

Long COVID definitions, care models are evolving

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Definitions of long COVID and care models are evolving, but considerable variability is seen in these models, according to a [review](#) published online May 21 in the *Annals of Internal Medicine*.

Roger Chou, M.D., from the Oregon Health & Science University in Portland, and colleagues performed a scoping review on definitions of long COVID and provide an overview of care models. Thirty-eight of 1,960 screened citations were included in the review.

The researchers noted variation with respect to timing since [symptom onset](#) and minimum duration required for diagnosis in five clinical definitions of long COVID; one additional definition was based on symptom scores.

Five key principles informed 49 long COVID care models: a core "lead" team, multidisciplinary expertise, comprehensive access to diagnostic and therapeutic services, a patient-centered approach, and providing capacity to meet demand.

A framework for distinguishing models included seven characteristics: home department or [clinical setting](#), clinical lead, collocation of other specialties, primary care role, population managed, use of teleservices, and whether the model was practice- or systems-based. Ten representative practice-based and three systems-based models of care were identified using this framework.

"A standardized, valid, and reliable definition is needed to accurately identify patients who could benefit from long COVID models of care and to advance research in this field," the authors write.

More information: Roger Chou et al, Long COVID Definitions and Models of Care, *Annals of Internal Medicine* (2024). [DOI: 10.7326/M24-0677](#)

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