

Attachment—Additional Questions for the Record

Subcommittee on Health Hearing on “The Long Haul: Forging a Path through the Lingering Effects of COVID-19” April 28, 2021

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The Honorable Robin Kelly (D-IL)

1. During your testimony you state, “We must ensure early and equitable access to care for individuals with post-COVID-19 disease.” COVID-19 disproportionately impacted Black and Brown communities which is evident in that data of infection rates and mortality rates. Are you seeing this trend in the Long-COVID disease population? What barriers are keeping people from receiving the equitable post-acute care that you state is necessary for all to receive?

The demographics of patients with post-COVID-19 complications at our clinic appear to mirror the demographics of the patients treated for acute disease in our local community. We do not know whether there are independent demographic risk factors for the development of persistent symptoms or complications. Moreover, based on anecdotal reports from the patients under our care in the past two years, we are concerned that disparities in care access as well as unconscious biases may contribute to under-recognition of post-COVID-19 complications and delays in diagnosis for vulnerable populations.

The most fundamental barrier to care for post-COVID-19 conditions is the mismatch between resources for these services and the sheer number of individuals who need either primary diagnostic evaluation or ongoing care. Insurance disparities, cost of care, language barriers, technologic disparities (in the case of telehealth-based services) contribute expected barriers as well. In addition, most multidisciplinary post-COVID-19 clinics are centered in areas around academic medical centers, contributing to geographic disparities. Specific therapeutic interventions, such as physical therapy and mental health services, are unevenly supported by insurance carriers and financially untenable for some patients to continue for more than a short period.