

AHRQ Long COVID Care Network

Long COVID Care Resources and Education to Advance Community Health (REACH)



Institution

Stanford University

Geographic Service Area

Santa Clara, San Mateo, San Francisco, Alameda, Contra Costa, Solano counties in California

Priority Population

Vulnerable, underserved populations

Project Period

2023–2028

Contact

Principal Investigators

Linda Geng, MD, PhD
geng@stanford.edu

Hector Bonilla, MD
hbonilla@stanford.edu

Upinder Singh, MD
upinder-singh@uiowa.edu

Project Overview

The Stanford Long COVID clinic, established in May 2021, is a comprehensive program dedicated to advancing care and treatment of patients with Long COVID. Rooted in primary care-specialty care partnership, the Stanford Long COVID clinical and research program leverages team-based multi-disciplinary expertise. The program synergizes expertise from general medicine, infectious diseases, pulmonology, cardiology, neurology, sleep medicine, otolaryngology, rheumatology, gastroenterology, psychiatry, psychology, hematology, speech therapy, nutrition, and more, providing personalized care tailored to each patient's needs.

Through the AHRQ Long COVID Care Network, the Stanford Long COVID clinic is implementing its Long COVID Care Resources and Education to Advance Community Health (REACH) model, which is a centrally-coordinated, multidisciplinary Long COVID hub-and-spoke program that supports and partners with networks of safety-net Federally Qualified Health Centers (FQHCs) in the community to help expand knowledge, support primary care, and improve the care of vulnerable patient populations with Long COVID. Complementing strengths of the Stanford Long COVID hub program and key community partnerships will be leveraged to implement a tiered educational outreach and peer-to-peer primary care support model across partnering FQHCs.

Notable Features

- Collaborating FQHC network partners for this Long COVID Care REACH model are the Community Health Center Network and San Mateo Medical Center, collectively serving about 400,000 low- income and vulnerable patients annually across six large counties in Northern California. The program also has several public health and community partners to maximize its reach and impact.
- The program has a strong multilingual focus, with patient general educational and resource materials developed in English, Spanish, Chinese, Tagalog, Vietnamese, Tongan, and Arabic.

Project Goal: Partner With FQHC Networks and Community Organizations to Expand Access to Care for Members of Vulnerable Communities

Specific Aims

Building on the evidence-based Chronic Care Model (CCM), the Stanford Long COVID Clinic and partners will institute a tiered educational outreach and peer-to-peer primary care support model across partnering FQHCs. To accomplish this, the Stanford Long COVID Clinic aims to improve care for underserved patients by 1) improving community awareness and education on Long COVID for patients and clinicians, 2) supporting primary care clinicians at partner safety-net community clinics, and 3) improving Long COVID care referral coordination and access at the Stanford Long COVID Clinic.

Community Awareness and Education for Patients and Clinicians through REACH Program

In order to improve access for vulnerable patients with Long COVID, patients need to be aware of the condition and clinicians need to recognize and diagnose the condition. The REACH model plans to create multi-format educational and resource pamphlets in common languages spoken by vulnerable populations in the region, create short videos for patients on self-management, and provide general clinician education and training through a continuing medical education webinar series. These resources will help increase knowledge and understanding of Long COVID, particularly in underserved populations.

The REACH model brings together a network of community partners to support the dissemination of educational materials. These partners include the Santa Clara Public Health Department, the Center for Independence of Individuals With Disabilities, the California Primary Care Association, and the Roots Family Health Center.

By the Numbers

- Over **1,000** patients enrolled in the Stanford Long COVID Clinic since its establishment in May 2021
- The clinic includes **5** physicians, **2** physician assistants, **1** nurse practitioner, **3** medical assistants, and **2** clinical nurses specializing in Long COVID care
- The clinic operates **5** full days per week and offers both in-person and telehealth visits

A Collaborative Learning Community

In order to support primary care clinicians, the Stanford Long COVID Clinic is leveraging elements from the ECHO (Extension for Community Healthcare Outcomes) model and e-consults to create a learning community with asynchronous and real-time consultation for clinicians.

Project ECHO is a virtual telementoring program that brings together clinicians and subject matter experts by using brief lecture presentations and case-based learning on health topics. This educational program has proven to be effective at reaching clinicians in underserved communities. Stanford's innovative approach to this model includes developing and distributing a clinical toolkit for primary care clinicians at partner FQHCs, setting up an e-consult analog digital platform where clinicians can submit Long COVID-related questions and receive answers within a few days, and implementing telementoring conferences with Long COVID hub experts and partner network primary care clinicians. The impact of this educational framework will be measured through physician CME surveys.

Referral Coordination and Access at the Hub Clinic

To facilitate efficient and coordinated care with primary care clinicians in partner safety-net community clinics, the Stanford Long COVID Clinic is implementing a centralized referral system. A central hub coordinator tracks and manages referrals, ensuring patients are connected to the appropriate care. The clinic is also expanding its workforce by adding more bilingual clinicians, a new nurse navigator, and a social worker to enhance the existing infrastructure. These additions aim to reduce barriers to care, streamline the referral process, and offer more personalized support to vulnerable populations. The effectiveness of these efforts will be evaluated through clinician and patient interviews, focus groups, and an analysis of clinical data and reports.

“The anticipated learnings from this care model will help other Long COVID clinics replicate and locally adapt effective strategies and interventions to expand and improve care for vulnerable patient populations.”

- Upinder Singh, Principal Investigator



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