







Canadian Guidelines for Post COVID-19 Condition (CAN-PCC)

Long COVID Web webinar

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Disclosures

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- Director, Graduate Diploma in Clinical Epidemiology
- INGUIDE program co-Director and Steering Committee member
- GRADE working group member









CAN-PCC: Three Main Components



Guideline Development



Knowledge Mobilization



Overall Project Timeframe – Jan 2023 to Mar 2025







CAN-PCC Project Principles & Processes

- Development of <u>evidence-based guidelines</u> covering the <u>full spectrum of PCC</u>
- <u>Balanced representation</u> of interested participants in decision-making roles, including residents from different provinces and territories, people with lived experience, and equity-deserving groups
- <u>Key groups and collaborators</u>, including prominent guideline development organizations
- <u>Transparent and systematic approach</u> based on best practices for guideline development and informed by the best available evidence
- Independent management of <u>conflicts of interest</u>
- <u>Standardized training</u> with certification through international program





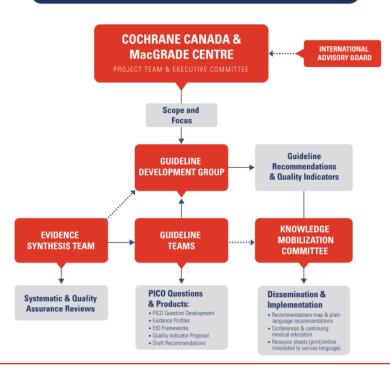






CAN-PCC Project Groups

GROUPS, ROLES & RESPONSIBILITIES











Guideline Development Progress

Selecting Priority Topics



Complete

Developing Good Practice Statements



Complete

Prioritizing Guideline Questions & Health Outcomes



Ongoing

Evidence Synthesis



Started

Developing Recommendations



Coming









COVERAGE OF SIX PCC GUIDELINE TOPICS

PREVENTION OF PCC

For example:

- Primordial prevention (of COVID-19)
- Primary prevention of PCC (incl. pharmacological interventions)
- Risk stratification, prognostic factors

TESTING, IDENTIFICATION & DIAGNOSIS RELATED TO PCC

For example:

- Medical examination
- Diagnostic and other tests

PHARMACOLOGICAL & NON-PHARMACOLOGICAL CLINICAL INTERVENTIONS FOR PCC

For example:

- Rehabilitation
- · Antiviral therapy
- Anticoagulation, antiplatelets
- Traditional healing approaches, complementary, alternative, holistic treatments
- Interventions at population and individual levels

NEUROLOGICAL &
PSYCHIATRIC TOPICS

For example:

- Screening
- Post exertional malaise
- Fatigue
- · Brain fog
- Cognitive impairment

PEDIATRIC &
ADOLESCENT TOPICS

For example:

- Special considerations
- Caregivers
- Schools

HEALTH CARE SERVICES & SYSTEMS. SOCIAL SUPPORT

For example:

- Primary care, virtual care, specialist referral
- · PCC clinics
- · Transitions in care
- Co-construction of treatment plans
- Social support
- Work accommodations and special considerations

MANAGEMENT

Holistic Healthcare Approaches, Multi-Modal Care

MONITORING, DISCHARGE, & FOLLOW-UP

PREVENTION OF OTHER HEALTH CONDITIONS RELATED TO PCC

RECOMMENDATIONS FOR CANADIAN RESIDENTS, WITH SPECIAL ATTENTION TO EQUITY-DESERVING POPULATIONS

Addressing distinct and diverse needs, with culturally sensitive approaches

Release of Good Practice Statements

11 Good Practice Statements were released on January 16

- To urgently address common challenges in PCC prevention and care
- We will add formal recommendations in the coming months









Prioritizing Questions and Outcomes

Questions

- CAN-PCC collaborative is prioritizing 15 questions per topic
- Input received from public, and Canadian and International interest groups

Outcomes

- Maximum of 7 health outcomes per selected question
- People-important outcomes What matters, not what is reported
- Challenge: PCC is a broadly defined condition associated with many outcomes: find out which outcomes are considered most important
- We are following a Core Outcome Set and using Health Outcome Descriptors for a common understanding among recommendation developers, researchers, and guideline users







Example of Health Outcome Descriptor

Quality of Life Impairment

Population/context:

Background: Reduced Well-Being

Author: Holger Schunemann, Romina Brignardello-Petersen, Mikkael Sekeres, Mark Litzow

Date: 31,07,2018

Importance rating

Utility rating

Symptoms

Quality of life impairment indicates a reduced state of wellbeing related to a change in your health status. Many symptoms may cause a reduction in your quality of life. The more severe your symptoms, the more impaired will be your quality of life. Psychological impairment and symptoms will cause a reduction in quality of life, too.

Time horizon

Quality of life impairment will persist for the duration of symptoms, impairment or the condition.

Testing and treatment

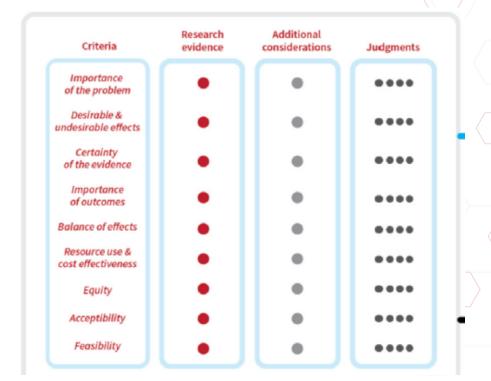
Depending on the condition, testing and treatment will be administered. Many tests and treatments may affect your quality of life. If your condition improves, your quality of life may improve. Quality of life can be measured with questionnaires.

Consequences

Depending on your condition and treatment your quality of life may improve or worsen.

Structured Consideration of Multiple Criteria

- Evidence-to-Decision Framework
- Structures the group consensus process to make judgments and recommendations









Equity Approach in CAN-PCC

First large guideline development project with an established **Equity Oversight Committee** that will work across guideline teams and oversee the development of recommendations and good practice statements

A 7-step framework will guide the CAN-PCC teams







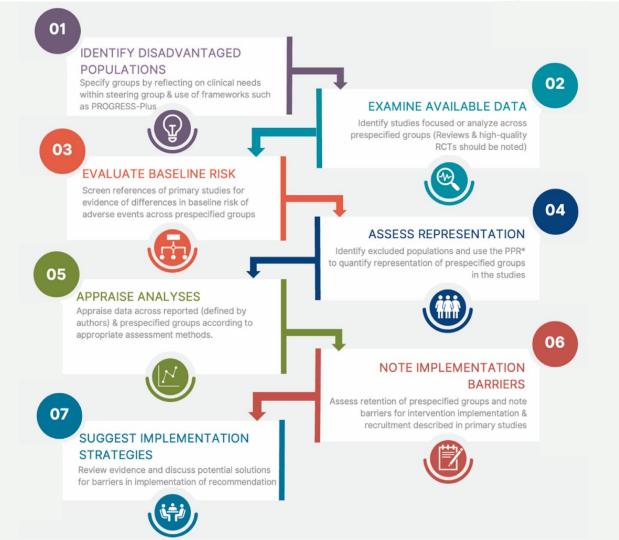




Equity Framework¹

1. Dewidar, O, et al. Operationalizing the GRADE-Equity Criterion to Inform Guideline Recommendations: Application to a Medical Cannabis Guideline. http://dx.doi.org/10.2139/ssrn.4401556





CAN-PCC: Three Main Components



Guideline Development



Knowledge Mobilization











Knowledge Mobilization: Overview of Projects



Geographical Reach

- 3 projects: Aim to reach across Canada
- 1 project: Saskatchewan
- 1 project: Quebec
- 1 project: Ontario + Quebec

Equity

Indigenous, Migrants and Refugees, 2SLGBTQ+, Frail Elderly, Women, Pregnant, Incarcerated, Racialized and Homeless



- **2 projects**: All equity populations
- **3 project:** Some equity populations
- 1 project: Migrant and Refugee focused

Examples of Activities

- Workshops
- Outreach Visits
- Online Resource Sheets
- Podcasts
- Policy Information Package
- Webinars
- EHR Integration
- Integration in care systems and processes





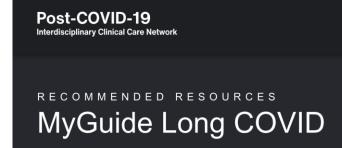


Knowledge Mobilization Update: KM Project Example

Enhancement of MyGuide Long COVID

An online resource in which a customized self-management guide for patients is created after they answer a series of initial questions.

- Will be enhanced based on the CAN-PCC guidelines
- Modifying MyGuide to make it more accessible to individuals from other provinces, non-English speakers, persons with impairments and caregivers
- Promoted to clinicians, participants with PCC, and caregivers









Knowledge Mobilization: Communications Strategy



Email Communications

Using Mailchimp to send tailored emails to:

- Federal, Provincial Organizations, and Long **COVID Clinics**
- CAN-PCC project groups
- People who agreed to be contacted for CAN-PCC







Social Media

Social media posts (videos, graphics, and text-based) on:

- X (Twitter)
- **Facebook**
- LinkedIn



Private messages and emails are sent to health organizations with a large audience to seek interest in resharing our guidelines/ collaborating









Thank you! Questions or comments?



Visit our **webpage** and sign up for our **newsletter**: https://canpcc.ca

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