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CSTE Long COVID/PCC Workgroup Meeting #3 Notes

Date:	**Monday February 27, 2023**		
Start/End Time:	2pm – 3pm EST	Meeting Link:	https://zoom.us/j/96736891635?pwd=YVlJUGkySE5Yb3VEM0daci9sa2MxQT09

Attendees

X	Name(s)	Organization	X	Name(s)	Organization
Meeting Participants					
X	Kalyani McCullough	California	X	Chanis Olavarria	Puerto Rico
XX	Rachel Herlihy and Brian Erly	Colorado		Mikyla Sakurai	Urban Indian Health Institute, Tribal Epidemiology Center
X	Sarah Reed-Thryselius	Ho Chunk Nation	X	Rachel Kubiak	Utah
X	Robert Graff	Idaho	X	Caitlin Pedati	Virginia Beach
	John Prather	Kentucky	X	Arran Hamlet and Chas DeBolt	Washington
X	Nikki Jarrett, Peggy Stemmler	Maricopa County	X	Hannah Segaloff	Wisconsin
	Katie Brown	Massachusetts	X	Julianna Reece	Navajo Nation and CDC Healthy Tribes
X	Robert Orellana	Michigan	X	Priti Patel and Sharon Saydah	CDC, PCC
X	Jay Desai, Julie Hoffer, Kate Murray	Minnesota	X	Marcus Plescia	ASTHO
X	Bo Katic, Emma Price	New Jersey	X	Andrew Adams, Gillian Haney, Marci Layton, Sunbal Virk, Colin Gerber	CSTE
X	Anne Schuster and Sharon Perlman	New York City	X	Elizabeth Dufort, Brad Hutton	HHC/CSTE
X	Jessica Kumar	New York State	X	Samuel Packard	Columbia U SPH

Agenda

#	Topic	Time	Items
1.	Welcome and Overview	5 mins	**Welcome, Andrew Adams, CSTE**
2.	Brief Summary of 2nd Meeting	10 mins	**Brief Summary of 2nd Meeting and Timeline, Liz Dufort, HHC** • NASEM call for nominations for their new committee on definitions closed last Friday. CSTE had a call with NASEM staff to discuss collaboration between our efforts. NASEM planning includes 4 virtual meetings followed by a June 2-day in person workshop. Final recommendations will be done by September 2023. • Title and outline of our document was reviewed and revised. • Notes from WG meeting 2 were posted on the CSTE Basecamp site for this WG. • Meeting #4 scheduled for March 13th. Tentatively, planning on having a 5th meeting in same time slot on March 27th from 2-3pm EST. Several members support having a 5th meeting of this group. • Early to mid-April present document to other stakeholders. • Late April – deliver final report. • Feedback is that this group could put something out sooner than the NASEM group and then potentially reconvene in the fall after the release of any NASEM product.

#	Topic	Time	Items
			• Our example/models of definitions used in different contexts (surveys, surveillance using existing databases, etc.) may be useful to NASEM as input into their process.
3.	Introduction of New WG Members	5 mins	**Introduction of New WG Members** Sarah Reed-Thryselius, Ho Chunk Nation Julianna Reece, Navajo Nation and CDC Healthy Tribes
4.	Update on Long COVID-19 Interest Group	5 mins	**Update on Long COVID-19 Interest Group,** Sam Packard, Columbia University, and Andrew Adams, CSTE • Ad hoc group convened starting with a roundtable discussion at the 2022 CSTE Annual Meeting • Meeting monthly with 20-30 attendees slated through June 2023 with panel presentations and informal sharing. • Eager to have a permanent home for this group at CSTE or with another organization.

5.	STLT Presentation - Colorado	12 mins	**STLT Presentation on data analytics & Q&A,** Rachel Herlihy and Brian Erly, Colorado Department of Public Health & Environment
			• Legislation required investigation of Long COVID, including summarizing what is known, the burden and the costs.
			• Created a report describing findings.
			• Used 3 methods to estimate burden:
			• Extrapolating burden from cases of COVID-19 reported.
			  ○ Applied rates of Long COVID by gender, race, and age (0-19, 20-59 and 60+) and CDC reported data.
			  ○ Large range of estimates of people affected and burden (days affected) depending on whether you use the CDC data or published literature.
			  ○ Published literature predicts higher rates than CDC estimates but shorter duration. All estimates are expressed as person-days.
			• Examining ED visits and hospital discharges (coded with ICD 10 code for Long COVID)
			  ○ Very few encounters with a primary diagnosis of Long COVID.
			  ○ Long COVID encounters made up very small percentage of ED visits and inpatient admissions – Long COVID does not contribute greatly to ED/inpatient health system burden
			• Examining outpatient encounters. A total of 16,000 claims identified.
			• Summary: estimate as much as 15% of CO population affected by Long COVID. Although minimal burden on inpatient health care systems, potentially large unmet need for outpatient care.

6.	STLT Presentation - Utah	12 mins	**STLT Presentation on data analytics & Q&A,** Rachel Kubiak, Utah Department of Health and Human Services • Characterize the burden of Long COVID in Utah • EMRs, ED visits insurance claims (U09.9 ICD-10 code) and BRFSS and patient survey data. • Long COVID surveillance workgroup in UT meets quarterly. • Identify gaps and best practices. • Received 29 responses to a needs assessment survey. • Interested in surveillance data, patient materials. • Used syndromic surveillance to pull visits with U09.9 code. ○ 2,874 records with this code

#	Topic	Time	Items
			○ 60% female, 21% aged 41-50 yrs. old ○ 57% of visits in primary or urgent care, 43% in EDs ○ Chief complaint word cloud includes “Breath”, “Shortness” and “Fatigue” • APD data showed rate of 235.8 per 100,000 persons. • Providers do not know about the ICD-10 code. • Rates greater among females and similar trends by age as other data show. • 53% 1 visit, 14% 2-5 visits, and 13% >=5 visits with this code. • Looked at CPT codes for services renders. Avg 4.4 per person with venipuncture/bloodwork, chest imaging, ECG, PT/OT, home health services most common.
7.	Themes and Next Steps	5 mins	**Themes and Next Steps** • **Next meeting - Monday March 13th Mtg #4**

Action Items

#	Activities/Deliverables	Action Item/Responsible	Due Date	Status
1.		•		
2.		•		
NEXT MEETING: March 13th, 2023 Monday 2-3PM				