

Race, Ethnicity, and 60-Day Outcomes After Hospitalization With COVID-19

Sheria G. Robinson-Lane, PhD, RN

Assistant Professor

University of Michigan School of Nursing



Project Team



Sheria Robinson-Lane,
PhD, RN



Nadia Sutton, MD,
MPH



Vineet Chopra, MD,
MSc



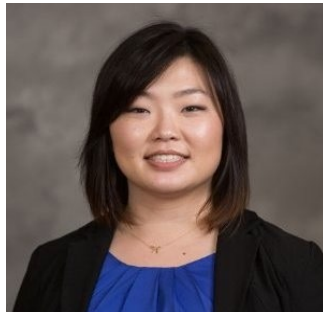
Heather Chubb, MS



Nicholas Mazzara
(student)



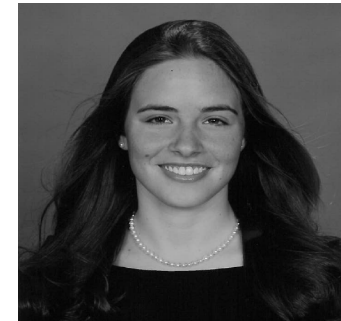
Elizabeth McLaughlin,
MS, RN



Tae Kim,
MHSA



Raymond Yeow, MD



Kayla Demarco,
BS

Mi-COVID₁₉ Quality Initiative

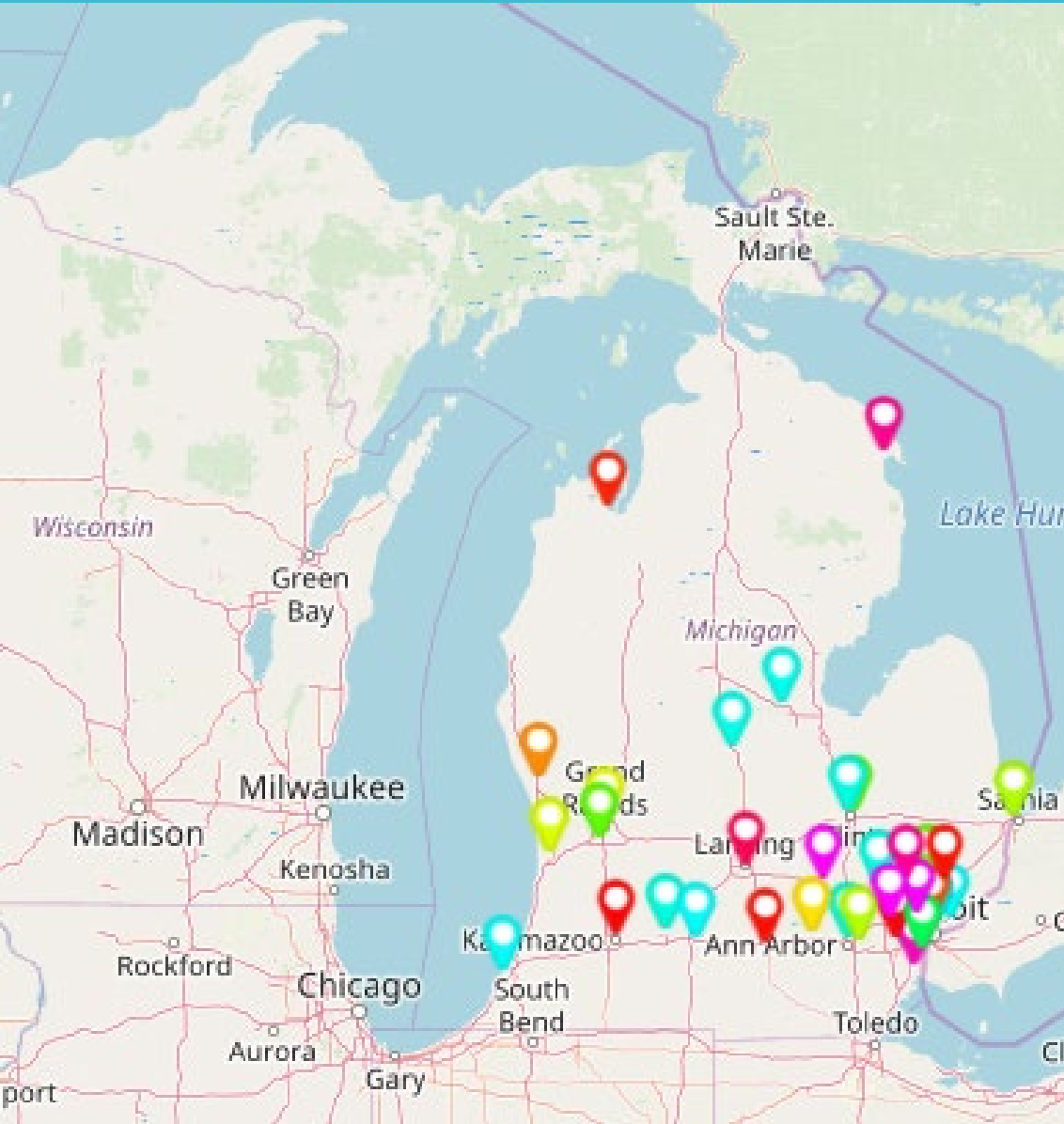


 Michigan Hospital Medicine Safety Consortium

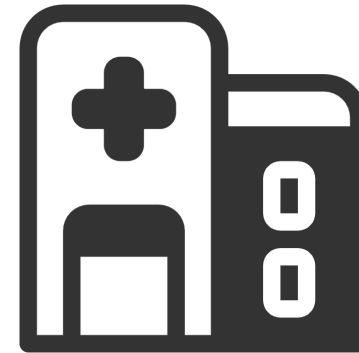
 1 of 6 Quality Initiatives

 Funded by Blue Cross Blue Shield of Michigan
& Blue Care Network as part of
BCBSM Value Partnerships Program

Mi-COVID₁₉ Participating Hospitals



38 Hospitals Across Michigan



41.3%
of Non-Critical
Access Hospitals

Participant Sample



Patients discharged with COVID-19 between March 16, 2020 and July 1, 2020

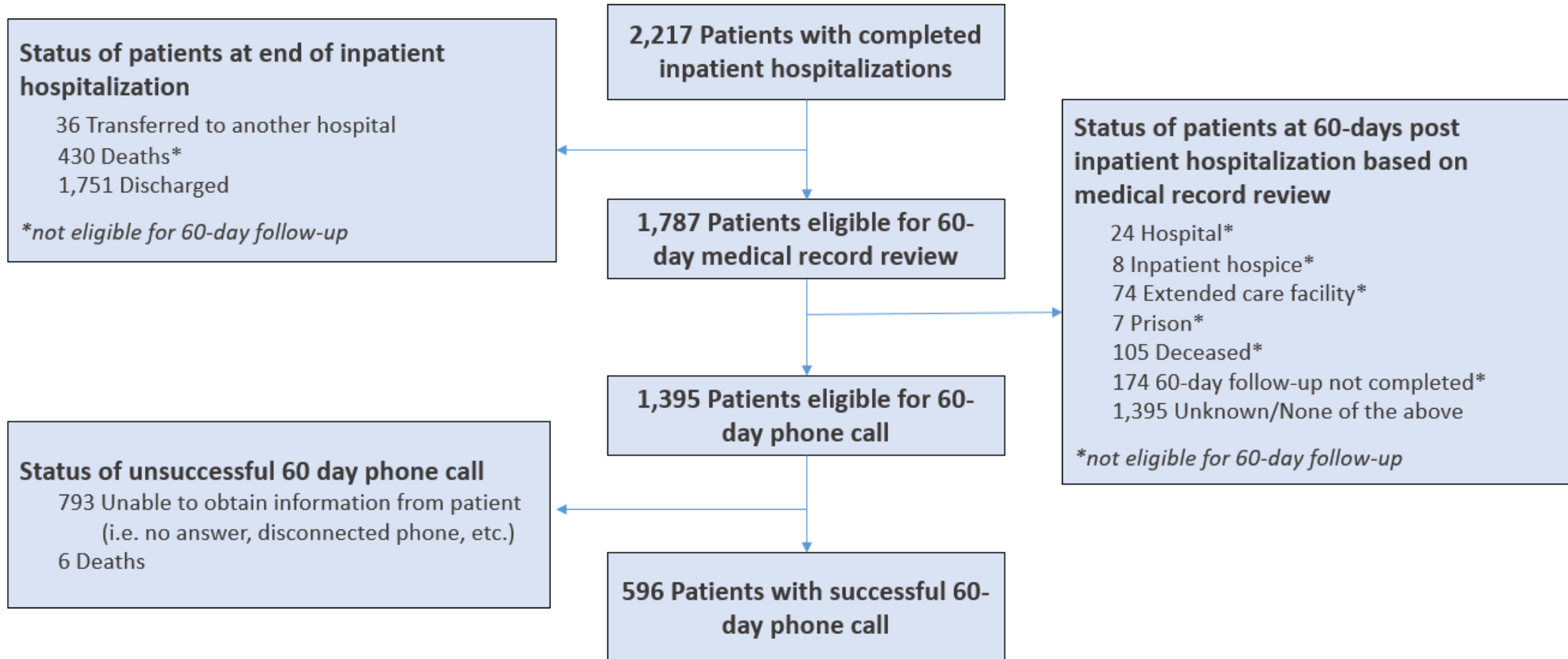


Follow-up data (60 days post discharge)

- Review of hospital records
- Patients contacted by phone

- Discharge data included patient location during the 60 days following discharge and survey responses:
 - Persistent symptoms
 - Financial implications
 - Employment
 - Emotional health

Flow Chart of Patient Follow-Up Process

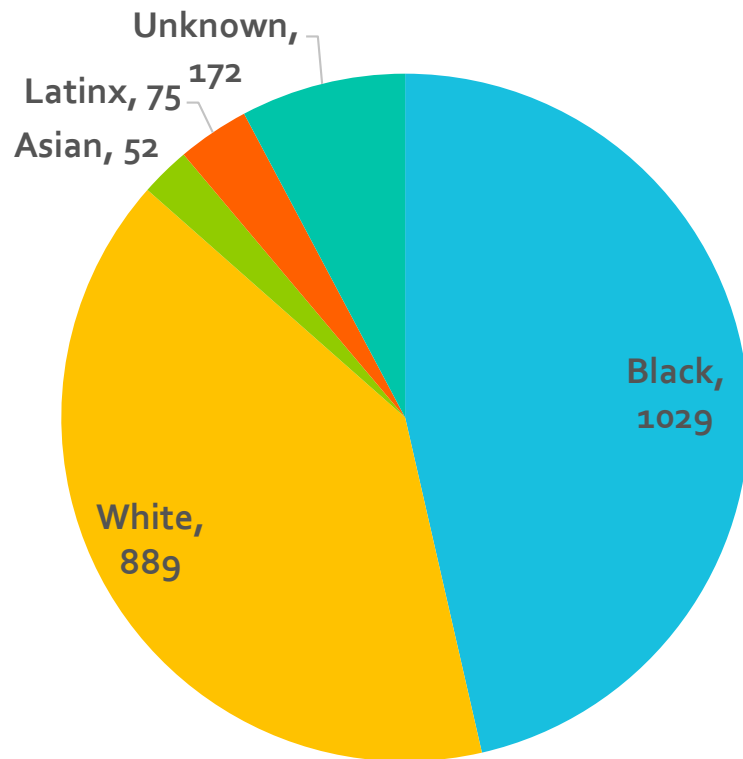


80.6% eligible for medical record review (n=1787)
62.9% eligible for phone call (n=1395)

Demographics (N= 2,217)



Race and Ethnicity



Patient Characteristics

	Black	Latinx	Asian	Unknown	White
Age	61.0 ± 16.0	59.8 ± 17.6	58.5 ± 16.5	60.8 ± 16.4	69.4 ± 16.5
BMI	33.1 ± 8.8	31.8 ± 7.4	26.4 ± 5.5	30.9 ± 8.7	29.7 ± 7.9
Diabetes	42.1%	37.3%	36.5%	35.5%	31.5%
Hypertension	71.9%	56.0%	44.2%	52.9%	66.3%
Kidney Disease	32.4%	17.3%	11.5%	18.0%	23.7%
Former Smoker	25.5%	36.0%	21.2%	19.8%	36.6%

Patient Location at 60 Days

	Black (n = 1,029)	White (n = 889)	Asian (n = 52)	Latino (n = 75)	Other/ Unknown (n = 172)
Deceased (n=288)	13.2%	21.5%	10/2%	11.3%	8.2%
Extended Care Facilities (n=74)	2.5%	6.6%	4.1	4.8%	0.7%

60-Day Health Outcomes



- Time from discharge to return to work ranged 10-35 days
 - 243 reported unable to return to normal activity
 - 59 respondents were not able to return to work due to health
- Most Common Persistent Symptoms
 - Cough
 - Shortness of breath
 - Weakness
 - Difficulty navigating stairs
 - Anxiety
- 17.9% of respondents had no follow-up PCP visit



Discussion



- Better tracking of racial, ethnic, and disability information is necessary
- Advocate for improved tracking within EPIC and other documentation systems
- Prioritize follow-up care with physicians including facilitating scheduling of visits
- Ensure that family caregiver is aware of follow-up
- Evaluate transportation, childcare and other needs
- Access and knowledge of how to use telehealth

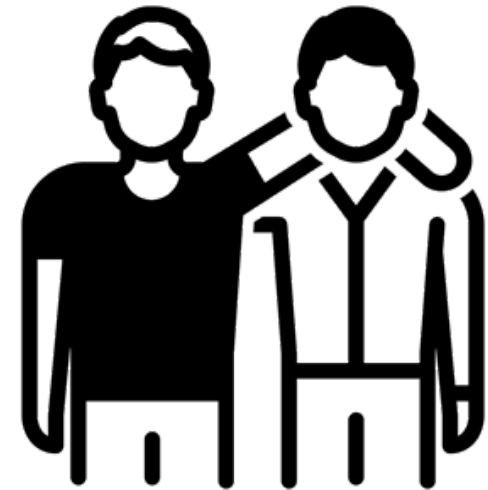
Post COVID Care Clinics

- Little support available for “Long-Haulers” or persons with “Long COVID”
- Current focus on discharged ICU patients and families (Post Intensive Care Syndrome)
 - Trouble thinking/ concentrating
 - Anxiety
 - Forgetfulness
 - Depression
 - Difficulty talking
 - Muscle Weakness
 - Poor organization and problem solving
 - Fatigue
 - Insomnia
 - Difficulty Breathing

Discharge Planning Considerations



- Need for higher focus on social supports following discharge.
 - Michigan Warm Lines for psychosocial support: 888-PEER-5753 (888-733-7753)
 - 211 for assistance with food, paying bills, etc.
 - Other social services as applicable



Take home items & Next steps



Take home items:

- Variation in collecting patient race and ethnicity exists across the state
- Hospitals should prioritize follow-up care with physicians including facilitating scheduling of visits
- Ensure the patient's caregiver is aware of follow-up and they can get the patient to appointment or can navigate the technology for a telehealth visit

Next steps:

- Engage with Electronic Medical Records vendors to allow complete list and multiple selection of race, ethnicity, and disability options
- Review reasonable accommodations with both employers and employees
- Provide patients and caregivers a clear path to meet their discharge next steps:
 - Primary care/ COVID Clinics
 - Social Services