## COVID-19 existing resource response #6
(Last updated 6 April 2021)

### Question

What is known about the development, implementation, and funding of long COVID-19 clinics across jurisdictions?

### What we found

Based on the request, the particular topics of interest include: 1) governance structures; 2) program delivery, including the services provided; 3) staffing models, including the specialists employed; and 4) funding models.

### Response for best evidence

The best evidence syntheses have been identified from the COVID-END global and domestic inventories (see Table 1).

> **Box 1: Our approach**
>
> COVID-END in Canada responds to requests for evidence syntheses about topics related to COVID-19 that are likely to be explicitly considered by high-level decision-makers in multiple Canadian jurisdictions. This includes conducting rapid evidence profiles, living evidence profiles, rapid syntheses and living evidence syntheses. Examples of these evidence products can be viewed here.
>
> Sometimes requests are submitted about questions that have already been addressed by one or more recently updated, high-quality evidence syntheses or will be addressed soon by work underway (e.g., through a rapid synthesis underway with or being planned by a Canadian team, registered synthesis protocol or CIHR funding to conduct a synthesis). In these situations, we prepare a response that profiles these existing resources. These responses are typically prepared by a combination of: 1) searching both the COVID-END domestic inventory and the COVID-END global inventory; and 2) contacting 40+ Canada evidence-synthesis teams to identify any additional resources or work underway that is relevant to the question posed in a request. Such an existing resource response is equivalent to a rapid evidence profile prepared with the same turn-around time.
>
> We followed this approach to prepare this existing resource response, which was prepared in half a business day (and hence the equivalent to a half-day rapid evidence profile) to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

**Table 1: Evidence documents syntheses from COVID-END global and domestic inventories and categorized based on the type of evidence**

| Evidence type | Evidence documents identified |
|---|---|
| Guidelines | • COVID-19 rapid guideline: Managing the long-term effects of COVID-19 |
| Living reviews | • Rehabilitation and COVID-19: A rapid living systematic review by Cochrane Rehabilitation Field updated as of December 31st, 2020 and synthesis of the scientific literature of 2020 |
| Full systematic reviews | • None identified |
| Rapid reviews | • None identified |
| Single studies | • Management of post-acute COVID-19 in primary care<br>• Post-COVID-19 global health strategies: The need for an interdisciplinary approach<br>• Developing services for long COVID: Lessons from a study of wounded healers<br>• Considerations for post-acute rehabilitation for survivors of COVID-19<br>• Consideration of prevention and management of long-term consequences of post-acute respiratory distress syndrome in patients with COVID-19<br>• Post-COVID-19 Symptom Burden: What is long-COVID and how should we manage it?<br>• Persistent symptoms after COVID-19: Qualitative study of 114 "long COVID" patients and draft quality principles for services<br>• Rehabilitation setting during and after Covid-19: An overview on recommendations |
| Protocols | • Long COVID: A protocol for systematic review and meta-analysis of symptomatology and treatment approaches (anticipated completion date: 30 April 2021) |
| Commentaries | • Post-acute care preparedness for COVID-19: Thinking ahead |