



# WAYNE STATE UNIVERSITY

**Supporting Patient-Provider Collaboration on Long-COVID  
through Adaptation of Healthlink Model  
for Building Capacity in Patient Centered Outcomes Research**

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# Background

- Long COVID is the signs, symptoms, and conditions that continue or develop after initial COVID-19 or SARS-CoV-2 infection
- Known:

**15%**

report having had  
long COVID  
symptoms

**6%**

report current  
symptoms

**79%**

report limitations in  
daily functioning

- Unknown:
  - Disease pathophysiology and impact
  - Need for standards of care



# Healthlink Model

- Establish stakeholder action councils
- Increase stakeholder capacity for research
- Identify stakeholder research priorities and research questions
- Develop partnerships to advance stakeholder research agenda



# Project Aims:

1. Adapting the Healthlink model for patient-centered outcomes research (PCOR) on Long COVID in primary-care settings
2. Building PCOR infrastructure and capacity in metro Detroit clinics



# Engaging Stakeholders

- Recruit primary care practices affiliated with MetroNet Practice-Based Research Network
- Two groups of patients with Long COVID, providers, and staff from primary care clinics



# Advisory & Oversight Committee (AOC)

- **Purpose:** feedback on adapted "Building Your Capacity" curriculum
  - Tailor to new stakeholder group composition
  - Long COVID research focus
  - Research in primary care settings and PBRNs
- **Stakeholder engagement:** 3 patients with Long COVID, 3 providers, and 1 epidemiologist
  - Met monthly for 9 months
  - Virtual 1-hour meetings



# Curriculum Modules

Module	Title
Module 1	Introduction to the project and COVID-19 within Detroit
Module 2	Intro to Long-hauler COVID
Module 3	Introduction to PCOR
Module 4	Research Ethics and Institutional Review Boards
Module 5	Engaging in Stakeholder-Driven Research: The Role of Clinicians and the Community
Module 6	Research Protocols in PCOR (Sampling, Recruitment, and Retainment)
Module 7	Developing Research Questions in the PBRN Setting
Module 8	Research Design
Module 9	Qualitative and Quantitative Research Methods
Module 10	Understanding and Sharing Research Findings
Module 11	Obtaining Research Funding and Utilizing PCOR/CER in Health care Improvement and Policy



# Primary Care Action Council (P-CAC)

- **Stakeholder engagement:** 5 patients with Long COVID, 4 providers, and 5 office staff
  - Met monthly for 12 months
  - Virtual 2-hour meetings
- **Tasks:**
  - Complete the adapted curriculum
  - Generate/rank priorities
  - Concept mapping and research question generation





# Evaluation

- Curriculum evaluation (each module)
  - Engagement: measured through attendance
  - Knowledge gain: measured through knowledge questions after each module
  - Satisfaction: measured through survey after each module
- Partnership process
  - Partnership Process Survey (7 & 12 months)
  - Quantitative Community Engagement Survey (end of project)



# Results



# Curriculum Outcomes

- Attendance
  - AOC: **71%**
  - P-CAC: **84%**
- Knowledge change
  - Increase in correct answers for most questions (52%)
- Overall satisfaction
  - Very good or excellent for all modules



# Curriculum Outcomes

“As a lay person I felt everything was explained so that it could be *understood by all*. There also was plenty of opportunity to ask questions.”

“The presentation was easy to follow and understand plus the *example reinforced the information* given before.”



## General Priorities

Priority	Community Priority Index Score
Information sharing	7.65
Patient-Provider Communication	7.11
Mental Health Impact	6.88
Providers	6.72
Cognitive Impact	6.26

## Research Priorities

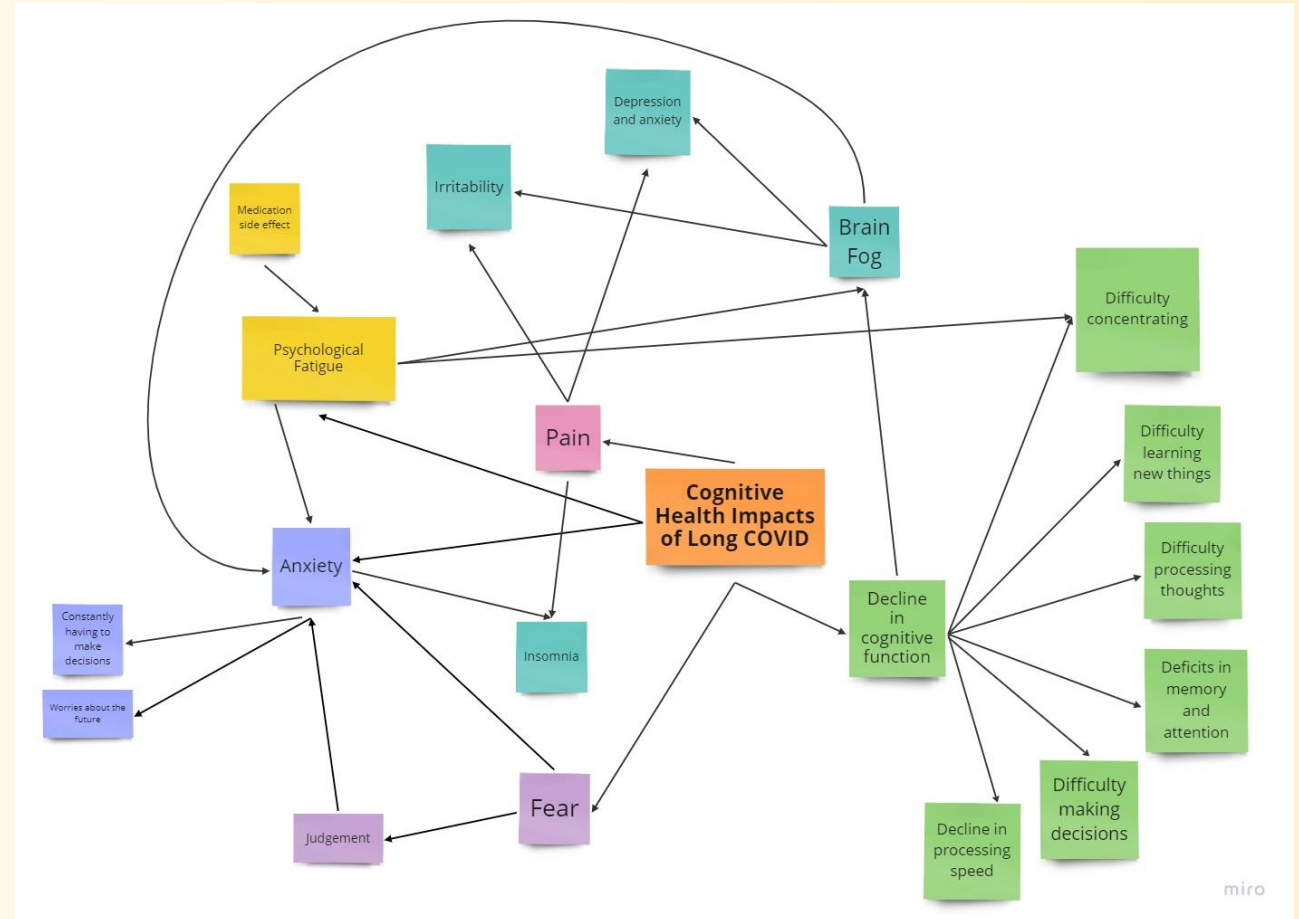
Priority	Score (1 to 3)
Physical Health Impact	2.93
Cognitive Impact	2.8
Mental Health Impact	2.73
Information Sharing	2.67
Providers	2.61



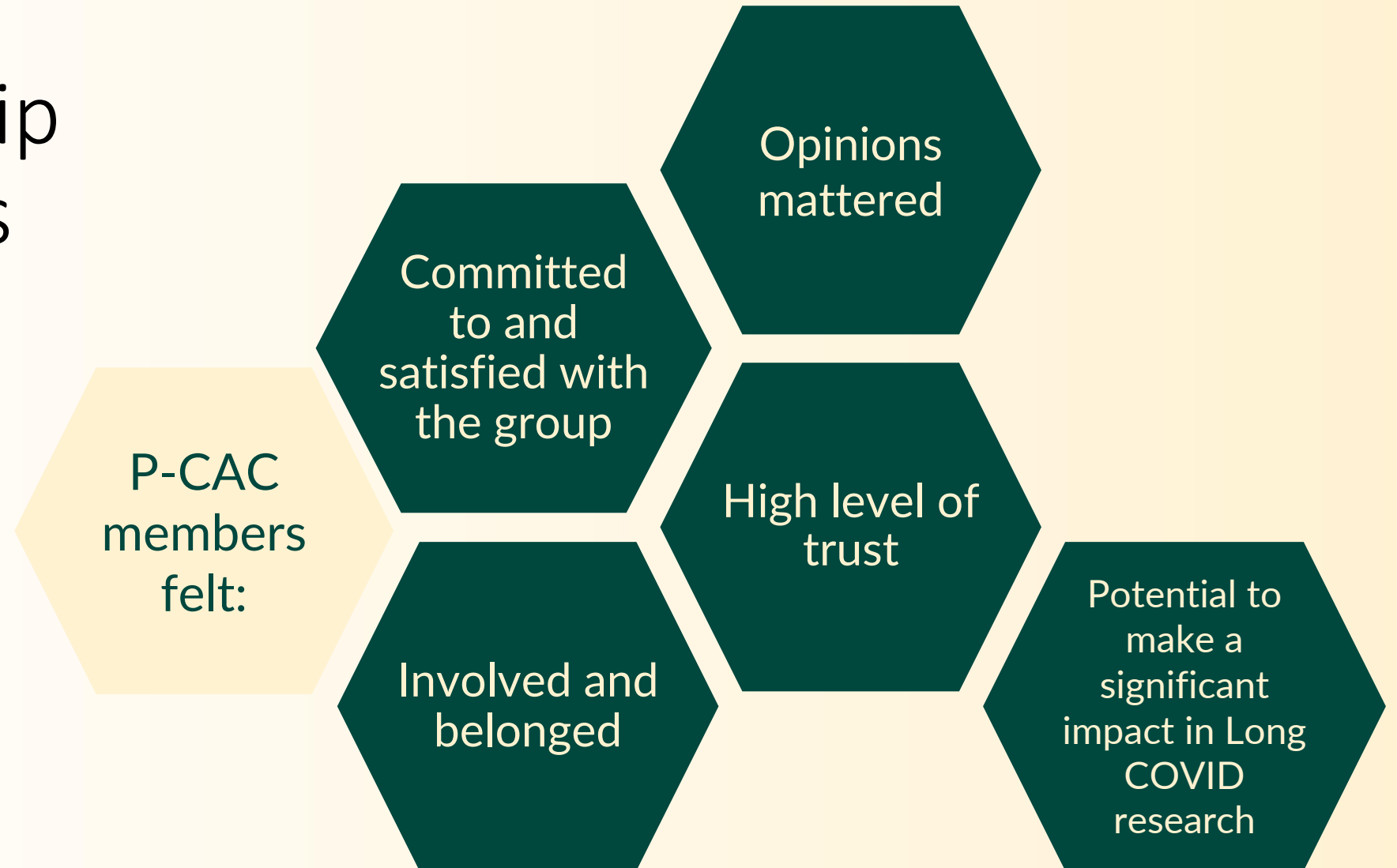
# Cognitive Health Impact of Long-COVID

## Research Questions:

- What tools can be developed to help improve cognitive functions?
- What are relations between Long COVID and what we already know from other conditions, and how can we use them to help treat Long COVID patients?



# Partnership Outcomes



# Partnership Outcomes

“It’s important that the community has a voice and that I want to continue to help *be a voice for the community.*”

“I love being involved in this group gives me *something to look for* each month.”





# Lessons Learned

- Challenges:
  - Physician reimbursement
  - Time coordination for P-CAC meetings
- Engagement of additional providers
- Balancing curriculum for stakeholder groups with different levels of experience



# Conclusions

- Majority of participants found the adapted curriculum engaging and informative
- P-CAC members felt a sense of community, were able to identify shared experiences, and learned from other stakeholder groups
- Benefits of continuous feedback loop
- Future Directions: *Community Education Campaign to Tackle Long COVID* funded by Detroit Medical Center Foundation



# Public Health Implications

- Long COVID is prevalent and problematic
- Collaborations between patient and provider groups can provide deep and multifaceted understanding of the disease process and identify shared priorities
- Healthlink is a feasible and acceptable model for continued adaptation



# References

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