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POSTER ABSTRACT

Validating the COVID Check-In: A co-produced online platform enabling integrated care for people with Long COVID

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Introduction: 'Long COVID' describes the sustained and debilitating symptoms experienced by many people following acute COVID-19 infection. This study builds on previous work by Deakin University and the Western Health COVID-19 Recovery Collaboration (WHCOVRE). In this previous work, a team of 4 health researchers and 6 consumers with Long COVID co-designed the COVID Recovery (or DisCOVeRY) model of care. This model provides a framework for appropriate and effective care by providing an integrated pathway that incorporates existing community supports, tailored to individual consumer need. Consumers receive a comprehensive biopsychosocial assessment using a co-designed patient rated outcome measure (PROM) called the 'COVID Check-In' (CCI), the World Health Organisation Disability Assessment Schedule (WHODAS-36), EQ-5D and the 100-point Goal Attainment Scale (GAS). Assessment outcomes determine which clinical stream is offered – self-managed (DisCOVeRY-SM) or intensive rehabilitation (DisCOVeRY-IR).

Aim: The aim of this project was to validate the automated component of DisCOVeRY-SM for people with Long COVID. Is the CCI a valid, reliable, relevant and accessible Patient Rated Outcome Measure (PROM) for people with Long COVID?

Methods: A quantitative descriptive approach was adopted, providing a psychometric analysis of the validity of the CCI. The CCI was delivered using "Platform O"; a flexible online research tool developed at Deakin University to meet both end-user and researcher needs. The interactive content builder fully integrates with questionnaire applications, online video platforms, animated content, and third-party interactive applications. "Platform O" also includes engagement tools (e.g., star ratings, personalised reminders) and security features to support user testing, continuous quality improvement and communication between end-users and the project team.

All Australians meeting the World Health Organisation case description of Long COVID aged over 18 years were eligible to participate. For divergent validity analysis, a separate sample of Australians diagnosed with chronic fatigue syndrome (CFS) aged over 18 years were also eligible to participate. Participants were invited to complete the comprehensive baseline assessment outcome measures only on a single occasion on Platform O. Brief 'pop' up questions about the

comprehensiveness, relevance and comprehensibility of the CCI were included to evaluate content validity. Correlations between CCI scores, WHODAS-36, EQ-5D and the GAS assessed convergent validity. While Long COVID and chronic fatigue syndrome share some symptoms, they are distinctive syndromes whose differences were used to assess divergent validity.

Results: The face and construct validity of the CCI was tested in a small sample (n=20) at Western Health. Further validation is currently underway (n=260 consumers) to ensure its quality prior to broader scale up of the DisCOVeRY-SM, and these results will be reported in this conference paper.

Conclusion: The CCI is the first co-produced PROM for people with Long COVID, and specifically reflects their needs and priorities. Rigorous validation of this measure will support its broader dissemination both within and outside of Australia, to enable people with this syndrome to receive integrated, high quality and individually tailored care.