Bob Falcone:

Hi. I'm Bob Falcone, CEO of the Columbus Medical Association and Affiliates. Today, we have a panel of experts to discuss the longterm sequella of COVID-19 infection, also known as the COVID long haul syndrome. Let's start with Dr. Arthur Palmer. Dr. Palmer is a primary care physician with Central Ohio Primary Care. They are in fact, the largest primary care group in the country. They have been ahead of the curve with the COVID pandemic since January, and continue to innovate even today. Dr. Palmer is involved with a variety of patient care opportunities with COVID, but I'd like to start with just, welcome.

Dr. Arthur Palmer:

Thanks so much. Thank you, Dr. Falcone. I appreciate the chance to be on here.

Bob Falcone:

Tell me what your physicians are seeing.

Dr. Arthur Palmer:

Yeah, we've got to go back to the beginning of this I think, to really explain what we've done and our experience. I'm the director for our, essentially our urgent care centers and we were very early on moving to video, early March, mid-March when we saw this coming. We wanted to be very careful about bringing people in. And I'm sure you all recall at the time, we really had nothing to offer people who had COVID, other than waiting at home until they were very, very sick and then bring them into the hospital. And while it sounded reasonable that you could do this over the phone, triage people on the phone or video and there really wasn't a role for an in-person evaluation, what we very quickly learned with doing a lot of video visits is, you know, we're all primary care doctors and sometimes you've got to lay hands on a patient and you suspect COVID is not the most likely diagnosis.

Dr. Arthur Palmer:

So what we did is we centralized, we scraped together all PPE. I used to go to Home Depot on regular runs looking for equipment. And we used a separate physician office that did have x-ray and was isolated from our other facilities. And we got some volunteer, some really amazing nurses and staff and other doctors to help out. And March 27th, 2020, we had our first day, we had I think, 10, 12 patients to see and really evaluate like you would in an urgent care setting but with full PPE. We triaged them through phone. We had no visitors. We'd meet them out in their car, escort them through. Very careful. And it turned out to be quite a success. One thing we found is patients were very scared, understandably, and they felt like no one would see them and so sometimes that was helpful. We found a number of treatable conditions that we could have potentially missed on video alone, so it allowed our docs to be a little more aggressive if you will, on video, knowing there was a backup, that the choice wasn't just emergency room or home. So that was very helpful. It helped our patients.

Dr. Arthur Palmer:

And so we've been running that in some form since March of 2020. We've seen almost 3000 patients so that's how we got started. And we've got that running this whole time. Like I said, the team's just been amazing. Support from our leadership to do this and from all of the staff and all the different PCPs at COPC. So that's what we've been doing and we find it still useful even as the volume in this clinic has dropped, as we've gotten better at figuring out what we can safely see in other offices where we're still running it.

Bob Falcone:

And as you had suggested, the COVID pandemic is leveling a bit. People are getting vaccinated, they're wearing their masks, they're staying distant. But now they're coming back to your office after they've gotten over their initial infection and they're coming back with more symptoms.

Dr. Arthur Palmer:

Yeah.

Bob Falcone:

What are you seeing?

Dr. Arthur Palmer:

So this is really interesting. We actually saw this fairly early on when we'd see, and I'm sure the number of the folks at [inaudible 00:03:58] have seen this too, especially in hospitalized patients, we weren't yet... Routinely now we do not retest people, but we were seeing certain people who would stay positive and they'd have ongoing symptoms six weeks out, and there was talk of this longer phase of COVID early-on. And then we triaged people do a respiratory evaluation clinic based off symptoms, so we'd find these people who've had COVID-type symptoms, altered sense of taste and smell, shortness of breath, even chest pain, for six weeks. And so they'd still ended up back in what was really supposed to be an acute evaluation clinic and we started talking about, well, what, what can we do for these people. And it's a very interesting patient driven movement I think, largely, where get people talking about the long haulers and networks springing up and really helping drive some of the care for them. We've seen, it's largely specialist-based in New York and on the west coast there's some COVID-related clinics. At our organization we really are big boosters for primary care and we think your primary care doc is the best person to handle this.

Dr. Arthur Palmer:

So what have we figured out? Well one, not to get too much off on a tangent, but it's interesting. I'm a big fan of evidence-based medicine. The last year has been a really interesting study in having essentially no evidence-base for what we're doing. We're all scrambling to find studies. Not through any fault of the authors, but they're not good randomized controlled trials. They can't be. And it really is almost, I don't know, a throw-back to you got to depend on your clinical judgment, your skills, your experience.

Dr. Arthur Palmer:

So in that setting, what do you do for these people? Well, one of the things we found early on was they felt really isolated, especially with people with long symptoms. They may not have been seen since they were in the hospital. And sometimes even us in our full PPE, they were just so happy to be seen and listened to. And that's important. We can lose sight of that sometime. But that right there, it's a healing effect and not to sound too touchy-feely, but it's [inaudible 00:05:58]. But also, you run the same risks we found with video visits, and what if they've got something else and you're attributing all their symptoms to prolonged COVID? That's a very real concern of mine. In the urgent care space, we could do harm by attributing all these to long-term symptoms.

Dr. Arthur Palmer:

So, there is some things we need to do that are well within a normal primary care office, EKGs, chest x-rays, physical exam, labs. And so we started doing a little bit more of that, and we started discussing it like I said with some wonderful physicians who've helped out with this, and staff. And what do you see in the hospital? What could we do? We started talking to our primary care docs who said, "Yep. This is..." Would have anything [inaudible 00:06:41] they say, "I've got a couple people in my practice of a thousand that have these symptoms," and some saying I've got 20 or 30 who are still having COVID symptoms. This is a real issue. And we want to help the PCPs as well as their patients.

Dr. Arthur Palmer:

So again, this has been a little bit more of a collaborative approach where we said, what can we do and what's safe? What are other people doing? Again, not a big evidence base here, so we figured what are the key things we need to do to take care of these people? One, are we missing some, again, treatable, serious illness, congestive heart failure, pulmonary fibrosis? Did we miss a stroke at some point in all these things? And we feel pretty comfortable evaluating people for that, getting them in for that.

Dr. Arthur Palmer:

We've had some people question, well, what are you actually going to do for these folks if there's no evidence-base. Well, we treat the thing that's there, if there's something else. Again, listening is very helpful. And then we have a wonderful physical therapy and respiratory therapy departments here within COPC. So we actually worked with them to have a visit where they can get a full respiratory therapy eval, including spirometry, and then also sometimes physical therapy on the same day, and get a team working for them. We're still using hospitalists who also work in the outpatient setting to do this. We're quite comfortable with it. It's not specialist-based at all and we really just gotten it going. There's been quite a demand for this. We're getting lots of patients.

Dr. Arthur Palmer:

We then have, if we need to send someone on to pulmonary, cardio, renal, neuro, we'll do that. But the other idea here is, again, these folks who feel, marginalized might be a strong word but certainly they sometimes do. They're getting listened to, we're saying, let's make sure we're not missing something serious, and then we'll help you where we know we can. Some of these people might even be a little volume overloaded without overt heart failure so maybe we've got a treatment. I don't want to go too far into that because again, no evidence-base. But, we're listening to you. We're keeping track of you. And then getting our respiratory therapy involved as well as physical therapy seems to be quite helpful, and so that's the foundation of this.

Bob Falcone:

It sounds like you put together a multidisciplinary clinic based in primary care, which makes complete sense.

Dr. Arthur Palmer:

No question. Yeah.

Bob Falcone:

Do you have a name for this?

Dr. Arthur Palmer:

Yeah. We talked it over. We've settled on Post-COVID Recovery Clinic. We think it's really important to distress recovery. And I did forget a key component, behavioral health. I think everybody sees this in these patients and everybody understands it. We're screening all of them for depression. But, also very quick to get them set up with a counselor or even informative efforts to try and see if we can get some group sessions going for folks, which is also, as they get past their 90-day window where they're theoretically contagious brings up some other issues. But that's absolutely crucial. And I think all primary care docs will recognize there's a behavioral health component to so much disease, chronic and acute, it only makes sense it would be in this case as well, and it's an area we're just seeing that folks can help.

Bob Falcone:

Yeah, that's very exciting. And I think as usual COPC is ahead of the curve. I congratulate you on that. We've got a number of other experts to talk to, and I appreciate your time. Thank you.