

Steven Sheris, MD, on unique treatments for COVID long-haulers

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Featured topic and speakers

In today's COVID-19 Update, Steven Sheris, MD, from Atlantic Health details his health system's COVID Recovery Center, and its approach to treating COVID long-haulers by providing patients with staff who will listen to their concerns and give them hope, as physicians learn more about the disease.

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Speakers

- Steven Sheris, MD, senior vice president, physician enterprise, Atlantic Health and president, Atlantic Medical Group

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we'll be talking with Dr. Steven Sheris, senior vice president, physician enterprise and president of the Atlantic Medical Group in Morristown, New Jersey, about his health system's unique approach to treating COVID long-haulers. I'm Todd Unger, AMA's chief experience officer in Chicago.

Dr. Sheris, thanks for being here today. Your health system has developed a unique approach to treating people with ongoing symptoms post-COVID. Let's go back to last summer when the concept for this first began, how did you initially identify this need?

Dr. Sheris: Well, it was a year ago this time, Todd. First of all, thanks for having me this morning. A year ago this time, we were faced with a tsunami of patients and no preparation, no playbook for

having to deal with an acute onslaught of patients to our hospitals. Fortunately, we were able to weather that in the March, April, May timeframe. And last summer, as you're alluding to, we began to develop a concept of how are we going to co-exist with COVID? What's it going to look like in the future? And one of the things we identified is there were a cohort of patients who were experiencing persistent symptoms after the acute illness for weeks and weeks afterwards. And it was kind of we were seeing in the hospitals, really the tip of the iceberg. There were many more infections that we didn't have in the hospital, and we had to develop a playbook on the fly for having to evaluate and help these patients in the outpatient setting. So that's how we conceptualize the problem and the potential solution.

Unger: And so your solution to this is the development of a COVID recovery center, which is something I haven't really heard about. Is that kind of a unique development?

Dr. Sheris: Well, I don't think it's unique. Like many things with the pandemic, the virus laid bare a lot of the fragmentation and inequity in health care delivery. Here we had a cohort of patients who were experiencing symptoms across many different organ systems, highly individualized presentations from patient to patient. Patients were left with basically nowhere to go, and pre-pandemic, patients would often try to slot into where they should go based on their symptoms. Well, we had patients with memory difficulty, behavioral health issues, headaches, muscle aches, persistent fatigue, shortness of breath, chest pain, across all different symptoms, variably applied across patients. So we quickly identified a need to really develop a soft landing place for these patients and say, "Okay, come see us. Talk to us." Kind of a one-stop shopping place, where we can begin to understand, evaluate, importantly, listen to these patients, and then give them some hope that we can help them as we were learning about treating and evaluating these persistent symptoms. So that's really where we were.

Unger: Did you see any pattern in terms of the original COVID scenario that these patients experience? Was it more mild, more severe, or is it just kind of run the gamut?

Dr. Sheris: It really ran the gamut. For a long time, our directors of our COVID Recovery Center, Dr. David Sousa and Dr. Fred Cerrone, had been dealing with the issue of post-ICU syndrome pre-pandemic and about the mental health and persistent symptoms just from being in the ICU. But I don't think we saw a real good correlation between really the sickest patients and less sick patients with the acute illness who developed persistent symptoms. What I'm trying to explain is that you can have had a relatively mild illness, but it persisted for weeks and weeks with very specific symptoms or a symptom that was tough to tackle. Likewise, we had people in the ICU, spent a long time in the ICU, make a complete recovery and do very well.

To your point, Todd, very highly variable. And that's why accumulating a wealth of knowledge and experience in one location was important for us as clinicians to begin to develop strategies for dealing with these patients and giving them hope going forward.

Unger: Well, let's talk a little bit more about the COVID Recovery Center. What makes it unique in terms of your approach?

Dr. Sheris: Well, in this case, it was a lot about organization and for patients who were fearful of the unknown, and all of us were fearful of the unknown during the pandemic. Providing a space where they can be heard and shepherded through the process and to a certain extent, to use the metaphor, have their hand held as we were learning about this. We don't profess to have all the answers. Nobody has all the answers because this is a new disease. But the more we accumulate and concentrate this knowledge and experience in a select group of clinicians, they can exchange information and then apply it specifically to patients as their symptoms warrant.

We have one centralized intake, one navigator, one number to call, and if people think they have COVID-related symptoms, we welcome them into the center. We talk to them. We see what's bothering them. And then as appropriate, we hopefully carefully develop a strategy for testing, evaluation, consultation, but all reverting back to the COVID Recovery Center. The key thing to this is that we're accumulating data as we go and we're learning and understanding that, and then we're trying to develop patterns of illness through our data analytics system so that we can apply solutions that best fit the individual patient.

Unger: I'm curious about what are you learning? What are the things that really stand out?

Dr. Sheris: Well, I would say the one thing ... this is probably not a surprise to anybody. Again, in a period of great uncertainty and fear and where patients fear that they will have symptoms forever, just having somebody to listen to them and understand and validate and empathize with them is one of the key elements to recovery here. It is a therapeutic listening, if you will. I think it goes as much towards making these patients feel better than any sort of specific drug, therapy or regimen that we can give to them.

Unger: That makes a lot of sense, especially as we kind of go through a scenario where there is so much that's being learned on the fly, and then you have all of these ... what you're saying is these individual presentations are just all over the place.

Dr. Sheris: Yeah. I think what we learned from being the focal point of the first surge back a year ago is, yes, it's important to meet the mission of the acute challenge that you have to deal with the challenge of very ill patients who were before you, but at the same time, in Atlantic, we were able to stand up research, accumulate data, learn as we go, so that we were preparing ourselves for the future, the future surges, life after COVID, dealing with patients with persistent symptoms, and what

would end up being the COVID Recovery Center. So all of that is important. It's like you have to be orchestrating multiple things at once. You have to be able to, as our CEO says, walk and chew gum at the same time.

Unger: The body of knowledge ... obviously, you're among others that are dealing with this post-COVID scenario. What are you seeing out there in terms of how is all of the data collection, translating that into treatment knowledge and anything promising that you're seeing on the horizon?

Dr. Sheris: Right. It's all about understanding and sharing data. So there are a number of other health care systems in the northeast who have embarked upon a similar path with COVID recovery. It's important that our clinicians who are doing this collaborate and communicate with them regularly. So we learned from them, the free exchange of information. We believe that these conversations make our health system stronger and certainly makes us more effective at dealing with the illness and communicating to our patients. So we think it's a very collaborative process, but I would say from the patient's standpoint, the important thing to understand is if you have a concern, then it becomes our concern. You don't have to figure out whether it's from COVID or not because we can then reflect your story against what we're hearing in these months, and then decide whether or not we need to enroll you, treat you further, see you back. Again, having kind of that lifeline, I think, has been very good for patients.

Unger: Yeah. We had, many months ago, an update that focused on these long-haul symptoms.

Dr. Sheris: Right.

Unger: And many of your patients had no resources whatsoever, except to communicate with each other.

Dr. Sheris: Right.

Unger: So to see that the medical community now come in with a very data-centric, empathetic approach to this I'm sure is serving these patients very well. Are there any answers that you're seeing come up?

Dr. Sheris: Well, there are no easy answers. And I do think to a greater or lesser extent with every patient. I'm told we're helping everybody. And sometimes just being honest and transparent with them saying, "We don't know, but we're seeing a lot of this," is the shared experience of going through this with other patients and other clinicians has been helpful. It's not saying that we don't know and you're gone. It's saying, "We don't know. Do this. We'll see you back in a couple of weeks. And if we learn something, we'll share it with you." Again, in the pre-pandemic era, when the patient's initial reaction to developing symptoms that they knew nothing about was to Google it or check on the internet, it really is a void of information related to long COVID. And if they would Google, they would find nothing or that there's no hope, that there's no treatment and then try to pick and choose their way

through the health care system.

I think providing an outlet for them more than anything else has been really the best thing for ... these are common symptoms, but not with common cures and therapies. Letting patients know that we are learning with them and that there is hope for the future that we see other patients get better, most importantly, that if they're just patient with it, many, if not all, their symptoms will abate. We're provided kind of that level of hope, which was really rewarding for us. I mean, it's really taking patients who are feeling lost with nowhere else to go and giving them a home.

Unger: So to that end, for patients out there who don't have access to a COVID recovery center like yours, what advice do you have?

Dr. Sheris: Well, I revert to the same thing that I have said in our medical group that one of the things we're trying to solve for in health care is a lack of a coordination of care, a lack of communication, fragmentation, partly because of the way health care is paid for. But I would say, if you don't have a COVID recovery center, start with your primary care doctor. A lot of patients seem to gravitate towards picking and choosing the specialist that they think that they need for the symptom that they think they have, and that's a very narrow way and inefficient way of going about things.

So start with a conversation with your primary care doctor. They can put it in the context of your chronic medical conditions, if you have any, and then decide where to send you, if they need to send you somewhere. And the best primary care doctors can have these types of conversations saying, "I understand. I hear you. Your symptoms are not made up. They're not in your head. They're real. Other people are experiencing them. Stick with it. I will get you the help that you need, when you need it." Giving them the sense that they're not going about it alone is half of the battle.

Unger: Well, that is incredibly helpful advice and insight. I want to thank you, Dr. Sheris, for being with here with us today and sharing these insights. That's it for today's COVID-19 Update. We'll be back with another segment shortly. In the meantime, for resources on COVID-19, visit ama-assn.org/COVID-19. Thanks for joining us, please take care.

Dr. Sheris: Thanks, Todd.

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