

FEDERAL SUPPORT FOR LONG COVID MULTI-DISCIPLINARY CLINICS

As the nation continues to face the ongoing COVID-19 public health emergency, it is paramount that the federal response recognizes and addresses the crisis of Post-Acute Sequelae of SARS-CoV-2, also known as “PASC” or “Long COVID.” To ensure that specialized, multi-disciplinary clinics can treat the millions of patients nationwide with these symptoms, **federal funds must be provided to support this model of care.**

PROPOSAL: ESTABLISH AN HHS GRANT PROGRAM TO SUPPORT NEW AND EXISTING MULTI-DISCIPLINARY LONG COVID CLINICS. A competitive application process would ensure that funds are directed to the most pressing needs as detailed below.

MULTI-DISCIPLINARY CLINICS: An estimated 10-30% of individuals infected with COVID-19 develop Long COVID, regardless of whether they exhibited COVID-19 symptoms. Due to the high infection rate in the United States, anywhere from 6 to nearly 20 million Americans are likely to experience these varied and often debilitating symptoms long-term. Multi-disciplinary clinics have opened across the nation that have the medical expertise to treat and coordinate care for patients with Long COVID, but many more clinics are needed, and existing clinics are in desperate need of additional support as this potentially enormous patient population continues to grow.

A federal grant program would address priority needs for Long COVID clinics, including:

- **HEALTH EQUITY AND ACCESS TO CARE:** There is a growing number of Long COVID clinics nationwide, but the vast majority are operating in large academic medical centers that have significant resources to create and staff these clinics. Many Americans simply do not have access to these large teaching hospitals, and instead rely on community health centers and other more accessible facilities. *Federal funds would support the start-up costs, staffing, and community outreach needed to develop Long COVID treatment capacity in underserved areas to better serve patients already facing significant disparities in access to health care.*
- **WORKFORCE CAPACITY:** In most existing clinics, physicians and other health care providers are stretched thin, often staffing their clinics on top of their existing clinical duties. Long COVID visits are also more time-consuming than typical medical encounters, requiring on average an hour for an initial visit and significant additional time carrying out a plan of care for varied symptoms. *Federal funds would support the consistently reported need for additional care coordination staff to help patients navigate the many complex diagnostics and specialist referrals they are prescribed; therapists and social workers to lead support groups and help patients navigate new disabling and debilitating symptoms; and non-physician practitioners to help complete the cumbersome disability documentation process and engage with insurance companies to secure coverage for medically necessary treatment.*
- **DATA COLLECTION AND INFORMATION SHARING:** To maximize the impact of these clinics (and as a requirement of receiving grant funding), Long COVID clinics can and should collect data and best practices about the patients they treat, including demographic information, symptomology, courses of treatment, and outcomes. While there have been significant funds allocated to NIH for long-term research, providers nationwide have developed formal and informal networks to develop best practices for treating Long COVID. The creation and dissemination of this information would be of great value to providers nationwide, especially those serving communities where a dedicated clinic may not be available. *Federal funds would support the infrastructure and staff time necessary to carry out this work, as well as providing an opportunity for even broader collaboration and cooperation across all clinics receiving funds.*