

Understanding Multidisciplinary Provider Perspectives on the Awareness & Adoption of a Novel Provincial Long-COVID Rehabilitation Framework

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Introduction

- Long COVID (LC) involves continued or new chronic symptoms 3 months after acute SARS-CoV-2 infection. In Canada, the LC prevalence is estimated as 17.2%.¹
- LC symptoms are varied, multisystem and significantly impact function, quality of life, and return to work.²
- Novel multidisciplinary, collaborative models are required in LC screening, triage, diagnosis and management.
- Alberta developed such a novel LC care pathway to standardize screening and assessment (using the Post-COVID Functional Status Scale (PCFS)); outline pathways for identifying and transitioning patients; and providing self-management and educational resources.
- LC pathway implementation strategies included coalition building, education materials, translation of patient resources, system champions, promoting adaptability, and involving patients and families. The receipt, perception and impact of these implementation strategies in a dynamic post-COVID-pandemic landscape remains unclear.

Aims

To clarify the perspectives of multidisciplinary providers working at early-adopter sites of Alberta's LC rehabilitation pathway on the acceptability, adoption, feasibility and fidelity of pathway implementation and implementation strategies.

References

1. Statistics Canada, Associations between Longer-term Symptoms after COVID-19 and Sociodemographics, Health Characteristics, Period of Infection, and Vaccination Status in Canadian Adults, January 2020 to August 2022. 2023: Ottawa, ON
2. Krysa, J.A., et al., Understanding the Experience of Long COVID Symptoms in Hospitalized and Non-Hospitalized Individuals: A Random, Cross-Sectional Survey Study. Healthcare (Basel), 2023. 11(9).

Methods

- Virtual individual and group provider interviews across primary care, medical specialty and rehabilitation care settings. All interviews were audio-recorded and transcribed. Professions represented include medicine, nursing, occupational therapy and physiotherapy.
- Two types of interviews: (1) structured interviews with early-adopter site leads around context and processes; (2) semi-structured interviews on perceived responsibilities, approaches and challenges. Data analysis involved qualitative content analysis of interview transcripts and field notes.

Results

Participants

8 early adopter sites
5 structured interviews
7 semi-structured interviews
15 participants

Early Adopter Sites

-Represent primary care (4), outpatient rehabilitation (3), and LC medical specialty clinics (2)
-Roles/professions represented: team leads, consultants, physicians, physiotherapy, occupational therapy

Appropriateness of Patient Educational Resources

- Patient Needs
- Content Areas to Cover
- Necessity for Adaptation for Individual Patients

We send a self-management document. It's overwhelming 'cause it is 60 pages. We've learned to say just look at one symptom that you have [Int 9]

Dynamic Challenges

- Time
- Continuously-Evolving Information
- Lack of Awareness

This [web]page has evolved so much. ... There's just a ton of stuff that's listed. And it can be a bit overwhelming to navigate as a healthcare provider. ... Where do I start? [Int 2]

Processual Perceptions

- Perceived Utility
- Inconsistent Utilization
- Relative Advantages & Disadvantages

"[A disadvantage] is that if a provider isn't familiar with the tool and isn't using the tool, then those patients are maybe not able to access the resources. [Int 7]

Conclusions

- Pathway adoption during the study period was highly variable. Resources had to be modified to improve acceptability, which reduced fidelity. Dynamic, unstable forces challenged clinicians' perception of the pathway feasibility, most importantly the constantly-evolving understanding.
- Many negative perceptions on the processual pieces and tools of the pathway impeded PCFS acceptability and fidelity particularly. Literature on PCFS is too nascent to confirm reliability & validity.

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