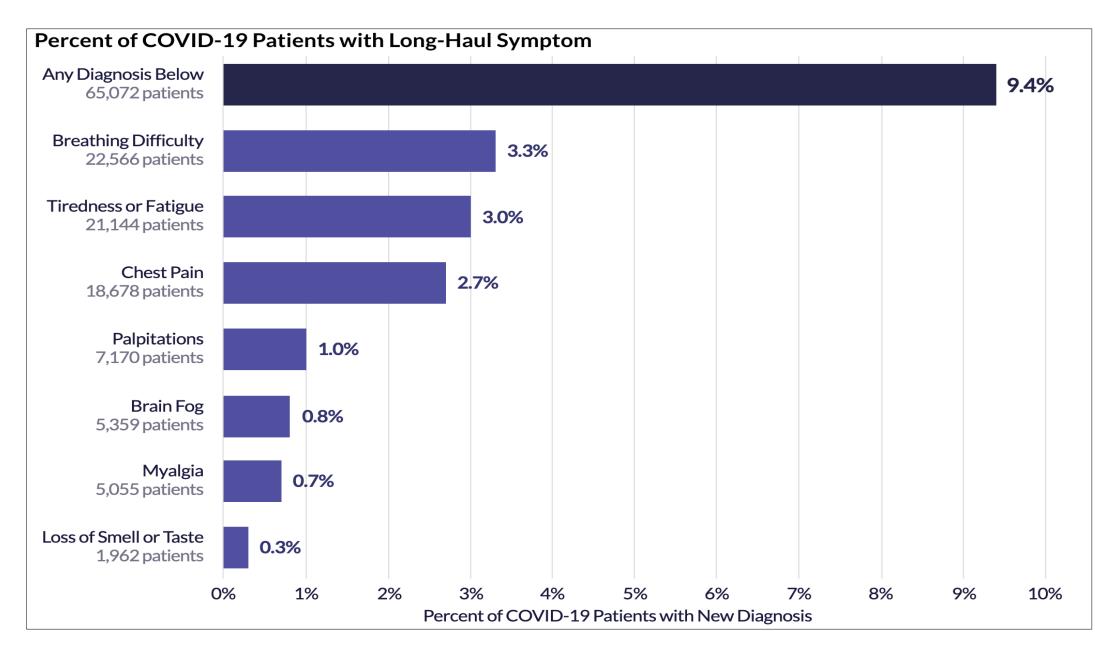
## **Multi-Organ Complications of COVID-19 and Long COVID**



## When COVID-19 Symptoms Linger

New NIH initiative seeks to understand why some people continue to have symptoms long after recovery.





"Percent of COVID-19 Patients with Long-Haul Symptoms" 2021. Epic Health Research Network





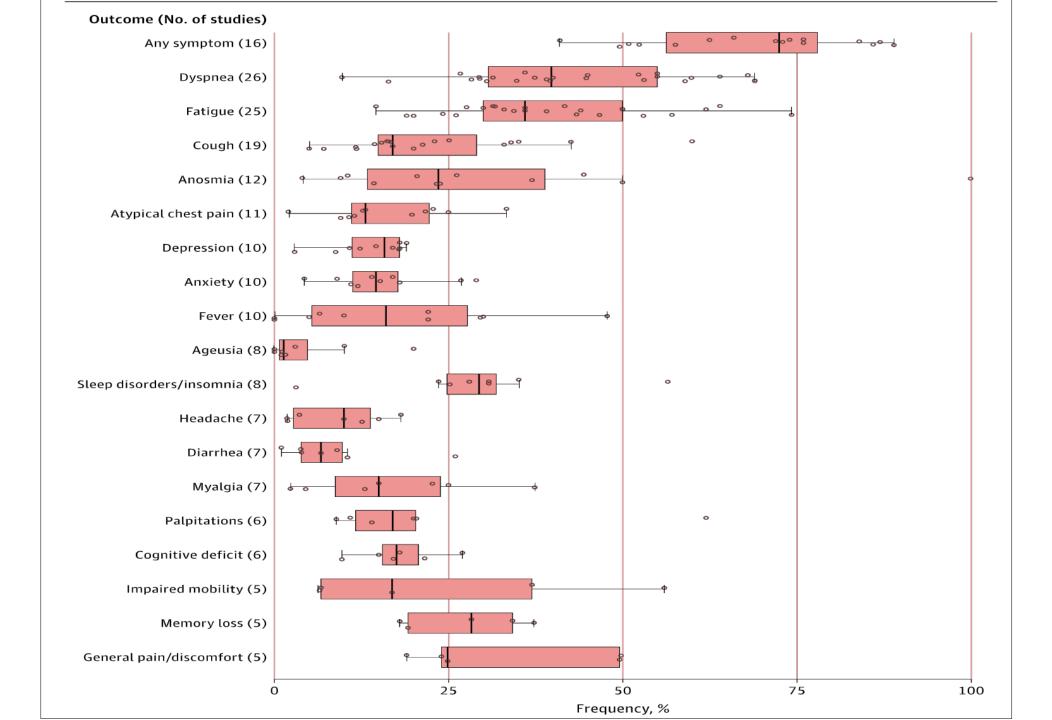
#### **Original Investigation** | Infectious Diseases

### Assessment of the Frequency and Variety of Persistent Symptoms Among Patients With COVID-19

A Systematic Review

Tahmina Nasserie, MPH; Michael Hittle, BS; Steven N. Goodman, MD, MHS, PhD







ORIGINAL STUDY - BRIEF REPORT | VOLUME 22, ISSUE 6, P1138-1141.E1, JUNE 01, 2021

### Recovery from Coronavirus Disease 2019 among Older Adults in Post-Acute Skilled Nursing Facilities

Sandra Shi, MD 🛛 A 🖂 • On-Yee Lo, PhD • Natalie Newmeyer, MS • Innokentiy Bakaev, MD •

Dae Hyun Kim, MD, ScD

Published: April 12, 2021 • DOI: https://doi.org/10.1016/j.jamda.2021.04.003 •

() Check for updates



**Original Investigation** | Infectious Diseases

October 13, 2021

## **Short-term and Long-term Rates of Postacute Sequelae of SARS-CoV-2 Infection** A Systematic Review

Destin Groff, BA<sup>1</sup>; Ashley Sun, BA<sup>1</sup>; Anna E. Ssentongo, DrPH, MPH<sup>1,2</sup>; <u>et al</u>

> Author Affiliations | Article Information

JAMA Netw Open. 2021;4(10):e2128568. doi:10.1001/jamanetworkopen.2021.28568





## What About Treatment?

()())) - ()() ) () () ()



## Prevention Is the Best Medicine





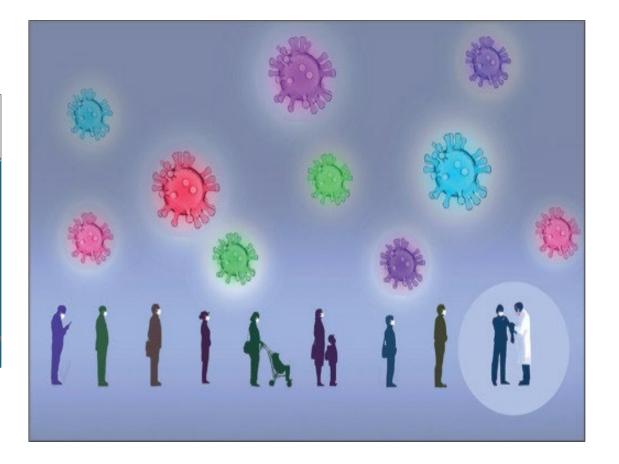
### THE LANCET Respiratory Medicine

NEWS | ONLINE FIRST

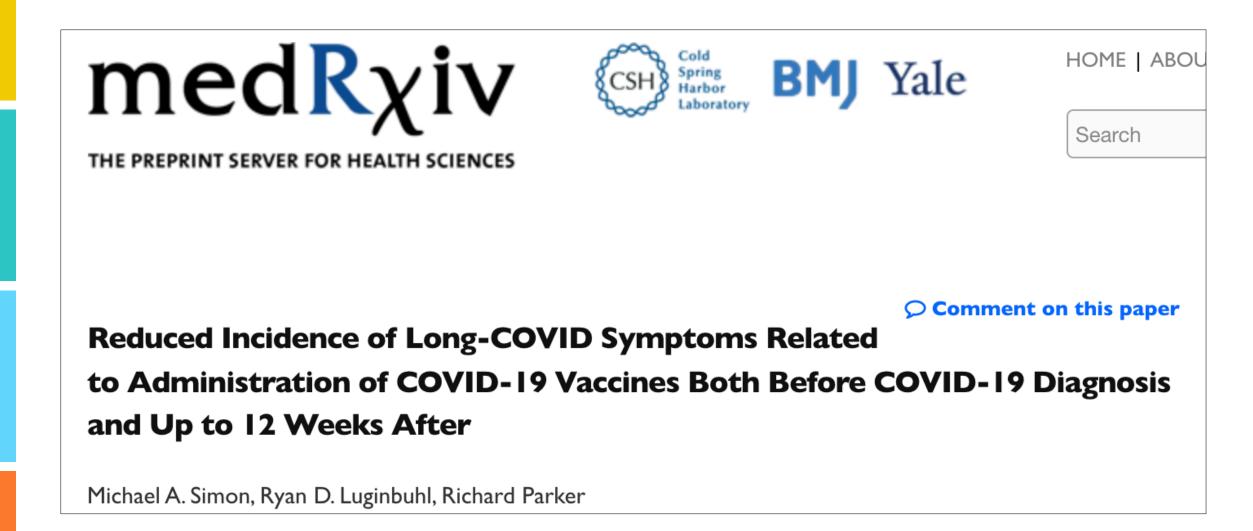
### Do vaccines protect from long COVID?

Priya Venkatesan

Published: January 20, 2022 • DOI: https://doi.org/10.1016/S2213-2600(22)00020-0









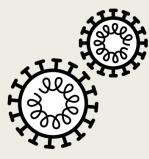
## The Thing About Vitamins?

### Network Open...

**RCT:** Effect of High-Dose Zinc and Ascorbic Acid Supplementation on Symptom Length Among Ambulatory Patients With SARS-CoV-2 Infection

#### **POPULATION**

82 Men, 132 Women



Adult patients with SARS-CoV-2 infection confirmed with a PCR-based assay as outpatients **Mean (SD) age, 45.2 (14.6) y** 

#### **SETTINGS / LOCATIONS**



Hospitals in a single health system with sites in Ohio and Florida

#### **INTERVENTION**

**214** Patients randomized and analyzed



**PRIMARY OUTCOME** 

shortness of breath, and fatigue

**50 Standard of care** Standard outpatient prescription for viral illness

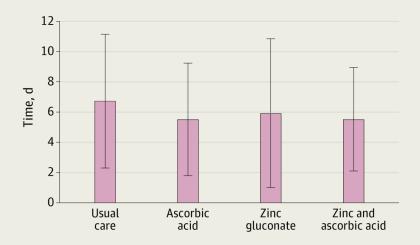
**48 Ascorbic acid** 8000 mg Ascorbic acid

**58 Zinc gluconate** 50 mg Zinc

**58 Zinc and ascorbic acid** 50 mg Zinc and 8000 mg of ascorbic acid

#### **FINDINGS**

The study was stopped for a low conditional power for benefit with no significant difference among the 4 groups for the primary end point, a 50% reduction in symptoms



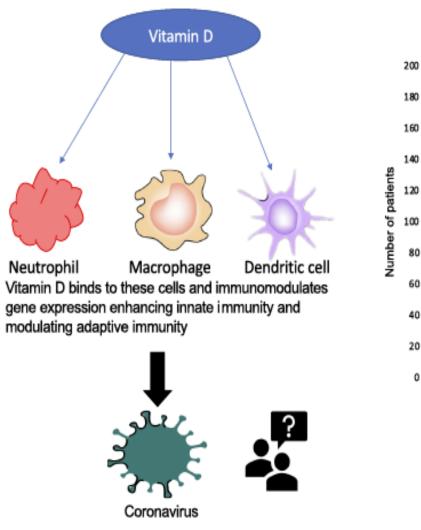
Time to 50% symptom reduction Usual care: Mean (SD), 6.7 (4.4) d Ascorbic acid: Mean (SD), 5.5 (3.7) d Zinc gluconate: Mean (SD), 5.9 (4.9) d Zinc and ascorbic acid: Mean (SD), 5.5 (3.4) d

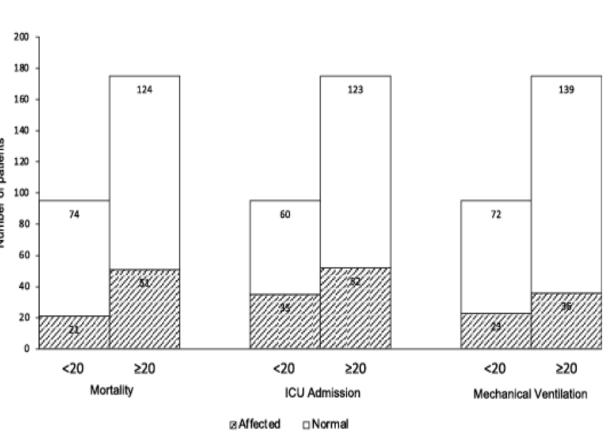
Thomas S, Patel D, Bittel B, et al. Effect of high-dose zinc and ascorbic acid supplementation vs usual care on symptom length and reduction among ambulatory patients with SARS-CoV-2 infection: the COVID A to Z randomized clinical trial. *JAMA Netw Open*. 2021;4(2):e210369. doi:10.1001/jamanetworkopen.2021.0369

The primary end point was the number of days required to reach

a 50% reduction of symptoms, such as severity of fever, cough,

#### Exploring the link between Vitamin D and clinical outcomes in COVID-19





#### Severe disease outcomes in relation to Vitamin D Levels

Question- Does Vitamin D help decrease the severity of clinical outcomes in COVID-19? **Conclusion-** No significant association found between Vitamin D levels and clinical outcomes in COVID-19.

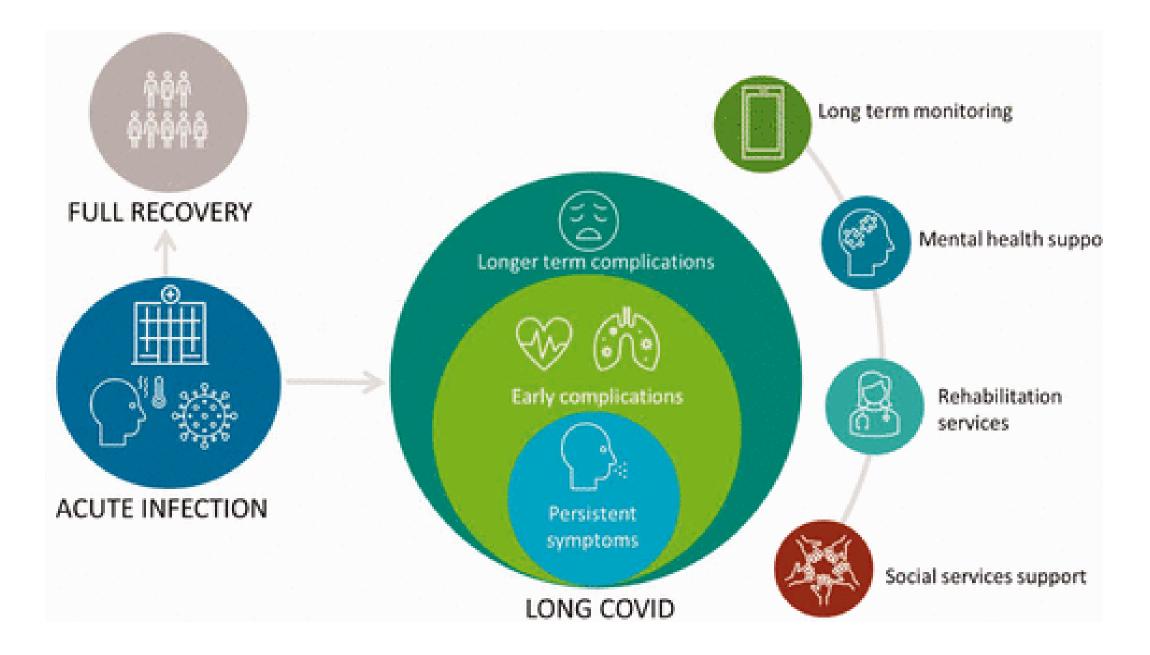


## Managing Post-Acute Sequalae of COVID



Multidisciplinary team approach Individualized care plans Ongoing support









# Case Reviews in PALTC

Recognizing Post-COVID Syndrome?



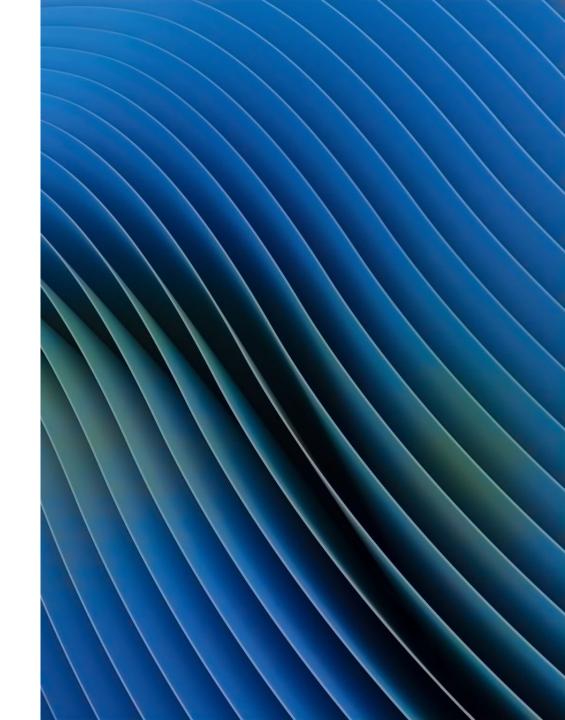
## 62 y/o LTC Resident

African American woman with pmhx of Diabetes, CVA, CKD 3, Morbid Obesity, HTN, Heart Failure, COPD, RA

Initially, was treated on COVID unit in facility until acute respiratory failure

Upon discharge back to the facility, she continued to have SOB, worsening renal function and muscle weakness

Hospitalized multiple times in the months following her initial COVID diagnosis



## 81 y/o LTC Resident

Female LTC resident

COPD, CHF, AFIB, HTN, s/p Stroke, Diabetes, PAD

At baseline – mild cognitive impairments, normal PO intake

Diagnosed with COVID-19 with mild symptoms – mild SOB, no fever, no chest pain

One month later – significant mental and functional decline, worsening renal function and poor oral intake



## What Is the Prevalence?

T



### **Post-Acute Sequelae of SARS-CoV-2 Infections (PASC) Estimates and Insights**

American Academy of Physical Medicine and Rehabilitation

Data as of 2/21/2022

View Dashboard Assumptions, Methodology, and Sources

SUMMARY	BY STATE			
<b>FILTERS</b> (reset to default) Select Est. PASC %	COVID-19 SUI CASES (TC		CUMULATIVE AND DAILY CASES       Select Display            © Cumulative        Cumulative             © COVID-19 Surviving Cases          • PASC Cases (Estimated)        Daily	
30% ~	77,521,	,547 23,256,464	80,000,000	
Select a State	ESTIMATI	ED PASC CASES PER STATE	60,000,000	
All 🗸	State	PASC Cases (Estimated) ▼	^ <sup>8</sup> 40,000,000	
Select a County	California	2,640,541	8	
All 🗸 🗸	Texas	1,925,590	20,000,000	
	Florida	1,724,452		
MODEL ASSUMPTION	New York	1,451,768	Jul 2020 Jan 2021 Jul 2021 Jan 2022	
	Illinois	894,384	00	
( <u>see all</u> ) 1. Model assumes 30% of COV	ID- Pennsylvania	810,020	PASC CASES (ESTIMATED)	
19 surviving cases in the U.S. res in PASC.	esult Ohio	782,532		
	North Carolina	761,085		
2. COVID-19 surviving cases ar	e Georgia	698,753		
confirmed cases less deaths.	Michigan	679,670		
3. U.S. case data is pulled night	New Jersey	635,852		
from JHU CSSE COVID-19 Dat		580,622		
U.S. Census data uses 2019 1-	year Tennessee	559,791		
estimates.	Indiana	495,781		
Powered by ASSOCIATION	Virginia	479,895		
ANALYTICS	Wisconsin	465,394	and the second sec	
ANALITICS	Massachusetts	449 416		
			CALLIANT HEALTH SOLUTIONS Quality Inprovement Organizations CRUITE FOR MEDICASE & MEDICALD SERVICES RULLITY IMPROVEMENT & INPOVATION GROUP	

## Questions?





## Thank you for your time!

<u>Diane sanders-cepeda@uhc.com</u> <u>linkedin.com/in/diane-sanders-cepeda-5430aa208</u>





Behavioral Health Outcomes & Opioid Misuse	<ul> <li>✓ Promote opioid best practices</li> <li>✓ Decrease high dose opioid prescribing and opioid adverse events in all settings</li> <li>✓ Increase access to behavioral health services</li> </ul>	CMS 12 <sup>th</sup> SOW Goals		
Patient Safety	<ul> <li>✓ Reduce risky medication combinations</li> <li>✓ Reduce adverse drug events</li> <li>✓ Reduce C. diff in all settings</li> </ul>			
Chronic Disease Self-Management	Increase performance on ABCS clinical quality measures (i.e., aspirin use, blood pressure control, cholesterol management, cardiac rehab) Identify patients at high-risk for developing kidney disease & improve outcomes Identify patients at high risk for diabetes-related complications & improve outcomes			
Quality of Care Transitions	<ul> <li>✓ Convene community coalitions</li> <li>✓ Identify and promote optical care for super utilizers</li> <li>✓ Reduce community-based adverse drug events</li> </ul>	dentify and promote optical care for super utilizers		
Nursing Home Quality	<ul> <li>✓ Improve the mean total quality score</li> <li>✓ Develop national baselines for healthcare related infections in nurse</li> <li>✓ Reduce emergency department visits and readmissions of short state</li> </ul>	-		



### Making Health Care Better Together



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### **Program Directors**



@AlliantQIO



## **Making Healthcare Better** Together

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