

COVID-19 Telephone Assessment for Chronic Disease Management

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WHAT YOU MAY NEED TO KNOW

- Most patient can be managed remotely with advice on symptom treatment, self-management and self-isolation
- Video conferencing may provide additional clues for diagnosis and also provide a therapeutic reassurance
- Shortness of breath is difficult to assess. No validated tool but consider CHF vs COVID screening tool (attached)
- Establishing criteria for seeking medical attention in the setting of clinical deterioration is crucial

TELEPHONE OR VIDEO

- Consider video for patients with symptoms or significant co-morbid conditions, or if a degree
 of physical assessment is required.
- Video conferencing may not be available for all patients and may require additional resources that are not available or accessible.

BEFORE YOU CONNECT

- Have telephone checklist on hand and access to patient chart, labs and medication list available
- Have the most current "stay at home" guideline at hand

ESTABLISHING CONNECTION

- Ensure audio or video functioning; "Can you hear me?"
- Confirm patient identity
- Identify any initial concerns or anxiety
- Confirm purpose of the visit

OBTAIN HISTORY

- Use a COVID specific checklist (attached for DM and CHF)
- Include COVID symptom screening, usual information re chronic disease and also disease specific COVID concerns (e.g. Sick Day management for Diabetes)

PREFORM A MEDICATION RECONCILIATION

- Highly recommend the patient have someone present with them during your assessment to assist with the exam (example: ask caregiver to be present, arrange assessment when homecare provider in the home to complete an assessment with you virtually)
- Assess for shortness of breath, by asking questions related to changes in breathing (usual vs new symptoms)
- Ask patients and caregivers to describe their symptoms in their own words. Ask more than one follow up question to ensure you have the details e.g. You say you are short of breath when you walk, has this changed in the last week? what are you doing when you are SOB?
- Assess mental status including how they are coping with distress and anxiety

REMOTE EXAM

- Consider access to monitoring/home BP measurements, biomarkers using FIT BIT like devices or Apple WATCH or similar products.
- Consider if clear need for direct physical assessment or if other health care providers could assist to limit need to break self-isolation

ENSURE DISEASE SPECIFIC SAFETY

- Access to supply of medications
- Review self-management issues for CHF (diuretics prn), Asthma/COPD (prn puffers, may ask for demonstration of technique) and Diabetes (adjustment of Orals/Insulin to avoid hypoglycemia)
- Consider implementing or up-titrating medications that would change short-term outcomes, especially if limited follow-up or labs required
- Consider deferring medications that do not have a short-term clear benefit, or require additional follow-up or laboratory monitoring to implement
- Consider delaying implementation of medications whose side-effect may mimic COVID symptoms (e.g. ACE-I cough) or choose alternatives

REINFORCE SELF-ISOLATION

- Encourage to seek out local resources (friends/family) for food and medication delivery
- Reinforce the need for self-isolation as it relates to their condition rather than their age

COVID SPECIFIC MANAGEMENT

- Varies on a daily basis and should be considered based upon clinical suspicion for COVID disease and indication for screening.
- Depends on local directives and resources.

SUPPORT SELF ISOLATION MEASURES

- Reduce need for laboratory services to essential only,
- Consider delaying routine bloodwork.
- Consider not initiating medications that require reassessment or lab work unless strong clinical indication for short-term benefit.

ESTABLISH FOLLOW-UP PLAN

- Document next visit date
- Indicate how to access services if needed in the interim
- Be clear on issues that require the patient to seek urgent medical attention
- Incorporate local recommendations for who to contact for COVID suspected symptoms (varies by province)

IDENTIFY PATIENTS IN NEED FOR FURTHER FOLLOW-UP

- For earlier follow-up or consider implementation of local resources for closer follow-up (e.g., Diabetic educators, Home Care, Heart Function clinic, Paramedics) according to local resources.
- Include persistent advanced symptoms, new symptoms social isolation/lives at home, abnormal test results, withdrawl of treaments due to side effects.