



# MOBILIZING A COVID-19 REHAB TEAM

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# LONG COVID: MAPPING OUT THE DOCTORS

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## DISEASE

- lungs
- heart
- thinking
- infection

## CLINICIAN

- Pulmonologist
- Cardiologist
- Psychiatrist
- Infectious disease specialist

*Duh...this gets us nowhere*

# LONG COVID: MAPPING OUT THE NEED

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## PROBLEM (TOM WINTERS SAID...)

- Endurance
- Breathing
- Emotion
- Thinking

## CLINICIAN

- Exercise specialist
- Respiratory therapist
- Counselor
- Speech therapist

*Easy...if there's only one problem*

# THE WHOLE IS MORE DIFFICULT THAN THE PARTS

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- Oh, by the way, she also...
  - Has all of these
  - Has only some of these
  - Has diabetes
  - Has pre-COVID depression
  - Had a stroke, too
  - Lost her husband
  - Is a pain in the butt
  - has a really physical job
  - Had her job eliminated or redesigned
  - Is afraid to return to work

*How do you find out?*  
*How do you plan?*

# REHABILITATION TEAM ASSESSMENTS: AN IDEAL STATE

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- Single-visit evaluation by appropriate experts
- Team meeting
- Interventions

# THE VISIT

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- All medical, social information, patient goals gathered ahead of time
- Appropriate clinicians chosen for the evaluation
- ½ hour each. That's all.
  - ~15 minutes gathering traditional information
  - ~15 minutes getting specific and creative

# THE TEAM MEETING

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- Transdisciplinary teams require leadership and practice:
  - They know the protocol
  - They trust each other
  - They know each other's strengths and weaknesses
  - They strive to be creative, look for gaps in their expertise.
- Very structured meeting to allow brainstorming
- Preliminary report
  - Action, goal, time frame, person responsible, contingencies.
- Review with patient, modify



# WHAT ARE THE SPECTRUM OF INTERVENTIONS?

~2 recommendations/patient were physician driven  
 ~2 recommendations/patient could not be traced to a profession

Transdisciplinary!

**Table 3: Treatment Recommendations as a Result of Evaluation**

Therapy (86)		Counseling (24)	
Physical	33	Psychological	10
Occupational	16	Financial	1
Speech	9	Family	4
Recreation	6	Vocational	7
Nursing (education)	9	Nutritional	2
Day rehabilitation	6		
Change current therapy	7		
Evaluation (17)		Equipment changes (46)	
Home	14	Prosthetics/orthotics	7
Job	1	Major equipment*	16
Driving	2	Assistive device	21
		Car modification	1
		Home modification	1
Medication changes (31)		Diagnostic (19)	
Spasticity	8	Laboratory	5
Bladder	1	X-rays	4
Depression	4	Obtain medical records	8
Pain	11	Other	2
Other	7		
Physician consultation (33)		Social (34)	
Physiatrist	12	Support group	13
Urologist	6	Community agencies	6
Primary care MD	3	Alternative placement	4
Psychiatrist	3	Alternative transportation	4
Oral surgeon	2	Alcohol treatment	2
Orthopedic surgeon	2	Adult day care	2
Other†	5	Other	3
Hospitalization (4)		Patient instruction (24)	
Inpatient treatment	4	Medical	6
		Avocational	6
		Social	5
		Environmental change	7

\* Major equipment valued at over \$200, assistive devices valued under \$200.

† Single physician consults included cardiac surgeon, ear, nose, and throat specialist, obstetrician/gynecologist, ophthalmologist, vascular surgeon.



# INTERVENTIONS

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- Share the report with everyone who may impact the person or plan
  - Patient, family, employer, clinicians (with consent)
- Referrals directed by the team plan, but done by whomever is best
  - Local clinicians are often best
  - Often distant experts are only needed via telemedicine or a single visit.
  - Sometimes treatment requires ongoing coordination and authority
  - Sometimes treatment requires a team

# THE QUICK PROGRAM AS A MODEL

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- Wisconsin's ThedaCare, then University of Michigan
- Randomized controlled trial
  - Team vs. physiatrist alone
    - Twice as many recommendations
    - Better compliance, function, quality of life, satisfaction
    - So popular that insurers began sending from afar
  - Morphed into sub-speciality programs:
    - Spine Team Assessment (STA), and STA-Senior
    - UPPER assessment for arm disability
    - Pediatric Rehabilitation and Evaluation Team (PERT)

# SO YOU DON'T HAVE A QUICK PROGRAM?

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- Best: Build one!
- Good: Consult a PM&R doctor
- Not so bad: Own the problem and share the big picture