Approaches to long COVID care: the Veterans Health Administration experience in 2021

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Long COVID has challenged healthcare systems to organise care for a large group of complex patients at scale. Yet, despite these problems, the evidence base for long COVID care remains scant, with little criteria-standard, evidence-based practices to solve these problems. Therefore, we characterise how each facility within the large, multifacility Veterans Health Administration (VHA) healthcare system, one of the largest integrated healthcare systems in the USA serving over nine million veterans, approached the development, staffing and referral patterns of long COVID programmes.

This project integrates two workstreams for information: (1) the Long COVID Environmental Scan and (2) the VHA Long COVID Learning Collaborative. The Long COVID Environmental Scan was developed from engagement with VHA subject matter experts and review of Centers for Disease Control and Prevention (CDC) documentation and additional authoritative guidance. Initiated through the Veterans Affairs (VA) Office of Innovation and Discovery, the 41-question survey focused on the use of clinical criteria, patient symptom screening, clinical screens used, and resources and staffing. Established in May 2021, the Long COVID Learning Collaborative was created through a grassroots effort of VHA facilities connecting with other facilities. The collaborative sought to articulate elements critical to long COVID care based on individuals’ and individual facility’s experience, while allowing flexibility in how they enact each element.

The results are illustrated in Table 1 and Figure 1, with key findings detailed in the following:

► Of 139 VHA facilities, 119 (86%) responded to the Long COVID Environmental Scan. Located in 10 VHA regions, 16 facilities reported established programmes.

► Of the 103 who did not currently have a long COVID-specific programme, 26

Table 1: Participating programmes within the VHA healthcare system

<table>
<thead>
<tr>
<th>Facility</th>
<th>Provider specialty</th>
<th>Available staff</th>
<th>Physical location</th>
<th>Location</th>
<th>VHA region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amarillo VA Healthcare System</td>
<td>Primary care.</td>
<td>Primary care.</td>
<td>Housed in a formal clinic.</td>
<td>Amarillo, Texas</td>
<td>17</td>
</tr>
<tr>
<td>Iowa City VA Healthcare System</td>
<td>Referring physician.</td>
<td>Primary care.</td>
<td>Housed in a formal clinic.</td>
<td>Iowa City, Iowa</td>
<td>23</td>
</tr>
<tr>
<td>James A Haley Veterans Hospital</td>
<td>Primary care.</td>
<td>Pulmonary staff.</td>
<td>Mental health staff.</td>
<td>Housed in a formal clinic.</td>
<td>Tampa, Florida</td>
</tr>
<tr>
<td>Jesse Brown VA Medical Center</td>
<td>Not indicated in the survey.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>Chicago, Illinois</td>
<td>12</td>
</tr>
<tr>
<td>Michael E Debakey VA Medical Center</td>
<td>Pulmonary.</td>
<td>Infecltious disease.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>Houston, Texas</td>
</tr>
<tr>
<td>San Francisco VA Healthcare System</td>
<td>ANP or MD.</td>
<td>Primary care.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>South Texas Veterans Health Care System</td>
<td>NP or MD.</td>
<td>Primary care.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>San Antonio, Texas</td>
</tr>
<tr>
<td>VA Greater Los Angeles Healthcare System</td>
<td>Not indicated in the survey.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>Los Angeles, California</td>
<td>22</td>
</tr>
<tr>
<td>VA Salt Lake City Healthcare System</td>
<td>Primary care.</td>
<td>Primary care.</td>
<td>Mental health staff.</td>
<td>Housed in a formal clinic.</td>
<td>Salt Lake City, Utah</td>
</tr>
<tr>
<td>VA Western Colorado Health Care System</td>
<td>PT/OT/ST.</td>
<td>Not indicated in survey results.</td>
<td>Not housed in a formal clinic.</td>
<td>Grand Junction, Colorado</td>
<td>19</td>
</tr>
<tr>
<td>Washington DC VA Medical Center</td>
<td>Rehabilitation.</td>
<td>Pulmonary.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>Washington, DC</td>
</tr>
<tr>
<td>William L Middleton Memorial Veterans Hospital</td>
<td>APNP.</td>
<td>Primary care.</td>
<td>Pulmonary staff.</td>
<td>Housed in a formal clinic.</td>
<td>Madison, Wisconsin</td>
</tr>
</tbody>
</table>

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Letter

BMJ Mil Health: first published as 10.1136/military-2022-002185 on 1 July 2022. Downloaded from http://milhealth.bmj.com/ on July 4, 2022 by guest. Protected by copyright.
Early clinical topics focused on sharing essential to successful creation and sustainability of long CO

As of 18 December 2021, the VHA reported that they were considering a programme and 77 were not. Of the 77 not considering a programme, 67 reported plans to use existing primary care structures, including patient-aligned care teams. As of 18 December 2021, the VHA Learning Collaborative has 125 members, representing 29 VA facilities engaged in its electronic platform. Early clinical topics focused on sharing approaches to issues such as fatigue, brain fog and olfactory dysfunction. Prominently featured were concerns about how to integrate with other, more established VA programmes, such as mental health, the VA's Whole Health (including complementary medicine), diagnostic coding, vaccination programmes and qualifying for disability benefits.

Given the magnitude of the pandemic, providing high-quality and effective long COVID care represents a significant and looming challenge for healthcare systems. These data suggest that even well-resourced healthcare systems such as the VHA are grappling with how to best address the next pandemic-related crisis: long COVID care. Emerging literature describes models of long COVID care across multiple healthcare systems, which is a valuable starting point for developing, standardising, implementing and evaluating long COVID care programmes. However, there is no real guidance on how to create a standardised or adaptive infrastructure for long COVID. This long COVID initiative has the potential to empower system-wide change that successfully engages and meets the changing needs of veterans, healthcare and communities over time.

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Acknowledgements We thank Danielle Derlein for her assistance in formatting the figure.

Contributors All authors made substantial contributions to the conception or design of the work; acquisition, analysis or interpretation of data for the work; drafting the work or revising it critically for important intellectual content; final approval of the version to be published; and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Funding This work was supported by the Agency for Healthcare Research and Quality (AHRQ) and Patient-Centered Outcomes Research Institute (PCORI) (grant K12HS026379); the National Institutes of Health’s National Center for Advancing Translational Sciences (grant KL2TR002492); and the Veterans Administration Health Services Research and Development COVID-19 Observational Research Collaboratory (C19-21-278) and IIR 17-045. The views expressed in this article are those of the authors and do not necessarily reflect the position or policy of the Department of Veterans Affairs or the US Government, AHRQ, PCORI or Minnesota Learning Health System Mentored Career Development Program (MN-LHS).

Competing interests None declared.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; internally peer reviewed.

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AMG and TLE are joint first authors.

MA and AP are joint senior authors.

To cite Gustavson AM, Eaton TL, Schapira RM, et al. BMJ Mil Health Epub ahead of print: [please include Day Month Year]. doi:10.1136/military-2022-002185

Received 16 June 2022
Accepted 18 June 2022

BMJ Mil Health 2022;0:1–2.
doi:10.1136/military-2022-002185

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REFERENCES