



JOHNS HOPKINS  
M E D I C I N E

# **The Johns Hopkins Post-Acute COVID-19 Team (PACT): Multidisciplinary Outpatient COVID-19 survivorship program**

*Established April 7, 2020*

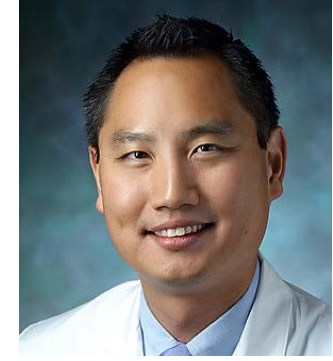
# Our PM&R team



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# Needs Assessment

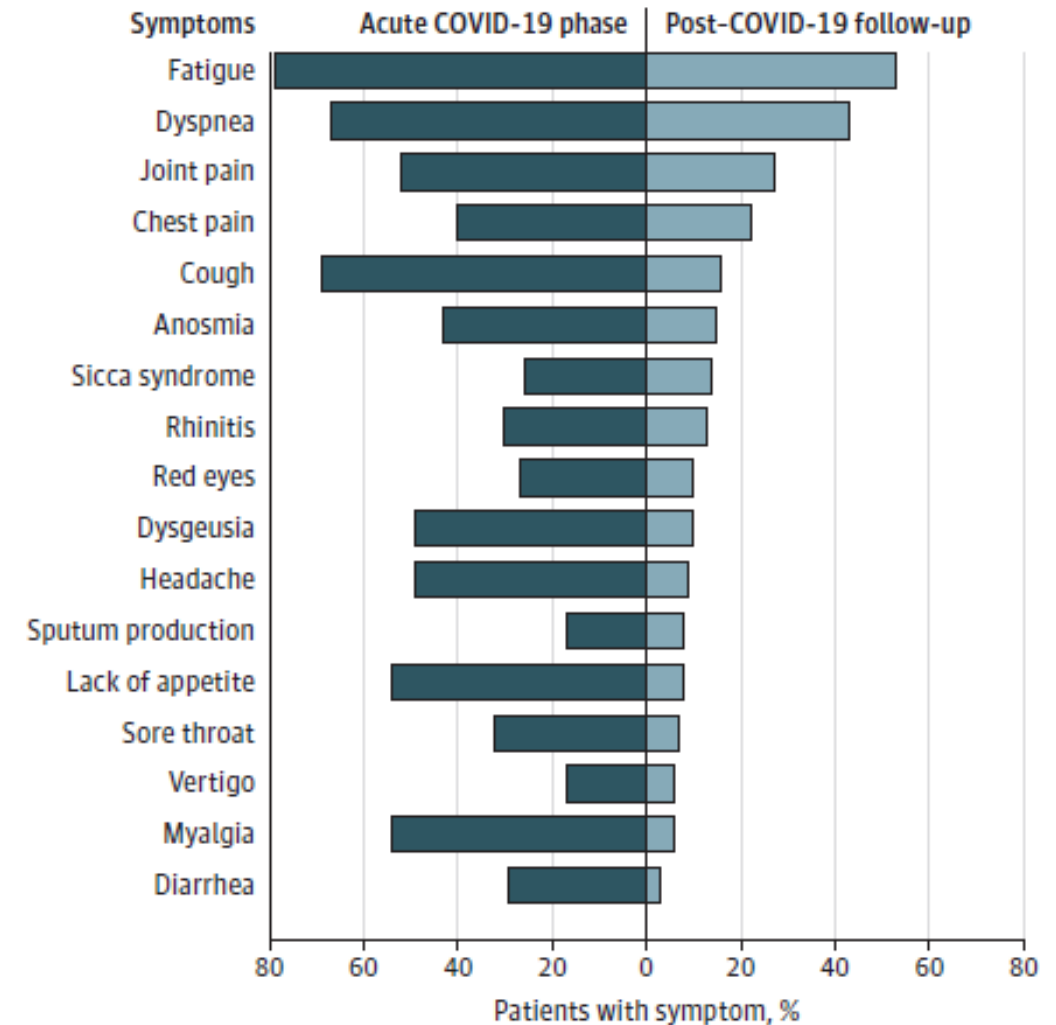
- Numbers large and growing (as of Feb, 2021):
  - 27M cases in the U.S.
  - 372k cases in Maryland, >1K cases daily
  - JH Hospital System: 15-20% estimated ICU
- Hospitalized patients commonly experience “Post-Hospital Syndrome” (or Post-Intensive Care Syndrome (PICS) for critical illness survivors), including:
  - Impaired physical function
  - Mental health
  - Cognitive deficits
  - Increased use of healthcare resources (i.e. readmission)
- Increasing reports (and referrals for) lingering symptoms in non-hospitalized patients

# Long-COVID Syndrome

## – persistent symptoms > 3 months

- Severe, profound fatigue
- Orthostatic tachycardia/dizziness/intolerance
- Chronic muscle/joint pain and headache
- Often complains nausea/vomiting, and IBS
- Overall course fluctuating over time

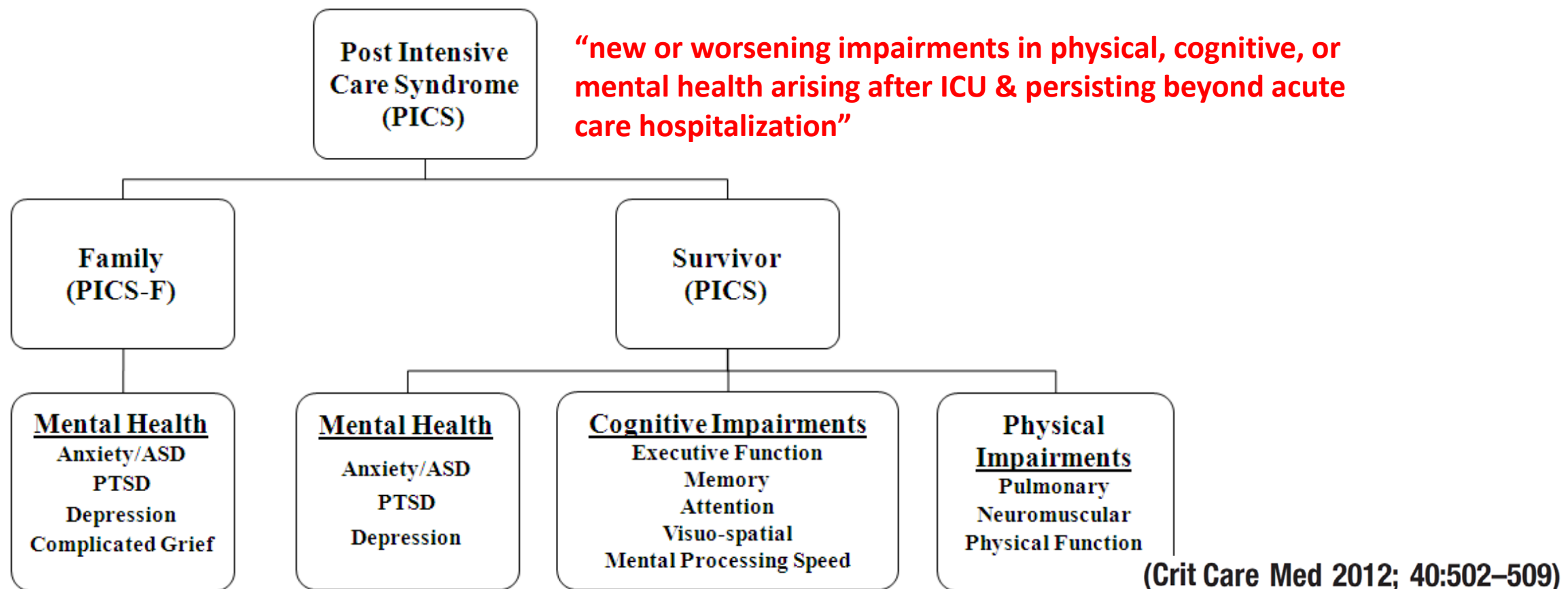
Figure. COVID-19-Related Symptoms



# Framework

Improving long-term outcomes after discharge from intensive care unit: Report from a stakeholders' conference\*

Dale M. Needham, MD, PhD; Judy Davidson, DNP, RN; Henry Cohen, PharmD; Ramona O. Hopkins, PhD;

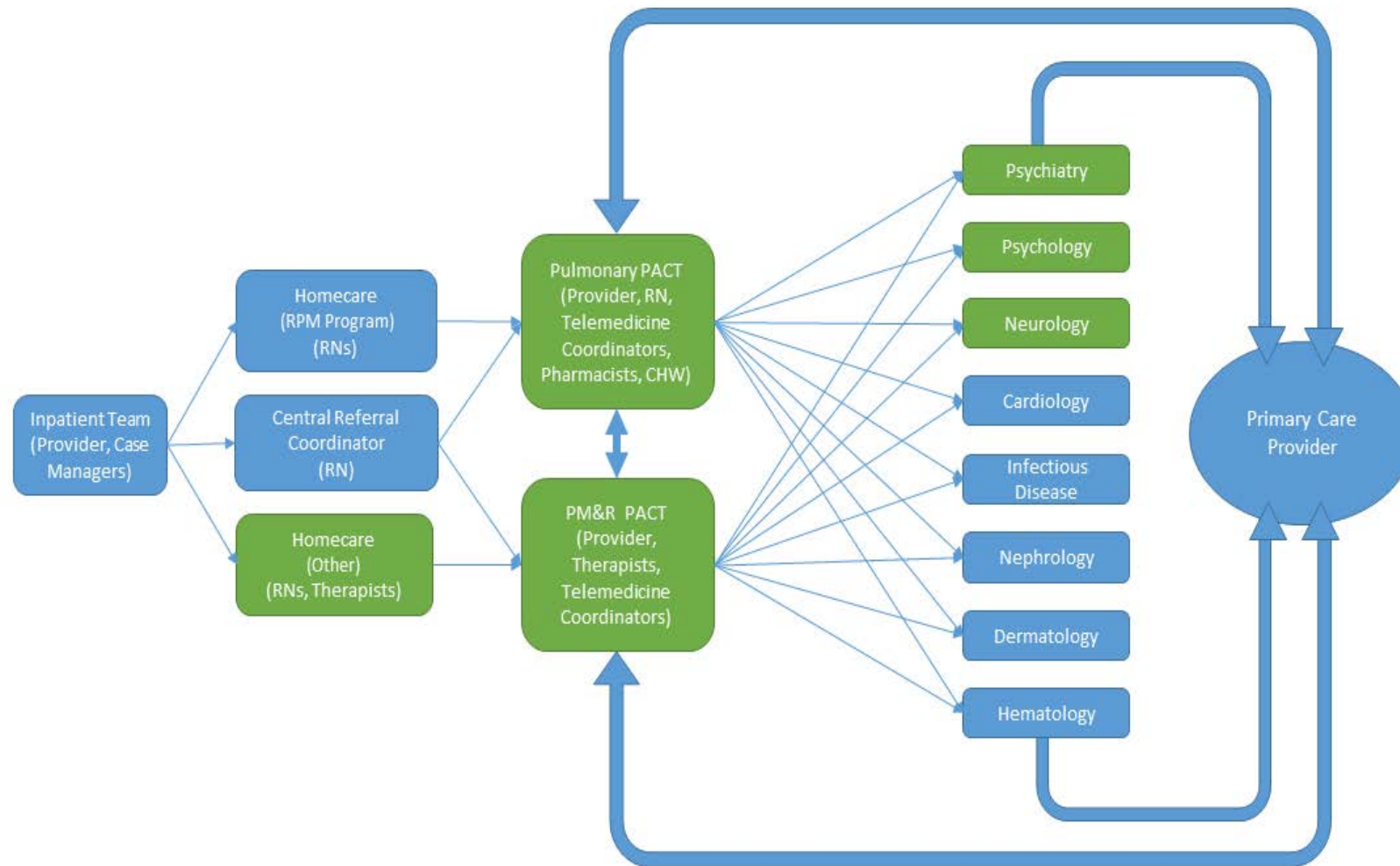


# Post Acute COVID-19 Clinic

## GOAL

- Provide the Continuum of Care to address the unique needs of COVID-19 survivors.
- Establish dedicated multi-D resources focused on post-COVID 19 recovery to support anticipated patient needs (respiratory, functional, cognitive, psych), and Unknown Covid-19 specific long term complications
- Convenient, streamlined resource for inpatient teams at discharge and prevent readmission
- Equity of ambulatory care within and across JHHS to support COVID-19 survivors.
- Understand the natural history of disease

# Key Services of the PACT Clinic



# JH PACT Tripartite Mission

April 7<sup>th</sup> - present



	<b>N&gt;400</b>
<b>ICU admission N (%)</b>	<b>70%</b>
<b>Age (Mean (SD) years)</b>	<b>54 (15)</b>
<b>Male N (%)</b>	<b>53%</b>
<b>Race N (%)</b>	
White	26%
Black or African American	33%
Asian	6%
<b>Ethnicity N (%)</b>	
Hispanic or Latino	<b>29%</b>
<b>Interpreter Services N (%)</b>	<b>26%</b>



# PACT as a model system

- National/International requests for model:
  - UCSF, OHSU, U Pitt, U Maryland, U Texas
  - VA inquiries; Walter Reed
  - Vancouver, BC



## Post Acute COVID Team (PACT) Service Standards

*A Pulmonary Critical Care Medicine, Physical Medicine & Rehabilitation, Home Care Group Collaborative*

**GOAL**  
To establish an interdisciplinary standardized approach to address the unique needs of COVID-19 survivors upon hospital discharge.

**BACKGROUND**

- The number of people with COVID-19 increases daily
- Approximately 20-30% of these patients currently require hospitalization, and about 5-12% will be treated in an intensive care unit (ICU).
- Severely ill in-patients commonly experience "Post-Hospital Syndrome" (or Post-Intensive Care Syndrome [PICS]) for critical illness survivors).
- This syndrome includes markedly impaired strength/physical ability, worsened mood/anxiety/post-traumatic stress disorder, difficulties with thinking/memory, and increased use of healthcare resources.

**ASSUMPTIONS**

- Each Hospital will integrate site specific policy, resource and regulatory considerations to meet PACT clinical standards.
- Development of a PACT Service can be leveraged to establish a broader Post-Intensive Care Team (PACT) Service

**CLINICAL STANDARDS**

**MINIMUM CARESTREAMS**

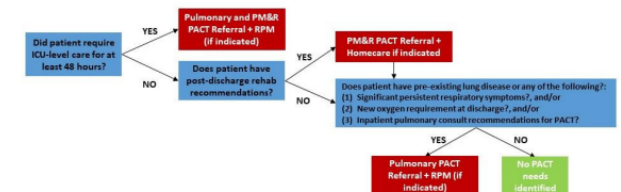
<ul style="list-style-type: none"> <li>• Physician Management               <ul style="list-style-type: none"> <li>○ Pulmonary</li> <li>○ Psychiatry</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Outpatient Rehabilitation               <ul style="list-style-type: none"> <li>○ Physical and Occupational Therapy</li> <li>○ Speech Language Pathology</li> <li>○ Psychology</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Home Care               <ul style="list-style-type: none"> <li>○ Physical and Occupational Therapy</li> <li>○ Speech Language Pathology</li> <li>○ Nursing</li> <li>○ Remote Patient Monitoring (RPM)</li> </ul> </li> </ul>
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Specialty services: Develop a system and identify resources for targeted referrals to other subspecialties, including Psychiatry, Neurology, Cardiology, Infectious Disease, Dermatology, Nephrology, and Hematology as needed.

**KEY WORKFLOW**

- Coordinated Discharge Processes
  - Integration of PACT eligibility criteria into discharge workflow (Figure 1)
  - RPM referral if indicated (Figure 2)
  - Appointments to appropriate services in hand and MyChart enrollment.
- Clinic Evaluations and Synchrony
  - Utilization of harmonized evaluation templates for Pulmonary and PMR
  - Use of PACT core clinical outcomes set
  - PACT coordinated rounds (Pulmonary, PMR physician, Home Care team)
- Care Transitions
  - Establish system to transition patients from home care to outpatient rehabilitation
  - Effective communication with PCP.

**FIGURE 1. PACT (POST-ACUTE COVID TEAM) CLINIC ELIGIBILITY FOR PATIENTS POST-HOSPITAL DISCHARGE**



\*If patient has an established pulmonologist, schedule follow-up with that pulmonologist instead of Pulmonary PACT.  
 \*Outpatient rehabilitation services should not be delayed until Psychiatry appointment if deemed appropriate at the time of discharge.

# PMR PACT service

- PM&R PACT
- PACT POTS
- PACT OT/PT/SLT
- PACT Psychology



# JH PACT-Research Aspirations

1. Define the spectrum of pulmonary complications in long-COVID, physiologic correlates, and risk factors thereof.
2. Create an infrastructure for therapeutic trials and competitive grant applications.
  - Provide a resource for emerging questions (biorepository).
3. Interrogate economics of care delivery (RPM, telemedicine, in-person; multi-d framework) to support longevity of the clinical program.

# Summary

- For more details, please come to our on demand session
  - Managing the Ambulatory Wave: Multidisciplinary Outpatient COVID-19 Survivorship Program
- Our website: <https://www.hopkinsmedicine.org/coronavirus/pact>
- For any inquires, please email [PACT@jhmi.edu](mailto:PACT@jhmi.edu) or [Skim453@jh.edu](mailto:Skim453@jh.edu)
- [The Johns Hopkins Post-Acute COVID-19 Team \(PACT\): A Multidisciplinary, Collaborative, Ambulatory Framework Supporting COVID-19 Survivors. Am J Med. 2021 Jan 11:S0002-9343\(20\)31174-8](#)